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Relationship of conflict resolution culture and personal characteristics of future doctors

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Abstract. *Introduction.* The article is devoted to the study of the relationship between conflict resolution culture and the personal characteristics of future doctors. *Aim.* The present research *aimed* to examine the relationship between the conflict resolution culture of medical university graduates and the key personality traits that influence a doctor's professional activities: trust and aggressiveness. *Methodology and research methods.* The testing method employed various psychological tools, including O. I. Shcherbakova's methodology for assessing the level of conflict resolution culture in individuals, J. B. Rotter's Interpersonal Trust Scale, and the Bass-Darkey test, a standardised questionnaire designed to measure aggressive and hostile reactions developed by A. Bass and A. Darkey. Descriptive statistics, correlation analysis, regression analysis, and factor analysis were utilised to process the data. The study sample consisted of 300 graduates from the medical faculty of Sechenov University, aged between 22 and 28 years. *Results.* Graduates exhibit an average level of conflict resolution culture (46.6), an average level of interpersonal trust (78.6), and elevated indices of hostility (52.73) and aggressiveness (53.09), along with a high level of resentment (59.58). Correlation analysis of the study data identified 14 statistically significant relationships between the components of conflict resolution culture and various forms of aggression; however, no statistically significant relationships were found with the level of interpersonal trust. The multiple regression model developed by the authors indicated that 22.8% of the high level of conflict resolution culture can be attributed to the low levels of physical aggression and suspicion. *Practical significance.* A significant contribution of this study is the identification of the relationship between conflict resolution culture and the personal characteristics of medical university graduates, such as trust and aggressiveness. This research lays the groundwork for developing programmes aimed at enhancing the professionally important personality traits of future doctors. It emphasises the prevention of aggressive behaviour, the cultivation of conflict resolution skills, and the promotion of effective communication with patients and colleagues, ultimately leading to an improvement in the quality of medical care.

Keywords: conflict resolution culture, personal characteristics, medical university graduates, aggressiveness, behavioural indices of hostility and aggressiveness, interpersonal trust, quality of health care

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Взаимосвязь конфликтологической культуры и личностных особенностей будущих врачей

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Аннотация. *Введение.* Статья посвящена исследованию взаимосвязи конфликтологической культуры и личностных особенностей будущих врачей. *Целью* работы является рассмотрение взаимосвязи между конфликтологической культурой личности выпускника медицинского вуза и наиболее важными в профессиональной деятельности врача качествами личности – доверием и агрессивностью. *Методология, методы и методики.* Был использован метод тестирования на основе таких психологических инструментов, как методика на определение уровня развития конфликтологической культуры личности О. И. Щербаковой, шкала межличностного доверия Дж. Б. Роттера, стандартизированный опросник измерения агрессивных и враждебных реакций А. Басса и А. Дарки. Для обработки данных использовались описательная статистика, корреляционный, регрессионный и факторный анализ. Выборка исследования - 300 выпускников лечебного факультета Сеченовского Университета в возрасте от 22 до 28 лет. *Результаты.* Выпускники обладают средним уровнем конфликтологической культуры (46,6), средним уровнем межличностного доверия (78,6), повышенным уровнем индексов враждебности (52,73) и агрессивности (53,09), высокой обидчивостью (59,58). В ходе корреляционного анализа данных исследования было выявлено 14 статистически значимых связей между компонентами конфликтологической культуры и различными видами агрессии, но статистически значимых связей с уровнем межличностного доверия зафиксировано не было. Построенная авторами множественная регрессионная модель выявила, что высокий уровень конфликтологической культуры на 22,8 % обусловлен низким уровнем физической агрессии и подозрительности. *Практическая значимость.* Значимым вкладом данного исследования является выявление связей конфликтологической культуры с личностными особенностями выпускников медицинского вуза, такими как доверие и агрессивность. Исследование закладывает основу для разработки программ по развитию профессионально важных качеств личности будущих врачей, профилактике агрессивного поведения, развитию навыков конфликтологической культуры и ее трансляции при общении с пациентами и коллегами, результатом чего служит улучшение качества медицинского обслуживания.

Ключевые слова: конфликтологическая культура, личностные особенности, выпускники медицинского вуза, индексы враждебности и агрессивности, межличностное доверие, качество медицинского обслуживания

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Relación entre la cultura de resolución de conflictos y las cualidades personales de los futuros médicos

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Abstracto. *Introducción.* El artículo está dedicado al estudio de la relación entre la cultura de resolución de conflictos y las cualidades personales de los futuros médicos. *Objetivo.* El objetivo del trabajo es considerar la relación entre la cultura de resolución de conflictos que posee el graduado de la facultad de medicina y los rasgos de personalidad más importantes en la actividad profesional del médico: confianza y agresividad. *Metodología, métodos y procesos de investigación.* Se utilizó el método de prueba basado en herramientas psicológicas como la metodología para determinar el nivel de desarrollo de la cultura de resolución de coflictos del individuo de O. I. Shcherbakova, la escala de confianza interpersonal de J. B. Rotter y el cuestionario estandarizado para medir reacciones agresivas y hostiles de A. Bass y A. Darkey. Para procesar los datos se utilizó la estadística descriptiva, correlación, regresión y análisis factorial. La muestra de estudio se llevó a cabo con la participación de 300 graduados de la facultad de medicina de la Universidad Sechenov con edades comprendidas entre 22 y 28 años. *Resultados.* Los graduados poseen un nivel medio de cultura de resolución de conflictos (46,6), un nivel medio de confianza interpersonal (78,6), un mayor nivel de índices de hostilidad (52,73) y agresividad (53,09) y un alto resentimiento (59,58). Durante el análisis de correlación de los datos de la investigación, se identificaron 14 conexiones estadísticamente significativas entre los componentes de la cultura de resolución de conflictos y varios tipos de agresión, pero no se registraron conexiones estadísticamente significativas con el nivel de confianza interpersonal. El modelo de regresión múltiple construido por los autores reveló que el alto nivel de cultura resolución de conflictos es del 22,8% debido al bajo nivel de agresión física y sospecha. *Significado práctico*. Una contribución significativa de este estudio ha sido la identificación de la relación existente entre la cultura de resolución de conflictos y las cualidades personales de los graduados de la facultad de medicina, como lo son la confianza y la agresividad. El estudio sienta las bases para el desarrollo de programas para el desarrollo de rasgos de personalidad profesionalmente importantes de los

futuros médicos, la prevención del comportamiento agresivo, el desarrollo de habilidades de gestión de conflictos y su reflejo en la comunicación entre médicos, pacientes y colegas, lo que da como resultado una mejor calidad de atención durante la consulta médica.

