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ORCID 0000-0003-3182-6801

**MOSKALENKO Olena,**

Doctor Science in Pedagogics, Professor, Professor of Foreign Languages Department,  
Flight Academy of National Aviation University

*e-mail:* concordmoskalenko@ukr.net

ORCID 0000-0003-1733-1650

**MAZURENKO Olha,**

Assistant of Ukrainian and Russian Language Department,  
Donetsk National Medical University

*e-mail:* mazurenko1993@ukr.net

UDC 378 : 81'23

### **PROFESSIONAL INTERACTION OF DOCTORS AS A PSYCHOLOGICAL AND PEDAGOGICAL PROBLEM**

*In the article, on the basis of the analysis of psychological and pedagogical sources, the peculiarities of the professional self-consciousness of medical professionals are revealed.*

*The state of research of the problem of forming the professional consciousness of future medical workers is analyzed. A model of psychological and pedagogical support for the development of professional consciousness of students of higher medical education is offered.*

**Keywords:** professional self-awareness; professional identity; training of medical professionals; pedagogical support.

**Formulation of the problem.** Nowadays the physician's personality is considered as the central component of the medical activity system, which ensures its humanistic orientation. Realization of the humanistic approach to the patient, deepened understanding of his psychological features, attitude to the person as a value is impossible without a high level of personal maturity of the doctor, integrity, harmony and consistency of his professional consciousness.

In recent years, a number of studies have appeared on both general problems of medical education and issues of personal professional development of physicians (L.L. Alekseeva, A.G. Vasyuk, I.P. Gurvich, M.I. Zhukov, V.M. Zaitseva, L.M. Ivanov, G.I. Lerner, S.I. Tikholaz, N.V. Yakovleva, B.A. Yasko and others). At the same time, a review of the psycho-pedagogical literature shows that the problem of the development of the professional self-consciousness of a medical specialist has not been sufficiently studied. Only a few studies have been carried out, which in one way or another address the problem of becoming a professional identity of a doctor at different stages of professionalization (A.G. Vasyuk, O.V. Denysova, M.I. Zhukov, T.V. Rumyantseva, N.V. Yakovlev).

In professional researches (I.G. Klimovich, E.A. Klimov, B.A. Yasko) professional activity of a doctor is defined as socio-technical, multifunctional, highly variable,

poorly regulated, creative, such that requires deep professional self-determination of the specialist, and adequate professional self-esteem, motivation for constant self-improvement in the profession, high professional morality. Due to historical traditions, the moral, civil and personal qualities of a doctor have always been subjected to high demands by society, which has been reflected in the system of professional ethics, awareness, acceptance and realization of which is an important component of specialist medical training. As noted by G.S. Abramov and Y.A. Yudchits, the diversity of professional situations in medical activity translates moral models of physician behavior into the category of objective necessity for the medical profession [1].

**The purpose** of our article is to find out on the basis of the analysis of psychological and pedagogical sources of the peculiarities of the professional consciousness of specialists of the medical profile and to determine the perspective ways of its formation in the students of higher medical education.

**Presenting main material.** The analysis of scientific sources makes it possible to determine the main characteristics of a doctor's professional activity, as well as its peculiarities that determine the specific content of his professional identity:

- heterochronous, sociotechnical nature of activities that are constantly complicated and require constant self-improvement;
- variety of tasks, versatility of professional activity of the doctor;
- high variability of conditions of performance of professional duties and a high level of uncertainty in the course of solving professional problems determines the creative nature of the activity, the need to meet strict requirements to the level of professionalism (activity and personal);

- high psychological "price" of activity, which is associated with high mental stress and is accompanied by negative emotional states;

- insufficient development of criteria for evaluating the effectiveness of medicinal activities;

- a high level of personal responsibility for solving complex professional tasks.

Features of the professional activity of the doctor determine the increased requirements for the development of his professional consciousness, because the greater the uncertainty in the process of solving professional problems, the greater the role played by the components of professional consciousness, which influence the definition of situational tasks and ways of their realization, information selection importance.

