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## PSYCHOLOGICAL READINESS AS AN INTEGRATIVE RESOURCE OF PROFESSIONAL DEVELOPMENT IN FUTURE MEDICAL PROFESSIONALS

Стаття присвячена питанню формування психологічної готовності майбутніх фахівців медичної сфери до професійної діяльності на етапі навчання. Проаналізовано феноменологічну природу цього утворення як цілісної функціональної системи, що інтегрує мотиваційні, когнітивні, емоційно-вольові та поведінкові компоненти, які відіграють визначальну роль у можливості ведення успішної професійної діяльності, прийнятті рішень, стресостійкості та розвитку інших важливих компетенцій майбутнього медичного фахівця. У межах дослідження розкрито механізми поступового становлення психологічної готовності до професійної діяльності в умовах освітнього процесу та клінічної практики. Виявлено важливість не лише високого рівня теоретичного та практичного рівня знань, а й активний розвиток soft skills, що дозволяє максимально ефективно використовувати знання в роботі з пацієнтом. Визначено значення симуляційних завдань, рефлексії, досвіду комунікації з пацієнтами та включеності у професійне середовище. Зроблено акцент на специфіці емоційної саморегуляції, стресостійкості та професійної ідентифікації, що формуються під впливом реального досвіду дії в медичних ситуаціях. Висвітлено роль навчального середовища як простору розвитку професійної суб'єктності, де студент поступово інтеріоризує не лише знання, а й цінності, етичні принципи та поведінкові моделі. Описано динаміку переходу від зовнішньої функціональної адаптації до внутрішньої включеності в професійний контекст. Показано, що психологічна готовність постає не як результат засвоєння навчальної програми, а як внутрішньо пережита й структурована здатність діяти відповідально, узгоджено, емоційно стабільно в умовах постійного міжособистісного та морального навантаження та викликів сьогодення. Стаття акцентує на потребі спеціальної підготовки до психоемоційних викликів, пов'язаних із майбутньою професією, через розвитоку емоційного інтелекту, рефлексії, здатності до емоційного розмежування й прийняття професійної невизначеності, формування практики супервізії. Теоретико-методологічна основа дослідження ґрунтується на концептах професійного становлення, суб'єктності, саморегуляції та психологічної резистентності, розвитку емоційного інтелекту.

**Ключові слова:** психологічна готовність; медична освіта; емоційна саморегуляція; професійна ідентичність; клінічна практика; суб'єктність; рефлексія.

The article examines the formation of psychological readiness for professional activity in future medical specialists during their educational training. The phenomenological nature of psychological readiness is analyzed as an integrated functional system comprising motivational, cognitive, emotional-volitional, and behavioral components that collectively determine the capacity for effective professional performance, decision-making, stress resilience, and the development of other essential competencies in future healthcare professionals. The study elucidates the mechanisms underlying the gradual development of psychological readiness within the educational process and clinical training. The findings highlight the importance not only of a high level of theoretical and practical knowledge but also of the active development of soft skills that enable the effective application of medical knowledge in patient care. The significance of simulation-based tasks, reflective practices, communication experiences with patients, and integration into the professional community is emphasized. Particular attention is given to the development of emotional self-regulation, stress tolerance, and professional identity, which are shaped through direct engagement in real clinical situations. The educational environment is conceptualized as a developmental space for cultivating professional agency, within which students gradually internalize not only knowledge but also values, ethical principles, and behavioral models. The article outlines the dynamic transition from external functional adaptation to internalized professional involvement. Psychological readiness is presented not as a simple outcome of completing an academic curriculum but as a deeply experienced and structured capacity to act responsibly, coherently, and emotionally stably under constant interpersonal and moral challenges. The article underscores the necessity of targeted preparation for psycho-emotional

challenges inherent to the medical profession through the development of emotional intelligence, reflective skills, emotional differentiation, acceptance of professional uncertainty, and the implementation of supervision practices. The theoretical and methodological foundations of the study draw upon concepts of professional development, agency, self-regulation, psychological resilience, and emotional intelligence.

**Keywords:** psychological readiness; medical education; emotional self-regulation; professional identity; clinical practice; agency; reflection.