Palabras claves: cultura de resolución de conflictos, cualidades personales, egresados de facultades de medicina, índices de hostilidad y agresividad, confianza interpersonal, calidad de la atención médica

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Introduction

According to the FSES HE[1] for the speciality "General Medicine", a graduate student must possess universal competencies such as the ability to engage in business communication and social interaction. Therefore, the educational programme of a medical university should prioritise the development of these competencies. It is evident that the professional communication skills of future doctors should be constructive, conflict-free, and confidential. Conflict resolution competence should serve as the foundation for cultivating essential professional qualities in graduates of medical universities.

In this regard, the study of the level of conflict resolution culture, its relationship with the personal characteristics (aggressiveness and interpersonal trust) of medical university graduates studying in the speciality "General Medicine" is especially relevant.

V. I. Panov, M. M. Kashapov, M. V. Chumakov and colleagues reveal the concept of aggressiveness in direct connection with the formation of the Conflict resolution skills in future doctors [1]. According to the authors, aggressiveness is an indicator of a tendency towards conflict behaviour.

It should be noted that in our work, for the first time, interpersonal trust is considered in the context of the formation and development of the conflict resolution culture of the personality of medical university graduates. The need to address the concept of a conflict resolution culture of personality in the context of the practical significance of the professional activities of medical university graduates is determined by the fact that a developed conflict resolution culture of a personality can contribute to the tolerant resolution of controversial situations, the preservation and strengthening of the therapeutic alliance between a doctor and a patient. In this case, purposeful work is required to systematise theoretical knowledge and organise psychological research, in the conditions of which it is possible to consider the relationship between conflict resolution culture and

[1]The Federal State Educational Standard of Higher Education – specialist in the speciality 31.05.01 General Medicine. Portal GARANT.RU. Accessed February 21, 2024. https://base.garant.ru/74566342/53f89421bbdaf741eb2d1ecc4ddb4c33/

personality traits (interpersonal trust and aggressiveness) of medical university graduates, future doctors in the speciality "General Medicine".

The aim of the work was to study the relationship between conflict resolution culture and the personal characteristics of medical university graduates.

The following research questions guide the study:

1. To what extent has the conflict resolution culture of medical university graduates been formed?
2. What level of interpersonal trust do graduates have?
3. To what extent is the index of hostility and aggressiveness present in graduates?

The research hypothesis is based on the statement that there is a relationship between the indicators and the level of formation of the conflict resolution culture of medical university graduates and personal characteristics such as interpersonal trust and aggressiveness.

The limitations of this article are expressed by the following theses: in modern conditions, there is no single point of view on the concept of "conflict resolution culture," which we consider based on the concept of conflict resolution culture by O. I. Shcherbakova. This study examines the relationship between conflict resolution culture and personal development characteristics such as interpersonal trust and aggressiveness.

In addition, the limitations of this study are the heterogeneity of the sample: there are almost twice as many girls in the study as boys, which could have a slight impact on the interpretation of the results and the formulation of conclusions.

Literature Review

O. I. Shcherbakova, the Russian researcher of the problem of the formation of conflict resolution culture and the development of a model of conflict resolution culture from the perspective of a contextual approach, notes that the concept of "conflict resolution culture of a specialist's personality" should be understood as an integrative quality. This quality includes a sense of context, behavioural and communicative culture, culture of feelings and thinking, as well as culture of the value-semantic sphere. Behavioural culture implies the presence of values such as personal autonomy, freedom, responsibility, and self-realisation. The good development of these traits among specialists in helping professions allows conflicts to be resolved constructively. In the context of conflict resolution culture, the highest level of conflict resolution training of an individual should be understood [2]. O. I. Shcherbakova's methodology is based on the principles of the theory of contextual learning. At the same time, the author says that "the theory of contextual learning acts as a conceptual basis for creating a contextual educational environment, where an effective process of formation and development of a conflict resolution culture of a specialist's personality can be organised. It includes: the design of the educational space and the design of the premises, promoting the active inclusion of the student in mastering the future profession; educational equipment; attitude to students as

equal subjects of activity; the style of cooperation between teachers and students; the reasonable use of complexes of traditional and new pedagogical technologies (workshops, business and role-playing games, trainings, case solutions and others). In such conditions, educational information and the learning process acquire a personal meaning for the student, the information turns into the student's personal knowledge" [2, p. 305].

O. I. Shcherbakova emphasises that there are "a number of contradictions on the way to forming a conflict resolution culture of the personality of a future specialist. These are the contradictions between:

– the relevance and demand for the formation of a conflict resolution culture as an organic component of a professional's personality culture and the lack of meaningful psychological and pedagogical characteristics of this concept, as well as methods for diagnosing the levels of its formation;

– the presence of theoretical research and practical developments concerning the construction of a contextual educational environment, and the absence of a psychological and pedagogical model for the development of a conflict resolution culture of the personality of a future specialist in it" [2, p. 8].

Foreign researchers M. Soleimani and S. Yarahmadi consider the concept of cultural competence as one of the components of the formation of a conflict resolution culture. The authors believe that it includes involvement in work and empathy [3].

According to the document submitted by the Ethics Committee of the American College of Obstetricians and Gynecologists (ACOG[1]), one of the main professional qualities of a doctor is the ability to resolve a conflict without violating ethical standards.

It is important to be able to maintain the doctor-patient alliance, while conflict resolution should include an examination of the causes of conflict, realistic definition of expectations and clear formulation of goals.

The fulfillment of these requirements implies that medical university graduates have a developed personality conflict resolution culture, which, based on this document, should play a leading role in the work of a medical specialist.

A professional in this field should have the ability to manage conflicts with the patient without destroying the therapeutic alliance.

R. M. K. D. Gunasingha, H. J. Lee, C. Zhao and A. Clay in the course of studies in which conflict situations were simulated, found that future doctors often use the "adaptation" style. Female doctors are able to resolve conflicts faster than their male counterparts. For this, women use active partner behaviour, in which emotional intelligence plays a major role [4].

A similar idea is being developed by J. Milton, E. A. Andersson, N. D. Åberg and colleagues, who believe that mutual understanding is a condition for conflict-free communication. In addition, the harmonious interaction between the doctor and

[1]Ethical approach for managing patient-physician conflict and ending the patient-physician relationship. Committee Statement. No. 3. American College of Obstetricians and Gynecologists. Obstetrics & Gynecology. 2022;140:1083–1089.

the patient is determined by the general mental model of the specialist, his/her conflict resolution culture, the main qualities of which are responsibility, professional competence and interpersonal attitude (perception of each other) [5].

In their research, B. Delak and K. Širok postulate the idea of the need to develop a conflict resolution culture in the healthcare system, since the ability to manage conflicts "plays an important role in providing quality medical care and effective teamwork" [6]. In their opinion, the resolution of contradictions is usually possible if a person is listened to and trusted. Accordingly, the question arises about the relationship between the level of conflict resolution culture and interpersonal trust.

