

THE ROLE OF INTERPERSONAL RELATIONS IN THE PROFESSIONAL ENCULTURATION OF THE FUTURE DOCTOR

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Abstract

This article explores the process of professional enculturation in future doctors, emphasizing how the purposeful organization of education and the development of professional self-awareness contribute to the formation of professional identity. The research applies methods such as focus groups, systematic introspection, and surveys. The development of a doctor's personality in a professional cultural environment is examined as a complex process involving the perception of behaviors in interpersonal relationships, interpretation of behaviors' causes, emotional assessments, and the construction of strategic behavior.

Keywords: ethics, culture, enculturation, doctor, professional perception, interpersonal relationships, development, medical education, professional identity, communication, self-determination.

Introduction

The role of a doctor extends far beyond technical medical competence; it holds a profound social significance. As a sociocultural figure, a doctor represents the synthesis of evolving societal values, natural qualities, and professional expertise. The formation of a doctor's professional identity is intricately linked with the broader socio-cultural development of humanity (Author, Year). Medical education, aligned with universal humanistic values, intertwines the health and well-being of individuals with the moral responsibilities of the profession, reflecting an integration of ethical principles highlighted in international normative documents, such as the Geneva Declaration (1948) and the International Code of Medical Ethics (1949). These documents emphasize the moral responsibilities physicians carry, both in practice and as members of a broader societal fabric.

Within the paradigm of modern medical education, a growing focus is placed on the spiritual and moral qualities of future professionals. Developing these qualities through education ensures that future doctors not only possess technical competence but also the ethical foundations required to make a meaningful impact on society (Decree of the President of Uzbekistan No. PF-4947, 2017). This holistic development is essential in nurturing a professional culture that supports the moral and ethical dimensions of medical practice.

Literature Review

A substantial body of research has explored the process of professional enculturation in medical education, emphasizing the development of both clinical competence and ethical sensitivity. Martynova (2009) and Ignatieva (2013) argue that moral and ethical development is a critical component in shaping future healthcare professionals who can balance the technical demands of clinical practice with compassionate patient care. This moral dimension, they suggest, is essential for fostering a professional culture where ethical values guide not only clinical decisions but also the interpersonal dynamics inherent in medical practice.

Zorin et al. (2001) also highlight that the professional culture of a doctor extends beyond the mastery of clinical knowledge. It encompasses the integration of core ethical principles that shape interactions with patients, colleagues, and the broader medical community. This synthesis of technical expertise and moral responsibility forms the foundation for competent, empathetic, and ethically grounded practitioners.

In addition to the ethical aspect, interpersonal relationships have been identified as pivotal in the development of a professional identity in medicine. Gordon et al. (2012) emphasize that these relationships play a crucial role in cultivating key professional skills, such as communication, collaboration, and ethical decision-making. These interpersonal dynamics are fundamental to patient-centered care and are increasingly recognized as essential to the holistic development of medical professionals.

Despite the growing recognition of the importance of ethical and interpersonal dimensions in medical enculturation, there remains a gap in understanding the underlying psychological and pedagogical mechanisms that facilitate this process. While significant research has focused on the outcomes of professional enculturation, the specific educational strategies and cognitive frameworks that support the internalization of professional values among medical students are relatively underexplored. Addressing this gap is vital for advancing medical education and ensuring that future doctors are not only skilled clinicians but also ethically conscious professionals capable of reflective practice.

Methodology

This study used a combination of qualitative and quantitative methods, including focus groups, systematic introspection, and questionnaires, to investigate the professional enculturation of medical students at Andijan Medical Institute. Special attention was given to the cultural environment's role in fostering the development of professional and ethical qualities in future doctors. The focus group discussions were conducted among first- and fifth-year students to assess their perceptions of medical culture, ethics, and interpersonal relationships.

Group discussions centered on topics such as:

1. The ethics of doctors.

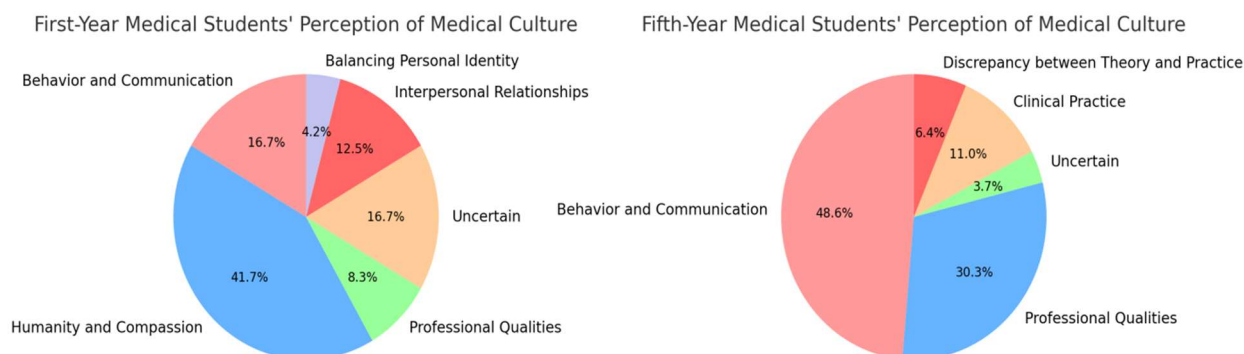
2. Professional duty and honor.
3. The culture of interaction in medical institutions.