The doctor's professional communication system is also characterized by a number of features that are reflected in his consciousness:

- the basis of professional communication of the doctor is a valuable attitude to another person, orientation to his psychological features, which is impossible without a high level of development of the personality of the doctor, his integrity and harmony;

- variety of functions of professional communication of the doctor (informational, psychotherapeutic, motivational, organizational), which determine the high level of requirements for communicative characteristics of a specialist in the field of practical medicine;

- high frequency of contacts with a wide range of people (patients, patients' families, colleagues, medical staff, management), the need to meet their expectations and requirements; high psychological "value" of communication, high importance of emotional component of communication as a criterion for evaluating the effectiveness of a doctor's activity by consumers of medical services.

It is important to note that for effective professional communication it is necessary for the doctor to feel psychologically comfortable in the process. One of the main provisions of medical ethics is respect for the life and dignity of a person, inviolability of his psychological and physical status, which requires altruistic orientation of the doctor, a high degree of acceptance of the subjectivity of the patient. The orientation and stability of the doctor's moral position also determines the orientation of his professional self-realization as a subject of activity: in the direction of positive self-actualization of personal resources or in the scenario of negative

self-affirmation and professional marginalization.

Investigating the peculiarities of physicians' professional self-awareness during their professional training are essential. Studying at a medical university has a significant impact on the development of the future doctor's professional self-awareness. In the process of mastering the profession, students are getting more and more information about their future specialty, they are beginning to critically evaluate their compliance with professional requirements, which makes them more objectively and consciously assessing the correctness of their professional choice. Vocational training compares ideal perceptions of the profession with actual professional practice, thus confirming or denying professional choice.

O.V. Denisova studied the development of professional identity of medical students in the educational process of universities [2]. According to the researcher, the formation of professional identity is one of the most important components of the professional development of a medical student. Professional identity is regarded as a "multi-level personal dynamic structure that contains conscious and unconscious aspects, ensures the inner integrity, identity and certainty of the personality, as well as its continuity and stability over time" [2, p. 10]. Professional identity as a socio-specific type of general identity regulates professional behavior and the relationship of the subject of professional activity and consists of structural components (cognitive, affective and behavioral) that have professionally defined content and are determined by the specificity of professional activity and communication.

Every component of the professional identity of medical students is considered by O.V. Denisov from two points of view: dynamic (course and process deployment) and effective (formation of certain personal properties). The cognitive component is revealed through the processes of cognition (self-knowledge) and understanding (self-understanding), which result in the formation of such personal formations as the image of the profession, the image of the professional and the image of himself as a professional. The affective component is represented by the processes of evaluation (self-esteem) and attitude (self-esteem), as a result of which the motivational-value sphere of the specialist is formed, as well as the emotional-value attitude to the profession and to itself as its representative. The behavioral component is revealed through the processes of self-presentation and self-

regulation that determine the appearance of such entities as real involvement in the professional community, professional image, professional internality.

The conducted research has shown that the development of professional identity of medical students in the period of professional training is heterochronous. At the stage of vocational training, a predominantly ontogenetically earlier social aspect of professional identity develops. It turned out that the most significant changes occur in such indicators of the social component of student identity as the image of the profession, the image of a professional (ideal and typical), the adoption of professional norms and requirements, the real inclusion of students in the professional community. Of interest are those identified by O.V. Denisova psychological and pedagogical conditions for the development of professional identity of medical students in the educational process of higher education. Psychological and pedagogical education with the conditions of development of professional identity of future doctors, according to the researcher, are: subjective significance of the profession, emotional and positive attitude to the profession and to itself in it; professionally oriented information-rich environment; active interaction with carriers (translators) of professional norms, values and models of behavior; subjective position of the individual in relation to social reality. To the pedagogical conditions of becoming a professional identity of future doctors O.V. Denisova refers to: personality-oriented content of education; early involvement in the process of professional (quasi-professional) activity and communication; use of forms and methods of teaching based on high activity and personal involvement of students in the educational process; a dialogical approach in the interaction of the teacher and the student, which provides a combination of emotional-value and professional-personal experience of the teacher and the student; the use of group methods of work, providing full feedback [2, p. thirteen]. Conducted by O.V. Denisova research showed that the formation of professional identity of students of medical universities significantly depends on the technologies used in the educational process. Personally oriented learning technologies (course content design, training and game technologies, dialogical teaching methods, image formation technologies, monitoring of professional development) create optimal psychological and pedagogical conditions for becoming a professional medical student.

