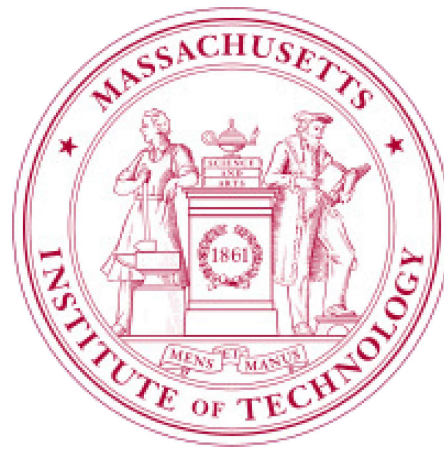
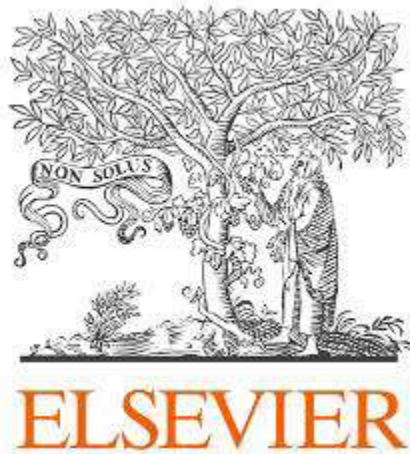


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Tolerance in the context of axiological self-determination of medical students

Abstract: The article is devoted to the problem of upbringing of tolerance among medical students. The pedagogical conditions of the upbringing of tolerance were theoretically predicted and tested experimentally. The system of methods and organizational forms of the tolerance upbringing in future doctors was developed and experimentally tested.

Keywords: upbringing, tolerance, the students of higher medical educational institutions, future doctors, pedagogical conditions, methods and forms of educational work.

Socio-economic and moral transformations taking place in Ukraine significantly increase requirements to students' training level at higher educational institutions. Students are the most sensitive to changes part of the society. Often students experience the feeling of exclusivity, arrogance. This leads to irritability, intolerance, aggression, interpersonal conflicts, lack of understanding of the surrounding reality. Uncompromise is typical of students. It often comes into conflict with the requirements of tolerance in social interactions. The lack of tolerance in the youth environment is becoming an important component of society psychological risk. That is why education and consolidation of tolerant behavior forms in students are becoming an important task of modern higher education.

The problem of tolerance becomes of particular relevance in the sphere of higher medical education. Pedagogical process at higher medical schools should facilitate not only the training of highly qualified doctors, who are able to determine the causes and consequences of the disease and on the basis of symptoms make

the diagnosis and give treatment recommendations, but also the education of spiritually developed individuals with well-formed moral and existential positions. The most important moral requirements to the physician that define the humanism of his profession are the following: to be ready to provide medical assistance, to tolerate the patient as an individual and take care of him, to possess the culture of interpersonal communication.

The purpose of our study was to develop pedagogical conditions and method of education of tolerance among students of higher medical educational institutions and test their effectiveness experimentally.

The specificity of tolerance as the doctor's professional quality consists in an understanding and respectful attitude to patients, their relatives, colleagues and other people involved in his professional activities; a desire to use all opportunities to restore and maintain human health regardless of patient's social status, racial or ethnic origin, religion, worldview. The doctor's tolerance manifests in empathy, emotional stability and a tolerant attitude towards physical and psychological features of a sick person. The rapid progress of modern medical science leads to an increased use of genetic engineering technologies, fertilization in vitro, human organs transplantation. The development of these branches of medicine is a challenge not only from the point of view of bioethics, but also from a position of tolerant attitude formation of those who have to improve and develop these new technologies. The handling of other urgent issues in medicine also requires the doctor's tolerance: treatment of HIV-infected people, fertility regulation, pregnancy interruption, use of painkillers in the case of fatal illnesses, euthanasia, religious care of a dying person.

Consequently, the conception of "tolerance of a future doctor" in our study was defined as a quality of personality manifested in willingness to deliberate actions aimed at the achievement of a humanistic relationship between doctor and other subjects of professional activities (patients, other doctors, nurses, etc.), the desire to preserve and extend the life of a person without causing additional suffering.

Having analyzed the existing scientific approaches to the tolerance structuring, we distinguished four components in the doctors' tolerance structure:

1. *Cognitive component*. It includes knowledge about tolerance, awareness of its ideas. It is regarded as a kind of informational field that describes the identity, relationships and behaviour of a person.

2. *Values component* - the semantic system of the doctor's personality, in which respect for the value of a person, his health and life occupies an important place. It is characterized by knowledge about the importance of the moral-humanistic values, norms and rules of doctor's professional activity; totality of motives of the medical practice, interest in it.

3. *Emotionally-empathic component*. It promotes the development of skills to exercise control over own emotional reactions and behaviour, the ability to empathize.

