

**19<sup>th</sup> PCSF 2019**  
**Professional Culture of the Specialist of the Future**

**THE STRUCTURE OF PROFESSIONAL CONSCIOUSNESS OF A  
FUTURE DOCTOR**

Tatiana Voronova (a), Svetlana Dubrovina (b), Margarita Pogodayeva (c), Julia Chepurko (d)\*  
\*Corresponding author

- (a) Federal State Budgetary Educational Institution of Higher Education "Irkutsk State Medical University", Associate Professor of the Department of Social psychology and Liberal Arts, 1, Krasnogo Vosstaniya street, Irkutsk, 664003 Russian Federation, klim75@bk.ru
- (b) Federal State Budgetary Educational Institution of Higher Education "Irkutsk State Medical University", Senior lecturer of the Department of Social psychology and Liberal Arts, 1, Krasnogo Vosstaniya street, Irkutsk, 664003 Russian Federation, sibdub@rambler.ru
- (c) Federal State Budgetary Educational Institution of Higher Education "Irkutsk State University", Associate Professor of the Department of Geography, Life Safety and Methods of Teaching, 8, Nizhnaya Naberezhnaya street, Irkutsk, 664011 Russian Federation, margopog@rambler.ru
- (d) Federal State Budgetary Educational Institution of Higher Education "Irkutsk State Medical University", Associate Professor of the Department of Social psychology and Liberal Arts, 1, Krasnogo Vosstaniya street, Irkutsk, 664003 Russian Federation, juliavs@bk.ru

***Abstract***

The purpose of the study is to determine the effective structure of the professional consciousness of a future doctor. The objectives of the study are the following: 1. To determine the most complete and corresponding to the professional activity, structure of professional consciousness of a future doctor on the basis of a theoretical analysis of literary sources. 2. To extrapolate the structure of professional consciousness to the professional activity of future doctors, taking into account current social trends in health care. Research Questions. To reveal the psychological content of the structure of the professional consciousness of a future doctor, to extrapolate this structure to innovations in the health care system. Research Methods: Theoretical methods were the main methods in the study: extrapolation, abstraction and concretization, induction and deduction, comparison, generalization, systematization and interpretation of facts. Findings. The development of the professional consciousness of a doctor is the successful implementation of his professional activity and can be considered as a steady psychological resource impeding and preventing professional stress and emotional burnout in a time perspective. Conclusion. In terms of changes in the content of professional activity the need for the internal resources development of the individual for the professional activity qualitative performance will increase among future doctors. The formed structure of professional consciousness can serve as a basic resource, demanded in a certain time perspective.

© 2019 Published by Future Academy [www.FutureAcademy.org.UK](http://www.FutureAcademy.org.UK)

**Keywords:** Consciousness, professional consciousness, self-realization, self-education, self-actualization, doctor.



## 1. Introduction

The tendency of the individual to professional growth and self-improvement can be traced in contemporary society. Professionalism becomes a priori driving force, since it involves both an increase in the individual activity in society as a whole, and an increase in the individual responsibility for his own destiny in this social outlook. The main parameter for assessing the quality of knowledge is not the scope of acquired knowledge, but the ability and willingness to learn, developed skills of independent information retrieval and self-education in the new educational paradigm. Professionalism is a fundamental characteristic of doctors (Olive & Abercrombie, 2017), but the social and cultural data of the subjects, such as race, ethnicity, gender, sexual orientation, age and social and economic status, were not sufficiently analyzed, and were included in the analysis and interpretation (McLean, Johnson, Sargeant, & Green, 2015a).

The presence of educational motivation, personal needs for the implementation of his/her professional activity and the focus on self-development and self-improvement are the most important aspects in the development of a professional consciousness of a doctor, and in realizing the internal professional potential. The development of a professional medical personality was considered by the authors from a multivariate, interdisciplinary, intercultural point of view. The importance of the development of professional consciousness in different cultures in today's context is emphasized (Helmich, Yeh, Kalet, & Al-Eraky, 2017). Undoubtedly, the development of professional consciousness is a key goal of medical education, but empirical evidence on how it is formed is limited (Hatem & Halpin, 2019).

