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Psychological Possibilities for Developing Motivational Interest in Professional Activity Among Future Doctors

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Abstract: This paper examines the nature of students' motivational readiness for professional development within the educational environment of a medical university. It identifies patterns in the dynamics of motivational factors and the motivational risks of maladjustment at various stages of university education.

Keywords: Motivation, motivational readiness. professional and personal development, medical students.

Introduction: Motivations for work are the driving forces that prompt a person to engage in work. These, in turn, are divided into social motivations (the desire to benefit society and help others), the acquisition of certain material benefits for oneself and one's family, and the fulfilment of the need for self-actualization, self-expression and self-realization. The fulfilment of work-related motivations is only possible within specific professions. It is here that the link between work-related motivations and the motivations behind career choice becomes apparent. The choice of profession is influenced by social values and value orientations. Thus, a person approaches the choice of profession from the perspective of social prestige (the dictates of fashion), social status, material well-being, interest in the profession, as well as their aptitudes and abilities in the chosen field of activity.

Once a person's motivations for working and choosing a profession have been established, the question of where to work arises. There are 'external' and 'internal' factors that influence the motivations behind choosing a place of work, which a person considers when deciding 'where is the best place to work?'. These factors include: an assessment of the external situation (salary level, benefits, proximity to home, the company's reliability and prestige, the presence of hazardous working conditions, the psychological atmosphere within the team), an assessment of one's own capabilities (state of health, suitability for the job, stress resilience), assessment of the chosen workplace in light of personal interests (opportunities for career progression, scope for personal initiative).

We view the professional motivation of future doctors as a process of developing the motivations that drive students' desire to master the medical profession and underpin their efforts to reshape their personalities in line with the demands of medical practice. The professional development of medical students during their university education proceeds in the direction of a transition from academic activities aimed at assimilating medical information, to quasi-professional activities that simulate and shape a system of medical skills, and subsequently to educational and professional activities implemented through the use of clinical training methods.

LITERATURE REVIEW

By the time they graduate from medical school, students must have acquired knowledge, abilities and skills in the following areas: clinical diagnosis and treatment, rehabilitation and prevention, psychology and pedagogy, organization and management, and scientific research. Given the increased anthropogenic pressure on the natural environment and human health, a doctor must possess knowledge of the general biological laws governing the development of nature. It is impossible to cover the entire spectrum of medical knowledge, skills and abilities without students having developed professional motivations, without a desire for self-development, self-realization and self-actualization in their chosen field of activity. Identifying

the motivations of a future specialist allows us to determine their perception of their educational and professional activities and the personal significance the profession itself holds for the student.

It is generally accepted that the motivations associated with a person's work can be divided into three categories: motivations for working, motivations for choosing a profession, and motivations for choosing a place of work. There is a certain interconnection between these groups: work-related motives lead to the formation of career choice motives, and career choice motives lead to workplace choice motives.

The issue of the mechanisms governing the formation and development of an individual's motivational sphere is reflected in the works of V.G. Aseev, I.A. Vasilyev, V.K. Vilyunas, V.A. Ivannikov, M.Sh. Magomed-Eminov, D. McClelland, J. Nuttin, X. Heckhausen and others. Based on the phenomenology of motivation, two main directions in its formation and development can be identified:

1) the formation of hierarchical regulation;

2) the juxtaposition of the highest level of this regulation with spontaneously emerging, impulsive drives, needs and interests, which begin to appear not as internal to the individual, but rather as external, albeit belonging to them.

An analysis of V. G. Aseev's research suggests two main mechanisms for the formation of professional motivation among future doctors during their training at medical school. In accordance with the first mechanism, the conditions of academic activity at the university selectively activate specific situational motivations, which, when systematically repeated, take on the character of stable motivational structures. The second mechanism involves students assimilating pre-defined incentives, goals and ideals of future professional medical practice, which over time acquire personal significance and transition from the level of known motives to that of actively functioning ones.

The relationship between the motivational-needs and operational-technical aspects of activity is generally analyzed in terms of the influence of the former on the latter. Thus, the formation of new motives leads to a change in the subject's overall activity and the structure of their actions, in particular the setting of new goals for specific actions. B. S. Bratus, however, points out that it is also necessary to take into account the movement arising from the specific purpose-driven nature of the activity. Since motives are represented in the mind of the subject of the activity in the form of goals, the process of goal-setting can also act as a mechanism for the development of students' professional motivation. The resulting changes lead to a shift in motivation, replacing it with another that is more suited to the new goal-oriented and operational structure. A. G. Akopov defines goal-setting as both the process and the result of acquiring a goal; as the generation of a goal that was previously undefined for the subject, and as the acceptance or selection from a multitude of intermediate goals.