In her works, T. P. Skripkina pays special attention to such a psychological phenomenon as trust. Trust is a fundamental condition for human interaction with the world [7]. Interpersonal trust is the fundamental basis for further interaction in the field of "person-to-person" professions. Interpersonal trust allows you to form respect, satisfaction from communication and goodwill. According to M. E. Sachkova and L. E. Semenova, the formation of interpersonal trust begins already during the training of medical students [8, 9]. In addition, it should be noted that the ability to trust oneself, colleagues, and patients is important for a doctor, which contributes to the formation of such qualities in a patient as responsibility for the treatment process, confidence in a medical specialist, treatment methods, and a positive result of treatment.

Interpersonal trust as a psychological phenomenon is sought to be explained by many researchers both in foreign and Russian science. In our opinion, to present a complete picture regarding the dynamics of the formation of trust, the work of M. V. Moiseeva, who writes that trust must be considered as one of the important conditions for the development and change of a person himself/herself, seems interesting. It performs fundamental functions in human life. Trust is always a two-way process [10]. Representatives of the psychoanalytic approach have made a great contribution to the study of trust in others; in particular, E. H. Erikson, in his "Epigenetic concept of personality development", considered "basic trust in the world" and "basic distrust in the world." The formation of "basic trust in the world" begins at the stage of age-related development, which the author calls infancy and is a fundamental quality of a mature personality [11].

According to N. V. Annenkova, trust is a personal quality and a sense of affection for others that determines the nature of further relationships [12]. This phenomenon is considered as a psychological property, feeling, attitude, mood, specialist competence, a form of personality orientation, the process of social exchange and information transfer. Trust is accompanied by feelings of safety, kindness, belonging to a group and awareness of oneself as part of the world. The formation of trust in the world and others begins in the first year after a person's birth. The formation of one's own "I" as the basis of self-government, self-awareness and self-control occurs precisely in the context of trust [13]. Y. R. Abdulkadir develops a similar idea; adding to the list of personal experiences accompanying trust, he highlights unconditional faith in the positive essence of another person [14]. However, trust in others cannot

exist without trust in oneself. Therefore, according to E. L. Malinovskaya, the fundamental basis of trust in others is a trusting attitude towards oneself as an individual. The author believes that the concept of "trust" should be considered as a factor in the development of interpersonal relationships, where there are common goals, mutual benefit and a sense of success, the criterion of which is the level of trust [15].

V. V. Goncharova and I. V. Zavgorodnyaya consider trust to be an integral indicator of the system of human interaction with the world. In their opinion, trust ensures the stability and integrity of the individual in the uncertainty of modern life [16]. At the same time, researchers V. A. Prokhoda and I. A. Zelenev note that there is currently a problem of loss of trust in modern society. Therefore, the entry of the category "trust" into the scientific paradigm is explained by the awareness of this particular situation [17]. Consideration of the main approaches to the phenomenon of "trust" is given in the work of A. M. Almakaeva, in which she notes that there are many definitions of trust. According to the Global Trust Base, there are about 30 of them. Based on the idea of the Canadian researcher Stolle D., who suggests dividing all approaches to trust into three groups, A. M. Almakaeva writes about the importance of such a division, since understanding the nature of generalised trust and the choice of indicators measuring it depend on the theoretical approach. The following three approaches can be considered. The first approach – strategic or rational concepts (by T. Yamagishi); the second approach – concepts based on group identity (by H. Tajfel, J. Turner); the third approach – concepts based on moral norms (by E. Uslaner, F. Fukuyama) [18]. Based on the requirements of the educational standard for medical university graduates, it is important for us to form moral norms among medical students, which should be basic in the professional activity of a doctor, as well as in all helping professions. The attitude towards a sick person should be basic, it is necessary to be attentive to the needs of patients. It is possible to form such an attitude if one influences the development of indicators of a conflict resolution culture, a culture of feelings, a culture of thinking, a culture of behaviour, and a communicative culture. Within this context, the third approach associated with concepts, which are based on moral norms, should be considered.

E. M. Uslaner considers such a concept as moral trust, which he describes as faith in people whom we do not know, but accept into our moral community. The foundation for building it is the common moral standards with these people and the value of what I can trust. It does not depend on our life experience. It is this type of trust that binds us to others. In his opinion, people with moralistic trust are more likely to volunteer their time, donate to charity, be tolerant of others and provide support to the less fortunate [19]. A. M. Almakaeva in her work quotes E. M. Uslaner as follows: "They may not look like us, they may have a different ideology or religion, but we believe that we are united by common values, therefore, it is no longer so risky to believe them. If we share a common destiny, strangers are unlikely to try to abuse our kindness" [18]. Conceptually, the views of another researcher of the phenomenon of trust, who is F. Fukuyama, can be integrated into this approach. He defines trust as "the expectation that community members have that other mem-

bers will behave more or less predictably, honestly and with attention to the needs of others, in accordance with some general norms" [20]. The positions listed in this approach are very important in the process of building relationships in the "doctor-patient" dyad and can influence the dynamics of the patient's recovery and the satisfaction of the doctor himself from performing his professional activities.

Other researchers in the field of trust, D. Lewicka and A. Zakrzewska-Bielawska, argue that trust is almost impossible to operationalise, due to a variety of theoretical approaches to this construct and factors that may contribute to different understanding of the same aspect of trust by respondents, for example: subjectivism, difference in perception and cognitivism [21]. I. A. Zelenev emphasises that trust is studied through the prism of generalised trust, which is relevant to many areas of human activity that are in contact with social society. In general, trust is the result of the realisation of a person's personal potential and subjective well-being. The vector of trust in interpersonal relationships is the subjective well-being of the individual [17]. A similar idea is being developed by D. Lewicka and A. Zakrzewska-Bielawska. They view trust through the prism of faith in positive intentions of others. The essence of trust is to have a positive connotation and is seen as a valuable resource of relationships. In other words, the core of trust is the subjective well-being of the individual [21].

M. Mooijman offers a different point of view on the nature of trust. He believes that the level of trust determines power, that is, the higher the power of an individual, the higher the level of trust in him/her and vice versa. Moreover, the dynamics of power increase mutual trust and distrust as people believe that having power means making decisions based on inclinations, not on the situation [22].

According to L. D. Williamson and A. Tarfa, trust in medical workers is based on the patient's sense of safety [23].

The features of a trusting relationship with a doctor are his/her benevolence, empathy, the ability to establish contact with a patient, the ability to convince, openness to cooperation, willingness to listen, etc. At the same time, trust is a component of the professional reputation of a medical professional, as it reflects the practice of interpersonal relations of a specialist [9].

