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Psychology of doctor-patient interaction in the context of medical specialist's communicative tolerance

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Abstract. The relevance of the study is due to the need to find ways to ensure high-quality interaction between a doctor and a patient in the context of a medical professional's communicative tolerance. The purpose of the study was to determine the psychological characteristics of the interpersonal relationship between a doctor and his/her patients. The basis of the theoretical and methodological approach was a qualitative combination of methods of structural and functional analysis of the problem of psychological training of medical professionals and analytical research on the formation of constructive relationships between doctor and patient. Several surveys were conducted on the tolerance of healthcare professionals and their emotional well-being in the context of individual psychological characteristics. The results are presented, which reflect the methods of doctor's influence on the psychological state of the patient and his/her family. The question of how trust in a doctor and his/her professional competences is formed is highlighted. The problem of ethical principles, professional motivation of medical professionals and the specifics of their communication in the team are revealed. The subjective feelings of doctors about the work they do are revealed. The issues of modernization of medical education and digitalization of services are revealed. The conditions, components, and approaches to effective interaction between doctor and patient in the healthcare system are identified. The problems of developing diagnostic tools for assessing the psychological state of a medical professional in his/her professional activity are detailed. An experiment was conducted to substantiate the need to implement programmes to improve the communication skills of healthcare professionals, including interns and nurses. The practical value of the results of the research work is the possibility of using the outlined approach to improve the methods of improving the communication competencies of doctors in their professional activities

Keywords: emotional stability; communicative tolerance; professional motivation; morality; medical ethics

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INTRODUCTION

Communication culture plays an important role in human interaction. At the same time, tolerance and communication skills of each individual become a problem in relationships. This problem is especially acute in the communication between healthcare professionals and patients, where the paternalistic model of interaction between a doctor and a patient is replaced by a partnership model that involves the patient's active position in treatment, raising their awareness of their own health and searching for constructive sources of help. This also leads to increased requirements for a modern doctor, in particular, for his or her professional competencies, professional development, moral and ethical principles, as well as the ability to conduct organizational activities and the ability to use information and digital technologies in professional activities. The totality of these provisions determines the relevance of research on the psychology of doctor-patient interaction in the treatment process.

The transformation of political and economic processes indicates the need to introduce new approaches to the education of the younger generation, where the modernization of the educational system will contribute to the training of highly qualified and competitive international specialists. Studying the problem of professional training of public health specialists in medical educational institutions, M. Diachenko & T. Zakusilova (2020) note that the modern educational system needs to be modernized to support psychological and pedagogical conditions for the development of students' integrative thinking. In particular, the authors emphasize the need for the purposeful formation of professional qualities of future specialists, where specialized knowledge will be reflected in the personal and social development of a person. Similar conclusions were reached by I. Melnychuk (2021), studying the issue of an interdisciplinary approach to the training of medical specialists, the author points out that it is necessary to form a qualitatively new level of thinking in students, where the process of mastering the profession will be accompanied by interest and activity in studying the material, activation of mental activity and effective integration of theoretical knowledge into practical experience. In addition, according to K. Ivanova *et al.* (2022), the professional development of a future doctor should be based on the formation of the principles of bioethics. Studying the problem of professional activity of a doctor in the context of its bioethical essence, the authors note that the formation of professional competencies of a healthcare professional should take place through the formation of a system of stable personal characteristics based on bioethical thinking and behaviour of an individual, as well as reflecting his/her readiness for professional interaction with patients.

In the period of rapid technological progress, it is important to develop communication competencies in future doctors. L. Samburska (2022) points out that the accumulation of experience of communicative interaction in the educational process precedes the conscious use of psychological skills, which in the further professional activity of a

doctor facilitate his/her communication with patients and colleagues. Studying the issue of developing the communication competencies of future healthcare professionals, the author also notes that it is in the educational process that a person develops the ability to establish contact with others, where the development of internal resources precedes the construction of effective communication in interpersonal interaction. Similar conclusions can be traced in the study by O. Lazurenko & N. Smila (2022), who studied the problem of professional development of a doctor. The authors note that the accumulation of practical experience allows a doctor to pay more attention to psychological aspects in therapy, as well as to regulate the degree of their own emotional involvement in this process. Studying the deontological approach in the training of medical professionals, O. Rykachevskyi (2022) notes that in the modern world, there is a tendency to reduce the quality of communication among medical professionals, which also has a significant impact on the effectiveness of interaction between the doctor and his/her patients. The author notes that well-established interaction between colleagues, consistency, and coherence of work of all healthcare professionals affect the quality and timeliness of medical care provided to patients.

The main purpose of the research was to reveal the specifics of doctor's communication in the medical environment, in particular, the psychological aspects of his/her interaction with patients in the course of treatment. In addition, consideration of the theoretical foundations of the research topic allowed putting forward a hypothesis: the higher the level of psychological well-being of doctors, the higher the level of their tolerance in interacting with patients and colleagues.

