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AMBIVALENCE OF A DOCTOR'S ACTIVITY: IN SEARCH OF MASTERY AND PROFESSIONALISM

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АМБІВАЛЕНТНІСТЬ ДІЯЛЬНОСТІ ЛІКАРЯ: У ПОШУКАХ МАЙСТЕРНОСТІ ТА ПРОФЕСІОНАЛІЗМУ

Abstract. This article comprehensively analyses ambivalence as an essential psychological phenomenon in a physician's professional activity. Based on an interdisciplinary approach, the essence and specific manifestations of ambivalence in medical practice are revealed, particularly its emotional, cognitive, and organisational aspects. It is proven that ambivalence has a dual impact on a physician's professional activity. On one hand, it can cause professional stress, emotional burnout, and decreased quality of medical care. On the other hand, it stimulates the development of professional reflection, increases adaptability to complex clinical situations, and contributes to ethical maturity.

Special attention is paid to analysing pedagogical strategies for overcoming ambivalence in the medical education system. Innovative approaches are proposed, including integrating narrative medicine, using simulation technologies, implementing emotional intelligence training, creating reflective practices, and forming a safe educational space for working with internal contradictions. It was found that ambivalence, with proper pedagogical support, can be transformed from a source of distress into a resource for personal and professional growth. New types of ambivalence related to the challenges of globalisation, digitalisation, and moral uncertainty in modern clinical practice are described. The importance of developing emotional maturity, ethical sensitivity, clinical flexibility, and reflective competence of future doctors is emphasised as a response to the growing complexity of the professional environment.

The study's results indicate that awareness of ambivalence as an integral component of a physician's professional experience allows it to transform from a potential source of stress into a resource for skilled improvement. This opens new perspectives for developing the professional competence of healthcare workers in modern conditions.

Key words: ambivalence; physician's professional mastery; emotional burnout; reflection; medical education; clinical thinking; adaptability; narrative medicine.

Анотація. У статті здійснено комплексний аналіз амбівалентності як важливого психологічного феномену в професійній діяльності лікаря. На основі міждисциплінарного підходу розкрито сутність та специфіку проявів амбівалентності в медичній практиці, зокрема її емоційного, когнітивного та організаційного аспектів. Доведено, що амбівалентність має подвійний вплив на професійну діяльність лікаря. З одного боку, вона може спричиняти професійний стрес, емоційне вигорання та зниження якості медичної допомоги, з іншого – стимулює розвиток професійної рефлексії, підвищує адаптивність до складних клінічних ситуацій та сприяє формуванню етичної зрілості.

Особливу увагу приділено аналізу педагогічних стратегій подолання амбівалентності в системі медичної освіти. Запропоновано інноваційні підходи, зокрема: інтеграцію наративної медицини, використання симуляційних технологій, упровадження тренінгів емоційного інтелекту, створення рефлексивних практик, формування безпечного освітнього простору для роботи з внутрішніми суперечностями. Виявлено, що амбівалентність, за належної педагогічної підтримки, може бути трансформована з джерела дистресу в ресурс особистісного й професійного зростання. Описано нові типи амбівалентності, пов'язані з викликами глобалізації, цифровізації та моральної невизначеності в сучасній клінічній практиці. Підкреслюється важливість розвитку емоційної зрілості, моральної чутливості, клінічної гнучкості та рефлексивної компетентності майбутніх лікарів як відповідь на дедалі більшу складність професійного середовища.

Результати дослідження свідчать, що усвідомлення амбівалентності як невід'ємного компонента професійного досвіду лікаря дає змогу трансформувати її з потенційного джерела стресу в ресурс професійного вдосконалення. Це надає нові перспективи для розвитку професійної компетентності медичних працівників у сучасних умовах.

Ключові слова: амбівалентність; професійна майстерність лікаря; емоційне вигорання; рефлексія; медична освіта; клінічне мислення; адаптивність; наративна медицина.