C. Capotescu calls the long-term interaction of the patient with the doctor an important criterion for the development of trust in the relationship between them [24].

Z. Chegini, L. A. Anderson and D. H. Thom and colleagues found that trust between a patient and a doctor is the fundamental basis of a trusting relationship with the doctor in general [25, 26, 27].

Therefore, during the educational process, it is necessary to form such professionally important qualities in medical students as the ability to win over the patient and form a trusting attitude towards himself/herself as a professional.

In other words, trust in the field of medicine between a professional and a patient reflects the confidence of the person seeking medical help that the doctor has the necessary level of competence and is interested in the high-quality performance

of his/her professional duties. Such a belief gives patients self-confidence and confidence in a medical professional, and also forms in the patient the expectation of appropriate behaviour from a medical professional [28, 29].

Accordingly, we can say that confidence in the competence of a doctor is one of the main components of forming a patient's basic trust in a doctor as a professional. The primary task of the educational process of a medical university is the development of the necessary knowledge and skills in specialised disciplines and the formation of the necessary professional competencies on their basis in accordance with state standards of medical care to the population.

L. E. Semenova, M. E. Sachkova and N. V. Karpushkina define trust in a future doctor as the psychological side of communication, the content of which includes respect for the medical professional, the patient's willingness to follow prescribed recommendations, perform certain actions, openly interact and provide the necessary information. Trust promotes further cooperation between the patient and the doctor, which effectively affects the process of his/her treatment [9]. It can be argued that medical students' trust, as a professionally important quality, should be formed by the time they graduate from university, since not all graduates continue their studies in residency and most go on to gain practical experience.

Another opinion is presented by W. Rogers, A. Ballantyne They emphasise that the phenomenon of "trust" in the context of medicine should be considered not as a component of interpersonal communication, but as something more, social, since the doctor represents the healthcare system [30].

In addition, K. Friberg and co-authors note that trust should be considered as "a variable phenomenon that has a great impact on development opportunities, both at the individual level and at a more abstract system level" [31].

According to L. E. Semenova and M. E. Sachkova, in the modern world, with the increasing importance of the medical profession, ethical standards are devalued. In addition, from the point of view of people, the image of a doctor is formed in the context of a number of factors, which include the experience of communicating with representatives of the medical profession [8].

According to M. E. Sachkova's and L. E. Semenova's research, future doctors and humanities students have almost the same level of trust in others and it is at an average level [8]. It can be assumed that the respondents' low rates of formation of professional competencies corresponding to the development of the skill of trust in colleagues and patients is due to the fact that educational programmes do not pay sufficient attention to this problem.

K. D. Konlan, J. A. Abdulai, J. A. Saah et al. believe that the medical profession is specific and a doctor needs to possess a developed conflict resolution culture and trust, and aggression is contraindicated due to the fact that conflict situations often arise, both with patients and between employees of a medical institution. At the same time, there are positive consequences of conflicts, namely, the medical staff follow the instructional rules better and develop their creative potential. However, there are negative consequences of conflicts in healthcare: low productivity, poor

patient service delivery and disappointment in people [32]. Currently, there are a large number of definitions of the concept of aggression and aggressiveness proposed by various authors.

Based on this, we will consider the understanding of aggression and aggressiveness in the context of the need to cultivate a conflict resolution culture among future doctors. A. A. Khvan, Yu. A. Zaitsev, Yu. A. Kuznetsova, considering the problem of standardisation of the legendary questionnaire of American psychologists A. Bass and A. Darki, write that A. Bass suggests understanding aggressiveness as a personality trait, which is characterised by the presence of destructive tendencies, mainly in the field of subject-subject relations. The authors made the conclusion based on many years of research and analysis of scientific works available at that time in the study of personality aggression. In particular, A. Bass discussed how various authors reveal this phenomenon: D. Dollard and N. Maller, E. Fromm and K. Horney – the individual's reaction to an external threat; L. Morrison – the desire for power; R. Ardrey and K. Lorenz – the innate reaction of an individual to protect his/her own borders. Based on this, A. Bass and A. Darki expanded the understanding of aggression by characterising its quantitative and qualitative indicators. Aggression is considered as a specific form of behaviour, and aggressiveness is considered as a stable personal quality, expressed in the tendency to perceive and interpret the behaviour of another as hostile, and, as a result, to be ready for aggression or to show it [33]. Russian researchers E. G. Shestakova and L. Ya. Dorfman, examining the phenomena of aggression and aggressiveness, say that aggressive behaviour can be understood in two ways: it is a form of behaviour aimed at harming another person, and a form of behaviour aimed at overcoming obstacles without the intention to harm [34]. In our opinion, the authors' idea is very important in training of future doctors, since we can consider this thesis from the point of view of their future professional behaviour towards patients, the readiness of medical university graduates to adequately perceive the aggressive behaviour of people around them. The need for such readiness is indirectly reflected in the work of A. A. Rean, who writes that the cause of aggressive actions is not always the aggressiveness of the individual. The author draws our attention to the fact that a person's aggressiveness does not always manifest itself in open aggressive actions [35]. Medical university graduates' readiness to build relationships correctly in the "doctor-patient" dyad, and as a result, to adequately respond to manifestations of aggressive behaviour of the patient, is a necessary condition for the successful practice of a doctor. J. Lickiewicz, P. Jagielski, P. P. Hughes reflect a similar idea in their study. They note that such a phenomenon as patient aggression directed at medical personnel, including medical students during their internship, is becoming an increasingly important problem. The authors suggest conducting special training programmes for students on violence management in order to minimise this phenomenon [36].

At the same time, D. Lewicka and A. F. Zakrzewska-Bielawska emphasise that certain relationships arise in the context of trust, which helps to reduce tension and conflict between interacting subjects [21]. This leads to an important conclusion

that the manifestation of trust serves as a condition for reducing the aggressiveness of medical personnel, as well as the basis for the development of a conflict resolution culture in a personality.

According to the research by M. A. Sergeeva, T. A. Smakhtina, I. R. Shagina et al., medical university students with autoaggressive behaviour tend to be uncommunicative, conflictual and suspicious [37] as an indicator of distrust of others, and possibly a decrease in the basic culture of the individual, an integral part of which is the conflict resolution culture.

Since the latest version of the Federal State Educational Standard, which requires future doctors to have developed abilities to carry out business communication and carry out social interaction to achieve this, it is important to develop indicators of a conflict resolution culture, such as a culture of feelings, communicative culture, culture of thinking, and behavioural culture. On the one hand, medical university graduates should have low levels of aggressiveness, and, on the other hand, correctly perceive and respond to manifestations of aggressive behaviour of the patient.