MATERIALS AND METHODS

The conceptual approach to the research problem was based on the identification of key aspects of the development of professional skills of a medical specialist and his/her interaction with other people in practice. The implementation of this approach was facilitated by adherence to the principle of determinism in the development of future doctors' professional competence, which made it possible to identify the main principles of forming communication skills in medical professionals, the formation of their ethical values and morality in the learning process. At the same time, the methods of theoretical generalization and empirical comparison made it possible to determine the principles of building trust in a doctor and his/her professional opinion. In addition, the use of the pragmatic method and objective observation contributed to the disclosure of the peculiarities of psychological interaction between medical professionals, in particular, it allowed highlighting the peculiarities of interpersonal communication in the doctor-patient system. The use of the structuring method made it possible to systematize the world experience of studying the genesis of interpersonal interaction of people as a component of their successful social activity. This contributed to the analysis of the specifics of the development

of communicative tolerance of the individual and formed the basis for revealing the importance of the principles of the bioethical approach to treatment.

The empirical study was carried out on the basis of the Kyiv City Children's Clinical Hospital No. 1, a municipal non-profit enterprise (MNE). Medical staff of the general paediatrics, surgical and cardio-rheumatology departments in the number of 62 people, including 18 doctors, 12 interns and 32 nurses aged 20 to 56 years, were invited to participate in the study. Prior to the study, an organizational work programme was developed and implemented in cooperation with the hospital administration and the staff of the selected departments. The study participants were divided into three subgroups and made up the corresponding sample with groups of doctors (D-18), interns (I-12) and nurses (N-32), where the number represents the number of respondents in each group. The pilot study was conducted for seven months. In particular, a programme was implemented for healthcare workers to improve communication skills and reduce conflict in the team. The programme was implemented in the form of training meetings with strict adherence to the chain of command among employees. In general, the corrective psychological programme was designed to include one introductory meeting with group interviewing on communication problems with paediatric patients and their parents, 12 formative meetings and one final meeting, where respondents were given recommendations to reduce psychophysiological exhaustion in their work. Meetings with the respondents were held twice a month, with mandatory subordination. The survey of healthcare workers was conducted online, which helped to minimize the influence of external factors on the respondents' opinions. The questionnaires "Scale of subjective well-being" (n.d.) by G. Perué-Badou (adapted by M. Sokolova) and the Express questionnaire "Index of tolerance" (Soldatova *et al.*, n.d.) were used to diagnose the components of successful communicative tolerance of medical professionals. At the same time, in the course of the study, individual meetings and ongoing questionnaires were provided for medical staff, which helped to determine their personal attitude to work and communication with colleagues, emotional comfort and motivation in their professional activities.

During the pilot study, an anonymous online survey was also conducted among hospital patients, which was created on the basis of Google Forms software and distributed through printed advertisements with a QR code placed in the hospital (Assessment of the quality..., 2023). To track the dynamics of improving the communication skills of healthcare professionals, the responses of 74 people who visited the hospital repeatedly during the pilot study and filled out the survey form twice were taken into account and analysed. Technical devices (computer, tablet) were used to implement the experiment, including completing the survey, processing the data, and evaluating the results of the study. For the current interviews, questionnaires and observations, appropriate forms were developed. The

hypothesis was tested using the statistical software "SPSS v. 16.0" and was based on the identification of correlations between the data obtained, which were calculated using the Pearson's parametric criterion. During the survey, the interviewer followed the European Commission's guidance note (2021) on ethics and data protection and the principles of the Helsinki Declaration (2013). All procedures conducted in research involving people complied with ethical standards, did not violate the honour and dignity of respondents, and were conducted with the results anonymous.

RESULTS

The modern approach to treatment involves a combination of three aspects of therapeutic influence, including psychological, biological, and social. In this case, the evaluation of the treatment process is subject to the criteria of recovery, improvement, deterioration, or unchanged condition. At the same time, the treatment process is accompanied by a number of psychological phenomena that are related to the personal characteristics of the patient, the doctor, and the treatment methods chosen by him/her. Modern research indicates that, for the most part, psychological interaction between a doctor and a patient occurs spontaneously, and their communication depends on a specific situation where there is a possibility of a lack of contact (trust) between them (Wang *et al.*, 2022; Lu *et al.*, 2023; Wang *et al.*, 2023). This has a negative impact on the information content of the patient's medical history and the outcome of treatment. It should also be borne in mind that a prerequisite for a positive doctor-patient relationship is the qualifications and experience of a medical professional. However, this is only a tool for proper treatment, while building trust in the doctor is a key point in this process.

A patient's willingness to cooperate with a doctor is subject to his or her previous experience, compliance with expectations regarding the doctor's appearance, professionalism, interest, emotionality, and motivation in providing care. The combination of these factors produces patient compliance, when the patient follows the doctor's recommendations (behaviour and responsibility in treatment). In general, in the analysed scientific publications, trust in the social life of citizens is divided into two types: interpersonal, as a result of the social order, and institutional, which is the result of economic codependence and professionalization of the individual (Rasiah *et al.*, 2020; Aremu *et al.*, 2022). This implies, on the one hand, adherence to common norms and values in social interaction between people, and on the other hand, integration of social ties through information, material, or psychological resources.