**Formulation of the problem** The psychological readiness of future medical professionals for professional activity is not a static construct formed solely on the basis of acquiring knowledge or technical skills – it is formed as a dynamic functional system that integrates cognitive, emotional-volitional and motivational parameters in the context of purposeful preparation for working with the human body, pain, suffering and death. That is why, unlike other areas of professional training, in the medical field, the emphasis is shifted to the ability of future specialists to withstand emotionally intense situations, adapt to morally difficult conditions and, at the same time, maintain clinical rationality and ethical sensitivity. Psychological readiness for this activity develops as a result of the internalisation of specific social norms, professional standards, and behaviour patterns set by the educational environment and reinforced through practical experience – clinical simulations, internships, and communication with practicing teachers. The formation of this component occurs in conjunction with the processes of professional identification: students do not simply absorb information, but build an internal image of themselves as doctors, nurses, paramedics – those who are capable not only of knowing, but also of acting in extreme conditions, making complex decisions under the pressure of time and responsibility. The gradual formation of this internal image of oneself occurs on the basis of feedback from teachers, curators, and patients within the framework of clinical practices, and it is this element — awareness of one's professional competence — that begins to serve as the basis for psychological readiness as an integrated construct. In other words, it is not only about the readiness to act, but also about the subject's ability to accept a professional situation as their own – without external adaptation, as an internal norm. In this dimension, psychological readiness appears as the ability to self-regulate in context – consciously managing emotional reactions, attention, and stress levels in situations of increased uncertainty [3, p. 12].

**The purpose of this** article is to theoretically substantiate and analytically examine the process of forming psychological readiness for professional activity in future medical specialists during their educational training, with a particular focus on its structural components, developmental mechanisms, and functional role in professional performance under conditions of clinical uncertainty, emotional strain, and ethical responsibility.

**Outline of the primary material** Psychological readiness for professional activity in the field of medicine is not limited to a single act of mobilisation, but is the result of long-term internal work of the individual, in which a complex system of psychophysiological, emotional-volitional and cognitive-motivational regulations is gradually built up. This system is not formed in a vacuum, but in a specific educational environment that sets both the parameters of the information load and the structure of expectations regarding student behaviour in crisis, extremely difficult or even extreme situations. It can be said that psychological readiness is a specific functional construct with a modular organisation. Its core includes stable intrapsychic components, such as adaptive tolerance to stress, plasticity of thinking, emotional self-regulation, anticipation, and the ability to reflectively interpret changes in the professional field. At the same time, the peripheral levels of the construct ensure adaptive variability and allow the individual to respond flexibly to the variable parameters of professional interaction. If we analyse the component structure of this readiness, it includes a motivational core associated with attitudes of helpfulness, empathy, altruism, and a high degree of identification with the professional role. The cognitive module, in turn, covers not only the scope of knowledge, but also operational decision-making schemes in conditions of time constraints, information deficits, and ethical uncertainty. The emotional-volitional part is the most vulnerable, as it is responsible for maintaining effective functioning under the pressure of affective stimuli, in particular, patient suffering, fear of death, and conflictual interactions. It is particularly important that the psychological readiness of a medical professional is never complete; it is constantly changing, transforming, adapting, and modulating under the influence of new situations, tasks, experiences, and personal growth, which determines the need for its formation at each stage of professional training [5, p. 6].

Psychological readiness for professional activity in the field of medicine is a complex multidimensional construct that is formed over a long period of professional socialisation and cannot be reduced to a momentary state of mobilisation or situational readiness to perform professional duties. It

involves the gradual development of an internal system of mental regulators that ensure stability of activity, the ability to make responsible decisions and effective functioning in conditions of high emotional, cognitive and moral stress. In this context, psychological readiness appears as an integrative resource of the personality, combining individual psychological, motivational and socially determined characteristics.

The formation of psychological readiness does not occur in isolation, but within a specific educational and professional environment that sets the norms, expectations and behavioural scenarios for future medical professionals. The educational space of a medical institution not only transmits a system of knowledge and skills, but also indirectly shapes the student's attitude towards professional responsibility, uncertainty, mistakes and their own emotional reactions. In the course of their training, future medical professionals gradually internalise the requirements of their professional role, learn to function in situations where time, information and resources are scarce, and encounter moral dilemmas that require not only rational but also emotionally balanced decisions.

