

СУЧАСНІ ДОСЛІДЖЕННЯ В МЕДИЧНІЙ ПСИХОЛОГІЇ ТА ПСИХОЛОГІЇ ЗДОРОВ'Я

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CORRECTION OF ANXIETY AS A FEAR FACTOR IN JUNIOR STUDENTS OF MEDICAL INSTITUTIONS OF HIGHER EDUCATION (FOR EXAMPLE THE DONETSK NATIONAL MEDICAL UNIVERSITY)

Iryna Avetisova, Olena Potsulko

Abstract. *The study of the levels of personal and situational anxiety of junior medical students of the Donetsk National Medical University (Lyman, Ukraine), whose adaptation process has certain features determined by personal, social and economic and emotional factors are considered in this article. The essence of anxiety and its levels, rational and emotional approach, which was the basis of the proposed psychocorrective program to reduce anxiety levels in medical students are revealed.*

It has been proven that junior year students of medical institutions of higher education may experience stress due to regarding the high requirements for them as future doctors. The feeling of inner anxiety and tension in an uncertain and stressful situation can greatly interfere with them both during university studies and in the performance of professional duties. Therefore, it is important to correct the anxious state of medical students in order to eliminate in the future the appearance of professional fears due to constant anxiety in professional activities.

It was found that the most influential factors in the development of a high level of anxiety in medical students of the 1st and 2nd years are frequent stress factors and significant tension during studies, which indicates the urgent need for psychological preparation of applicants to study at a medical university, and during the first years of study, conducting social-psychological trainings and psychocorrections such as positive inner speech and self-suggestion, fitback or art therapy.

The practical recommendations for the formation of self-esteem by medical students based on successes both in personal life and at work are also provided in this article. It is worth stimulating the future doctor to address the question and fight with his own negative self-esteem and show him how to think from a scientific point of view, evaluate his behavior objectively and how to stop giving himself an assessment only in case of failure.

Keywords: *anxiety, levels of anxiety, situational anxiety, personal anxiety, medical university, medical education, medical student, rational and emotional approach, anxiety correction, psychocorrective program.*

Formulation of the problem. The problem of the success of students' educational activities during their education in higher educational institutions is not new, it is of interest to researchers mainly from the point of view of its consequences: professional and personal competence of graduates, their employment prospects, evaluation of the effectiveness of

educational activities of higher education institutions, etc. Does it matter why a student does well or poorly? In any case, he himself will face the consequences of his studies. But when looking at the problem from the standpoint of medical higher education, there is a practical value in knowing which students will study better or worse, that is, to have a forecast of

the success of their educational activities.

It is the students of medical institutions of higher education who, like no one else, can feel the tension due to the high requirements for them as future doctors. Feelings of inner anxiety and tension in an uncertain and stressful situation can greatly interfere with their professional duties. Therefore, it is important to correct the anxious state of medical students in order to avoid in the future the appearance of professional fears due to constant anxiety in professional activities.

The relevance of the work is determined by the fact that the process of obtaining a higher medical education is not only a process of acquiring new knowledge, abilities and skills, but also the formation of a harmoniously and comprehensively developed personality with high moral, spiritual and professional qualities. While studying at a higher medical educational institution, students are in a constant state of mental and psychoemotional stress, which often leads to stress and increased levels of anxiety, which in modern stressful and environmentally unfavorable external conditions becomes one of the determining factors in the formation of a person's personality. That is why the correction of anxiety as a factor of fears and its prevention is of great importance in the preparation of medical students in mastering the future profession of a doctor in conditions of constant anxiety, which carries adaptive functions, warning of external or internal danger, and usually indicates the need to take measures to prevent negative consequences.

Analysis by domestic scientists of psychological and pedagogical research on the problems of anxiety as a mental state that arises as a result of the influence of situational and personal factors on the educational process and professional activity of student youth (O. Ichanska [1],

T. Katkova, K. Pesotska [2], O. Rudenko, A. Lyashenko [3], T. Furdak [4], Yu. Khanin [5], etc.), showed that certain conceptual and empirical issues in this sphere. This determines the interest in the further study of systemic interrelationships between anxiety and self-esteem of the personality of the future doctor, because these anxiety states arise even in the first years of studying at a medical university. And it is these mental states that affect the progress and achievement of the results of the activities of medical students, their success, the quality of knowledge, skills, abilities, the formation of professionally important personality qualities of the future doctor, etc.