For the healthcare sector, the concept of trust is characterized by an indicator of support for transformation processes in the digitalization of the medical system and personal changes in people, where their behaviour in real-life situations of choice is formed (Swash, 2022). In addition, the understanding of trust as a key feature of doctor-patient interaction is based on a sociological approach, in which treatment involves not only determining its direction, but

also the patient's acceptance and use of healthcare services, including the ability to influence the patient's behaviour in the treatment process (Blendon & Benson, 2022). Despite the autonomy in making treatment decisions, the patient relies on the competence of the doctor and the correctness of the treatment methods determined by him/her, which also involves their joint actions to find and implement rational treatment methods (Keshavarzi *et al.*, 2022). The combination of personal qualities of a doctor in the context of his/her moral and ethical beliefs, proper professional training, professional skills, independence, and responsibility in decision-making, as well as the ability to adequately assess the patient's condition (psychological, physical), be understandable, attentive, accessible, communicative, and tolerant allows him/her to build a trusting relationship with the patient (Rasiah *et al.*, 2020).

In the course of treatment, the physician should pay special attention to the patient's family members, who should receive full information about the health status of their loved one. However, the key point in this matter is the dosage of information in situations of uncertainty (coma, severe injuries, etc.) or the inability to predict the outcome of treatment (oncology, surgery, etc.). At the same time, there are cases when the patient is unable to provide complete information about the disease (seizures, stroke) or its course, so the doctor needs to contact a third party (spouse, parents, children, neighbours, eyewitnesses) to clarify the information. The data obtained from third parties about the patient's health status will help to supplement the medical history (Eggleton *et al.*, 2022). The main principle of interaction between the doctor and the patient's relatives is based on practical mutual trust, where an individual approach to patient treatment promotes honest answers and conscientious compliance with treatment recommendations.

Communication with the patient's relatives is not just an exchange of information, but involves their involvement in the therapeutic process. In this case, the interaction between the doctor and relatives is based on support, understanding, respect, compassion, and cooperation. This is especially important in the context of communication with paediatric patients and their parents, as interaction with a child in a healthcare facility is different from interaction with adults. Examination and hospitalization of paediatric patients requires establishing confidentiality and trust with them and their parents (guardians), and involves creating an atmosphere of calm and appropriate communication with due regard for the child's age-related development. This necessitates the development of the doctor's knowledge of the psychological development of the individual from birth to puberty (Nuñez *et al.*, 2022). Communication with a child is determined by the conditions of his or her psychological state at the time of the first contact, when the doctor needs to determine the health status of the paediatric patient, the nature, and type of the disease, and the intensity of clinical symptoms.

The analysed scientific approaches to the psychology of interaction with children in the therapeutic process show

that children's fear is associated with the fact of staying in hospital, in particular, due to unknown scenarios or painful diagnostic or treatment processes (Keshavarzi *et al.*, 2022; Eggleton *et al.*, 2022; Paley & Hajal, 2022). Healthcare professionals need to eliminate this fear at the stage of getting to know the child, as this will serve as a key to establishing a trusting relationship. This can be done through a friendly and calm tone, non-verbal communication, and engaging the child's attention in the therapeutic interview process through playful activities. It is also important to avoid talking about the child's illness with outsiders in the child's presence. At the same time, the specifics of the holistic concept of interaction with paediatric patients are based on communication with family members, which requires consistency, humanity, professional behaviour and listening skills from the doctor. For young children, interaction with the doctor takes place playfully using non-verbal communication through facial expressions, gestures, and palpation. Paediatric patients with hearing impairments, psychomotor disorders, and autism spectrum disorders require special interaction. The doctor needs to communicate with parents or guardians to take a medical history. At the same time, the information provided by the doctor to parents should be clear and understandable, taking into account their psycho-emotional state.

The empirical study was based on identifying the peculiarities of psychological interaction between healthcare professionals and patients. The first stage involved drawing up a plan and organizational work with the hospital management and its employees. The next step was to determine the current situation regarding the relationships of healthcare workers in teams, their emotional and physical condition, social behaviour, and level of tolerance. Given the data obtained, a psychological programme was developed to develop the communicative tolerance of healthcare workers, including improving their communication skills and reducing problem situations and disagreements in teams. Indicators of the overall level of subjective welfare of healthcare workers according to the "Scale of subjective well-being" (n.d.) before and after the experimental work are presented in Figure 1. The results of the study indicate an increase in the level of psychological well-being of healthcare workers after completing the correctional programme, which indicates the need for ongoing psychological support for healthcare workers. The current interviews revealed that seven doctors sought psychological help due to a loss of motivation in their professional activities. In particular, individual interviews with respondents indicate that along with experience comes professional exhaustion, when certain factors (low salaries, lack of social and legal security, workload) contribute to professional burn-out and emotional imbalance. Many respondents value the support of their close environment, but a decrease in psychological stability leads to conflict behaviour, which eventually transforms into aggression.