Thus, in the professional activity of any doctor, a conflict resolution culture and the ability to establish trusting, non-aggressive relationships with patients are among the fundamental professionally important qualities of an individual. Theoretical analysis of research shows that most studies describe doctors who are already carrying out their professional activities or medical students who still have a long way to go in medical university, and we consider medical university graduates, namely 6th year students studying in the last term. In our opinion, this is an important social group, on the one hand, it has the latest knowledge and technologies, and on the other hand, having no experience of interacting with patients, many of them go to work in the primary health care unit in a polyclinic, where the greatest intensity of interaction is noted, and in a situation of forced communication. The study of the relationship between the conflict resolution culture and the personal characteristics highlighted by us is important, since it will allow us to more fully form an educational programme for medical university students in order to develop the necessary competencies in future doctors necessary for effective professional activity.

Methodology, Materials and Methods

The relevance of the study of the conflict resolution culture among medical university graduates in the system of higher professional education is due to the increasing requirements for the professional competencies of medical personnel. The conflict resolution culture of a specialist's personality is of particular importance, it becomes one of the professional standards of a modern doctor of any profile due to the high conflictogenicity of the professional environment.

Study Sample. The study was organised and conducted to test the hypotheses data; medical university graduates of the speciality "General Medicine" of the Institute of Clinical Medicine of the I. M. Sechenov First Moscow State Medical Univer-

sity (Sechenov University) took part in the study. The total number of respondents was 300 students; this sample represents a typical group of graduate students of medical faculty. This makes it possible to confidently extrapolate the results of the study to a wider general population. The age of the respondents ranged from 22 to 28 years ($M = 21.4$; $SD = 0.81$). The study, in which respondents were tested, was carried out in 21 student groups on a voluntary basis after or before classes, in agreement with the student group. In each group, one teacher in a separate classroom distributed special forms to students, where answers to all methods and personal data were entered. The diagnostic complex included the following set of techniques: the methodology for determining the conflict resolution culture in a person by O. I. Shcherbakova [2]; the methodology for determining the level of aggressiveness by A. Bass and A. Darki (adapted in Russian by A. A. Khvan, Yu. A. Zaitsev and Yu. A. Kuznetsova) [34]; the Scale of Interpersonal Trust by J. B. Rotter (adapted in Russian by S. G. Dostovalov, 2000) [38].

A diagnostic package with methods for each group was prepared. A list of methods was printed out for each student. After processing the data, indicators were entered into the table in order to further process them using mathematical statistics methods. At the request of students, feedback on the results of the study was provided, as well as psychological advice. Groups of graduate students in this speciality are small (13–17 people), which makes it possible to create a favourable psychological atmosphere and carry out a high-quality diagnosis. Oral consent was obtained from each subject to conduct the study. Diagnostics was carried out in 2 stages. At the first stage, which took place in the 2023/24 academic year, about 100 respondents were tested; at the second stage in the 2024/25 academic year, about 200 people were tested.

O. I. Shcherbakova's methodology for determining the conflict resolution culture of a person contains 12 pairs of judgments reflecting various aspects of conflict resolution culture of a person culture. The judgments presented in it relate to human behaviour, both in conflict situations and in connection with solving emerging problems in interpersonal interaction. The content of the judgments concerns self-regulation of the emotional state, understanding the opponent's state and experiences, striving for positive relationships, and communicative self-regulation. The technique is designed to identify how a person behaves and feels in a conflict situation.

Scale of Interpersonal Trust allows us to measure the level of social (interpersonal) trust, which consists of a person's trust in others, the professional community and society as a whole. This scale consists of 25 statements.

To determine the level of aggressiveness, Bass A. and A. Darka [34] developed the methodology, which is intended for diagnosing aggressive and hostile reactions. Aggressiveness is understood as a personality trait characterised by the presence of destructive tendencies, mainly in the field of subject-object relations. Hostility is understood as a reaction that develops negative feelings and negative evaluations of people and events. The methodology consists of 75 statements and identifies the

following types of aggression: physical, indirect, irritation, negativism, resentment, suspicion, verbal, guilt.

The validity of all questionnaires has been confirmed. The implementation of the goal of our research implied the use of methods of mathematical statistics. The following were used: one-way analysis of variance (ANOVA), correlation analysis, multiple linear regression analysis.

Results

We analysed the results of descriptive statistics for the studied indicators. Data reflecting the average values for the integral indicator of the conflict resolution culture of a person and its four components (communicative culture, culture of feelings, behaviour and thinking); average values for interpersonal trust; average values for various types of aggression, as well as indices of hostility and aggressiveness are presented in Table 1.

Table 1

Results of descriptive statistics for the studied indicators

Indicator	Minimum	Maximum	Average value	Standard deviation
Methodology of conflict resolution culture of a person by O. I. Shcherbakova				
Culture of feelings	3	21	10,09	4,933
Communication culture	3	17	9,75	3,773
Culture of thinking	4	21	13,01	4,592
Behavioural culture	6	21	13,56	4,222
Conflict resolution culture of a person culture	20	69	46,61	9,341
The Scale of Interpersonal Trust by J. B. Rotter				
Interpersonal trust	25	100	78,60	6,889
The Bass-Darkey Aggression Level Questionnaire				
Physical aggression	0	80	53,13	19,203
Verbal aggression	8	88	53,31	22,585
Negativism	0	80	52,60	20,164
Sense of guilt	11	88	58,45	20,142
Indirect aggression	11	77	52,84	20,070
Irritability	9	81	36,52	23,945
Suspicion	0	90	45,87	23,268
Resentment	0	91	59,58	23,159
Hostility Index	0	90,5	52,73	22,301
Aggressiveness index	6,33	81,67	53,09	19,024

The table shows that the conflict resolution culture of graduates – future doctors corresponds to the average level, the lowest indicator for graduate students is in communicative culture, and the highest indicator is in behavioural culture.

The table shows that the most expressed type of aggression was *resentment* (59.58), which corresponds to *a high level.*

Such types of aggression follow: indirect aggression (52.84), suspicion (45.87), and sense of guilt (58.45), the points obtained correspond to *an increased level.*

Indicators of physical aggression (53.13) and verbal aggression (53.31) correspond to *the lower limit of the increased level*. Indicators of such types of aggression as negativism (52.6) and irritability (36.52) correspond to *the lower limit of the increased level.*

Of all types of aggression, such an aggressive reaction as irritability is less represented (36.25), which corresponds to *the average level.*

The largest number of complaints from patients against doctors is associated with the manifestation of hostile and aggressive reactions in their behaviour. In our study, the indices of hostility (52.73) and aggressiveness (53.09) also correspond to *an increased level.*

The distribution of respondents by levels of hostility and aggressiveness is presented in Figures 1 and 2.

