

Psychological Competence And The Art Of Being A Doctor

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Abstract: The intensification of the society development presents new requirements to the specialists of various spheres. The growth of the intensity of social economic and political processes causes a lot of strain on the psychology of people which results in the emergence of psychological tension. This article deals with the analysis of psychological competency and the art of being a doctor. The concept of competence levels including the explanation of psychological peculiarities of each of them is presented.

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1. Introduction

The intensification of the society development presents new requirements to the specialists of various spheres. The growth of the intensity of social economic and political processes causes a lot of strain on the psychology of people which results in the emergence of psychological tension. This finds its reflection not only on the psychological but also on the physical condition of the health of people of the country. This condition may change the structure and the content of requirements to the doctors' practice whose duty is prophylactics and maintaining health of population. The character of these changes is manifested in the introduction of new requirements to the psychological competency of doctors.

The above mentioned conditions require further development of psychologization of educational process at higher educational institutions specialized in Medicine. It is stipulated that in many Medical institutions of a number of countries, especially in the countries of CIS traditionally a lot of attention was paid to biological, physiological and pathological branches. Psychological knowledge was given a secondary role in the process of training doctors.

The important component of professional competency of doctors have become their awareness in the sphere of psychology of a person, psychodiagnostics and the correction of personal disturbances which lead to the emergence of pathological processes and provoke them. On the other hand the role of personal preparation to the execution of professional functions have increased and it also requires strengthening of psychological preparation of doctors.

Psychological competence is one of the main components of general professional competency of a doctor. In connection with this it should be noted that the essence and structural components of doctors' competency has not been defined unequivocally and various and contradictory views exist both about the structure itself and its elements. There is no clear classification of the level of competency.

2. Materials and methods

The presence of a number of problems both theoretical and practical, connected with the explanation and realization of the essence, content and structure of the competency of a doctor requires special study of the given phenomenon as a result of which in our opinion must be a conceptual model of the levels of psychological competency of a doctor. In 2000 E.N. Bogdanov and V.G. Zazikina discovered 30 definitions of competency in the literature of that period. [1]. After 15 years, in 2014 we discovered more than 70 definitions like this i.e. the number of definitions of competence doubled which shows the increased interest to this problem.

Analyzing the definitions we have, we can note that the authors draw a line between the notions «competency» and «competence». There are many definitions to the term «competency», which in most cases coincide according to its content. When it comes to the definition of the notion «competence», there are many different interpretations. Without giving too much attention to details it should be noted that they can be divided into the following groups: 1. The groups that carry out legal approach to the study of

phenomenon of competence. According to this approach «competence» is defined as «a complex of powers (rights and duties) of some authority or authoritative person, established by law or the acts under law». 2. The groups that realize cognitive approach. In them «competence» is defined as «possession of knowledge that allows to judge something», «the area of questions in which somebody is well informed». 3. The groups that keep to applied and practical approach. According to their point of view, competency is defined not only as «the possession of knowledge that allows to judge something» and as «a complex of powers (rights and duties) of some authority or authoritative person, established by law or the acts under law», but also with the presence of certain skills and abilities for carrying out a certain type of activity.

The interpretation of the phenomenon “competence” may be different in these groups, which is quite natural. It would not be valid, if the definitions of the term «competency» given by different parties did not differ from each other. In our opinion, this is the reason why the search of who is right and who is not right cannot present a positive result and can make the process more complicated. We consider combining these three approaches to be rational. Furthermore this combination must be carried out in such a way that cognitive and applied components must form the basis of competency. Legal component must appear on the basis of these two components.

Results

In our opinion the most precise is the separation of the notions «competence» and «competency» which are suggested by J.G. Garanina, Yu. F. Maysuradze and A.K. Markova.

They define competence as rights/ability and competency as a characteristics of the carrier of these abilities and come to conclusion that people may possess competence but may not have competency. [2,3, 4].

In the analysis of the notions “professional competency” and “psychological competency” of doctors we base on the fact that “psychological competency” is one of the main components of the notion “ professional competency of a doctor” i.e. the correlation of these notions is the correlation of general and partial.

For determining the levels and structure of psychological competency of a doctor an operating and hypothetical definition of the competency is required. Basing on the opinions of the specialists and their analysis we suggest the following definition: Psychological competency is the readiness and ability of a doctor to solve diagnostical, medical and

prophylactic problems effectively with the optimal application of psychology, psychotechnique and psychotechnology. In the structural aspect it consists of the correlation of cognitive, emotive and cunative properties. The correlation of these components in specialists of various branches of medicine can be different. So usually an X-ray tech and a pediatrician have different correlation of cognitive and communicative abilities. Communicative ability of an x-ray technician doesn't play the role as important as that of a pediatrician or therapist.

The determination of common peculiarities of competency creates the basis for further classification of its levels. The levels of doctors' competency differ from one another. In other words “competency differs from competency” . The graduate of the Medical Institute or Medical School, who has got the diploma of higher education possesses a competency to treat sick people. But his competence cannot be compared to the competence of an experienced doctor which also proves that there is a necessity of classification of competency level of doctors.