Introduction. The professional activity of a physician is among the most complex and responsible types of human work, as it combines a high level of cognitive load, emotional involvement, and ethical responsibility. In the realities of clinical practice, medical professionals constantly face the need to make decisions under conditions of uncertainty, reconcile conflicting professional standards and personal values, and respond to internal and external conflicts.

Increasing attention is given to ambivalence – an internal contradiction that can complicate professional realisation and stimulate individual growth [2].

Traditionally, ambivalence is viewed as a source of anxiety, emotional exhaustion, and professional burnout. However, contemporary research points to its constructive potential – the ability to activate reflection, promote flexibility of thinking, and form empathy and ethical sensitivity [11; 14]. Thus, ambivalence appears as a challenge and an opportunity for a physician's professional development.

At the same time, the medical education system still lacks a holistic vision of how this phenomenon affects the formation of a specialist and what pedagogical conditions contribute to its constructive processing. This necessitates a scientific analysis of ambivalence as a component of a physician's professional mastery, which becomes the central subject of this study.

The article aims to determine the role of ambivalence in a physician's professional development, investigate its destructive and constructive influences on the formation of professional mastery, and substantiate the pedagogical conditions that promote effective management of this phenomenon in medical education.

Literature review. Analysis of recent literature confirms the significance of the ambivalence phenomenon for medical practice, which is the subject of numerous interdisciplinary studies. Psychological research emphasises its key role in developing empathy through understanding the patient's emotions and forming deep reflections on ethically complex clinical situations, contributing to emotional maturity [3; 14; 8; 11]. At the same time, sociological sources emphasise organisational ambivalence that arises due to the multiplicity of professional roles and the need to adapt to dynamic social changes in healthcare [9; 10; 5]. In turn, medical research highlights ambivalence as an integral component of clinical practice that directly affects the making of complex ethical decisions and the overall professional effectiveness of a physician [1; 12; 6].

Despite significant attention to individual aspects of ambivalence, a comprehensive analysis of its impact on forming a physician's professional identity remains insufficiently studied. In particular, the dynamics of integrating ambivalent experience into professional self-awareness at different stages of career growth and its long-term consequences for professional activity require deeper study.

Theoretical part. Ambivalence is a mental state characterised by the simultaneous presence of contradictory emotions, evaluations, or motivations regarding the same object, phenomenon, or decision [13]. Swiss psychiatrist E. Bleuler first introduced the term to describe dual feelings in the context of schizophrenic disorders [4]. Subsequently, the phenomenon of ambivalence transcended the boundaries of psychopathology and became the object of interdisciplinary analysis in psychology, philosophy, sociology, pedagogy, and medicine.

In clinical practice, ambivalence manifests through internal conflicts in making complex decisions, communicating with patients, ethically comprehending difficult situations, and under the influence of organisational or interpersonal contradictions. A physician may simultaneously feel confidence and doubt, compassion and emotional fatigue, the desire to help, and the fear of making a mistake. Such contradictions are integral to clinical reality and have potentially destructive and constructive consequences [7].

From a psychological perspective, ambivalence reflects the profound complexity of an individual's inner world. It can perform an adaptive function, contributing to the development of reflection, more balanced decision-making, and reduced impulsivity. In medicine, where one often has to act under uncertainty and moral multidimensionality conditions, the ability to withstand ambivalence indicates ethical maturity and clinical competence.

At the same time, unmanaged or unaccepted ambivalence can lead to emotional burnout, chronic stress, and loss of confidence in one's decisions, which, in turn, negatively affects the quality of medical care. In this regard, the issue of pedagogical support for students in forming the ability to recognise, accept, and constructively integrate contradictory emotional and cognitive states into their professional identity becomes particularly relevant.

To systematise the manifestations of ambivalence in medical practice, it is appropriate to distinguish its main types:

– *Emotional ambivalence* manifests in the simultaneous experience of opposite emotions regarding a patient or clinical situation. For example, a physician may feel compassion for a patient alongside irritation due to their aggressive behaviour.