4. *Dialogical component*, which is based on the understanding of tolerance as a specific method. This component involves personal relationships and equality in communication, concentration on the needs of a communication partner, cooperation, free discussion and expression of ideas in dialogue, individual approach to personality.

On the basis of the above mentioned components the criteria for tolerance development among the students of higher medical educational institutions (cognitive, motivational-values, emotionally-empathic, communicative) and their indicators have been formulated. These criteria reflected the peculiarities of professional activity and individual characteristics of the health worker. This provided an opportunity to assess the level of tolerance formation among future doctors.

Cognitive criterion is composed of such indicators as awareness of the complexity, diversity of social and professional environment; understanding of the need of variability of its perception and assessment; knowledge of the characteristics and ways of professional activities regulation on the basis of medical ethics and deontology norms; generated ideas about professionally important qualities of a doctor.

Motivational-values criterion is characterized by the motivation of doctors' professional activity, their value orientations, striving to adhere to them in own behaviour; understanding and awareness of the tolerance importance as future doctors' professional quality; the intention to professional self-improvement.

Emotionally-empathic criterion is characterized by the degree of mastery of the mechanisms of adequate perception of interaction object on the basis of mutual understanding and emotional-valuable attitude, namely empathy; the ability to see the positive in a person; emotional stability. The essence of this criterion is love, interest and respect to others; the ability to be empathetic, show restraint and self-control.

Communicative criterion is characterized by the ability to establish rapport with the patient, listen and hear the interlocutor, adapt to him, hide or smooth unpleasant feelings that arise during the communication. It requires the skills of preventing the conflict and dealing with it.

According to the proposed criteria the characteristics of tolerance levels among future doctors were developed: the passive (low), the normative-situational (average), the active (high).

Students with the *passive level* of tolerance are characterized by reluctance to interact. Knowledge about the nature of tolerance is superficial or absent, values attitude to others is not formed. Future doctors with passive tolerance level are not able to show empathy, compassion, mercy. They don't take the opposite position of the patient, nor recognize his right to individuality and can't restrain negative emotions. Such doctors are unbalanced. Their motives of professional activity do not correspond to its inner content.

The *normative-situational level* of tolerance is determined by the fact that students are not sufficiently aware of future doctors' tolerance importance as professional quality. They are not always open to dialogue, cooperation and positive interaction; values attitude to others is formed fragmentary. Students with normative-situational level of tolerance have insufficient ability to hide or mitigate the negative emotions.

The *active level* of tolerance is characterized by versatile, in-depth knowledge of future doctors about its nature; the awareness of the complexity, diversity of social and professional environment; the ability to cooperate positively with people of different views; the sustainable values attitude to others. Within the active tolerance level it is manifested as a personality trait and an internal determinant of relationships with other people. Students with an active level of tolerance have active life position, interest in and respect to the other person. They are ready for dialogue, possessing not only medical, but also psychological and pedagogical knowledge. Also they are ready to provide patients with comprehensive information and assistance in any critical situation. The personality of future doctor with an active tolerance level is characterized by flexibility and sharpness of thinking, the interest to his professional activity, formed universal moral-humanistic values, high level mastery of norms and rules of professional behavior, intention to personal and professional self-education and self-improvement.

Taking into account these criteria and indicators, the diagnostics of the levels of tolerance at students of higher medical educational institutions were performed. In the experimental work 400 students of the first and second courses were included (208 of them were in the experimental group (EG), 192 were in the control group (CG)).

For a diagnostic research the methodology based on different questionnaires was developed. The questionnaires "Traits of tolerant personality" by A. Vinogradova [1] and express-survey "Tolerance index" by G. Soldatova [2, p. 46-51] were used to determine the levels of tolerance for the cognitive criterion. "Value orientation" ranking method by M. Rokich [3, p. 70-73] and diagnostics of the personality motivational tendencies by A. Mehrabian [4] were used to determine the tolerance levels for the motivational-values criterion. Diagnostics of general communicative tolerance by V. Boyko [3, c. 88-94] and motivational orientations in interpersonal communications by I. Ladan and V. Urasawa [5] were used to determine the tolerance levels for the communicative criterion. Questionnaire of American scientists A. Mehraban and M. Epstein [2, p. 72-76] was used to determine the levels of tolerance for emotionally-empatic criterion.

The results of the diagnostic study, conducted at the beginning of the experiment, allowed us to conclude that 6 (3,1%) students in the CG and 7 (3,4%) in the EG had the active level of tolerance. 139 (72,4%) students in the CG and 154 (74%) in the EG had the normative-situational level of tolerance. 47 (24,5%) students in the CG and 47 (22,6%) of them in the EG had the passive level of tolerance according to the above criteria. These results of the research demonstrated that students were missing a holistic understanding of tolerance as an important component of future doctors' professional skills. The lack of understanding of tolerance importance confirmed the fact that the set of evaluation criteria of the individual member of medical profession didn't include its characteristics. Only the individual students' judgments recorded such indicators of tolerance as affiliation, dialogue, empathy, responsibility, adherence to high moral standards of conduct, the expansion of life experience, their own active social position.