Structurally, psychological readiness has a multi-level organisation, based on a relatively stable personal core, complemented by flexible adaptation mechanisms. This core includes such intrapsychic characteristics as tolerance to stress and uncertainty, the ability to regulate emotions, flexibility of thinking, developed reflective abilities, and anticipation skills. It is these components that ensure the internal integrity of professional functioning and create the basis for resilience in conditions of repeated psycho-emotional stress. The peripheral elements of the structure perform the function of operational adaptation, allowing the individual to adjust their behaviour in accordance with the context of the clinical situation, the specifics of interaction with patients and the interdisciplinary team.

The motivational component of psychological readiness plays a system-forming role, as it determines the direction of professional activity and the depth of identification with the professional role. Internal motivation to help, a focus on humanistic values and responsibility, as well as a conscious acceptance of the complexity of the medical profession form a solid foundation for professional resilience. In the absence of such a motivational core, even a high level of knowledge and skills does not guarantee effective and ethically sound activity in real clinical conditions.

The cognitive component of psychological readiness goes beyond the simple assimilation of theoretical material and involves the formation of operational mechanisms of professional thinking. This refers to the ability to quickly analyse information, integrate conflicting data, predict the possible consequences of decisions, and act in conditions of incomplete or excessive information. This component is particularly important in situations of clinical uncertainty, when standard algorithms are insufficient and the responsibility for the decision made has a direct impact on the patient's condition.

The emotional-volitional component is the most vulnerable and at the same time critically important element of the psychological readiness of a future medical professional. It is this component that ensures the ability to maintain professional effectiveness under the influence of intense affective stimuli, such as patient suffering, grief, fear of death, or conflictual interactions with patients' relatives. Insufficient development of this component increases the risk of emotional exhaustion, professional burnout, and the formation of defensive, often maladaptive behavioural strategies. On the other hand, well-developed emotional-volitional regulation allows one to combine empathy with professional distance, preserving the psychological health of the specialist.

It is fundamentally important to realise that the psychological readiness of a healthcare professional is never fully complete at any stage of professional development. It is in constant flux, transforming under the influence of new professional tasks, clinical experience, personal crises and processes of self-reflection. It is this openness to change that determines the need for continuous development of psychological readiness within educational programmes, clinical practice and the postgraduate education system.

Thus, psychological readiness is not a side effect of professional training, but a key condition for effective, ethically sound and psychologically stable medical practice. Its purposeful formation in the educational process creates the basis for the development of professional subjectivity of future medical professionals, improving the quality of medical care and preserving the mental health of specialists in the long term.

The educational process in the field of medical education functions not as a simple transfer of knowledge, but as a complex system of influences aimed at modelling the psychophysiological picture of future activity. Through scenario simulations, clinical analyses, standard patients, and interactive cases, a conditional but realistic projection of the professional environment is created. This environment allows students to immerse themselves in situations of high uncertainty, time constraints, multiple possible solutions, and emotional stress. In such conditions, internal adaptive mechanisms that were not previously activated in academic training are activated. It is important to note that the simulated environment not only

allows one to act according to an algorithm, but also forms a new ability – emotional hardening, i.e., gradual insensitivity to background affective activity when focused on a task. In particular, the ability to remain rational in the presence of a critically ill patient, in conditions of bloody injuries or loss of consciousness of another person – all this takes the student beyond theoretical knowledge and immerses them in practical adaptation. Modelling is not only a teaching technique, but also acts as a form of psychological prelude to real activity. Students begin to realise their own limits of tolerance to frustration and identify their own emotional reactions, which allows them to further develop individual self-regulation strategies. In this sense, learning acquires a therapeutic effect, as it helps to adapt to future psycho-emotional stress, changing not only the style of behaviour but also the structure of perception of professional situations. Pedagogical support also plays a significant role, where the teacher functions not only as a bearer of knowledge, but also as a facilitator of the student's psychological transformation, focusing on moments of uncertainty, impulsiveness, or, conversely, excessive delay in decision-making. Such structural training is important not only in the formation of professional competence, but also in changing the level of personal adaptability [2, p. 21].

