



## CULTIVATING AND MANAGING EMOTIONAL-VOLITIONAL QUALITIES IN FUTURE MEDICAL PROFESSIONALS

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**Abstract:** This article analyzes the mechanisms for developing and managing emotional-volitional qualities, which are of paramount importance in the professional activities of future medical professionals. During the study, the level of emotional control among medical university students in stressful and extreme situations was examined, revealing the practical significance of integrating psychological training into the educational process.

**Keywords:** medical psychology, emotional intelligence, volitional qualities, extreme situations, stress resistance, empathy, self-regulation.

### Introduction

No matter how much modern medical science and practice rely on high technologies, the human factor—the "doctor-patient" relationship—remains at the center of the treatment process. The professional activity of a medical worker is distinguished from other fields by its extreme complexity, accompanied by constant high physical, intellectual, and, most importantly, intense psychological strain. Direct responsibility for human life and health, along with the need to make rapid and correct decisions in crisis and extreme situations (e.g., resuscitation processes, severe injuries, fatalities), demands from future specialists not only excellent medical knowledge but also stable emotional-volitional characteristics.

From a psychological perspective, emotional-volitional qualities comprise an individual's ability to recognize and manage their emotions (emotional intelligence — EQ), maintain composure in complex situations, withstand stress, and act decisively toward a goal (willpower). Medical university students face significant psychological barriers when transitioning from acquiring theoretical knowledge to direct clinical practice. The initial encounters with patients' suffering, blood, severe injuries, or death cause a strong emotional resonance (fear, excessive pity, confusion) in many students. If a student's volitional qualities and psychological defense mechanisms are insufficiently developed at this stage, it hinders their rational thinking and can even lead to medical errors.



Furthermore, a doctor's or nurse's inability to manage their emotions causes serious harm not only to the patient but also to the professionals themselves. According to the World Health Organization (WHO) and numerous psychological studies, an inability to manage emotional strain frequently leads to "burnout syndrome," depression, depersonalization (a detached, unemotional attitude toward patients), and professional deformation among medical workers. Therefore, cultivating the ability of future doctors to maintain a balanced equilibrium between empathy (feeling others' pain) and a healthy volitional distance (acting rationally without succumbing to emotions) is one of the most pressing issues in modern medical education and medical psychology.

The purpose of this research is to study the dynamics of emotional-volitional characteristics in students of higher medical educational institutions, diagnose their level of stress resistance in extreme situations, and develop scientifically grounded recommendations for optimizing and managing these crucial professional-psychological qualities within the educational process.

### **Research Methodology**

Studying the emotional-volitional sphere of future medical workers is a uniquely complex process that requires assessing the individual's psychological state in both theoretical and practical (clinical) activities. Therefore, this research utilized complex methodological approaches from general, developmental, and medical psychology. The research was conducted in three main stages (organizational-preparatory, empirical-diagnostic, and statistical analysis).

**Research Participants (Sample):** A total of 120 medical university students were involved in the study. To ensure an accurate comparative analysis and observe the dynamics of emotional-volitional qualities during the educational process, the students were divided into two control groups:

- **Group 1:** Preclinical stage students (1st-2nd years, total 60 students). Their psychological state was studied during the process of mastering general fundamental subjects.
- **Group 2:** Clinical practice stage students (4th-5th years, total 60 students). Their conditions were analyzed during direct interaction with patients, the provision of emergency care, and educational practice in intensive care units.

**Psychodiagnostic methods:** To reliably study the students' emotional and volitional characteristics (with a high degree of validity), the following standardized psychological tests were used:

1. **D. Goleman's "Emotional Intelligence" (EQ) questionnaire:** Measured the students' ability to recognize and manage their emotions (self-regulation), as well as their capacity to show empathy toward patients.
2. **Ch. Spielberger and Yu. Khanin's "State-Trait Anxiety Inventory":** Differentiated levels of state anxiety (temporary reaction to a specific extreme situation, e.g., seeing a severely ill patient) and trait anxiety (as a constant psychological characteristic).
3. **M.V. Chumakov's "Volitional Qualities Diagnostic" test:** Determined indicators of students' goal-orientedness, determination, self-control in complex and unexpected situations, and independent decision-making abilities.