– *Cognitive* ambivalence is associated with contradictory thoughts or evaluations regarding diagnosis, therapy, or interaction with a patient. It can manifest when a specialist believes in the effectiveness of a method but doubts its appropriateness for a specific clinical case.

– *Ethical (value-based) ambivalence* arises in conflicts between professional standards and personal moral convictions, for example, in decision-making about terminating palliative treatment.

– *Role ambivalence* is caused by the necessity to simultaneously perform different social roles (physician, administrator, scientist) that may conflict. This manifests, for example, in the contradiction between administrative requirements and patient interests.

– *Behavioural ambivalence* consists of hesitation or procrastination when choosing actions caused by fear of making a mistake or facing ethical consequences.

Understanding and etymologising ambivalence creates a foundation for further analysis of its impact on a physician's professional well-being and development. It also opens opportunities for targeted pedagogical work with this phenomenon in medical education.

Despite its potential as a resource for professional development, ambivalence often manifests as a factor of psychological tension in clinical practice. This is especially noticeable under chronic uncertainty, ethical strain, information overload, and contradictory expectations from patients and the healthcare system. They can accumulate without mechanisms for integrating ambivalent experiences, provoking internal conflict and reducing emotional stability.

Young professionals who have not yet formed individual strategies for emotional self-protection are particularly vulnerable to negative consequences. Professional socialisation, which is oriented toward demonstrating "emotional endurance", often leaves no space for expressing internal contradictions, increasing the risks of emotional exhaustion, anxiety, and isolation.

The destructive influence of ambivalence can manifest in the form of:

– chronic doubt in one's own decisions, which reduces confidence and initiative;

– decreased empathy and increased indifference as a defensive reaction;

– emotional distancing from patients;

– developing cynicism or a formalised attitude toward professional duties to distort from constant internal contradictions.

However, ambivalence can be constructive in a supportive environment and appropriate pedagogical work. It stimulates the development of reflection, thinking flexibility, moral judgment capacity, and empathy. In a favourable educational and professional context, internal contradictions not only do not weaken the physician but become a source of a deeper understanding of clinical situations.

A comparative analysis of the destructive and constructive potential of ambivalence allows us to summarise the key consequences of this phenomenon (Fig. 1).

The determining factor that influences the prevalence of one or another vector of impact is the quality of the professional environment. An educational space oriented toward safe reflection, support, and emotional competence development plays a critical role in shaping a doctor's ability to manage ambivalence constructively.

In this context, the medical education system must fulfil a key function: equipping future doctors with professional knowledge and tools for reflecting on ambivalent experiences. Educational strategies that foster emotional maturity and moral self-determination enable the transformation of ambivalence from a destructive factor into a resource for professional growth. This approach opens opportunities for developing the ability to navigate the complexity and uncertainty of clinical practice without losing internal integrity.

Forming professional mastery in future doctors requires acquiring theoretical knowledge and clinical skills and the ability to integrate internal contradictions, including ambivalent emotions and doubts, constructively. The educational process should promote the development of personal integrity, moral reflection, and emotional maturity, which are critically essential qualities for effective performance in conditions of clinical uncertainty.

Such a task is feasible only by creating a safe, educational environment where students feel supported, have space to reflect on their experiences, and learn to engage with the emotional complexity