The professional role of a doctor as a dynamic structural element of social life, recursively associated with the joint actions of professionals through reflection processes was considered in the study (Sawatsky, Nordhues, Merry, Bashir, & Hafferty, 2018). Three main roles of doctors: medical expert, health care coordinator and team member were discovered. The reviewed professional identities (roles) were embodied in three specific modalities of cooperation: quasi-nonexistent, restrained and expanded. The influence of early professional role models based on personal interviews of doctors about people and events from the past, which shaped their ideas about the medical profession, and influenced the development of their professional consciousness were described in Foster and Roberts's (2016) works. Matsui, Sato, Kato, and Nishigori (2019) studied the professional consciousness of women doctors in Japan, and differences between married and unmarried women were found. Vivekananda-Schmidt, Crossley, and Murdoch-Eaton (2015) described in detail the processes by which medical students developed their professional consciousness and the perception of their professional role. The students' experience and perception were analyzed through a model that describes the mechanisms affecting professional consciousness.

Morality and professionalism are the most important factors in the successful, progressive and creative development of a today's doctor. And the professional perfection of a medical worker, his ethical values, spiritual and moral education, which determine the setting of life goals, therefore, are necessary conditions for the development of a professional (Barsukova, 2009).

The significant transformations in health care are currently observed. In particular, since 2018, a new priority project, "Creating a new model of a medical organization providing primary health care",

has begun in the country. “A new model of a medical organization” is a patient-oriented medical organization, the distinguishing features of which are the following: friendly attitude towards a patient, absence of queues due to proper organization of staff processes and work, high-quality medical care, priority of preventive measures in primary health care.

All of the aforesaid determines the expansion of requirements for the identity of the physician, and for his professional consciousness. The ability to master the profession of doctor in the new supertechnologies paradigm, and the need for rapid updating of knowledge, are put forward as the basic principles of medical practice. Social responsibility, creativity, a wide personal profile of a professional, mobility, ability for an adequate, fast, competent assessment come to the fore in the list of the most required professionally important qualities or competencies of a professional doctor.

## **2. Problem Statement**

Since a person is realized in professional activity as a subject included in a society, and as a subject who is motivated and sets goals, professionalism of a doctor, being the most important characteristic of the quality of the activities performed, becomes not only ethical and psychological problem, but also social (Lasson, Just, Stegeager, & Malling, 2016).

We turn our attention to the analysis of the main approaches to professional consciousness and its structure in psychological literature. The authors suggest considering professional consciousness in several keys. Thus, Baklanov (2015). considers it effective to talk about professional self-cognition from the standpoint of the personality’s consciousness content, therefore, as a rule, when studying professional consciousness, the features, properties, structure and functions of the personality’s consciousness among professionals are taken into account. In the same vein, Markova (2004) believes that professional consciousness can be viewed as a complex of ideas of a person about him/herself as a professional, this is a holistic image, a system of attitudes toward him/herself as a professional. M.I. Kryakhtunov (2012) considers professional consciousness as a process of personal analyzing him/herself within professional activity. Professional consciousness is considered as the selective activity of consciousness, aimed at person’s own professional self-determination. (Klimov, 1996)

Kosheleva (1997) writes that professional consciousness is the self-awareness and holistic self-assessment of the process and the result of his/her professional activity. Parygin and Mel'nikova (2012) considered the phenomenon of consciousness from the standpoint of the interaction of the personality and the professional environment as the recognition of a person of his/her belonging to a professional group. Professional consciousness in the study of Mironova (2009) is considered as a type of socio-specific consciousness which is a complex personal growth developing under the professional environment influence and the active participation of the subject in professional activity. Professional consciousness connected with real professional activity and signals the sense of the professional’s identity through the professional’s personality motives.