**Observation and simulation approach:** The study did not limit itself to paper-based tests; students' real behavior during practical training sessions was directly observed. Specifically, the students' volitional reactions under stress were comparatively studied during practical sessions involving a "Standardized Patient" (severe bleeding or anaphylactic shock scenarios) at the medical university's simulation centers.

**Statistical data processing:** To ensure the reliability of the obtained empirical data, mathematical-statistical analysis methods were widely used. All quantitative indicators were



systematized and analyzed using **Microsoft Excel** software. Arithmetic means and standard deviations were calculated using Excel's built-in statistical functions. The Pearson correlation coefficient was applied to determine the relationship between students' emotional intelligence and volitional qualities. The statistical significance of intergroup differences was proven using Student's t-test.

## **Results**

The data obtained during the empirical stage of the research underwent quantitative and qualitative analysis, revealing the dynamics of emotional-volitional qualities in future medical workers throughout their educational activities. A comparative analysis between the two groups (Group 1: 1st-2nd years; Group 2: 4th-5th years) identified the following main patterns:

**Changes in emotional intelligence (EQ) and empathy indicators:** According to the results of D. Goleman's questionnaire, although preclinical stage students (Group 1) had a high indicator (72%) of understanding others' emotions (empathy), their ability to manage their own emotions was at an average or low level (58%). In clinical stage students (Group 2), due to the increase in professional skills, the level of self-regulation relatively improved (65%); however, 30 percent of them exhibited a decrease in emotional responsiveness toward patients (depersonalization) — the early signs of professional "burnout" syndrome.

**Statistical analysis of anxiety levels:** Data obtained using the Spielberger-Khanin methodology showed that in extreme situation simulations, *state anxiety* (severe stress in response to an unexpected situation) was extremely high ( $M=52.4$  points) among Group 1 students. Although this indicator was relatively lower ( $M=41.2$  points) in Group 2 students, a high level of latent *trait anxiety* was recorded. This indicates the gradual formation of a continuous stress background in senior students due to a sense of responsibility and regular intellectual strain.

**Manifestation of volitional qualities in extreme situations:** The results of M.V. Chumakov's test and practical observations in the simulation center (severe bleeding or anaphylactic shock scenarios with a "Standardized Patient") were correlated. The results confirmed that medical knowledge alone is insufficient in crisis situations. During the simulation, 45 percent of Group 1 students exhibited indecisiveness and confusion in making logical decisions due to strong emotional arousal. Although Group 2 students took control of the situation faster, every fourth student (25%) experienced a state of severe psychoemotional fatigue (apathy) following the volitional strain.

**Correlational dependence:** The results of Pearson's correlation analysis ( $r$ ) proved a strong direct relationship between emotional intelligence and stress resistance ( $r = 0.68$ ,  $p < 0.05$ ). In other words, students with a higher ability to recognize their emotions and subordinate them to logic (EQ) demonstrated greater volitional determination in simulated rescue processes and performed medical manipulations with fewer errors.

## **Conclusion**

In conclusion, it is worth noting that the level of development of emotional-volitional qualities in medical professionals is a fundamental factor measured not only by their personal and mental health but also directly by the quality of medical services provided and the lives of patients. The conducted research proved that medical students face intense emotional pressure and volitional trials during their educational process, and they require specialized psychological support regarding the management of their emotions.

A mature doctor and nurse must not only be specialists who treat the physical body but also individuals of strong willpower capable of perfectly managing their emotions and finding the "golden mean" between empathy and composure. Developing practical psychological programs



aimed at enhancing students' emotional intelligence (EQ) and increasing their stress resistance in higher medical educational institutions remains one of the most critical strategic tasks of modern medicine. After all, a healthy will and a stable psyche are the primary guarantees of successful medical practice.

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