To gauge the participants' evolving understanding of professional ethics, the “Method of Diagnosing the Relationship of Socio-Psychological Personality in the Field of Motivational Needs” was employed (Potemkina & Azimova, Year). The results provided insights into students' value systems and attitudes toward their professional development.

Results

The findings revealed significant differences in how first-year and fifth-year medical students perceive key aspects of medical culture, indicating a developmental progression throughout their education. First-year students primarily emphasized *behavior and communication* (20%) and *humanity and compassion* (50%) as central to their understanding of medical culture. A smaller percentage (10%) acknowledged the importance of *individual professional qualities*, while 20% of the students struggled to articulate their views on the subject. In contrast, fifth-year students demonstrated a more mature and refined understanding, with 53% highlighting *behavior and communication*, particularly the ethical aspects of deontology and bioethics, as critical components. Additionally, 33% of the fifth-year students focused on *professional qualities*, and only 4% expressed uncertainty. This progression illustrates a developmental trajectory in which students increasingly incorporate ethical frameworks, professional standards, and reflective practices into their perception of medical practice as they advance through their education.

Further analysis of the data uncovered additional nuanced trends in students' attitudes toward professional enculturation. Among first-year students, 15% emphasized the importance of *interpersonal relationships*—with peers, tutors, and medical staff—in shaping their early understanding of medical culture. This highlights the pivotal role that early socialization within the medical school environment plays in framing students' perceptions of professional norms and behaviors. Moreover, 5% of first-year students expressed uncertainty about how to balance *personal identity* with professional expectations, signaling a need for structured guidance to help students integrate their personal values with the ethical demands of their developing professional personas.

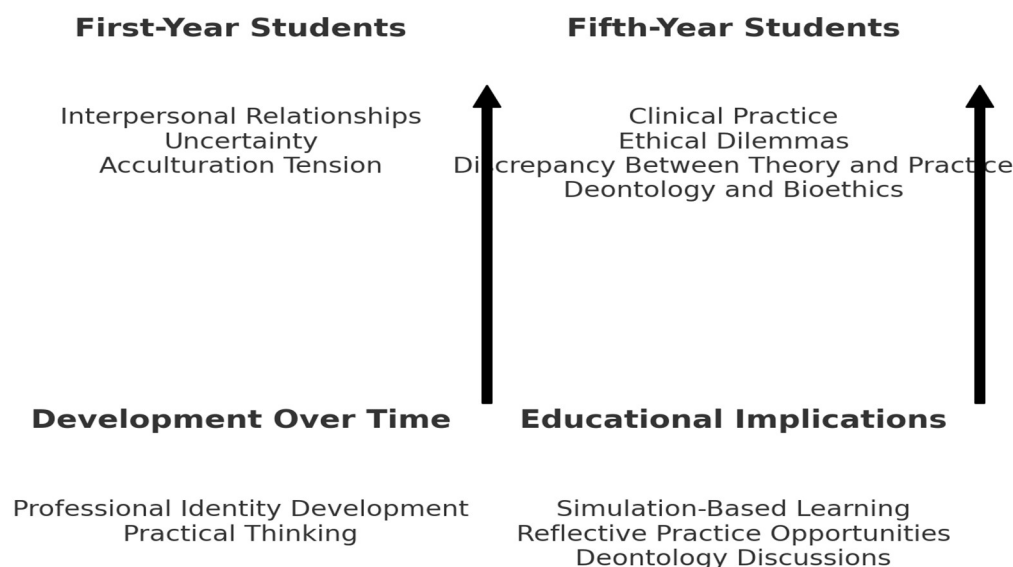


For fifth-year students, 12% emphasized the critical role of *clinical practice* in solidifying their professional identity, particularly through direct interactions with patients. These students reported that the ethical challenges they encountered during clinical rotations led to deeper reflection on the practical application of deontological principles, contributing to a more mature understanding of professional responsibility. Notably, 7% of these students raised concerns about a perceived *discrepancy* between the theoretical ethics taught in the classroom and the practical realities of medical practice, suggesting a gap between ethical education and its application in real-world clinical settings.

These findings underscore the gradual evolution of students' professional identities, with clinical experiences and interpersonal relationships playing crucial roles in deepening their understanding of medical ethics and professionalism. As students progress through their medical education, they move from an initial focus on interpersonal behaviors and empathy to a more complex integration of ethical standards, reflective practice, and professional self-regulation.