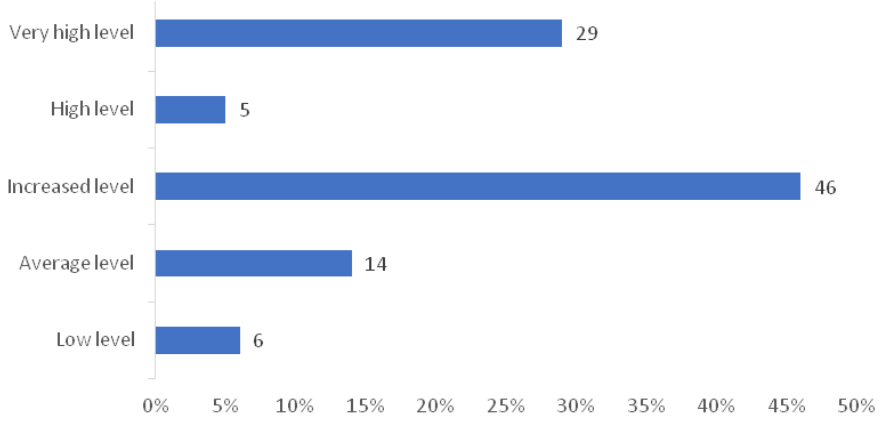

Fig. 1. Distribution of the respondents by level of hostility, %

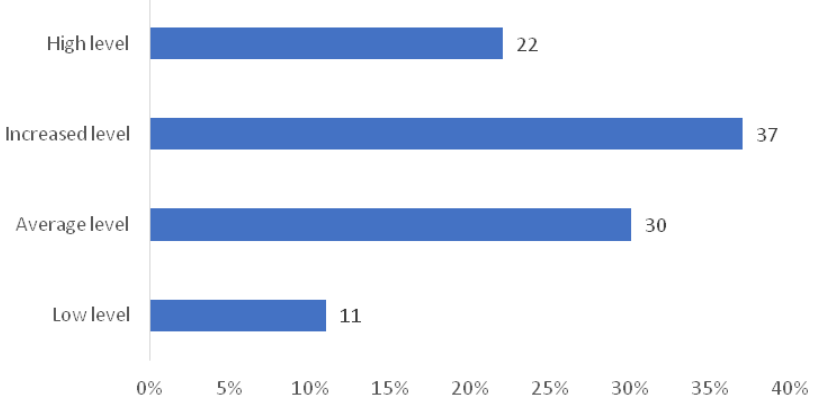

Fig. 2. Distribution of the respondents by level of aggressiveness, %

We observe hostility and aggressiveness at an elevated level in the majority of graduate students receiving the speciality of a doctor (46% and 37%, respectively), in about a third of all the respondents, hostility is at a very high level (29%). The average level of aggressiveness was determined in 30% of graduates, the average level of hostility is demonstrated by 14% and the high level of aggressiveness is observed in 22%, graduates with low and high levels of hostility are less common (6% and 5%, respectively), and only 11% with a low level of aggressiveness.

The average values according to the method of interpersonal trust by J. B. Rotter correspond to the average level (78.6).

The distribution in the sample is different from normal (Kolmogorov-Smirnov criterion, $p < 0.05$), as a result of which non-parametric methods of statistical inference were used, as independent of the distribution.

Table 2 presents the results of the correlation analysis (Ro-Spearman). Negative correlations were found at high levels of significance of the culture of feelings, communicative culture and conflict resolution culture in general with aggressiveness and its components. No significant correlations of conflict resolution culture and its components with interpersonal trust were found, as well as significant correlations of aggressiveness with the culture of thinking and behavioural culture. The table shows only statistically significant relationships.

Table 2

Correlation matrix of links between conflict resolution culture and personal characteristics (aggressiveness and interpersonal trust) of medical university graduates

Indicator		Culture of feelings	Communication culture	Conflict resolution culture
Physical aggression	*Ro*	-0,758**	-0,113*	-0,400**
	p	< 0,001	0,050	< 0,001
Verbal aggression	*Ro*	-0,780**		-0,392**
	p	< 0,001		< 0,001
Negativism	*Ro*	-0,668**	-0,160**	-0,382**
	p	< 0,001	0,005	< 0,001
Sense of guilt	*Ro*	-0,754**		-0,359**
	p	< 0,001		< 0,001
Indirect aggression	*Ro*	-0,708**	-0,139*	-0,396**
	p	< 0,001	0,016	< 0,001
Irritability	*Ro*	-0,782**	-0,117*	-0,403**
	p	< 0,001	0,043	< 0,001
Suspicion	*Ro*	-0,802**		-0,404**
	p	< 0,001		< 0,001
Resentment	*Ro*	-0,762**		-0,374**
	p	< 0,001		< 0,001
The Hostility Index	*Ro*	-0,753**		-0,371**
	p	< 0,001		< 0,001
The aggressiveness index	*Ro*	-0,777**	-0,120*	-0,408**
	p	< 0,001	0,038	< 0,001
Interpersonal trust	*Ro*	-0,053	-0,024	-0,064
	p	0,357	0,683	0,269

Note: ** – correlation is significant at the level of $p \leq 0.01$

* – correlation is significant at the level of $p \leq 0.05$

To determine the degree of contribution of the parameters of aggressiveness and interpersonal trust to the variability of the values of the conflict resolution culture of the respondents, a multiple regression model was built. The predictors in the model were such indicators of aggressiveness as physical aggression and suspicion, and the criterion was the general indicator of conflict resolution culture (Durbin-Watson criterion = 1.744). The remaining indicators of aggressiveness and the indicator of interpersonal trust do not have a significant impact on the change in the values of conflict resolution culture. It was revealed that the high level of conflict resolution culture by 22.8% is due to the low level of physical aggression and suspicion among the respondents (Table 3). With the sequential inclusion of predictors, the highest contribution of the indicator of physical aggression was revealed (21.4%).

Table 3

Assessing the contribution of aggressiveness indicators to the variability of conflict resolution culture values

Predictor	Regression coefficient	R2	F	p	The Durbin-Watson criterion / Durbin-Watson test
Conflict resolution culture					
Constant	58,285		43,915	< 0,001	1,744
Physical aggression	-0,155	0,214			
Suspicion	-0,075	0,228			

Further, using a one-factor analysis of variance (with nonparametric Welch correction), it was found that there are significant differences in the severity of conflict resolution culture and its components, such as the culture of feelings, among respondents, depending on their level of aggressiveness (Welch, $p < 0.001$). There were no differences in the severity of communicative culture, culture of thinking and behavioural culture relative to the level of aggressiveness of respondents (Welch, $p > 0.05$). The analysis of a posteriori criteria revealed that when compared in pairs during a factor experiment, there is a decrease in the severity of conflict resolution culture and its component, such as the culture of feelings, with an increase in the level of aggressiveness of respondents (Tamhain, $p < 0.05$).