In general, in the psychological and pedagogical sciences, a certain amount of material has been accumulated concerning the peculiarities of the formation of the professional consciousness of future medical professionals. However, one can state that there is one-sidedness in the study of this problem: the most fully studied are the various aspects of the development of the cognitive component of professional self-consciousness, less attention is given to the development of affective and behavioral aspects of this complex phenomenon. There is also a need to clarify scientific ideas regarding the content and features of the professional identity of medical professionals, the stages and pedagogical conditions of its development in the educational environment of a higher medical institution.

In our opinion, the formation of the professional consciousness of medical university students requires the development of a holistic model of psychological and pedagogical support for the personal development of future medical professionals. The concept of "support" was introduced into pedagogy relatively recently by A. S. Gazman and has been developed in the works of O.T. Anokhina, O.G. Asmolova, O.L. Goncharova, I.V. Dubrovina, N.M. Zagradskaya, I.B. Kotova, N.N. Mikhailova, L.Y. Oliferko, L.A. Petrovskaya, B.E. Fishman et al., Who identified the main mechanisms, types, methods and conditions for providing support to the subjects of the educational process [3–6]. Being involved in the humanistic paradigm of education, all kinds of support are explored in domestic science in line with the theory and practice of pedagogical support. Semantically, the word "support" means help, assistance. The semantic meanings of the concept of "support" give certain pedagogical meanings: 1) to help another to gain confidence; 2) reinforce the positive that is in the personality; 3) to keep away from what hinders development, creates problems. The modern humanistic paradigm, referring to human subjectivity, interprets pedagogical support as promoting personality development, supporting its desire for independence, self-development and self-realization.

The purpose of pedagogical support is to bring the individual to the realization that in order to acquire maturity (personal, professional), one must learn to solve their own problems and understand why they arise (to take a reflexive stance on problems and, on this basis, to build their activity on their solution). Activities of pedagogical support, of course, are formative, but the "way of formation" in this case is to awaken

subjectivity, to develop the real capacity of the individual to engage in "self-formation".

Pedagogical support is carried out in several stages: diagnostic - fixation of fact, problem signal, design of conditions for diagnosis of the alleged problem, verbalization of problem statement, joint assessment with the teacher of the problem in terms of its importance for the student; search engine - organization together with the student of the search for the causes of the problem, look at the situation with his eyes; contractual - designing the actions of the teacher and the student, the distribution of functions and responsibilities for solving the problem, the establishment of contractual relations; activity - actions of the student (from the teacher - stimulation, direction, assistance), actions of the teacher (coordination of actions of all specialists in the educational institution, direct assistance); reflection - joint discussion of successes and failures of the previous stages, statement of the fact of solving the problem or reformulation of the difficulty, comprehension of new life.

Thus, we consider pedagogical support as a set of actions that help students to become aware of and to solve problems of personal and professional development related, in particular, to the development of professional self-awareness. In this case, students are viewed not as objects of the educator's influence, but as subjects of personal and professional self-development, capable of understanding and overcoming the difficulties that arise in the process of professional development. The functions of the teacher are to provide necessary assistance in the form of joint identification and analysis of problems and deformities in the development of students' professional self-consciousness, finding out their causes, counseling, planning ways to overcome problems, coordinating joint efforts, assisting in the implementation of the plans, stimulating personal and professional self-improvement. future medical professionals.

The purpose of pedagogical support of students is the formation and development of adequate professional qualifications and professional self-esteem: knowledge and attitude to oneself in systems of personal and professional development, relationships with subjects of professional interaction and professional activity. New feelings and motives of students, arising in the process of supporting their professional development, "lead to the internalization of the professional role with its cognitive, emotional and connective components, and the person soon

begins to see himself and treat himself as a carrier of these characteristics" [7, p. 287].