For instance, in a study by R. R. Bibrikh on the characteristics of the motivational structure of medical students, it was shown that, at the initial stage of their studies, first-year students with strong professional motivation set long-term professional goals, which does not facilitate a successful adaptation process. However, in the long term, these long-term professional goals are broken down into short-term goals, which helps to form a more stable motivational structure. The specification of goals, the development of intermediate goals and the means of achieving them is an important motivational factor. Thus, goal-setting is the most important mechanism contributing to the formation and development of students' motivations for academic and professional activity. As demonstrated earlier, personally meaningful goals exert the strongest motivational influence. However, the education system is oriented to a greater extent towards external goals, which leads to the formation of a conflict of goals among students. Resolving this problem involves transforming students' external learning goals into learning goals (internal goals).

Disruption of motivational self-regulation processes leads to a shift in the non-hierarchical structure of motivation and motivational conflicts; a reduction in the number of motives; and the dominance of certain drives whilst other motives are ignored; disruption of goal-setting processes, resulting in difficulties with professional self-determination, the inability of students to achieve full self-realization in their academic and professional activities, and reduced overall academic effectiveness. A distinctive feature of medical training is the use of the clinical method. In accordance with this, from the third year onwards, students' training takes place within the framework of clinical departments. From this point onwards, the scope of professional interaction for future doctors expands significantly.

Thus, students interact not only with university lecturers but also with practicing doctors from various specialisms. Organized in this way, the process of training future doctors initiates the process of professional identification among students. L. V. Popova emphasizes the social factor in the development of students' professional and academic motivation. The author links changes in students' motivation to changes in their social role as they enter

a new social group that serves as a reference point for them; and to the assimilation of that group's values, norms and beliefs, as students interact and communicate both within and outside the university. Such a mother may go to her friends, leave her young children alone, and not return until the next morning. She always allows her child to try strong alcoholic beverages in the presence of her friends, finding it very amusing.

By taking her children to dangerous places, she may encourage them to engage in behavior that could endanger their lives. In other words, the psyche affects the production of neurotransmitters, and neurotransmitters control the life activities of the whole organism. The main task of primary school educational activities is to teach students to learn. Under the influence of education, serious changes occur in the mental development of children of primary school age. Anxiety about somatic disorders can lead to hypochondriacal feelings, which also contribute to malnutrition. Thus, a kind of vicious circle arises in the form of anorexic cycles, when chronic starvation causes changes in the internal organs, leading, in turn, to food restrictions. In some cases, patients begin to be actively examined by various specialists, exaggerating the severity of somatic disorders and avoiding consultation with a psychiatrist. In the educational process, a teacher's reflective skill has a significant impact on students' personal development. Reflective teachers are able to understand students' emotions and show empathy towards them.

The implementation and testing of the model for developing the personal PWC complex in future doctors took place as part of an experimental programmed comprising three modules: theoretical, corrective and developmental, and educational and formative. The theoretical knowledge acquired is consolidated and practiced through immersion in game-based and reflective tasks.

1. The theoretical module takes the form of mini-lectures, group discussions and brainstorming sessions, and covers topics such as medical professionalism, the psychology of self-awareness and self-development, motives and needs, value orientations and the personality orientation of the doctor.

2. The corrective-developmental module is carried out using reflective exercises, training sessions, psychological counselling, and case studies, and consists of the following thematic sections: self-control and self-regulation, communication in professional practice, and professional medical interaction. This module also involves diagnostic procedures aimed at identifying the level and degree of development of the PMS complex in the personality of the future doctor.

3. The training and development module includes the development and consolidation of students' emotional self-regulation and self-control skills during professional communication; need-motivational attitudes towards educational, cognitive and professional activities, and is carried out in the form of group discussions and the creation of quasi-professional situations.

CONCLUSIONS

The mechanism that ensures successful professional identification and also contributes to the development of professional motivation in the humanities and medical education is the acquisition of social roles. Depending on one's status and position within the system of interpersonal relationships, an individual's social role is formed in accordance with accepted norms. The social role, in all its defined and specific form, with a programmed system of actions, becomes an integral part of the individual. During their university studies, students master the role of a student and future doctor; in the process, new motivations emerge, they become interrelated, and the systems of views, values, ethical norms and relationships inherent in the role of medical students, as well as the role of a doctor, undergo change.

Thus, the key mechanisms underlying the development of professional motivation among medical students are initiative, goal-setting, self-regulation, professional identification and the acquisition of social roles. Identifying these mechanisms will enable the development of strategies and methods for fostering professional motivation among future doctors.

1. Patterns have been identified in the dynamics of the content of motivational objects, indicating the motivational readiness for the personal and professional development of medical students at various stages of their education.

2. Based on the data obtained, it can be assumed that difficulties in the processes of realization and self-realization in personal and professional development, as well as risks of socio-psychological maladjustment, may be caused by a fixation on motivational objects associated with experiences of learning difficulties, fear of expulsion, difficulties in learning and future professional activity, loneliness, mental states detrimental to students' health, and potential errors in professional practice.

3. The identified motivational risks of maladjustment call for a more in-depth study and understanding of the experience of learning difficulties, future professional activities, and negative psychological states, as well as

the methods and conditions for effectively managing them.

4. The identified patterns in the dynamics of motivational objects and the motivational risks of maladjustment among students must be taken into account when organizing the psychological and educational conditions for the personal and professional development of medical students.

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