

**EDUCATION AS A SPACE FOR DEVELOPING FUTURE
DOCTORS' SOFT SKILLS, ETHICAL MATURITY,
AND PSYCHOLOGICAL RESILIENCE**

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Today, it is no longer enough for higher medical education to prepare a specialist who merely knows, is able to, and flawlessly follows professional algorithms, as contemporary society increasingly needs a doctor who can listen, empathise, interact responsibly, maintain inner balance, and preserve their humanity under conditions of constant tension and uncertainty. The relevance of this issue stems from the fact that social transformation, the crisis-ridden nature of modern life, emotional exhaustion, and growing demands for high-quality professional communication are placing new demands on the training of future doctors, within which soft skills, emotional intelligence, ethical maturity, and psychological resilience acquire particular importance [2; 3]. The aim of these theses is to substantiate education as a space for the holistic development of these qualities in future doctors and to interpret them as a necessary foundation of contemporary professional training. From this perspective, medical education appears not only as a sphere of knowledge transmission, but also as an environment for shaping a personality capable of acting professionally, thinking morally, and withstanding the challenges of the present psychologically [1].

It is for this reason that contemporary pedagogical reflection on medical education places at its centre those transferable qualities that ensure not only the effectiveness of the future doctor's activity, but also its humane and ethically balanced character. Above all, this concerns soft skills as a set of abilities that includes communication, teamwork, adaptability, self-regulation, responsibility, the ability to listen, to express one's position in a reasoned way, and to act constructively in situations of tension and uncertainty [2; 4]. It is precisely through these qualities that professional training moves beyond purely academic learning and acquires a distinct

personal dimension. For future doctors, they are of particular value, as they directly influence the nature of professional interaction, patient trust, the quality of decision-making, and the ability to preserve the humanistic meaning of the profession under conditions of high psychological pressure. Therefore, the development of soft skills in the training of future doctors should be regarded not as an additional component of education, but as one of its strategic priorities.

At the same time, the internal logic of soft skills development in medical education inevitably leads to another key quality: emotional intelligence, which gives professional interactions depth, sensitivity, and psychological adequacy. For future doctors, this is expressed as the ability to recognise their own emotional states, understand others' experiences, regulate their own reactions, maintain professional balance, avoid impulsivity in communication, and sustain constructive contact with patients, colleagues, and teachers. Emotional intelligence is not limited to sensitivity or empathy alone. In the professional training of doctors, it becomes the basis of responsible behaviour, professional tact, moral restraint, reflection, and the ability to preserve communication even in situations of tension, fatigue, or conflict. For this reason, the development of emotional intelligence should be regarded as a key condition for the formation of future doctors' ethical maturity.

If emotional intelligence enables a person to understand both themselves and others more deeply, ethical maturity determines the moral direction of that interaction. In this context, ethical maturity does not appear as abstract knowledge of norms or the formal observance of rules of professional conduct. Rather, it is a deeper personal formation that reflects an internal acceptance of the value of human life, respect for the dignity of others, responsibility for one's own decisions, and readiness to act honestly, attentively, and professionally even in complex moral situations. It is formed not through instruction alone, but through a holistically organised educational process in which the student not only acquires the content of the profession, but also gradually learns to become a doctor as a person. In this sense, ethical maturity is an important outcome of professional training, combining value orientations, communicative culture, reflection, self-control, and readiness for morally balanced professional choice.

This logic naturally leads to the issue of psychological resilience, as it is precisely this quality that enables future doctors to remain faithful to their professional and moral principles in difficult and crisis situations. In contemporary education, it should not be interpreted merely as the ability to cope with stress or endure a heavy workload. Far more important is its connection with inner composure, emotional stability, self-regulation, and

the ability to maintain one's professional position in crisis conditions, avoid indifference, preserve professional communication, and not abandon ethical principles under pressure. In the training of future doctors, psychological resilience and ethical maturity do not develop in parallel, but in close interrelation: the deeper a person's value orientations are, the stronger their inner support becomes; the higher the level of self-regulation and emotional awareness, the more steadily that person behaves in professionally difficult situations.

Therefore, soft skills, emotional intelligence, ethical maturity, and psychological resilience should be understood not in isolation, but as interrelated components of the future doctor's holistic professional development. This perspective makes it possible to rethink the role of education not as a neutral space for knowledge transmission, but as an environment that shapes the human dimension of the profession. The educational space can either support the development of soft skills, emotional intelligence, ethical maturity, and psychological resilience or, conversely, leave them unattended, reducing the training of future doctors to the technical mastery of disciplines. If the educational process focuses only on knowledge, control, and results, those qualities that define the human dimension of the medical profession remain outside the field of professional formation. By contrast, humanistically oriented medical education should foster dialogue, reflection, responsible interaction, emotional awareness, teamwork, and an experience of the moral meaning of the future profession.

Since such qualities do not emerge spontaneously, the question of the pedagogical mechanisms by which they can be purposefully developed in the educational process becomes fundamental. The development of these qualities is made possible by the deliberate use of pedagogical mechanisms that integrate the intellectual and personal dimensions of learning. These include the analysis of professional and ethical situations, discussion of clinical cases, modelling of communicatively complex circumstances, reflective practices, group interaction, educational dialogue, and the interdisciplinary integration of humanities and medical knowledge. The style of pedagogical interaction is also important, as it is through this that students acquire not only the content of learning, but also models of professional attitudes towards others. An atmosphere of respect, academic integrity, support, responsibility, and cooperation creates the conditions in which soft skills are not merely declared, but genuinely formed as part of the future doctor's personal experience.

In a broader sense, this means that the problem of developing these qualities extends beyond a purely educational task and acquires clear social significance. In the context of contemporary social transformation, the

development of soft skills and emotional intelligence in medical education acquires not only professional but also social importance. Society needs a doctor who not only possesses knowledge, but is also able to be attentive to others, act ethically, communicate without aggression or formalism, sustain trust, remain calm in crisis situations, and interact responsibly within a team. For this reason, the development of these qualities should be regarded as one of education's key responses to the challenges of the present time. In the training of future doctors, they become not a secondary 'addition' to professional preparation, but its inner humanistic core.

Thus, contemporary medical education should be regarded as a space for the holistic development of the future doctor, in which professional training is combined with the formation of soft skills, emotional intelligence, ethical maturity, and psychological resilience. It is precisely this kind of education that responds to social expectations, to the logic of contemporary social transformation, and to the need to train a specialist who can not only act competently, but also remain inwardly resilient, morally responsible, and humane. In this context, a promising direction for further reflection on the problem is to clarify the pedagogical conditions and educational practices that ensure the most effective development of these qualities during the training of future doctors.

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