

NORMS DETERMINING COMMUNICATIVE CULTURE

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Abstract: Communicative culture means a set of communicative norms and customs operating within a certain national culture. The existence of communicative culture creates an opportunity for the formation of communicative competence and certain communicative behavior of members of a certain social group.

Key words: dialogue, recommendation, national culture, patients, doctors.

There are three levels of norms defining communicative culture: general cultural, situational and individual (private). General cultural norms include rules of etiquette, as well as rules of behavior in standard situations close to rituals.

Situational norms come into play when communication does not follow certain standards. External conditions affect communication. "Each language expresses the spirit of the people, national culture, unique way of seeing the world, perception, and there are such common aspects of image creation between languages that appear as a product of universal thinking" (A.Nurmonov, 2009; 104-107).

S. David Brody, a scholar of medical discourse, supports the idea that patient participation in clinical decision-making improves the quality and outcome of patient care based on his research, explaining that: 1) data collection will be improved, 2) the quality of clinical decisions will be improved, and 3) physicians' use of various technical tools will explore patient concerns about cost, inconvenience, discomfort, and dysfunction of medical examinations. The author states that the patient's act of joining the decision-making team forces the physician to consider all alternatives and explain the basis for the final recommendation. A patient seeking to gain basic understanding of the nature of the problem creates an opportunity to constructively criticize the doctor's reasoning.

The patient's participation in this dialogue and exchange of ideas not only encourages patients to increase their medical knowledge, but also encourages doctors to more rationally, carefully and openly consider various alternatives (S. Brody, 1980; 721).

Physicians' emotions and relationships with patients have been less studied than patients' emotions. However, feeling is a common phenomenon. A confrontational, angry or demanding patient can make the doctor angry or nervous (S. Levinson., 1993).

The relationship of doctors with patients who unconditionally obey the doctor's advice, who do not ask the doctor with unnecessary questions, who completely entrust the management of communication to the medical worker, is shown to be positive (R.M.Epstein E.Peters 2009; 95).

The doctor may be unaware of the patient's emotional reactions or try to suppress them. Alternatively, the doctor may try to arrange visits. In these cases, there are no emotional disturbances or situations affecting the communication situation.

As the conditions of communication are different, "the perception of the speaker and the listener, the purpose, the basis, the means of communication, the specially defined forms of behavior, the subject of expression, the characteristics of the interaction of the speakers" (Sh.M. Iskandarova, 1993: 9) are the same. won't be. It is known that the doctor and the patient have their own tasks in medical communication.

From this point of view, the adaptation of both interlocutors to the communication process depending on the situation, their speech acts are determined according to the communication topic, depending on the possibilities of evaluating the situation. That's why they evaluate the communication situation based on the result they expect, each other's treatment.

The primary psychological impression is important in following the two-way communication norms of the doctor-patient relationship. Patients who do not receive the desired or expected treatment experience a variety of emotions. This can happen in national cultural, racial and gender-related ways.

In comparison, in the British, it is possible to observe the actions of delaying the payment for treatment, announcing a boycott of the medical institution, damaging the reputation of the institution through the media, and collecting a fine by employing a lawyer. In the territory of Uzbekistan, this process takes place in a relatively primitive form.

In particular, it can be observed in clarifying the relationship between the treating doctor and the patient one-on-one, spreading negative information about that doctor among acquaintances.

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