Psychological resilience, a multi-component quality that includes emotional, volitional, motivational, and cognitive aspects, is important for the successful professional integration of future medical specialists and the development of their psychological readiness in the face of modern challenges. As shown by O. Palamarchuk and I. Gaba (2024) [10, pp. 5–11], it is this resilience that enables individuals to adapt to uncertain circumstances while maintaining inner balance, professional productivity and constructive communication with their environment. Developing their conceptual model, we can identify several key mechanisms through which psychological resilience is transformed into a resource for professional integration. Firstly, emotional stability — the ability to resist adverse emotional reactions, reducing the risk of burnout or panic in crisis clinical or organisational situations. Second, volitional tension is the active effort to maintain a steady course even in the face of strong professional or moral pressure, which is often encountered in medical practice. Thirdly, the motivational component is an internal orientation towards professional mission, self-improvement and responsibility, which supports the long-term ability to work in a stressful environment. Fourth, cognitive flexibility and analytical thinking — the ability to solve complex clinical problems, make decisions in conditions of insufficient information, and quickly adapt to change.

In the context of medical education, this resilience is not only necessary as a safety net, but also acts as a dynamic ‘platform’ for the formation of professional identity. During their studies, students who develop psychological resilience cope more easily with the stress of simulations, practical training and interaction with patients — they gain self-confidence and learn self-analysis and constructive reflection. This, in turn, contributes to their professional integration as individuals who actively respond to professional challenges rather than simply reacting to them. In addition, according to research by O. Palamarchuk and I. Gaba (2024) [10, pp. 5-11], the development of psychological resilience is closely linked to the development of agency (subjectivity) — an internal position from which a healthcare professional not only ‘plays a role’ but consciously shapes their professional mission and choices. Thus, resilience becomes not only an individual resource, but also the basis for self-determination in the professional sphere, for supporting ethical behaviour, collegiality and long-term motivation.

In practical terms, this means that educational programmes in medical institutions should focus not only on the development of clinical competencies, but also on psychological resilience. This can be achieved through the integration of training in emotional regulation, reflection, psychological supervision, and simulations with stressful elements. Such an approach will contribute not only to increasing graduates' readiness for challenges, but also to their long-term life and professional resilience.

The cognitive basis of psychological readiness for medical practice includes not only factual knowledge, but above all operational flexibility of thinking. Decision-making in medical practice often involves multiple factors, conflicting data, time constraints and the need to act in the face of ethical dilemmas. In this sense, the cognitive part of readiness is realised through the development of clinical thinking – a structured process that combines analysis, synthesis, hypothesis generation and verification of decisions. Systematic training of future doctors involves the formation of patterns of differential thinking, which allows them to quickly identify diagnostically relevant signs while avoiding cognitive biases such as confirmation bias or the first impression effect. This level of thinking is not formed solely through reading material – it is built up in the process of multiple cognitive conflicts, where students have to revise their own conclusions under the pressure of new data or alternative views. Visual diagnostics occupies a special place, where it is necessary to correlate subjective perception with objective standards, while maintaining spatial orientation, attention to micro-details and speed of reaction. The element of cognitive readiness also

includes metacognition — the ability to self-observe one's own thinking, identifying moments of indecision, inhibition, or overload. A student who has this level of readiness does not simply possess knowledge, but uses it as a tool, modulates it to the situation, evaluates the consequences of their own decisions and predicts areas of risk. This allows them to transform academic competence into a real ability to act, even in conditions of incomplete information or in a non-standard clinical case. Thus, the cognitive component is not the accumulation of knowledge, but the creation of a neuropsychological environment for the emergence of functional readiness for professional decisions [8, p. 85].

Emotional self-regulation in the structure of psychological readiness for the medical profession plays not only a compensatory but also a fundamental role. It acts as a system of internal mechanisms that ensure the stability of professional functioning against a background of intense emotional arousal. Unlike formal restraint, emotional self-regulation is the result of internalised psychotechnics: breathing techniques, cognitive reconstruction of situations, shifting focus of attention, and bodily desensitisation. In the process of professional medical training, these skills can and should be developed in a specially designed environment — for example, through participation in simulations where the level of tension is regulated by the teacher with a gradual increase in the complexity of situations. Students learn not just to endure stress, but to divide it into phases, manage their own physical reactions, and transform anxiety into mobilising energy. In such cases, so-called autonomous competence is gradually formed – the ability to maintain an optimal level of emotional arousal to ensure accurate, controlled and responsible decision-making. The level of development of this skill often proves to be decisive in crisis moments of medical practice, when external pressure, patient fear, the presence of relatives, or even an aggressive environment exert a simultaneous influence. A medical professional who is not prepared for this level of stress risks either breaking down emotionally or acting impulsively, which in a clinical setting can have fatal consequences. That is why emotional self-regulation should be studied not as an optional subject, but as an integral part of basic professional training – with elements of psychophysiological diagnostics, biofeedback, and stress resistance training. As a result, not only tolerance to distress is formed, but also the ability to work for long periods of time under high functional stress without losing efficiency [9, p. 93].