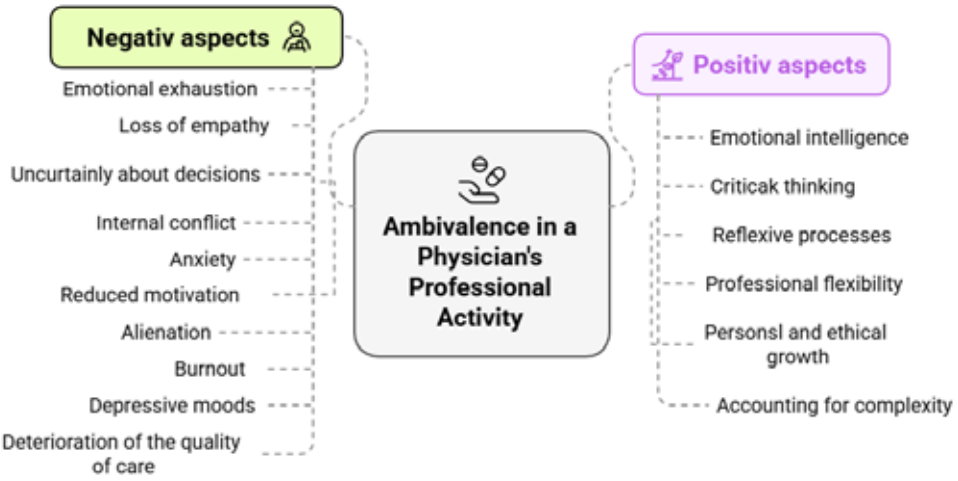

Fig. 1. Negative and Positive Aspects of Ambivalence in a Physician's Professional Activity

of the profession. In this context, the educator plays an informational and ethical role: demonstrating vulnerability, moral sensitivity, and openness to doubts, thereby normalising contradictory experiences as part of professional development.

One practical approach involves students in reflective analysis of simulated and real clinical situations. Such practices allow students to identify conflicting emotions, recognise internal conflicts, and learn to coexist with them without losing their professional identity. For instance, during a clinical case analysis, a student may recognize simultaneous compassion for a patient and fear of making a mistake. Acknowledging this experience normalises ambivalent states and fosters emotional competence and reflective capacity.

Small group discussions of clinical cases are also practical tools for pedagogical interaction. They promote awareness of multiple perspectives, increase tolerance for the complexity and ambiguity of professional situations, and help students see that ambivalence is not a sign of weakness or unprofessionalism but a marker of ethical sensitivity and moral maturity.

A key condition for effectively addressing ambivalence is creating a safe, educational space. This refers to an environment where students can freely express their feelings, ask questions, and discuss doubts, fears, or uncertainties without fear of judgment. The educator's role is to model openness to complex topics, demonstrate emotional honesty, and acknowledge their vulnerabilities. This interaction style fosters an atmosphere of trust, reducing anxiety and enhancing students' reflective activity.

Overall, addressing ambivalence in the professional training of doctors requires a systemic approach that encompasses both the content of educational programs and the style of pedagogical interaction. It is essential to teach clinical algorithms and develop personal qualities that enable students to navigate complexity, uncertainty, and contradictions in medical practice. This pedagogy, focused on integration, self-reflection, and empathy, shapes a doctor capable of meeting professional challenges and maintaining internal integrity, humanity, and moral responsibility.

International practices have accumulated significant experience integrating ambivalence into educational models for training doctors. In medical institutions in the USA, Canada, the UK, and Scandinavian countries, methodologies are actively employed to develop reflection, moral sensitivity, and emotional resilience in clinical uncertainty. One leading approach is narrative medicine, which involves analysing personal stories, journal entries, and critical incidents. Such practices promote awareness of emotional reactions, enhance empathic capacity, and allow the integration of complex experiences into professional identity. Reflective practices are also widely used, where students keep journals of their experiences, participate in facilitated group discussions, and analyse morally ambiguous clinical cases through formats like "reflective rounds" or Balint groups. These strategies enable future doctors to process conflicting emotions (fear, doubt, anger, compassion) as a natural part of clinical experience. This does not diminish professionalism but enhances the ability to navigate complexity. These educational approaches have proven effective in reducing emotional burnout among students and fostering a more flexible, uncertainty-tolerant professional stance [15].

Adapting these approaches to the Ukrainian context, considering the national medical system, sociocultural characteristics, and educational opportunities, opens prospects for modernising medical education toward emotional and ethical maturity.