The purpose of the article is to analyze the peculiarities of professional anxiety as a factor of fears of students of medical institutions of higher education (for example the Donetsk National Medical University). To realize this goal, it is necessary to carry out a number of tasks, namely: 1) to analyze the features of anxiety in students of medical institutions of higher education; 2) to develop and test a program to reduce anxiety as a factor of fears in the professional activity of medical students at the stage of their professional training.

Presenting the main material. Anxiety at the psychological level is a special emotional state of tension, restlessness, associated with the experience of fear, the cause of which is unknown to the individual or is not clearly understood by them. Quite often, such a state is called aimless fear, which in the future can lead to neuroses and functional psychoses, which take the form of feelings of uncertainty, helplessness, powerlessness, insecurity, loneliness, threatening failure and are the trigger for disorders of the emotional sphere [4, p. 292]. At the physiological level, anxiety reactions are appeared by an increased heartbeat, frequent breathing, an increase in the

minute volume of circulating blood, an increase in blood pressure and general excitability.

Currently, two types of anxiety are distinguished: 1) anxiety as a mental state, or so-called situational anxiety, and 2) anxiety as a personality trait is personal anxiety. Situational anxiety is usually associated with a specific external situation that carries danger. Instead of it personal anxiety is appeared by constant experiences, mental tension, irritability, and anxiety even for minor reasons, feelings of inner anxiety, stiffness and impatience [2, p. 191].

There is also a classification of anxiety based on the situations in which it arose: 1) educational anxiety (related to the learning process); 2) self-evaluative anxiety (related to ideas about oneself); 3) interpersonal anxiety (related to the communication process).

It should be noted that the difference between personal and situational anxiety lies only in the frequency of experiencing a state of anxiety. Techniques for their diagnosis are developed according to the same principles, using a list of anxiety symptoms or situations that cause them. It has been proven that personal or situational anxiety has a negative impact on all areas of a person's life, worsening his well-being and complicating relations with the surrounding world [3, c. 453]. This is especially true for first-year students, who are almost always in a state of increased anxiety, with frequent feelings of anxiety related to exams or module final tests, with increased emotional or physical tension.

Given the peculiarities of short-term psychological correction, the focus of psychological intervention is directly related to unproductive thoughts and actions that increase situational anxiety, only briefly covering the causes of their occurrence.

Students, during training and practice, may constantly think about the negative consequences of their wrong actions in the workplace, about the necessity to be responsible

for another person and their treatment, about the lack of personal experience in the medical field, about the necessity to do everything quickly and efficiently, about the inadequacy theoretical knowledge about medical disciplines, about the need for quality treatment. These opinions are negative and have an illogical basis. Accordingly, such thoughts and beliefs affect the emotional state of students. That is, during their work, students themselves can increase their anxiety due to irrational thoughts about duties and practical actions.

The rational and emotional approach used by us works precisely with such irrational thoughts of medical students, thereby reducing their anxiety. Therefore, our psychological intervention is based on a rational and emotional approach, as it is effective in correcting anxiety states; with its help, you can qualitatively work out students' irrational thoughts.

Rational ideas in this approach are evaluative cognitions that have personal relevance and are superior in nature. They find their expression in the form of «desires», «preferences», «aspirations», «tendencies» or «dislikes». People feel satisfaction and pleasure, and these feelings are positive when they get what they want, and negative, such as sadness, worry, regret, irritation, when they don't get it.

Irrational ideas differ from rational ideas in two respects. First, they are usually absolutized and expressed in the form of strict «must», «obliged», «must», «necessary», etc. Secondly, they lead to negative emotions that seriously hinder the realization of goals, for example, to anxiety, guilt, anger, the appearance of fears.

To fulfill the purpose of the work, we chose to correct anxiety in students of the 1st (total 139 people) and 2nd (total 78 people) courses of medical faculties №1, №2 and №3 of the Donetsk National Medical University (Lyman, Ukraine). Given that we are interested in professional anxieties, and

they arise more in specific stressful situations at work or in practice among students and doctors, we will correct situational anxiety for further corrective work already with the anxieties themselves. The exercises shown in the correction program can be used for any professional anxiety of medical students.