The practice of awarding doctors a category is based on the level of their competency and activeness, in any case it has to be based on these factors. So the doctor who has a low category does not have a very high competency. Or the high category has to be awarded to those doctors who have the highest level of competency. But practice is broader than theory. In practice there may be such cases that the doctor with high level of competency can not get the highest category. This may happen due to the lack of discipline or that doctor may not have enough motivation.

Besides this there are three and four categories, that are awarded to doctors and reflect the gradations of medical competence not to a full extent. We will try to show this in the next paragraphs.

In the process of periodization of the history of medical development, some specialists point out two periods. 1. Prescientific period. 2. Scientific period.

Prescientific period of the development of medicine is defined by some scientists as the period in which medicine was art, and in the second period it is defined as scientific on the basis that during that period medicine has turned into a science. So, Yu. K. Abaev writes that “The idea that the main form of medical diagnostical thinking is intuition which emerged at the time when medicine was not considered as science, but it was considered “art” (5) We can conclude that prescientific period of the development of medicine required art from doctors, and scientific method requires scientific knowledge from them. This is the opinion of many scientists and specialists. We can agree with this statement only in one condition. If the medicine of prescientific period

is characterized with the requirement from doctors of not only knowledge, but also art, this does not mean that art is the lowest step in the relation to science. Art is manifested not only in the lowest, but also at the highest levels of the development of medicine. Besides, the art of a doctor which is manifested at higher levels of the development of medicine more complies with the term «art». That art, which is manifested at the prescientific stage of medicine is based on the guess, hypothesis and the intuition of a doctor. These bases of the art of being a doctor not always yielded positive results. But because the doctors who possessed this art made less mistakes than others, they were called masters, who raised the ability to the level of art.

The components of professional readiness to medical practice are as follows:

1. Theoretical component: the knowledge of theoretical bases of medicine (medical and biological knowledge, diagnostics, treatment, prophylactics)

2. Practical component- mastery of concrete methods and methodics, skills and expertise.

The knowledge of not only medicine, but also general, developmental and social psychology are necessary at all stages of medical practice: diagnostics, treatment and prophylactics.

Basing on the amount of necessary knowledge of psychology, as well as the presence of the levels of skills and expertise of applying this knowledge in practice we can point out the following levels of the psychological competence of doctors: low, moderate and high. Low level of competency is characterized with the possession of complexes of knowledge, skills and abilities necessary for medical practice; minimal extent of experience in the field.

The intermediate level is characterized with the significant increase of the scope of knowledge, skills and abilities in the selected sphere of practice. In this case the scope of knowledge becomes not only wider, but also deeper. That is to say that the scope of knowledge of a doctor expands, his skills and abilities become perfect.

Highest level of doctor's competence is characterized with a rich experience of mastering the knowledge not only related to his specialty but also to interdisciplinary areas of Medical Science. The doctor of this level has a developed skills of communication, influencing not only on the organism of the patient, but also on the psychology of the patients with pharmaceutical and psychological means.

The gradation of doctors' competency is not limited with the above mentioned three levels. The next level of competency is proficiency. This level is characterized with the automatism of skills and abilities, perfection of clinical reflection. The doctors may reach this level of competency if they love their

profession, if they are industrious and have developed skills. They have a well developed sense of duty as a doctor and responsibility. They are very insightful. People call these people as masters of their profession.

The highest level of competence and expertise is the level of the art of being a doctor. The doctors who have reached this level achieve good results in relatively short time in comparison to other doctors. They don't make medical mistakes, even if they make it is not many. Their mistakes are not serious. In order to avoid serious mistakes one must have a deep knowledge and experience.

The skills of a qualified doctor are lifted to the level of automatism, his abilities are stable and deep. Insightfulness becomes the inseparable ability of his. In order to reach this level a doctor must be in constant search. The search promotes finding new methods, methodic diagnostics, treatment and prophylactics of illnesses. He can rearrange his cogitative and practical activity in accordance to the requirements of the situation.

Another characteristics of the doctor who has reached proficiency is that he does not stop at what he has achieved, even if what he has achieved outpaces the contemporary level. Because this achievement which can be considered significant or outstanding today can be an ordinary phenomenon tomorrow. At last the correlation of cognitive, emotive and cunativetraits of a doctor differs with its mobility and flexibility. In each concrete case the correlation of them may vary and in each case one of them may come forth and play a leading role. In other cases the others may take a dominating role. This mobility and flexibility promotes exclusion of mistakes or making these mistakes minimally.

We would like to add that between the levels of proficiency and art there are many common features. They can be united in the frame of one level. Then this level will consist of two sublevels: the sublevels of proficiency and art.

We tried to enumerate only basic features, characteristic of each level of competency and proficiency. In reality there may be even more. But it is reality. It is impossible to put it in the frame of theory.

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