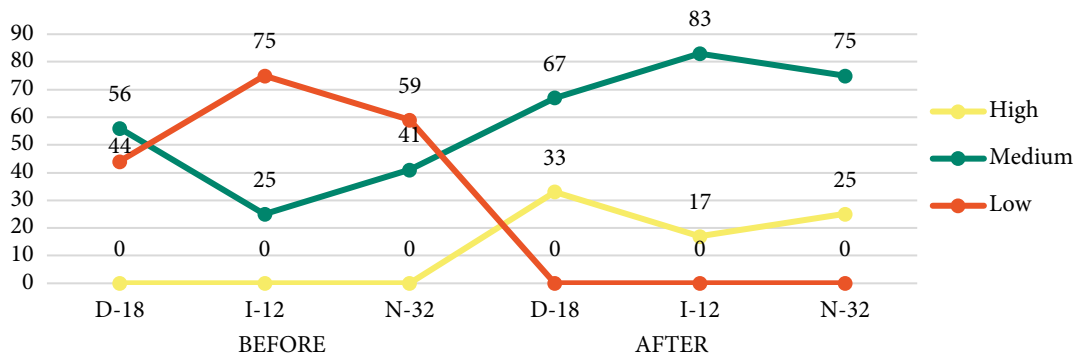


Figure 1. Analysis of the results of the level of psychological well-being of respondents before and after the implementation of the psychological programme

Source: compiled by the authors

The respondents noted that the feeling of loneliness in everyday life also affects their professional activities, in particular, in communication with patients. This problem is particularly acute when interacting with adolescents undergoing treatment and parents of younger patients. In addition, the assessment of each individual cluster using this methodology revealed that at the beginning of the pilot study, tensions in professional activities among respondents in groups I-12 and N-32 (interns and nurses) created a need to avoid any interaction with others.

Interviews with respondents in these groups show that in their social life (outside of working hours) they sought to be alone and avoided communication with friends and relatives. In the course of the psychological programme, these indicators changed. The highest resilience of psychological and physical health was recorded among doctors, while the indicators of interns and nurses were in some points opposite. A more visual analysis of the results by the criteria of the subjective well-being assessment scales is presented in Table 1.

Table 1. Analysis of the results of respondents' psychological well-being by clusters (scales) before and after the experiment

Cluster	Tension and sensitivity, %			Psychiatric symptoms, %			Mood changes, %			Importance of the social environment, %			Self-assessment of health, %			Satisfaction with everyday activities, %			
	D-18	I-12	N-32	D-18	I-12	N-32	D-18	I-12	N-32	D-18	I-12	N-32	D-18	I-12	N-32	D-18	I-12	N-32	
Before	Low	17	0	0	33	0	3	33	0	6	44	50	63	33	67	56	39	83	47
	Medium	28	33	25	44	17	47	56	67	69	33	33	31	22	25	31	56	17	44
	High	56	67	75	22	83	50	11	33	25	22	17	6	11	8	13	6	0	9
After	Low	22	0	6	78	8	9	67	33	38	6	0	0	11	8	6	11	8	9
	Medium	72	83	81	22	83	75	33	67	63	44	67	63	33	75	81	56	67	75
	High	6	17	13	0	8	16	0	0	0	50	33	38	22	17	13	33	25	16

Source: compiled by the authors

The diagnostics carried out using the method of subjective assessment of psychological well-being shows that the emotional and physical state of healthcare workers affects their professional activity. However, it is still important to understand the level of tolerance of medical professionals. To diagnose the degree of tolerance

of doctors, a survey was conducted using the Express questionnaire "Index of tolerance", which allowed determining the overall tolerance index of respondents (Soldatova *et al.*, n.d.). An analysis of the results of the tolerance index before and after the experiment is presented in Figure 2.

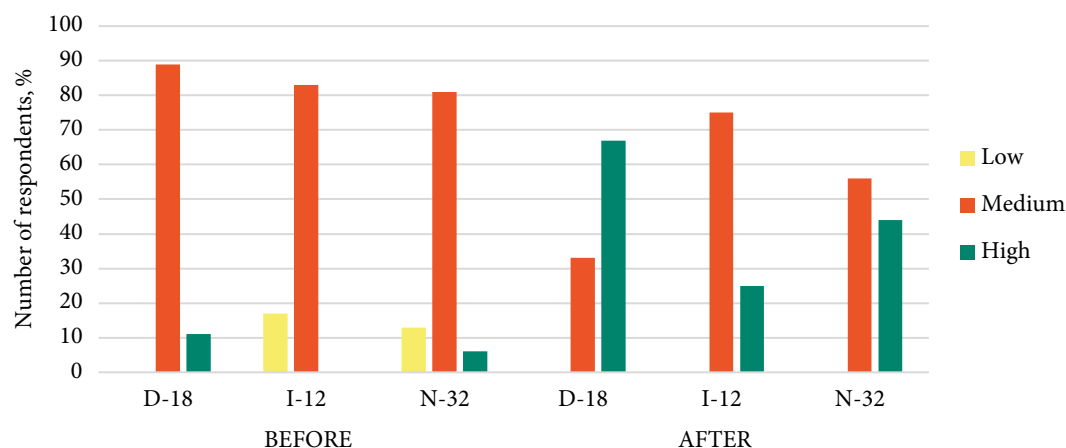


Figure 2. Analysis of the results of the respondents' tolerance index before and after the implementation of the psychological programme

Source: compiled by the authors

The determined indicators of tolerance indicate an increase in the level of tolerance of the respondents after completing the psychological program. The current interview showed that among the respondents of group I-12 (interns), the low rate at the beginning of the experiment reflected the inability to communicate tolerantly with patients due to a lack of understanding of their psychological state, in particular, due to a lack of experience in communicating with different types of patients. At the

same time, the low level among the respondents of group N-32 before completing the psychological program is explained (according to interviews with respondents) by exhaustion in professional activities. That is why it is expedient to consider not only the index of tolerance of respondents, but also the level of formation of tolerance according to ethnicity and social affiliation, as well as a personal trait of a person. These data are clearly presented in Table 2.