Vas'kovskaya (1987) interprets professional consciousness from the position of self-regulation, as a special phenomenon of the human psychics that conditions self-regulation by the individual of his/her actions in the professional sphere on the basis of cognition of his/her professional requirements, professional capabilities and emotional attitude to him/herself as a subject of professional activity. Fam

(1989) believes that professional consciousness serve as a mean of personality self-regulation, which is expressed in the analysis of oneself as a subject of activity, in the awareness of one's own mental features, in the awareness and evaluation of a relations system. Bragina (1976) places the main emphasis in the understanding of professional consciousness on the cognition and assessment of professional qualities and attitudes towards them. Let us turn our attention to the structure of professional consciousness proposed by various authors. Mitina (2009) proposes to consider the structure of professional consciousness in two ways: from a dynamic point of view, as a process of flow and expansion; and from a resultative point of view – the appearance and presence of a particular product. She proposes to emphasize the process of self-cognition and the result in the cognitive component - as a system of self-knowledge, formed as a result of self-awareness processes in three complementary and mutually intersecting systems: the system of professional activity, the system of professional communication and the system of personal development. The “Image of Self” is leading in the structure of professional consciousness, having a predominantly cognitive character. The emphasized affective component is characterized by a combination of three types of relationships in the structure of professional consciousness: attitude to the system of his/her professional activities, to the goals and objectives set by the subject; evaluation of the work results, the ways and means of achieving the goals; attitude to the system of interpersonal relations; to his/her professional personality, assessment of the personal and professional competence level and compliance with his/her own ideal professional "self-image" (Efremov, 2000).

Kosheleva (1997) suggests for analysis the following components of professional consciousness: 1) self-image, 2) concept of content, 3) concept of activity conditions (social and psychological factors), 4) concept of goals and means of activity. In general, professional consciousness can be characterized as a complex personal growth developing under the professional environment influence. Unlike consciousness in general, professional consciousness is more specific in its content - the content of professional consciousness refers to professional activity and to a person as the subject of the activity. Zeer (2003) writes that since consciousness is formed in life activity and communication with other people and is the result of self-cognition, one's actions, mental qualities, etc., therefore professional consciousness is a projection of consciousness structural components onto a professional activity.

Klimov (1996) analyzing the phenomenon of professional consciousness, identifies such elements in its structure as: the awareness of one's belonging to a particular professional community; knowledge about the degree of his/her compliance with professional standards, the place in the system of professional roles; knowledge of a person about the degree of recognition in a professional group; knowledge about the strengths and weaknesses, ways of self-improvement, probable zones of success and failure, the individual ways of successful action; representation of oneself and one's work in the future.

### **3. Research Questions**

Angelovskiy (2010) developed the structure of professional consciousness, which includes four components: psychological, epistemological, axiological, emotional-volitional.

Psychological component: the psychological characteristics of the individual, innate inborn abilities that determine its readiness and ability to professional activity. They include character traits that determine professional fitness, inclinations and interests, professional opportunities.

Epistemological (intellectual, cognitive) component: includes the knowledge and skills necessary for a successful professional activity (both worldview and restricted professional). Professional thinking is the central element of the personality structure of a professional, and the intellectual level is its foundation.

Axiological (value-based) component: include ideals, values and norms, professional morality, professional self-assessment. Self-assessment is defined as determining by a subject his/her capabilities in performing professional tasks - existing or upcoming. The professional morality is defined as the choice of adequate means and ways to achieve professional goals, the implementation of professional activities in accordance with generally accepted standards of morality.

The emotional-volitional component (“experiencing a profession”) is responsibility for the results of work, awareness of own duties, understanding of the goals and motives of professional activity, the necessary qualities of a professional. Taking into account the features of the described above structure, we consider it to be possible to extrapolate this structure to the professional activity of a doctor.

The majority of domestic researchers and some foreign psychologists (Sawatsky et al., 2018) suggest that professional consciousness is an attitude towards self in the professional-labor sphere. And as any attitude, consciousness has a cognitive, affective and behavioral substructure (self-understanding, self-attitude, self-behavior.) Therefore, the key structure components of professional consciousness are the components that characterize the cognitive, affective, behavioral levels and processes of professional identification as key mechanisms for the integration "of self professional". The presence of the above mentioned components in the structure of a future doctor and their realization will be the evidence of professional personality maturity.