The detected features indicated narrow, one-sided students' understanding of the tolerance; the emergence of personal qualities deformation, which would affect the interaction of the "doctor-patient" in the early stages of professionalization. The

identified problems required psycho-pedagogical intervention aimed at increasing of tolerance level, the improvement and intensification of its upbringing conditions.

The analysis of psychological and pedagogical literature on the research problem and the state of practices gave us the reason to determine the complex of pedagogical conditions of tolerance upbringing in students of higher medical educational institutions: awareness of the importance of tolerance in the structure of professional qualities of a physician; the creation of tolerant educational environment in higher medical education; the focus of the pedagogical process at higher medical educational institutions on the formation of future physicians' needs in self-education.

The primary pedagogical task in the process of future physicians' tolerance upbringing is to create conditions for the realization of its significance as a special professional quality. Students need a clear frame of reference, which will lead them to realize the goals, objectives and specific nature of medical work. This guide is knowledge about universal values, which become the inner motive of the activity when they represent the spiritual world of a man: unite the feelings, thoughts, aspirations and desires that affect the life orientations of the personality.

An important role in tolerance education of future doctors plays an educational environment. That's why the second pedagogical condition was defined as the creation of the tolerant educational environment, which promotes the formation of socio-moral thinking based on humanistic values, affects the objective circumstances of students' life and the subjective basis of their personalities. In the tolerant educational environment forms a social experience is formed, the system of values is mastered and the system of internal control behavior standards is created.

The third pedagogical condition of tolerance was defined as the orientation of the pedagogical process in higher medical educational institutions on the formation of needs of future physicians in self-education. Improvement of students' preparation quality should be conducted by transforming them from passive observers into actors of their own professional development; learning the methods of self-development based on personal motives, interests, opportunities and life meaning. This approach significantly increases the role of students' self-education and this process pedagogical guidance, which main task is to help the young persons to carry out self-education – to understand the processes taking place in their psyche, learn to consciously control them, cause their motivation, set goals of self-improvement.

The corresponding methods were developed for realization of pedagogical conditions, which included the use of various educational technologies (student-centred, interactive, problem-based, reflexive, project) that combined a complex of forms, methods and techniques aimed at the upbringing of a tolerant personality.

According to the developed methodology, the process of tolerance education at students of higher medical educational institutions was organized in three stages: informational, correctional and stimulating, reproductive-analytical.

Methods of future physicians' tolerance upbringing included elements of socio-psychological training; psychological tasks; communicative exercises; tasks to master tolerant interaction, constructive behavior in conflict situations. Collective creative activities helped to find out students' own moral convictions and value orientations, understand the relationships between them. All these methods were used to reflect on alternative models of thinking and behaviour that would contribute to the formation of social sensitivity, development of self-esteem, ability to self-improvement and accumulated the students' positive experience of tolerant behavior.

Experimental work was carried during the classes and extracurricular activities of students: tutoring educational hours, the teaching process of foreign language courses, organization of students' scientific work, practical training, volunteer activities.

Comprehensive implementation of the pedagogical conditions and methods contributed to the effectiveness of education and distribution of skills of tolerant behaviour in various spheres of social relations. It also influenced the development of students' consciousness, the value orientations, the emotional-sensuous sphere, the ways of communication.

After the implementation of the pedagogical conditions and methods of tolerance education in medical students the control diagnostic study was carried out, identical to one conducted at early stage of experimental work. It allowed us to trace the dynamics of the tolerance levels among students in the experimental and control groups. During the period of the pedagogical experiment the percentage of students with the passive tolerance level in EG significantly decreased (16.3%), but the number of students with the active and normative-situational levels of tolerance increased - 10.5% and 5.8%, respectively. There were no significant changes in the levels of tolerance in the control group. Although there were some positive trends, they were minor in nature and did not reach the level of statistical significance.

The students of the experimental group had undergone significant qualitative changes in all criteria of the studied phenomenon: educational impact on the minds and motivational sphere of the future doctors had led to rethinking of their life values, which served as an efficient category of becoming mature, spiritually enriched personality characterized by a commitment to the establishment, preservation and strengthening of friendly relations with people, sensitivity, empathy, restraint, knowledge of dialogue building, ability to prevent and resolve conflicts constructively, understanding the thoughts of the interlocutor, desire for self-improvement.

The results of the experiment and its qualitative and quantitative analysis allowed us to confirm the correctness and effectiveness of the developed pedagogical conditions and methods of tolerance upbringing in students of higher medical educational institutions.

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