Table 2. Analysis of the results of respondents' tolerance indicators before and after the experiment

	Group	Ethnic tolerance, %			Social tolerance, %			Personal tolerance, %		
		D-18	I-12	N-32	D-18	I-12	N-32	D-18	I-12	N-32
Before	Low	0	17	13	11	33	19	6	17	19
	Medium	83	67	78	89	67	81	89	83	75
	High	17	17	9	0	0	0	6	0	6
After	Low	0	0	0	0	0	6	0	8	6
	Medium	61	75	75	83	67	72	78	75	81
	High	39	25	25	17	33	22	22	17	13

Source: compiled by the authors

The survey results indicate that it is possible and necessary to influence the level of tolerance of healthcare workers, as it ensures the stability of their interaction with patients. In addition, the results of the current interviews show that targeted influence on the personal qualities of the respondents helped to improve relationships in the team. At the same time, respondents noted an improvement in responses to patients' destructive behaviour during the psychological programme (adolescents ignoring the rules of rest, parents self-medicating their children during hospital stays). Medical specialists point out that instead of feeling aggressive in such situations, they have begun to understand the peculiarities of people's behaviour and have improved their communication with puberty-age

children and parents who are in hospital with their children. In general, the implemented programme indicates a decrease in conflict in the team, as well as an increase in tolerance, motivation, and interest in the professional activities of medical professionals. This is especially true for the younger generation of respondents, among interns and nurses who have just begun to gain professional experience in practice. To test the hypothesis about the relationship between the psychological well-being of healthcare professionals and their tolerance in communicating with colleagues and patients, a correlation analysis was performed using the Pearson's method, which was calculated in the statistical data processing software SPSS v. 16.0. The results are presented in Table 3.

Table 3. Correlation between the components of psychological subjective well-being of respondents and tolerance

	D-18, M=29.8, SD=6.8			I-12, M=32.4, SD=8.2			N-32, M=30.4, SD=7.2		
	Ethnic tolerance, M=6.3, SD=2.5	Social tolerance, M=11.2, SD=2.2	Personal toler., M=12.3, SD=5.4	Ethnic tolerance, M=8.1, SD=3.2	Social tolerance, M=11.4, SD=2.9	Personal toler., M=12.9, SD=2.1	Ethnic tolerance, M=8.6, SD=2.7	Social tolerance, M=14.4, SD=2.6	Personal toler., M=7.4, SD=1.9
Tension and sensitivity	0.06	0.142*	0.194*	0.34	0.164*	0.163*	0.32	0.144*	0.162*
Psychiatric symptoms	0.04	0.185*	0.184*	0.361*	0.164*	0.157*	0.46	0.182*	0.249*
Mood changes	-0.026	-0.004	-0.003	-0.022	-0.006	-0.006	-0.009	-0.004	-0.029
Importance of the social environment	0.062	0.82	0.72	0.05	0.74	0.72	0.64	0.58	0.62
Self-assessment of health	0.24	0.13	0.12	0.24	0.14	0.13	0.13	0.24	0.24
Satisfaction with everyday activities	0.05	0.74	0.058	0.84	0.74	0.84	0.82	0.022	0.76

Note: n is the number of respondents in the group; zeros in omission values; * – significance correlation at the $p \leq 0.05$ level, where p is the significance level; M – mathematical expectation SD – standard deviation

Source: compiled by the authors

The data obtained indicate a correlation between tolerance indicators and components of respondents' psychological well-being. In particular, the values of social and personal tolerance indicate that respondents experience tension in their professional activities, which affects their psychological stability. At the same time, the same impact was determined by the scale of traits with psychiatric symptoms. These indicators can indicate sleep disturbances, anxiety, and concern, as well as unpredictable behavioural reactions. This is also confirmed by the data from individual interviews with respondents, where, in addition to these deviations, they indicated inattention at work due to sleep problems. It should be noted that the indicators of ethnic tolerance have no impact on the indicators of psychological well-being of the respondents. Also, no statistically significant relationships were found in the components of self-assessment of physical health and mood changes, which may be explained by the respondents' ability to regulate their own negative emotional reactions and restrain them in their professional activities. Thus, the level of psychological well-being affects social tolerance in the study groups. The targeted development of communication skills and social attitudes of the study sample contributed to the conscious formation of positive attitudes among medical professionals towards professional activities, communication with colleagues and patients, as well as the search for ways to create emotional comfort both in the professional sphere and in everyday life.

Determining the impact of psychological well-being and tolerance contributed to understanding the formation of psychological contact between a healthcare professional and a patient. However, it is still important to assess the

communication skills of healthcare staff by patients themselves (parents/guardians). At the beginning of the study, a survey was developed to assess the quality of medical services provided by doctors in certain departments in the context of a psychological approach, including the issues of interaction with hospital staff and patients' repeated treatment (Assessment of the quality..., 2023). At the end of the psychological programme for hospital staff, the questionnaire was closed, and the collected results were processed manually. The responses of patients who repeatedly visited the hospital during the seven months of the pilot study were significant, and their responses (before and after the implementation of the psychological programme) were evaluated as a criterion for the dynamics of the process of transformation of the communication competence of medical professionals. The analysed results indicate that, in the parents' opinion, during this time, medical professionals have become more friendly and patient with repeated questions about diagnosis and prescribed treatment. Patients also noted the absence of conflicts between nurses (who used to settle interpersonal relations in the presence of patients, which frightened children). At the same time, patients noted that the interns had become more interested in communication and more open to discussing patients' emotional experiences. As for the doctors, parents (guardians) noted their involvement in communication with paediatric patients, as opposed to only communication with adults. Thus, the results confirm the positive dynamics of the development of healthcare professionals' communicative tolerance. The questionnaire form for patients with the options for completed answers is presented in Table 4.