In this approach, medical education becomes a space for practising moral self-determination. It serves not only as a means of transferring knowledge and clinical skills but also as a field for forming professional identity. The educational process should stimulate moral reflection, tolerance for ambiguity, and emotional resilience – qualities critical for medical practice. Systematic work with ambivalence in training fosters a deeper understanding of oneself as a professional, integrating personal experience into professional behaviour and developing ethical autonomy.

The traditional approach viewed ambivalence as a problem to be eliminated. However, the modern perspective emphasises the need to accept it as an integral part of professional practice. Avoiding ambivalence leads to oversimplified decisions that ignore the complexity of human life while embracing it promotes a mature, flexible approach to clinical reality.

Modern medicine generates new types of ambivalence that require adaptation of professional practice:

– *Globalization of medicine* amplifies ambivalence by necessitating a balance between universal clinical standards and cultural specificity. For example, a doctor may face an ethical dilemma when a patient's cultural beliefs conflict with treatment protocols, requiring a balance between respecting autonomy and medical appropriateness.

– *Digitalization* creates cognitive and organisational ambivalence. On the one hand, integrating artificial intelligence raises doubts about trusting algorithms versus relying on clinical intuition; on the other, electronic systems increase administrative burdens, reducing the quality of direct patient interaction.

– *New-generation ethical dilemmas,* such as genetic modification or resource allocation in crises (e.g., during pandemics), intensify moral ambivalence and the risk of distress if professionals lack skills for reflective processing of these situations.

These challenges demand a reconceptualisation of ambivalence as a dynamic phenomenon that requires doctors to develop new competencies.

Transforming ambivalence into a resource for professional growth requires continuous learning and self-reflection. Continuous medical education (CME) enables doctors to adapt to technological and ethical changes. For instance, training on integrating AI into diagnostics helps overcome cognitive ambivalence. Self-reflection, through keeping reflective journals or analysing emotional responses, fosters a more profound understanding of internal conflicts, reduces stress, and enhances professional satisfaction.

To support professionalism amid ambivalence, medical education must evolve and offer innovative strategies beyond traditional approaches:

– Interdisciplinary training (integrating medical, psychological, and social sciences into curricula) to better understand emotional and ethical conflicts.

– Technological adaptation (VR and AI simulations for safely navigating complex clinical scenarios).

– Cultural competence (multicultural sensitivity training to address globalisation).

– Ethical laboratories (platforms like hackathons for collaborative development of ethical solutions)

– Systematic mentorship (long-term support programs for young doctors by senior colleagues).

Ambivalence in a doctor's professional activity is a challenge and a source of development. It helps find balance amidst contradictions, integrate scientific precision with humanistic values, and remain flexible in complex conditions. The future of professionalism in medicine depends on the ability of doctors and educational systems to embrace ambivalence as a potential – for fostering humane, adaptable, and ethical clinical practice.

Conclusions and prospects for further research. The research findings confirm that ambivalence is not a temporary phenomenon to be eliminated but a fundamental characteristic of a doctor's professional activity. Its impact systematically encompasses various aspects of medical practice. The key task for modern professionals and the medical education system is not to overcome ambivalence per se but to transform it into a resource for professional growth. In the context of challenges posed by globalisation, digitalisation, and complex ethical dilemmas, the medical education system must proactively prepare future doctors for effective performance in conditions of uncertainty and ambivalence. Critically essential components of modern educational programs include expanding reflective practices, developing multicultural competence, and fostering ethical thinking. Recognising and constructively utilising ambivalence opens prospects not only for effectively fulfilling professional duties but also for deeper self-realisation and achieving professional mastery among doctors within the modern healthcare paradigm.

In future research, we plan to propose an original model (the "Ambivalence Resolution Matrix") that structures pedagogical approaches along two coordinates: the type of educational focus (humanistic/technical) and the format of implementation (individual/group).

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