The model of pedagogical support for the development of professional consciousness of future specialists of the medical profile developed by us provides the following main activities:

- diagnostic: elucidation of individual features of students' professional self-awareness, problems and deformations in its development, reflexive analysis of subjective ideas about professionally important personal qualities and self-assessment of their formation, assessment of the adequacy of professional claims;

- advisory: development of individual recommendations on correction and development of students' professional self-consciousness, group and individual counseling on problems of professional self-identification, assistance to students in the development of individual programs of correction of professional self-consciousness;

- corrective: influence on the development of students' professional self-consciousness in order to eliminate deviations in its formation, clarification of professional self-esteem, activation of assimilation of professional standards and values, development of professionally important qualities, formation of skills and skills of personal-professional reflection and self-reflection;

- orientation: formation of the subjective position of students, stimulation of their desire for personal and professional self-development and self-improvement.

Formation of professional awareness of future medical professionals in accordance with the developed model should take place in stages:

- at the diagnostic-reflexive stage, by carrying out diagnostic methods and analyzing their results, the initial level of students' professional self-consciousness is determined, deformations in the development of its components are identified, tasks for their correction are outlined;

- at the developmental and corrective stage in the course of classroom and extra-auditory activity of students, a complex of forms, methods and techniques of educational - educational interaction are used, aimed at activating personal-professional reflection, formation of adequate professional identity and self-esteem, clarification of professional identity as a means of personal self-realization;

- at the evaluation and productive stage the results of developmental and corrective work are summarized, the dynamics of students' perceptions of the professionally

important qualities of the medical worker and their formation in themselves are analyzed, changes in professional values, self-esteem, attitude to themselves as subjects of professional activity, motivation of educational activity are evaluated, professional self-improvement activities.

*Conclusions.* In our view, implementation of the developed model of psychological and pedagogical support in the educational process of a higher medical institution will significantly activate and increase the efficiency of forming the professional consciousness of future medical professionals.

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#### МОСКАЛЕНКО Олена Іванівна,

докторка педагогічних наук, професорка, професорка кафедри іноземних мов,  
Льотна академія Національного авіаційного університету

#### МАЗУРЕНКО Ольга Олександрівна,

асистентка кафедри української та російської мови,  
Донецький національний медичний університет

### ПРОФЕСІЙНА ВЗАЄМОДІЯ ЛІКАРІВ ЯК ПСИХОЛОГО-ПЕДАГОГІЧНА ПРОБЛЕМА

**Анотація.** Проблема. Поглиблене розуміння психологічних особливостей, ставлення до людини як до цінності неможливо без високого рівня особистої зрілості лікаря, доброчесності, гармонії його професійної свідомості

**Мета.** З'ясувати на основі аналізу психолого-педагогічних джерел особливостей професійної свідомості медичних працівників та визначити перспективні шляхи її формування у студентів вищої медичної освіти.

**Методи.** Набір теоретичних та емпіричних методів дослідження використовувався для вирішення завдань відповідно до мети та логіки дослідження. Теоретичні методи: генетичний міждисциплінарний аналіз та узагальнення інформації щодо проблеми дослідження, представлені в зарубіжних наукових джерелах з філософії, педагогіки, соціології, методології, дидактики, психології, медицини. А також проектування та аналіз результатів дослідження та пошуку. Емпіричні методи: педагогічне спостереження, констатація та формування експериментів; бесіда, обговорення, якісні методи обробки результатів.

**Результати.** В останні роки було проведено ряд досліджень як з питань загальної медичної освіти, так і з питань професійного розвитку лікаря.

**Оригінальність.** Наукова новизна дослідження полягає в наступному: розроблена структура педагогі-

чного компонента в діяльності лікаря та функція його окремих компонентів. Сутність виховання готовності до самозбережувальної діяльності трактується як процес педагогічної взаємодії лікаря та пацієнта, спрямований на організацію та стимулювання активної діяльності людини для оволодіння ставленнями та поведінкою, що сприяють здоров'ю.

**Висновок.** Методика розроблена для формування готовності до здоров'я, яка виявилася ефективною і може бути використана педагогами для підготовки майбутніх фахівців за кваліфікацією «лікар», а також для формування та розвитку діяльності в інших категоріях населення. Чинність основних положень; висновки та результати дослідження забезпечуються початковою методичною основою, застосуванням методології педагогічного дослідження та використанням методів, адекватних цілям і завданням дослідження; поєднання кількісних та якісних методів аналізу, а також досвід автора в організації охорони здоров'я.

**Ключові слова:** професійна самосвідомість; професійна ідентичність; підготовка медичних працівників; педагогічна підтримка.

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