FORMATION OF COMMUNICATIVE COMPETENCE AND COMMUNICATION SKILLS WITH PATIENTS IN FUTURE MEDICAL SPECIALISTS DURING UKRAINIAN LANGUAGE CLASSES IN INSTITUTIONS OF PRE-UNIVERSITY AND HIGHER MEDICAL EDUCATION

S. D. Poplavska*, S. V. Hordiichuk**, I. M. Krukovska***, M. V. Kiriachok****

The article presents the results of the research dedicated to the issues of formation of communicative competence and communication skills with patients in future medical specialists during Ukrainian language classes in institutions of pre-university and higher medical education. Thus, at the current stage, the problem of formation and development of communicative competence and corresponding skills remains highly topical and urgent considering the necessity to train highly qualified and competitive medical workers that can carry out their duties, as well as professionally communicate with the patients and colleagues without being affected by the majority of negative factors, such as Russian-Ukrainian war, overwhelming stress, limited number of days off/reduced vacation, necessity to work overtime without substantial financial bonuses.

In order to conduct the experiment, 100 students at Zhytomyr medical institute of Zhytomyr regional council were selected to participate in survey. At the initial stage of the experiment, participants were divided into two groups: control group (CG) and experimental group (EG). Students were offered to answer a serious of questions aimed at accessing their current level of communicative competence formation, as well as their readiness to interact with the patients and colleagues. At the second stage of the experiment, CG underwent specialized training aimed at forming and developing the communicative competence of future medical specialists, which was conducted during the Ukrainian language classes. At the third stage of the experiment, the level of formation of communicative competence and readiness for professional interpersonal interaction of

---

* Candidate of Pedagogical Sciences (PhD in Pedagogy), Docent (Zhytomyr Medical Institute of Zhytomyr Regional Council)
svitlana9poplavska@gmail.com
ORCID: 0000-0003-3607-272X

** Doctor of Sciences (Pedagogy), Docent, Acting Rector (Zhytomyr Medical Institute of Zhytomyr Regional Council)
e-mail: stepanovasvg77@gmail.com
ORCID: 0000-0003-4609-7613

*** Candidate of Pedagogical Sciences (PhD in Pedagogy), Docent Zhytomyr Medical Institute of Zhytomyr Regional Council
e-mail: ira.krukovska@icloud.com
ORCID: 0000-0002-6557-5548

**** Candidate of Philological Sciences (PhD in Philology), Assistant (Zhytomyr Medical Institute of Zhytomyr Regional Council)
e-mail: mkiriacok@gmail.com
ORCID: 0000-0002-0654-9542
future medical specialists of CG and EG were assessed using a specialized survey and compared in order to identify positive and/or negative impact caused by the training.

Based on statistical data collected, it was concluded that formation and development of communicative competence and communication skills with patients in future medical specialists during Ukrainian language classes in institutions of pre-university and higher medical education can be directed and optimized in order to greatly enhance the effectiveness of corresponding skills formation.

**Key words:** communication, communicative competence, future medical specialists, higher education institutions, skills.

---

**FORMUWANIA KOMUNIKATYWNEJ KOMPETENTNOŚCI TA NAWICZOK SPŁUKUWANIA Z PATIENCTAMI U MAJBYTNICHO MEDICYNHCH SPECJAŁISTów PİD CHAS ZANJŻ Z UKRAINIJSKOJ MOVI W ZAKŁADAH PEREDWYŻOJ TAJ WYŻOJ MEDICYNOJ OŠIWI**

**С. Д. Поплавська, С. В. Гордійчук, І. М. Круковська, М. В. Кірячок**

У статті подано результати дослідження, присвяченого питанням формування комунікативної компетентності та навичок спілкування з пацієнтами у майбутніх спеціалістів-медиків під час навчання українською мовою в закладах передвищої та вищої медичної освіти. Таким чином, на сучасному етапі проблема формування та розвитку комунікативної компетентності та відповідних умінь залишається актуальною та актуальною з огляду на необхідність підготовки висококваліфікованих та конкурентоспроможних медичних працівників, здатних виконувати свої обов'язки, а також професійно спілкуватись з пацієнтами і колегами, мінімізуючи вплив більшості негативних факторів, таких як російсько-українська війна, сильний стрес, обмеженна кількість вихідних/скорочена відпустка, необхідність працювати понаднормово без істотних фінансових винагород.