The development of stable psycho-emotional self-regulation during medical university studies is not a side effect of education, but a purposeful process that involves a structural transformation of the student's reactivity to external stimuli. Medical practice involves constant work in a field of uncertainty, where traumatic stimuli, conflicts of interest, moral ambivalence, the need for urgent decisions and chronic emotional tension are present. In such conditions, it is not enough to have knowledge – it is necessary to be able to maintain focus, clarity of mind and accuracy of motor response even in a state of affective arousal. In this process, the key is the development of tolerance to frustration – the ability to endure dissatisfaction with the result, not to lose working capacity under the pressure of external circumstances, and to manage the internal dynamics of expectations when reality does not match predictions [7, p. 10].

This component is actively formed within interactive training modules – crisis management training, simulations of conflict dialogues with patients, interdisciplinary consultation exercises, where not only the logic of action comes to the fore, but also the ability to withstand the pressure of alternative opinions while remaining composed. Stress resistance also plays an important role, which includes not immunity to stress as such, but the ability to quickly adapt to its effects by modifying response strategies. This type of resilience is not innate, but is developed through systematic exposure to short-term stressful influences followed by reflection on one's own states. Particular attention in the educational process should be paid to the development of emotional flexibility – the ability to switch between emotional states without blocking them, as well as the ability to withstand emotional contrasts (from compassion to demandingness) depending on the context. Within the framework of professional training, this is facilitated by the inclusion in the programme not only of medical ethics, but also of basic psychotechnics, in particular muscle relaxation exercises, elements of mindfulness meditation, cognitive-behavioural techniques for identifying automatic destructive thoughts, and training in reducing reactive aggression. All these methods should not be considered additional, as they constitute the core of the psychological resource that determines the long-term effectiveness of a specialist in the real environment of clinical practice [3, p. 7].

In the process of forming internal psychological readiness for a professional role, the development of mechanisms of personal reflection is of decisive importance. This is not simply an act of comprehending events, but a constant internalisation of experience, which allows the subject not only to act, but also to understand how exactly they act and why. It is especially important that reflection performs not only a cognitive but also a regulatory function, since through the reflection on values, beliefs, and internal reactions, the specialist gradually structures their ideas about the limits of what is acceptable, models of responsibility, and ways of interpreting complex situations. In the educational process of a medical

university, reflection cannot remain episodic. It must be woven into the fabric of the educational space through the keeping of individual clinical practice diaries, structured group supervision after simulations, and discussion of cases not only from the point of view of medical actions, but also from the point of view of internal experience. Such forms allow students to see their own blind spots — those reactions or attitudes that remain unconscious but actively influence decisions. Through reflection, professional identity is gradually formed – a complex structure that combines perceptions of oneself as a specialist, internal standards of professional dignity, ethical guidelines, and the presence of personal meaning in medical practice. Identity is not a mask, but an internal architecture of stability that allows one to endure professional loneliness, confront tragic events, and take responsibility for decisions that change or preserve lives. When reflection is organised systematically, it contributes to the emergence of a meta-position – the ability to see oneself in action from the outside, to compare the expected and the actual, to adjust motivation, and most importantly, to avoid automatism, which in medical practice often leads to dangerous professional burnout. Thus, reflection is not only a technique for understanding, but also a profound mechanism for internal reprogramming of the personality towards a sustainable, responsible, mentally stable readiness for professional realisation in the complex social context of medicine.