Discussion

During testing on the questionnaire for determining the level of conflict resolution culture of a person by O. I. Shcherbakova, it was found that the majority of the respondents who took part in the study had an average level of conflict resolution culture. The author of the methodology suggests considering conflict resolution culture as an integrative personality quality, which includes four main components: culture of thinking, culture of feelings, communicative culture, and behavioural culture. Higher scores among graduate students were recorded on the scales of behavioural culture and culture of thinking. Based on O. I. Shcherbakova's interpretation of these components of conflict resolution culture in her work, the results obtained indicate that, in general, future doctors who participated in the study have

highly developed cognitive abilities for analysing situations and reflecting on individual behaviour. This will enable them to reject asocial and aggressive actions, thereby reducing destructive behaviours during social interactions. These findings align with the professional competencies expected of future doctors [2].

Thus, it can be assumed that most future doctors have a developed ability to act and solve emerging problems in such a way as not to lead the situation to a conflict or, if it arises, to prevent escalation.

During testing on J. B. Rotter's Interpersonal Trust Scale, the absolute majority of medical school graduates recorded an average level of interpersonal trust (78.6). Most students are confident that, as a rule, people will not intentionally harm each other and, if possible, will take into account the interests of others. However, many of them prefer to be on guard when communicating with strangers until they prove that they can be trusted, and are confident that if they are not vigilant, their gullibility can be used to achieve some of their goals. According to the study, there were no significant correlations between a conflict resolution culture and interpersonal trust among medical university graduates, future doctors; it is possible that this fact can be explained primarily by the lack of experience in a professional environment. Confirmation of the insufficient development of interpersonal trust among medical university graduates is found in the research by of M. E. Sachkova, L. E. Semyonova and N. V. Karpushkina, who provide data on the average degree of formation of trust in others among future doctors. [8, 9].

When determining the level of aggressiveness using a standardised questionnaire for measuring aggressive and hostile reactions by A. Bass and A. Darkey, it was found that graduates have an increased level of hostility indexes (52.73) and aggressiveness (53.09), as well as high resentment (59. 58), which is consistent with the insufficiently high results of students in the culture of feelings (10.09). In addition, from the point of view of the works of E. E. Erikson, we can talk about the identity crisis that graduates experience [11]. It can be assumed that at the time of the study, graduate students were aware of the completion of a significant stage in their lives, in which reality too often did not coincide with personal expectations and plans, and such a reaction as resentment can serve as a form of passive aggression. According to the research by N. Ami, M. Wani, R. Sankar et al., when detecting aggression among university students, it was found that boys demonstrate a higher level of aggression than girls, in particular physical and verbal aggression, and among girls, anger and hostility were found to a greater extent. Due to the fact that girls predominate in our sample of medical university graduates (about 0.75%), we can talk about correlation of the results with our study, namely: an increased level of hostility and aggressiveness indices among future doctors. It should be noted that we stand in solidarity with the authors' position on the issue of student aggressiveness. N. Ami, M. Wani, R. Sankar et al. write that there is a danger in the development of society if students are aggressive, since students represent a significant part of society and its future, therefore it is necessary to study various aspects that cause such behaviour and help students cope with aggression [39].

During the correlation analysis of the data from the study of medical university graduates, 14 statistically significant links between the components of conflict resolution culture and aggression were revealed. However, no statistically significant links with the level of interpersonal trust were found. Therefore, the typical associations for graduate students are as follows:

- The culture of feelings negatively correlates with physical aggression (r_s = -0,257 at $r \leqslant 0,01$) and irritability (r_s = -0,203 at $r \leqslant 0,05$), that is, the higher the level of development of the ability to overcome anger, fear, depression, to be optimistic and remain calm, emotional stability in problematic situations, to show empathy and tolerance, the less often medical students are ready to use physical force against another person.
- Communicative culture negatively correlates with physical aggression (r_s = -0,333 at $r \leqslant 0,01$), irritability (r_s = -0,264 at $r \leqslant 0,01$), sense of guilt (r_s = -0,259 at $r \leqslant 0,01$) and the aggressiveness index (r_s = -0,279 at $r \leqslant 0,01$), that is, the higher the level of development of medical university graduates of the ability to verbalise their own and others' experiences, mastery of conflict-free communication techniques, the less often they show physical strength and negative feelings, in particular, hot temper, irritation, rudeness, at the slightest excitement and, in general, these students are less conflicted and dominant and less likely to feel guilty for their behaviour.
- The culture of thinking negatively correlates with physical aggression (r_s = -0,396 at $r \leqslant 0,01$), negativism (r_s = -0,228 at $r \leqslant 0,05$) and the aggressiveness index (r_s = -0,335 at $r \leqslant 0,01$), that is, the stronger the ability of graduate students to rationally analyse a conflict situation, draw conclusions and use them in order to develop optimal behaviour in conflict, the less often they are willing to use physical force and, in general, are less conflicted and dominant.
- Behavioural culture negatively correlates with negativism (r_s = -0,210 at $r \leqslant 0,05$), that is, the more developed students' ability to act and solve emerging problems in such a way as not to lead the situation to conflict or, if it arises, avoid escalation, the less they are willing they to contradict and deny the needs of others.
- Conflict resolution culture negatively correlates with physical aggression (r_s = -0,378 at $r \leqslant 0,01$), irritability (r_s = -0,227 at $r \leqslant 0,05$), negativism (r_s = -0,256 at $r \leqslant 0,01$) and the aggressiveness index (r_s = -0,301 at $r \leqslant 0,01$), that is, the higher the level of development of medical university graduates' ability to get involved in work, show empathy, communicative qualities, subjective well-being, emotional intelligence, empathy, responsibility and understanding of other people, the less often they show physical strength and negative feelings, in particular, short temper, irritation, rudeness, at the slightest excitement and, in general, these students are less conflicted and dominant and they do not feel guilty for their behaviour.

Thus, the higher the level of a person's conflict resolution culture, the less often the use of physical force against another person is observed. Respondents with a high level of culture are less likely to demonstrate readiness to display negative feelings at the slightest excitement (hot temper, rudeness), envy and hatred of oth-

ers for real and fictitious actions. Moreover, the higher the level of conflict resolution culture among students, future doctors, the more trusting and confident they are that people will not intentionally harm each other and, if possible, will take into account the interests of others.

Based on the results of the correlation analysis, it can be concluded that the hypothesis is partially confirmed.