The profession of a doctor is among the professions in the field of “Person to Person”, the most tending to be affected by occupational stress and emotional burnout (McLean, Johnson, Sargeant, & Green, 2015b). The content of occupational stress in the future will increase, associated with a high level of formalization of medical reception in today’s conditions, a shortage of narrowly focused specialists, and general increase of psycho-emotional stress among the population. The profession of a doctor belongs to the intensive and psycho-emotional activities due to the high level of responsibility for the lives of people, which rests with a doctor. High psycho-emotional, and also physical stress resting on the doctor’s personality allows us to refer this profession to the category of extreme professions. The contemporary, rapid pace of life greatly increases the stress in the professional activity of a doctor, due to the multiple expansions in workflow and time constraints to make professional decisions towards to patients, high responsibility for people's lives and the complication and overlapping of tasks in a relatively short period of working time. It is necessary to specify and reveal the psychological content of the structure of the future doctor’s professional activity in accordance with all forenamed (Peterson, House, Sozener, & Santen, 2015).

#### **4. Purpose of the Study**

The purpose of the study is to determine the effective structure of the professional consciousness of a future doctor.

The objectives of the study are the following:

- To determine the most complete and corresponding to the professional activity, structure of professional consciousness of a future doctor on the basis of a theoretical analysis of literary sources.
- Extrapolate the structure of professional consciousness to the professional activity of future doctors, taking into account current social trends in health care.

## 5. Research Methods

Theoretical methods were the main methods in the study: extrapolation, abstraction and concretization, induction and deduction, comparison, generalization, systematization and interpretation of facts.

## 6. Findings

The analysis showed that the most complete and comprehensive structure of professional consciousness, which can be extrapolated to the professional activity of a future doctor, is the structure proposed by Angelovski (2010), which includes four components: psychological, epistemological, axiological, emotional-volitional. Taking into account the features of the described above structure, we consider it to be possible to extrapolate this structure to the medical profession in the context of contemporary requirements for health care system

Within the framework of the project “Creating a New Model of a Medical Organization Providing Primary Health Care”, the psychological component of a doctor’s professional consciousness includes: ability to master self-management, which allows to use working time rationally, to reduce stress while fulfilling professional duties; to respond to work incidents flexibly in the process of relationships with colleagues and patients; and to raise the level of conflictological and communicative competence.

The high level of stressfulness of the profession places special demands on the psychological component in the professional consciousness of a future doctor. These demands are: first of all, the level of psychological stability and resource sufficiency, the presence of adaptive ways of coping with stress, the definition of one’s own positive qualities and development prospects; positive "self-concept".

Epistemological (intellectual, cognitive) component of the doctor’s professional consciousness presupposes: a specialist of the future should form a special world view based on those objects and phenomena that are significant from the point of view of his/her professional activity in the perspective of the development of medical science and practice. The basis for such a worldview is: the future physician’s awareness of the medical ethics rules and deontology, including a friendly attitude towards a patient, high quality of medical care, organization and implementation of preventive conflictological measures to optimize relationships in dyads: “doctor – patient”, “doctor – relatives of the patient", " doctor – administration" and "doctor – doctor".

The axiological (value-based) component of a doctor’s professional consciousness includes: ideals, values and norms, professional morality, and professional self-assessment. The attitude towards the patient as a unique personality should be integrated into the system of values of the doctor. To carry out communications without subjective value judgments with patients, relatives, and administration,

colleagues, doctors and nurses. The most important aspect of a doctor's professional consciousness is the adequate self-assessment of a specialist as a subject performing professional tasks, thus it will contribute to a positive perception of the patient with his individual characteristics, personality characteristics, and behavior.

The emotional-volitional component ("experiencing a profession") assumes responsibility for the results of one's own work, awareness of the duties, understanding the goals and motives of professional activity, necessary qualities of a professional as standards for awareness of his/her own qualities; awareness of these qualities in other people, comparison of oneself with a certain abstract or concrete colleague; accounting assessment of yourself as a professional from the colleagues point of view; understanding oneself, one's professional behavior, as well as emotional attitude and self-assessment; positive evaluation of oneself in general. All of the above will contribute to the patient-oriented model implementation while providing of medical care to the population.