In practical terms, developing psychological readiness for professional activity involves gradually building the ability to integrate ethical, rational and empathetic components into a single decision. In clinical practice, such situations occur daily: when it is necessary to refuse relatives' requests that contradict medical indications; when a patient is aggressive due to fear; when you have to report an incurable diagnosis. In these moments, students go beyond traditional learning, as they need to think, feel and act simultaneously. Preparation for such decisions involves the formation of a comprehensive system of value-motivational stability, which is implemented through situational modelling of moral dilemmas, assertive communication training, and participation in ethical reflection groups, where each participant learns to formulate arguments that are not only logical but also psychologically relevant. An important component is the development of the ability to separate emotions – to distinguish between what belongs to the patient's emotions and what is the student's own reaction. Without such separation, the emotional sphere quickly turns into a zone of contamination: the student loses their composure, reacts according to a template, takes on the role of a victim or, conversely, forms an emotional barrier that distorts their ability to empathise. Within the framework of systemic training, this skill can be cultivated through guided training on distinguishing between projection and empathy, reflective essays after clinical practice with a focus on the internal dynamics of reactions, and microanalysis of situations where the specialist's behaviour caused a strong response. The result is the gradual formation of the ability to make decisions within emotional complexity without losing professional accuracy. Such integration of internal components in the learning process leads to the emergence of true internal autonomy, when the student does not need external indicators of correctness of action, but is guided by an internally formed professional coordinate system [4, p. 40].

An analysis of the psychological readiness of future medical professionals is impossible without taking into account empirical data on the prevalence of mental disorders in the student medical community. In this context, the results of a meta-analysis by Zeng et al., which covered 30,817 students and showed a high prevalence of depressive and anxiety symptoms among future doctors, are indicative. The summary statistical estimates revealed depression in almost 29% of students, anxiety in more than 21%, while suicidal thoughts were recorded in approximately 11% of respondents. The authors note that the data obtained indicate the systemic nature of mental health problems among medical students, regardless of the age or gender of the respondents [11].

The generalised results of this meta-analysis are directly relevant to understanding the formation of psychological readiness for professional activity. Emotional disturbances, persistent anxiety or depressive symptoms directly affect the key components of psychological readiness — emotional-volitional, motivational and cognitive. Chronic anxiety or depression reduces the ability to concentrate, impairs the quality of operational decision-making, and reduces stress resistance, which complicates effective interaction with patients and the acquisition of clinical skills. Thus, mental health problems become not only an individual risk for students, but also a factor that potentially reduces the quality of their future professional activity.

In the context of medical education in Ukraine, these conclusions are particularly relevant. Studying during a period of martial law, social instability, and increased emotional stress in clinics create additional risks for the development of anxiety and depression among students and interns. This requires a systematic approach to psychoprophylaxis: regular screening, provision of accessible psychological support, integration of stress management training and development of emotional self-regulation into the educational process.

Thus, the results of the meta-analysis confirm that the psychological readiness of future specialists cannot be effectively developed without taking into account their mental health. The high prevalence of psycho-emotional disorders among medical students should be considered a critical risk factor that requires targeted institutional support measures and appropriate changes in the structure of professional training.

**Conclusions:** Thus, the psychological readiness of future medical professionals is formed as a complex dynamic structure that encompasses motivational, cognitive, emotional-volitional, and behavioural components. It is not limited to a set of knowledge or skills, but manifests itself in the ability to act consistently under conditions of stress, moral tension, and clinical uncertainty. It is based on internal acceptance of professional responsibility, reflection on one's own actions, ethical sensitivity, and experience of real interaction with patients. During training, this state is developed through simulations, clinical practice, mentoring, overcoming failures, and integration into the professional community. Readiness is not fixed – it develops gradually, becoming an internal resource for self-regulation, professional resilience, and authentic engagement in medical practice. Prospects for further research in the field of psychological readiness of future medical professionals at the training stage include in-depth study of the mechanisms of emotional stability and self-regulation development in the context of growing professional and social challenges; determining the effectiveness of various models of psychological and pedagogical support for medical students; analysing the impact of the educational environment, mentoring practices and modern simulation training technologies on the formation of readiness to act in conditions of uncertainty. It is also important to develop tools for the early identification of students with low levels of psychological readiness and to create targeted corrective and developmental programmes. A promising area is comparative international research on models of training future medical professionals, which will allow the integration of successful practices from global experience into the domestic medical education system.

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