The results obtained are generally consistent with the conclusions of studies conducted on different samples by O. I. Shcherbakova[1]. She proved that students have a developed conflict resolution culture, which is explained by the communicative abilities of students in general. As the author notes in her works, students are able to "choose words, speech patterns that allow them to save and maintain positive relationships with others". In addition, in further research, the author revealed negative connections between aggressive actions and such components of the conflict resolution culture of the individual as the culture of feelings, culture of thinking, behavioural culture [40]. These studies confirm the results of our study on the connection between a conflict resolution culture and aggressiveness. Moreover, these scientific works emphasise the development of a conflict resolution culture within university education.

N. E. Serebrovskaya[2] came to similar conclusions, as in our study; revealing that more than 35% of students at the Nizhny Novgorod Institute of Management and Business (NIMB) have negative communicative attitudes of an aggressive nature, as well as less than 76% have an average level of conflict. Such data confirm the features we have identified that the majority of students have an average aggressiveness.

We also have found indirect confirmation of the connection between the level of conflict resolution culture of an individual and aggressiveness in an experimental study conducted by O. I. Shcherbakova [2] among students of 4–5 courses of the Plekhanov Russian University of Economics and working managers of different levels. After conducting classes with students based on a contextual approach, an increase in future specialists was recorded not only in the level of conflict resolution culture of the personality, but also in changes in other parameters studied. Thus, in particular, positive dynamics were revealed in the indicators of impulsivity, asociality, and aggressiveness of the students and managers who took part in the study. It is worth noting that the formation of a conflict resolution culture of future specialists is actively being developed in modern psychological science, but not in all areas of future professional activity. As an example, we can also cite the study of O. V. Shurygina and I. V. Burova, who prove the effectiveness of the developed structural-functional model for the formation of conflict resolution culture of students

[1] Shcherbakova O.I. Psychology of the conflict resolution culture of a specialist's personality: formation in a contextual educational environment. Dissertation abstract. Doctor of Psychological Sciences: 19.00.07. Moscow: Sholokhov Moscow State University for Humanities; 2011. 46 p.

[2] Serebrovskaya N.E. Formation and development of the conflict resolution culture of the future specialist of the socionomic profession in the university period. Dissertation of the Doctor of Psychological Sciences. Nizhny Novgorod; 2012. 414 p.

– future translators: at the control stage of the experiment, "11% of students in the experimental group demonstrated a high level of conflict resolution culture (there were no students with a high level in the control group), the number of students in the experimental group with an average level of conflict resolution culture has also increased (89%)" [41]. The model implemented in the socio-psychological training contributed to the development of communication skills, tolerance, awareness, skills of emotional regulation and self-regulation and, as a result, the formation of a conflict resolution culture of students

In the study of G. S. Berezhnaya[1], the need for the formation of a conflict resolution culture of respondents based on an invariant-differentiated model was also proved. After conducting a series of classes with university students at the formative stage of the experiment, the author revealed a reduction in the number of cases of unmotivated conflicts with students; actions in conflict situations began to differ in a more stable choice of acceptable forms, adequate styles and methods of management; the emotional state was characterised by calm, self-confidence, optimism, students resolved conflict situations on their own, made responsible decisions from the standpoint of humanism in relation to students.

Studying the relationship between interpersonal trust and the conflict resolution culture of personality, T. P. Skripkina, considering the attitudes of tolerant consciousness, trust and xenophobia among young people living in the Southern Russian region of the Russian Federation, found that students, in general, have higher trust indicators than schoolchildren, but, compared with the adult sample, they are still lower and it is assumed that this may be due to the fact that the younger generation, who grew up with examples of violence and patterns of aggressive behaviour, is not always able to choose a strategy of agreement and trust between dissimilar people [42].

A significant contribution of this study is the identification of the links between conflict resolution culture and the personal characteristics of medical university graduates, such as interpersonal trust and aggressiveness. In our opinion, conflict resolution culture is a defining integral quality in the development of universal and general professional competencies of medical specialists [43]. Therefore, a comprehensive study of this phenomenon is significant for psychological science and the practice of providing psychological assistance to doctors. The results of the study can be used to consider the issues of adaptation of graduate students of medical faculty to future professional activities in the process of obtaining higher education, as well as the preparation of additional educational programmes aimed at improving the personal characteristics of graduates of medical universities.

Conclusion

Thus, in the course of our research, we formulated the following conclusions: the majority of medical university graduates in the speciality "General Medicine"

[1] Berezhnaya G.S. Formation of conflict resolution competence of teachers of secondary schools. Dissertation abstract. Doctor of Pedagogical. Kaliningrad; 2009. 46 p.

demonstrated an average level of conflict resolution culture. Consequently, they perceive generally accepted social norms of behaviour and, if necessary, can direct, regulate, and control their deeds and actions, as evidenced by the highest indicator of behavioural culture and culture of thinking in the structure of the conflict resolution culture of the individual. Such a component of a conflict resolution culture as communicative culture is at an average level, which indicates an insufficient development of the ability for constructive communication, social reflection and attraction. However, such a component of conflict resolution culture as the culture of feelings is least evident in future doctors, which indicates the need to develop emotional self-control, which can influence the manifestation of aggression. The diagnostic results obtained for future doctors indicate insufficient development of interpersonal communication skills and the need to introduce additional programmes into the educational system of a medical university that could correct this.

According to the data obtained, graduates have an increased level of hostility and aggressiveness indices, as well as high resentment, which is consistent with low results of future doctors in the culture of feelings. It can be assumed that at the time of the study, graduate students were aware of the completion of a significant stage of their lives, in which reality did not coincide with personal expectations and plans too often, and such a reaction as resentment can serve as a form of passive aggression. In addition, the need in the learning process is not only to gain knowledge, but also to become a mature person, one of the characteristics of which is responsibility, including for the manifestation of one's aggressive and hostile reactions. Future doctors are characterised by an average level of interpersonal trust, which means that graduates have such characteristics: confidence that, as a rule, people will not intentionally harm each other, the need to take into account the interests of others, respect their rights and show friendliness. In the course of the study, it was determined that the existing relationship between conflict resolution culture and personal characteristics is characterised as follows: the high level of conflict resolution culture is due to the low level of physical aggression and suspicion among the respondents. We can say that by developing a conflict resolution culture, we can influence the reduction of conflict, and, as a result, the manifestation of aggression by future doctors, which is important for the effective implementation of professional activities.

Our hypothesis about the existence of a statistically significant relationship between the conflict resolution culture of medical university graduates – future doctors and their personal characteristics is partially confirmed. Further research can be aimed at considering the psychological mechanisms of the formation of a conflict resolution culture in the context of the data obtained. The data obtained can be used in the implementation of curricula and the introduction of a programme on "Formation and Development of a Conflict Resolution Culture of Personality" into the educational process of a medical university for the most effective training of healthcare system specialists and improving the quality of medical care.

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