The task of this psychocorrective program is to help the correctional group rethink unproductive thoughts, find a positive meaning of the situation that has arisen, and develop the ability to control their emotional state so that situational anxiety does not interfere with the performance of their professional duties. Psychological intervention is based on a rational-emotional approach. The conditions are that the work is carried out in a small correctional program in the absence of outsiders and noise. This psychocorrective program does not require any other special conditions.

The State-Trait Anxiety Inventory (STAI) by Ch. Spielberger, modified by Y.L. Khanina, consisting of 40 statements, to which answers should be given: «almost never», «sometimes», «often», «almost always» depending on how often these feelings are noted by the respondent.

To interpret the obtained data, approximate evaluations of the technique were used based on the number of scored points from 1 to 4, and the sum of up to 30 points indicated a low level of anxiety, from 31 to 45 points average, from 46 points and more high [5].

The obtained research results were analyzed using Statistica 7.0 StatSoft Inc. using parametric and non-parametric calculation methods.

It was found that of all the respondents

$$\text{High level of anxiety in medical students} = 0.23 F_1 + 0.17 F_2 + 0.11 F_3 + 0.1 F_4 \quad (1)$$

where,

F1 is a factor, the main reinforcing components of which are statements like

(217 people), not a single student had a low level of situational anxiety, while the average level of anxiety occurred in 23% (18 second-year students) and 34.5% (48 first-year students) of the respondents (66 respondents) and among other second-year students (77%) and the rest first-year students (65.5%). Based on the results of the research of the level of personal anxiety, a similar trend to the previous indicators was noted: the absence of students with a low level of anxiety; 30.8% (24 second-year students) and 41.7% (58 first-year students) of people with an average level and 69.2% (54 second-year students) and 58.3% (81 first-year students) with a score of more than 46.

It should be noted that a significant total number of points from the definition of situational anxiety had a probable correlation with the statements «I'm worried» (R=0.47, p=0.00005) and «I'm tense» (R=0.50, p=0.00001). Among questions about personal anxiety, the total score had the highest correlation with the judgments «I'm worried about possible difficulties» (R=0.58, p=0.000001), «I worry too much about small things» (R=0.61, p=0.000005), «I take everything to heart» (R=0.65, p=0.000001), «all sorts of little things distract and disturb me» (R=0.60, p=0.000001), «I feel restless when I think about my affairs or worries» (R=0.60, p=0.000001).

At the same time, when conducting a multifactorial correlation analysis of the results of the questionnaire, the main components of anxiety among students were singled out, which are given in the form of a mathematical formula (1).

«I take everything to heart», «I feel restless when I think about my affairs or worries»;

F2 is a factor, the mitigating components

of which are the statements «I am confident in myself», «I am in a good mood», «I am satisfied»;

F3 the reinforcing component of the factor is the statement «all sorts of little things distract and disturb me»;

F4 is a factor whose reinforcing component is «I'm nervous», and the weakening component is the statement «I'm satisfied».

Carrying out a cluster analysis of the results of the student questionnaire confirmed the influence of certain factors on the formation of anxiety and their appearance in the form of questionnaire statements. So, all respondents were divided into three clusters. The first of them was formed by students with the lowest level of anxiety, whose most characteristic statements were: «I am satisfied», «I am happy», «I am in a good mood», «I am balanced» and «I do not feel stiff or tense». The second cluster included students whose characteristic statements were: «I try to avoid critical situations and difficulties», «I would like to be as lucky as others», «I get irritated» and «all sorts of little things distract and disturb me». The third cluster was represented by highly anxious students (mostly second-year students), who had the most answers to the questionnaire: «I am under tension», «I am worried about possible difficulties», «I worry too much about small things», «I feel defenseless», «and sometimes I feel like a failure».

In order to understand the effectiveness and quality of the impact of the developed psychocorrective program, it was tested. It was held online on the Google Meet platform.

Psychocorrective work was carried out in the correctional group, which consisted of students of the 1st year of the medical faculty № 3 (group 101) of the Donetsk National Medical University (Lyman, Ukraine). 11 students of the group took part: 7 girls and 4 boys. The age of

the participants is from 17 to 23 years old.