Developed professional consciousness of a future doctor is the foundation that underlies the regulation of the subject of his/her professional activity, the adoption of professional requirements, as well as ideas about oneself as a subject of professional activity and emotional-axiological attitude to oneself as a professional.

## 7. Conclusion

The professional consciousness of the doctor's personality changes and is transformed in the process of professional development of the personality, the personal worldview of the individual is of particular importance in the process of development of one's general consciousness. The development of professional consciousness is greatly influenced by the formation of the psychological component, cognitive abilities, emotional and volitional characteristics, moral and value orientations, therefore, the whole professional path and professional career of a future doctor depends on professional consciousness.

The future doctor's need for the internal resources development of the individual for the qualitative performance of professional activity will increase taking into account changes to the content of professional activity. The formed professional consciousness with all its structural components can serve as a basic resource in the long-term perspective. The development of a doctor's professional consciousness is the successful realization of his/her professional activity, and can be considered as a steady psychological resource, which impedes professional stress and emotional burnout in a time perspective.

## References

- Angelovskiy, A. A. (2010). Professional'noe soznanie lichnosti: ponyatie i struktura [Professional consciousness of personality: the concept and structure]. *Sibirskiy pedagogicheskiy zhurnal*, 5, 122-123. [in Rus.].
- Baklanov, K. V. (2015). Razvitie professional'nogo samosoznaniya kak uslovie sokhraneniya psikhologicheskogo zdorov'ya spetsialista sotsial'no-kul'turnoy deyatelnosti [Development of professional consciousness as a condition for the preservation of the psychological health of a specialist in social and cultural activities]. *Vestnik MGUKI*, 6(68), 208-213. [in Rus.].