Table 4. Results of a patient survey on assessing the quality of psychological interaction with healthcare professionals in hospitals during the first and repeated visit

Question	Responses of patients at the first visit	Amount, % (first time)	Responses of patients at repeated visits	Quantity, % (second time)
Have you applied to our institution before?	No	100	Yes	100
Are you a patient or relative of a patient?	I am with my child	100	I am with my child	100
Rate your impression during admission to the hospital (reception department)	Satisfied	50	Completely satisfied	64
	Not satisfied	50	Satisfied	36
Describe what exactly you liked/didn't like in the reception department	Liked: speed, analyses on the spot	42	Liked: politeness, speed of acceptance	45
	Disliked: rude doctor, carelessness of nurses	58	Disliked: the doctor's inattention, intolerance to understanding the diagnosis	55
In which department did you receive medical care?	General paediatrics	60	General paediatrics	60
	Surgery	18	Surgery	18
	Cardiorheumatology	22	Cardiorheumatology	22
How long were you in the hospital?	Less than a week	74	Less than a week	80
	More than a week	26	More than a week	20
Did you receive the full treatment?	Yes, but the medicine was purchased independently	100	Yes, but the medicine was purchased independently	100
How would you rate the work of the doctors in the department (from 0 to 10, where 0 is negative and 10 is very good)?	3-7	100	7-10	100
How would you rate the work of nurses in the department where you were (from 0 to 10, where 0 is negative and 10 is very good)?	2-8	100	4-10	100
What kind of relationship did you have with the attending physician?	I partially agree with the treatment	60	I completely agree with the methods of treatment	84
	At first there were doubts, but the treatment helped	40	At first there were doubts, but the treatment helped	16
Was the doctor attentive to your questions and desire to get more information about the disease and treatment?	Yes	45	Yes	82
	No	55	No	18
Did you feel discomfort while talking to the doctor?	Yes	42	Yes	7
	No	58	No	93
Was the medical staff polite?	Yes	34	Yes	86
	No	66	No	14
Have you noticed corruption in a health care institution?	No	100	No	100
Would you advise your friends to go to the hospital if they had such a need?	Yes	50	Yes	93
	No	50	No	7

Source: compiled by the authors

Thus, the successful performance of a doctor is interdependent on his or her communication skills. Gaining practical experience, a doctor should improve professional communication and turn the skills into an internal need for a person to perfectly master the technique of interaction with patients. This also allows the doctor to regulate the intensity of emotional contacts with patients or their relatives and increase emotional involvement at significant stages of diagnosis and treatment. At the same time, each clinical case leaves a certain imprint on the doctor's ability to conduct medical interviews, which allows him or her to

deepen their knowledge in communicating with patients, determining the aetiology of the disease, its pathogenesis, diagnostic methods, and treatment options.

DISCUSSION

Communicative tolerance is an important component of a medical professional's professional competence. The ability to establish a trusting relationship with patients allows the doctor to build an effective treatment strategy and ensure mutual understanding during this process (Lu *et al.*, 2023). A sign of psychological contact with the patient is that the

patient will not doubt the correctness of the diagnostic and treatment tactics and will follow the doctor's prescriptions. At the same time, the lack of trust in a doctor or its loss during treatment increases the likelihood of patients self-medicating or turning to alternative medicine, which reduces the possibility of timely intervention, disease control, and recovery in general (Keshavarzi *et al.*, 2022).

The analysed studies by T.O. Aremu *et al.* (2022), K. Eggleton *et al.* (2022) and S. Potthoff (2022) show that for effective professional activity in the context of healthcare, the most important traits for a doctor are sincerity, responsibility, tolerance, empathy, dedication, perseverance, and initiative. At the same time, the opposite of these traits or their insufficient formation makes any activity of a healthcare professional impossible. Indifference to patients not only complicates the interaction for the treatment outcome, but also affects the effectiveness of the doctor's professional activity in general. This also correlates with the results of the empirical study. At the beginning of the experimental work, there was a low interest in communicating with patients, which created a sense of indifference to the health of patients. However, in the course of the study, it was determined that the psychological well-being of healthcare workers affects their professional activities, and involvement in the process of communication with parents of paediatric patients gradually began to increase when issues of interaction in the team (conflict) were resolved. In addition, individual interviews with respondents after analysing the observation of their activities helped to resolve personal issues related to motivation and exhaustion in the professional sphere.