The work began with a discussion of important problems that worried the participants, they talked about the events that caused them anxiety. One of the examples of events: one student, a member of the correctional group, while working in the intensive care unit, helped the doctor during resuscitation. The participant began to worry much about the fact that she would not be able to cope with the task assigned to her by the doctor, and while handing over the tools, her hands began to shake violently, she wanted to finish quickly everything and get out of there. Further, irrational judgments were revealed in their stories, which caused alarm. The irrational judgment of the participant who spoke about the event above was: «I had to do everything perfectly and quickly. I always have to do everything qualitatively, because doctors rely on me. I can't let them down. I simply will not forgive myself for the mistake». After that, their irrational judgments were explained to them in order the participants to realize them themselves. In this example, the explanation took place through specific questions to the participant, so that she herself could understand the illogicality of the thoughts. Here are examples of the questions that were voiced: «What exactly alarmed you?», «Was it not your own irrational beliefs that upset you, rather than the moment when you looked into the patient's eyes or the doctor's eyes?», «Why did you think that this event, was so terrible?», «What evidence is there that the situation would have been catastrophic if you had failed to cope with this task?».

The next step was to convert irrational judgments into rational ones using appropriate techniques. So, for example, it was suggested to change irrational judgments to such rational ones as: «I would like to be more experienced in resuscitation actions», «It would not be very convenient if the tools fell out of my hands,

but I would take another one and nothing bad wouldn't have happened».

At the end, the participants tried themselves (without help) to describe disturbing situations at work in the hospital (or in practice) and immediately find irrational judgments, and then give several options for changed rational thoughts.

In the course of the correctional program itself, it was difficult to explain to the participants their irrational judgments regarding situations related to study and work (practice). And also help to realize that anxiety is not affected by the situation itself, but by their negative and illogical thoughts.

Conclusions. First, the held research on the assessment of the level of personal anxiety made it possible to reveal the presence of fairly high levels of anxiety among students of the Donetsk National Medical University. The obtained data coincide with the data of modern literature, that students, especially younger students, experience various stressful situations related to personal, social and economic or emotional factors, which always leads to a high level of situational and personal anxiety [1, c. 64].

Secondly, such a significant number of respondents in the initial courses of the university with medium and high levels of anxiety testify to the relevance of psychological training of future doctors even at the stages of preparation for entering an educational institution with further determination of psychological health in different periods of the educational process.

Thirdly, the most influential factors in the development of a high level of anxiety are frequent stressors and significant tension during studies, which indicates the urgent need for psychological preparation of applicants to study at a medical university, and during the first years of study, social and psychological training and psychocorrection

such as positive inner speech and self-suggestion, fitback or art therapy.

Fourthly, the rational and emotional direction is an effective approach to the psychological correction of anxiety, since the work takes place both with the irrational thoughts and emotions of the participants, and with their behavior, therefore this psychocorrective program is adaptive for both students and doctors (if necessary).

Fifth, the a pprobation o f t he p sycho-corrective program to reduce situational anxiety confirmed i ts e ffectiveness an d feasibility. This p rogram g ives u s t he opportunity to use its results to improve the quality of the emotional state of students, as well as to improve their psychological health.

Prospects for further study. The held experimental research does not cover all aspects of the problem. The perspective of scientific research is the identification of systemic interrelationships between anxiety and self-esteem of an individual. The need for this knowledge is expressed not only in scientific, but also in practical interest, as it opens up opportunities for a holistic understanding the future doctors personality.

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Відомості про авторів:

Ірина Сергіївна Аветісова, кандидат педагогічних наук, доцент, доцент кафедри мовних та гуманітарних дисциплін №1, Донецького національного медичного університету, м. Лиман, Україна, e-mail: irinaavetisova123456789@gmail.com; <https://orcid.org/0000-0002-1129-5794>

Олена Анатоліївна Поцулко, кандидат історичних наук, доцент, доцент кафедри мовних та гуманітарних дисциплін №1, Донецького національного медичного університету, м. Лиман, Україна, e-mail: possulko_doc@ukr.net; <https://orcid.org/0000-0002-6797-9992>

Information about authors:

Iryna Avetisova, Candidate of pedagogical sciences, associate professor, associate professor of the Department of Language and Humanities № 1, Donetsk National Medical University, Lyman, Ukraine

Olena Potsulko, Candidate of Historical Sciences, Associate Professor, Associate Professor of the Department of Language and Humanities №1, Donetsk National Medical University, Lyman, Ukraine