Для проведення експерименту для участі в опитуванні було відібрано 100 студентів Житомирського медичного інституту Житомирської обласної ради. На початковому етапі експерименту учасники були поділені на дві групи: контрольну (КГ) та експериментальну (ЕГ). Студентам було запропоновано відповісти на низку запитань, спрямованих на визначення поточного рівня сформованості комунікативної компетентності, а також готовності до взаємодії з пацієнтами та колегами. На другому етапі експерименту КГ пройшла спеціалізоване навчання, спрямоване на формування та розвиток комунікативної компетентності майбутніх спеціалістів-медиків, яке проводилось на заняттях з української мови. На третьому етапі експерименту за допомогою спеціалізованого опитування було оцінено та порівняно рівень сформованості комунікативної компетентності та готовності до професійної міжособистій взаємодії майбутніх лікарів КГ та ЕГ з метою виявлення позитивного та/або негативного впливу з боку навчання.

На основі зібраних статистичних даних зроблено висновок, що формування та розвиток комунікативної компетентності та навичок спілкування з пацієнтами у майбутніх лікарів під час навчання українською мовою в закладах передвищої та вищої медичної освіти можна спрямувати та оптимізувати з метою значного посилення ефективність формування відповідних навичок.

**Ключові слова:** спілкування, комунікативна компетентність, майбутні медики, ЗВО, уміння і навички.

---

**Introduction of the issue.** Currently Ukraine is facing multiple challenges in all spheres of social and political life, which directly or indirectly impact the lives of every single citizen. Moreover, due to continuous persistent Covid-19 pandemic and full-scaled Russian military aggression, new set of demands and requirements to future medical specialists has been formed. It includes formation and life-long development of a number of competencies, which inlay the core of the corresponding profession. The conceptual provisions of the competency-
oriented education paradigm in the conditions of a modern post-industrial, information-technological society are defined in the laws of Ukraine "On Education" (2017), "On Higher Education" (2014), the National Strategy for the Development of Education in Ukraine for 2012-2021 (2012), laws of Ukraine "On the national informatization program" (1998), "On the main principles of the development of the information society in Ukraine for 2007-2015" (2007) [1, 3, 4]. This is also mentioned in the Report of the European Commission on the prospects for the introduction of new educational technologies in the educational process (2014) and in the materials of the Geneva Declaration on the Principles of the Development of the Information Society (2003), which outline the main problems of forming the information and communication competence of students of higher education and prospective approaches to them solution. Also, constant demand of highly qualified medical specialist of different profiles implies the need to substantially update the means and tools needed for the formation of the professional competence-based skills. Based on the study of scientific sources, it was established that the process of formation of communicative competence, as an important component of the professional competence of future medical specialists, requires the implementation of a technological approach as a system-forming one in the context of the investigated problem, however, before its implementation a proper assessment of the current state of the formation of the above-mentioned competence is required [1; 5; 7].

**Current state of the issue.** The problem of formation of communicative competence of medical workers is investigated in the works of works of I. Gidzynska, I. Humennaia, L. Maniuk, I. Makhnovska, N. Stuchynska, O. Shanin, V. Shatylo, N. Shigonska, Yu. Yusef, P. Yavorskyi, S. Yastremska and others. The problem of communicative and socio-communicative competence of future specialists was reflected in a number of scientific studies, primarily philosophical (V. Andrushchenko, V. Bychko, V. Kremen, L. Sokhan, V. Shinkaruk), psychological (I. Bekh, M. Boryshevsky, O. Kryuchuk), pedagogical (A. Boiko, H. Vasinovych, M. Yevtukh, O. Plahotnik, O. Pehota, N. Pobirchenko).

The concept of readiness for communicative interaction and the formation of socio-communicative competence of future specialists was studied at different times by N. Abashkina, N. Bidiuk, Y. Bolyubash, O. Hluzman, and L. Pukhovska. General issues of professional training of future medical specialists were studied by scientists, namely: competence aspect (O. Horai, L. Poedyntseva, I. Radzievska, O. Solodovnyk, Z. Sharlovych), communicative aspect (M. Lisovyi, S. Poplavskav, N. Shygonska etc.), cultural studies (Yu. Kolisnyk-Humeniuk, L. Primachok, O. Yakymova).

The works of O. Volchenko, T. Kolodko, S. Nikolayeva, T. Symonenko, H. Khoroshavina and others are devoted to the study of the peculiarities and development of the communicative competence of an individual [5; 6]. The structure of communicative competence of the future specialist was substantiated by N. Bibik, O. Savchenko and others. L. Burman, L. Haponenko, H. Hontar, and others investigated the problems of forming the communicative competence of future specialists involved in intensive communication. In the works of I Arkhipov, O. Ovchinnikov, K. Platonov, and O. Soldatchenko, the problem of forming students’ communicative abilities is considered [2; 5].

**Outline of unresolved issues brought up in the article.** Despite the growing attention to competency-oriented approach, the issues of formation of communicative competence and communication skills with patients in future medical specialists during Ukrainian language classes in institutions of pre-university and higher medical education has not yet been properly studied.
Aim of research is to assess formation of communicative competence and communication skills with patients in future medical specialists during Ukrainian language classes in institutions of pre-university and higher medical education and to analyze the means and tools of its optimization.