Exploring the issue of doctor-patient communication, Y. Wang *et al.* (2022) highlight the need to comply with ethical standards in the professional activities of a doctor. In particular, the researchers emphasize that a doctor should prevent possible conflicts in interaction with a patient, the emergence of informal relationships with him/her, and remain within the framework of his/her professional role in unforeseen situations. J. Du *et al.* (2022) and K. Hanley *et al.* (2019) point out that some medical specialities do not require a high level of empathy or communication skills, in particular, for radiologists, laboratory technicians, pathologists, attentiveness, and professionalism are important. At the same time, for surgical specialists, diagnosticians, anaesthetists and intensive care specialists, the requirements are to have a high level of professionalism. Studying the issue of developing communication skills in future doctors, the authors emphasize that the work of a paediatrician, oncologist, therapist, dentist or traumatologist involves long-term communication with patients, which places demands on their communication tolerance. At the same time, studying the problem of outpatient treatment, J. Mallonee *et al.* (2022) note that compliance with rules, prescriptions, and certain schemes in the treatment process, including surgery, does not exempt the doctor from personalizing therapy for each individual patient and necessitates the selection of an individual style of communication with them.

According to S. Timotheou *et al.* (2023), the rapid digitalization of many areas of society requires young professionals to acquire information skills for distance learning and work. Yet, studying the problem of introducing information technologies into the educational process, the authors note that a significant drawback of the digitalization of the modern educational system is the reduction of social interaction and communication among the younger generation, which negatively affects the formation of students' professional communication experience. The study by M. Diachenko & T. Zakusilova (2020), A. Raza & N. Hussain (2022) on the professional training of medical specialists in the modern educational system indicates that the doctor's consideration of psychological factors in interaction with the patient helps to adequately assess the effectiveness of treatment and predict the further course of the disease. Similar conclusions can be seen in the study by S. Elnikety *et al.* (2022), where the authors point out that the success of therapy is based not only on the professional knowledge and skills of the doctor, but also on his/her communication skills, morality, and ethics. Studying the process of training future surgical doctors, the authors emphasize that in the modern educational system, the need to purposefully develop communicative tolerance in future specialists is a problem. These conclusions also correlate with the findings of the empirical study, which indicates that interns have insufficient experience of communication skills. At the beginning of the study, it was noted that several interns did not have formulated knowledge of psychological interaction with patients, which affected communication with them. In particular, the respondents of the interns' group had gaps not only in the development of communication skills, but also in tolerant behaviour and communication. The implemented psychological programme helped to unlock their potential in the context of psychological interaction with patients. The developed skills of communicative tolerance made it possible to communicate with paediatric patients and their parents without tension and fear. This demonstrates the effectiveness of the programme developed to improve communication skills among hospital staff.

In Ukrainian society, the specifics of providing the population with medical care are enshrined in legislation. According to the Law of Ukraine "Basics of Ukrainian Legislation on Health Care" (1992), the key aspects of providing medical care to the population are compliance with the principles of ethics, deontology, and medical confidentiality. In addition, the Law emphasizes the need to continuously improve the level of professional knowledge, skills, and competence, including digital competence. It provides for the implementation of diagnostic, medical, rehabilitation or preventive work through online patient consultation with the possibility of transferring images (CT, MRI), test results or other examinations to the doctor and maintaining confidentiality. At the same time, the digitalization of the healthcare system contributed to the creation of an electronic system of pre-medical interaction between a

patient and a doctor or a healthcare facility by connecting them to eHealth.

Global practice also shows the introduction of digital technologies in the healthcare system. In particular, in the Netherlands, the government encourages the population to use digital applications for healthcare and patient support (Government of the Netherlands, n.d.). This became especially important after the COVID-19 crisis and contributed to the active implementation of the latest solutions and technologies: from blood pressure monitors to special applications that can track health indicators and human activity. Active digitalization in the Spanish healthcare sector is also driven by the coronavirus crisis (Junyent, 2022). At the end of 2020, the government introduced a digital health strategy. In a few years, it has reached the stage of introducing telemedicine (online) in primary care. In addition, electronic medical records provide medical professionals and citizens with access to the necessary clinical documentation (while maintaining confidentiality). At the same time, the country does not have a specific law regulating the digital healthcare system, but there are provisions on clinical information and patient records regulated by the Spanish jurisdiction. In the United States, the digitalization of healthcare services is based on government financial support, the need for transparent and accessible patient records, the need to improve healthcare delivery, and the transformation of services from an economic (volume/cost) perspective (Keen, 2018). At the same time, for the country, the use of digital technologies in the healthcare system involves monitoring the quality of clinical services and improving medical support for patients.

The issue of information technology plays an important role in the German healthcare system (Olesch, 2023). The government has introduced a strategy with updated goals and deadlines, including the creation of an electronic medical record for citizens with public health insurance by 2026; a digital medication review service should be introduced for patients on medication to avoid uncontrolled medication. The strategy also provides for research projects by the institution. In addition, an electronic prescription will be a mandatory standard for providing medicines to patients, and patient treatment programmes should be supplemented by special digital programmes. In contrast to other countries, Switzerland is moving slowly in the digitalization of healthcare services (Müller *et al.*, 2021). However, it is the benchmark for European countries in the use of digital technologies in the healthcare system. In the digitalization of services, the government has focused on a high level of patient data security and interoperability of services. In particular, the online patient medical card displays medical documents in various formats (pharmacy prescriptions, X-rays, vaccination information, hospital discharge forms, etc.) that the patient can use at any time, including providing access to a medical professional. Automated workflows facilitate targeted medical activities in the system of doctor-patient interaction.