- Barsukova, A. D. (2009). *Osobennosti formirovaniya professional'nogo samosoznaniya studenchestva [Features of the formation of professional self-consciousness of students]* Moscow: ASV. [in Rus.].
- Bragina, V. D. (1976). *Vliyanie predstavleniy o vybrannoy professii na professional'noe samoopredelenie uchashcheyshya molodezhi [Influence of ideas about the chosen profession on the professional self-determination of young students]* (Doctoral dissertation). Moscow State University. [in Rus.].
- Efremov, E. G. (2000). *Osobennosti formirovaniya professional'nogo samosoznaniya na razlichnykh stadiyakh professional'nogo obucheniya: Na primere studentov-psikhologov [Features of the formation of professional self-consciousness at various stages of vocational training: Through the example of psychology students]*. Tomsk: Pedagogicheskaya psikhologiya. [in Rus.].
- Fam, T. N. (1989). *Razvitie professional'nogo samosoznaniya studentov tekhnicheskikh vuzov [Development of professional identity of students of technical universities]* (Doctoral dissertation). Saint Petersburg State University. [in Rus.].
- Foster, K., & Roberts, C. (2016). The Heroic and the Villainous: a qualitative study characterising the role models that shaped senior doctors' professional identity. *BMC Medical Education*, 16 (206), 682-690.
- Hatem, D. S., & Halpin, T. (2019). Becoming Doctors: Examining Student Narratives to Understand the Process of Professional Identity Formation Within a Learning Community. *Journal of medical education and curricular development*, 6 (8), 21-53.
- Helmich, E., Yeh, H. M., Kalet, A., & Al-Eraky, M. (2017). Becoming a Doctor in Different Cultures: Toward a Cross-Cultural Approach to Supporting Professional Identity Formation in Medicine. *Academic medicine*, 1 (92), 58-62.
- Klimov, E. A. (1996). *Psikhologiya professionala [Psychology of a professional]*. Moscow: IPP. [in Rus.].
- Kosheleva, S. V. (1997). *Organizatsionno-psikhologicheskie determinanty professional'nogo samosoznaniya rukovoditeley [Organizational and psychological determinants of professional self-awareness of managers]* (Doctoral dissertation). Saint Petersburg State University. [in Rus.].
- Kryakhtunov, M. I. (2012). Podkhody k issledovaniyu psikhologicheskoy kul'tury uchitelya [Approaches to the study of the psychological culture of the teacher]. *Vestnik Voronezhskogo gosudarstvennogo tekhnicheskogo universiteta*, 10(82), 36-41. [in Rus.].
- Lasson, L., Just, E., Stegeager, N., & Malling, B. (2016). Professional identity formation in the transition from medical school to working life: a qualitative study of group-coaching courses for junior doctors. *BMC Medical Education*, 16(165), 518-530.
- Markova, A. K. (2004). *Psikhologiya professionalizma [Psychology of professionalism]* Moscow: Mezhdunarodnyy gumanitarnyy fond «Znanie». [in Rus.].
- Matsui, T., Sato, M., Kato, Y., & Nishigori, H. (2019). Professional identity formation of female doctors in Japan - gap between the married and unmarried. *BMC Medical Education*, 19 (55), 141-149.
- McLean, M., Johnson, P., Sargeant, S., & Green, P. (2015a). More than just teaching procedural skills: How RN clinical tutors perceive they contribute to medical students' professional identity development. *Australasian medical journal*, 8(12), 122-131
- McLean, M., Johnson, P., Sargeant, S., & Green, P. (2015b). Simulated Patients' Perspectives of and Perceived Role in Medical Students' Professional Identity Development. *Journal of the society for simulation in healthcare*, 2(10), 85-91.
- Mironova, T. L. (2009). Ctruktura aktual'nogo ya-obraza u vracha-khirusga kak sub"ekta professional'noy deyatel'nosti [The structure of the current self-image of a surgeon as a subject of professional activity]. *Vestnik Buryatskogo gosudarstvennogo universiteta*, 5, 153-165. [in Rus.].
- Mitina, L. M. (2009). *Psikhologiya lichnostno-professional'nogo razvitiya sub"ektov obrazovaniya [Psychology of personal and professional development of subjects of education]* Saint-Petersburg: Nestor-istoriya. [in Rus.].
- Olive, K. E., & Abercrombie, C. L. (2017). Developing a Physician's Professional Identity Through Medical Education. *American journal of the medical sciences*, 2(353), 101-108.
- Parygin, B. D., & Mel'nikova, A. A. (2012). Integral'naya gumanitarnaya teoriya: kontseptualizatsiya soedineniya psikhologii s kul'turologiyey, filosofiey, sotsiologiyey i lingvistikoy [Integral



- Humanities Theory: Conceptualization of the Connection of Psychology with Cultural Studies, Philosophy, Sociology and Linguistics]. *Vestnik Leningradskogo gosudarstvennogo universiteta im. A.S. Pushkina*, 2(5), 5-14. [in Rus.].
- Peterson, W. J., House, J. B., Sozener, C. B., & Santen, S. A. (2015). Understanding the struggles to be a medical provider: view through medical student essays. *Journal of emergency medicine*, 1(54), 102-108.
- Sawatsky, A. P., Nordhues, H. C., Merry, S. P., Bashir, M. U., & Hafferty, F. W. (2018). Transformative Learning and Professional Identity Formation During International Health Electives: A Qualitative Study Using Grounded Theory. *Academic medicine*, 9(93), 1381-1390.
- Vas'kovskaya, S. V. (1987). *Psikhologicheskie usloviya formirovaniya professional'nogo samosoznaniya budushchego uchitelya [Psychological conditions for the formation of the professional identity of the future teacher]* (Doctoral dissertation). Moscow State University. [in Rus.].
- Vivekananda-Schmidt, P., Crossley, J., & Murdoch-Eaton, D. (2015). A model of professional self-identity formation in student doctors and dentists: a mixed method study. *BMC Medical Education*, 15(83), 21-53.
- Zeer, E. F. (2003). *Psikhologiya professiy [Psychology of the professions]*. Ekaterinburg, Russia: Delovaya kniga [in Rus.].