Results and discussion. The structure of communicative competence of future medical specialists (taking into account the traditional, competent and functional methodological positions) is a combination of several components, namely: goal-motivational (outlines students’ motivated mastery of a targeted language and modern information and communication technologies (ICTs)); cognitive-linguistic (reflects systematic knowledge of a targeted language); procedural-technological (determines the essence of communication skills, as well as the skills of using corresponding means and tools in the professional sphere); reflexive-evaluative (ensures reflection on the level of formation of communicative competence of future medical specialists) [2].

Communication is an important part of the work of any medical specialist; thus, it implies formation of corresponding skills in the students at pre-university and higher education institutions. Also, successful communication contributes to the overall levels of confidence and effectiveness of future medical worker, as well as it helps to keep the stress indicators at minimum and focus attention on the issues of healthcare. As a result of the analysis of scientific literature, the essence of interpersonal interaction in the process of preparation and professional activity of a medical worker was determined. The content and specificity of interpersonal interaction were investigated in the context of communicative discourse in the form of communicative situations and dialogic learning. The conclusion is substantiated that interpersonal interaction in the process of professional training can be considered as the mutual influence of subjects of the educational process of a higher educational institution, which can be accidental or planned, long or short-term, verbal, or non-verbal. At the same time, the result of interpersonal interaction should be mutual changes in the behavior, activities, attitudes of the participants of the educational process [3]. The leading characteristics of interpersonal interaction (motivation for interaction, communicative direction of activity, cognitive, situational, and emotional nature) of the future medical specialist with the involvement of communication technologies are clarified [4].

It was found that communicative technologies play a subordinate (instrumental) role in the process of training future medical specialists for interpersonal interaction and ensure the creation, development, and preservation of the communicative space of professional training of specialists.

Thus, the first stage of the research was focused on assessing level of formation of communicative competence of future medical specialists in CG and EG. For this purpose, a specialized survey was designed and used (Table 1). Also, the overall level of readiness of future medical specialists was analyzed and considered (Table 2). Statistical data was collected in the process of interviewing the students and offering them to participate in pre-defined roleplay situations, which emulated the interpersonal communication of the following patterns: medical specialist – patient (acquaintance); medical specialist – medical specialist (colleague); medical specialist – medical specialist (non-colleague); medical specialist – patient (stranger). Based on communicative successes and failures, students were offered to assess their own performance and then compare it with the assessment of the researchers [6].
### Table 1

**Level of formation of communicative competence of future medical specialists**

(comparative data)

<table>
<thead>
<tr>
<th>№</th>
<th>Level of formation</th>
<th>Self-assessment (%)</th>
<th>Survey results (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>35%</td>
<td>17%</td>
</tr>
<tr>
<td>2</td>
<td>Medium</td>
<td>57%</td>
<td>66%</td>
</tr>
<tr>
<td>3</td>
<td>Low</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>Hard to identify</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Table 2