The empirical study correlates with the analysed scientific works, which indicate the need to improve the communication competencies of healthcare professionals for successful doctor-patient interaction. The results of the study also correlate with the findings of S. Rasiah *et al.* (2020) and K. Eggleton *et al.* (2022), which focus on the need to study the issue of psychological support for healthcare professionals, patients, and their families in crisis situations. In particular, healthcare professionals need psychological support in the workplace. The results of the pilot study indicate that the psychological well-being of healthcare professionals and their tolerance in dealing with patients are interdependent. These findings also correlate with the studies of R.J. Blendon & J.M. Benson (2022), A. Madsgaard *et al.* (2022), which indicate the need to improve the emotional stability of interns and nurses with little experience of interacting with patients. The inability to establish psychological contact with a patient reduces confidence in the doctor's professional competence. At the same time, the targeted development of professional communication and tolerance skills can ensure the transformation of personal qualities necessary for the successful performance of a doctor and his/her interaction with colleagues and patients.

CONCLUSIONS

The doctor's interaction with patients is based on his/her knowledge of the psychology of personality and human behaviour, and is also realized through the ability to establish contact, listen attentively, show non-verbal communication, formulate the right questions and direct the conversation in the direction necessary for treatment. In addition, the professionalism of a healthcare professional is not limited to knowledge of physiology, but also requires the ability to advise the patient (parents/guardians, relatives) in accordance with the principles of bioethics and deontology. Adequate communication in the context of medical interaction can only take place if the doctor is able to control his or her own emotional and behavioural reactions, regardless of the patient's psychological state. This is due to the developed communicative tolerance, where a medical professional shows a lenient attitude to the individual characteristics of patients, their qualities, actions, or habits.

The empirical study was conducted with the participation of doctors, nurses, and interns at the CNE Kyiv City Children's Clinical Hospital No. 1. Medical professionals from the departments of general paediatrics, surgery, and cardiorheumatology were invited to participate in the study. The number of respondents was 62 people aged 20 to 56 years. At the beginning of the study, a hypothesis was formulated to determine the impact of the level of psychological well-being on the communicative tolerance of medical professionals. In the course of the experimental study, this assumption was partially confirmed. None of the analysed clusters of psychological well-being has an impact on the ethnic tolerance of respondents. At the same time, the dependencies of the components of tension in professional activity and psychosomatic deviations that affect the personal and social tolerance of

the respondents were identified. In particular, in practice, this is manifested in indifference to the psychological state of patients and intolerance to their characteristic features.

The data obtained helped to clarify the subjective feelings of doctors about the work they do, the presence of psychosomatic disorders, emotional stability, their place in the team, as well as the correspondence of physical health and satisfaction with their own activities in general. The developed psychological programme proved to be effective in building the communicative tolerance of healthcare workers, in particular, it helped to improve communication skills and reduce the number of problematic situations and disagreements in teams.

Studying the world experience of doctor-patient interaction in a psychological context has made it possible to reveal the peculiarities of communication between medical

professionals in their professional activities and to identify ways to improve the communicative tolerance of healthcare professionals. A promising area for further research is the analysis of the deontological approach to providing medical care to patients with inclusion. The obtained results of the study and the conclusions formed on their basis are significant for the administrations of health care institutions and psychological workers as a tool for controlling the problems of communicative tolerance of medical staff.

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CONFLICT OF INTEREST

There is none.

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Психологія взаємодії лікаря та пацієнта в контексті комунікативної толерантності медичного фахівця

Анотація. Актуальність дослідження зумовлено потребою віднаходити шляхи забезпечення якісної взаємодії лікаря та пацієнта в контексті комунікативної толерантності медичного фахівця. Метою наукового дослідження було визначити психологічні особливості міжособистісних відносин лікаря та його пацієнтів. Фундаментом теоретико-методологічного підходу стало якісне поєднання методів структурно-функціонального аналізу проблеми психологічної підготовки медичних фахівців та аналітичного дослідження з питань формування конструктивних взаємовідносин між лікарем та пацієнтом. Проведено кілька опитувань щодо толерантності працівників медичної сфери та їхнього емоційного добробуту в контексті індивідуально-психологічних особливостей. Представлено результати, які відображують методи впливу лікаря на психологічний стан пацієнта та його родини. Висвітлено питання, як формується довіра до лікаря та його фахових компетенцій. Розкрито проблему етичних принципів, професійної мотивації медичних фахівців та специфіки їхнього спілкування в колективі. З'ясовано суб'єктивні переживання медиків щодо виконуваної роботи. Розкрито питання модернізації медичної освіти та цифровізації послуг. Визначено умови, компоненти й підходи ефективної взаємодії лікаря та пацієнта в системі охорони здоров'я. Деталізовано проблеми розробки діагностичного інструментарію з питань оцінки психологічного стану медичного працівника в його фаховій діяльності. Проведено експеримент, який дав змогу обґрунтувати необхідність впроваджувати програми підвищення комунікативних навичок медичних працівників, зокрема й лікарів-інтернів та медичних сестер. Практична цінність отриманих результатів науково-дослідної роботи полягає в можливості використати окреслений підхід для вдосконалення методів підвищення комунікативних компетенцій лікарів у професійній діяльності

Ключові слова: емоційна стабільність; комунікативна толерантність; професійна мотивація; моральність; медична етика