Discussion

These additional results point to the complex and evolving nature of professional enculturation in medical students. The early emphasis on *interpersonal relationships* among first-year students aligns with existing theories on the importance of social learning in professional development. As Sadokhin (2004) describes, acculturation processes involve the internalization of community norms, often through interactions with mentors and peers.



For medical students, early exposure to the professional behaviors of faculty and more experienced colleagues provides a model for understanding how ethical principles are enacted in day-to-day medical practice.

However, the uncertainty expressed by first-year students about balancing personal and professional identity highlights a common challenge in the initial stages of professional enculturation. This stage is characterized by a tension between the individual's pre-existing values and the professional expectations imposed by the medical culture. Educational programs should address this by providing clearer frameworks for students to integrate their personal beliefs with the ethical standards of the medical profession.

The experiences of fifth-year students provide further insights into the *practical application* of professional enculturation. The fact that a significant number of these students identified clinical practice as pivotal to their professional growth underscores the importance of hands-on experience in bridging the gap between theoretical knowledge and practical skill. As Teplov (1990) notes, the development of *practical thinking* is crucial for navigating the complexities of real-world decision-making. The ethical dilemmas encountered during clinical rotations serve as key moments for students to test and refine their understanding of professional ethics, allowing them to develop a more nuanced perspective on their responsibilities as future doctors.

The concerns expressed by some students about the *discrepancy* between theoretical ethics and practical realities also warrant attention. This gap between education and practice suggests that while theoretical instruction in deontology and bioethics is essential, it may not fully prepare students for the ethical challenges they face in clinical settings. This could be due to a lack of realistic case studies or insufficient opportunities for reflective practice within the educational curriculum. Incorporating more simulation-based learning or ethical debriefings after clinical encounters could help

bridge this gap, offering students a platform to discuss and reflect on real-world ethical dilemmas in a supportive environment.

Moreover, the focus on *professional identity* development throughout the students' education reveals a key aspect of enculturation: the internalization of professional norms as part of one's self-concept. As students progress through their medical education, they move from seeing ethical principles as external rules to internalizing them as part of their professional identity. This shift is essential for fostering *self-regulation* and *ethical decision-making* in practice, as doctors who view ethical standards as integral to their identity are more likely to uphold these standards consistently.

Additional Implications for Medical Education

The findings also suggest several important implications for the design of medical education programs aimed at promoting professional enculturation:

1. **Interpersonal Skills Development:** Since early professional development is influenced by peer and mentor relationships, it would be beneficial to incorporate structured mentoring programs that focus not only on clinical skills but also on ethical reflection and professional behavior.
2. **Integration of Ethics into Clinical Practice:** As students encounter ethical challenges during clinical rotations, medical schools should integrate reflective sessions where students can discuss and analyze these dilemmas in a supportive environment. These sessions could involve role-playing or case studies based on real clinical experiences.
3. **Bridging Theory and Practice:** To address the gap between theoretical ethics and practical realities, it may be necessary to introduce more applied ethics content, such as simulations, workshops, and discussions led by clinicians who can share their real-world experiences in managing ethical dilemmas.

By addressing these areas, medical education can better facilitate the holistic development of future doctors, ensuring that they are equipped not only with technical skills but also with the ethical and interpersonal competencies necessary for their profession.

This extended discussion deepens our understanding of professional enculturation as a multi-faceted process, driven by both educational content and real-world experiences. The findings highlight the importance of integrating theoretical instruction with practical application, as well as the role of interpersonal relationships in shaping professional identity. Through this lens, medical educators can design curricula that more effectively support students' moral and professional development throughout their education.

Conclusion

Professional enculturation is a dynamic process that involves the cultivation of both

moral and professional qualities in future doctors. This process is not only fostered by the acquisition of knowledge and skills but also through active participation in a professional cultural environment. Interpersonal relationships within this environment play a crucial role in shaping the ethical and professional values that define a doctor's practice. The results of this study suggest that fostering a professional culture grounded in ethics and communication can significantly enhance the enculturation process, leading to the formation of competent, compassionate, and ethically responsible physicians.

Recommendations

To further enhance the professional enculturation of medical students, the following steps are recommended:

- **Create an immersive cultural environment:** Institutions should cultivate environments that emphasize both professional and ethical standards through practical interactions and reflective learning opportunities.
- **Integrate ethics throughout the curriculum:** Ethical principles should not be confined to specific courses but woven throughout all aspects of medical education to ensure holistic professional development.
- **Encourage reflective practices:** Students should be guided to engage in regular self-reflection, considering their actions and decisions within the ethical framework of medical practice.
- **Promote interpersonal communication skills:** Institutions should place greater emphasis on developing communication skills, as these are crucial for patient care and collaboration with medical teams.

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