**The level of readiness of future medical specialists to professional interpersonal communicative interaction**

<table>
<thead>
<tr>
<th>№</th>
<th>Assessment Level</th>
<th>Roleplay communication in predefined situations (indicators)</th>
<th>MS – P (Acquaintance)</th>
<th>MS – P (Stranger)</th>
<th>MS – MS (Colleague)</th>
<th>MS – MS (Non-colleague)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>Future medical specialist is ready for interpersonal communication with already known patients without preliminary preparation and/or assistance of colleagues (27%)</td>
<td>Future medical specialist is ready for interpersonal communication with new/Previously unknown patients without preliminary preparation and/or assistance of colleagues (19%)</td>
<td>Future medical specialist is ready for interpersonal interaction with known members of the personnel, including colleagues of different levels of institutional hierarchy (36%)</td>
<td>Future medical specialist is ready for interpersonal communication with previously unknown members of the personnel and/or newly employed/assigned workers of different levels of institutional hierarchy (9%)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Medium</td>
<td>Future medical specialist is partially ready for interpersonal communication with already known patients, some preliminary preparation and/or assistance of colleagues and/or supervisors is required (44%)</td>
<td>Future medical specialist is partially ready for interpersonal communication with new/Previously unknown patients, some preliminary preparation and/or assistance of colleagues and/or supervisors is required (48%)</td>
<td>Future medical specialist is partially ready for interpersonal interaction with known members of the personnel, including colleagues of different levels of institutional hierarchy if the environment and/or communicative situation is favorable. Also,</td>
<td>Future medical specialist is partially ready for interpersonal communication with previously unknown members of the personnel and/or newly employed/assigned workers of different levels of institutional hierarchy if the environment and/or communicative situation is unfavorable. Also,</td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td>Description</td>
<td>Future medical specialists require considerable preparation and guidance of the supervisors to initiate and carry out communication with the known patient. Next sessions of professional communication after initial one show indicators of gradual improvement (19%)</td>
<td>Future medical specialists require considerable preparation and guidance of the supervisors to initiate and carry out communication with the patient. Initial session of communication with the new patient requires the presence of the mentor and/or supervisor (17%)</td>
<td>Future medical specialists can hardly or cannot initiate communication with known colleagues without assistance and/or urgent necessity/need of immediate assistance (11%)</td>
<td>Future medical specialists require considerable assistance in the process of familiarizing with colleagues before initiating communication as well as presence of particularly favorable microclimate within the team and/or subdivision of the medical institutions (15%)</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Low</td>
<td>some assistance from behalf of the interlocutor is required (51%) situation is favorable. Also, some assistance from behalf of the interlocutor and/or known colleagues is required (45%)</td>
<td>some assistance from behalf of the interlocutor is required (51%) situation is favorable. Also, some assistance from behalf of the interlocutor and/or known colleagues is required (45%)</td>
<td>some assistance from behalf of the interlocutor is required (51%) situation is favorable. Also, some assistance from behalf of the interlocutor and/or known colleagues is required (45%)</td>
<td>some assistance from behalf of the interlocutor is required (51%) situation is favorable. Also, some assistance from behalf of the interlocutor and/or known colleagues is required (45%)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hard to identify</td>
<td>Future medical specialists fail to initiate and maintain communication with the known patient due to a set of factors that impact the level development of communicative competence and skills of interpersonal communication (10%)</td>
<td>Future medical specialists fail to initiate and maintain communication with the unknown patient due to a set of factors that impact the level of development of communicative competence and skills of interpersonal communication. Also, the familiarization process implies direct assistance of the mentor (16%)</td>
<td>Future medical specialists are not ready to work in a team due to lack of communication skills and inability to communicate with known colleagues (2%)</td>
<td>Future medical specialists are not ready to get familiarized with the new elements of working environment (including new colleagues) due to lack of communication skills (21%)</td>
<td></td>
</tr>
<tr>
<td>Total (%)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
Thus, considering the results given in Tables 1 and 2, future medical specialists have various communicative issues that can potentially affect their professional activities, effectiveness and efficiency of medical services provided. Moreover, successful teamwork is a perquisite of successful self-realization of highly qualified medical professional and member of a medical team as well. Thus, above-mentioned issues require specific competency-based approach aimed at improving current state of the communicative competence and improving its formation. Moreover, positive motivation is a prerequisite of successful interpersonal communication, which ensures achieving communicative goals set [3; 5].

In order to improve and stimulate the process of formation of communicative competence, a number of methodological recommendations, tools and means were designed.

First of all, the leading approaches to the studied pedagogical phenomenon have been properly reviewed and investigated. It is proved that at the level of the general philosophical methodology of consideration of the problem of formation communicative competence of future medical specialists is expedient to implement a systematic approach; at the level of general scientific methodology – competence and activity; at the level of partial methodology – individual psychological theories, principles and regularities that interpret communicative processes in their development. Thus, the following recommendations have been created:

- to conduct annual analysis of the level of formation of communicative competence in future medical specialists;
- to statistically process the data obtained to single out particular drawbacks of the current tools and means of its formation;
- to design specials surveys aimed at revealing results of students’ self-assessment of the level of formation of communicative competence;
- to prepare corresponding situational tasks and roleplaying cases aimed at developing students’ skills of interpersonal communication;
- to carry out real-life professional training in order to help the higher education seeker overcome communicative barriers and enrich communicative experience of professional interpersonal verbal and non-verbal interaction.

Thus, these recommendation can greatly benefit the process of formation of communicative competence in future medical specialist, which can potentially improve medical services provided.

**Conclusions and research perspectives.** Thus, at the current stage, the problem of formation and development of communicative competence and corresponding skills remains highly topical and urgent considering the necessity to train highly qualified and competitive medical workers that can carry out their duties, as well as professionally communicate with the patients and colleagues without being affected by the majority of negative factors, such as Russian-Ukrainian war, overwhelming stress, limited number of days off/reduced vacation, necessity to work overtime without substantial financial bonuses.

Based on statistical data collected, it was concluded that formation and development of communicative competence and communication skills with patients in future medical specialists during Ukrainian language classes in institutions of pre-university and higher medical education can be directed and optimized in order to greatly enhance the effectiveness of corresponding skills formation.

Methodological recommendations aimed at improving and enhancing the process of formation of communicative competence of future medical specialists have been created. Perspectives of further research imply verification of the data obtained, as well as conducting experimental approbation of the above-mentioned set of recommendations during the lessons of Ukrainian language in order to train highly qualified competitive professionals eligible to provide quality medical services and carry out successful interpersonal communication.
REFERENCES (TRANSLATED & TRANSLITERATED)


Received: May 14, 2022
Accepted: June 04, 2022