ORIGINAL STUDY ARTICLE

DOI: https://doi.org/10.17816/socm634498

Trajectories of a doctor's professional development: a narrative interview. Part 2

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ABSTRACT

BACKGROUND: This article is a continuation of the article by Prisyazhnaya NV, Vyatkina NYu. Trajectories of a doctor's professional development: a narrative interview. Part 1. Sociology of Medicine. 2023;22(2):183–201. DOI: https://doi.org/10.17816/socm632475 The training of personnel resources (specialists) of the health care system is one of the strategic tasks of the state level. At the present stage, there remains a high demand (interest) in obtaining medical education, as one of the most prestigious and socially significant. In turn, this requires serious training of the applicant in specialized disciplines at the stage of pre-university education, and most importantly — motivation to obtain the profession of a doctor and the presence of certain personal qualities — such as empathy, sympathy for patients, responsibility, scrupulousness, high performance. However, young doctors face a number of difficulties at the start of their career (high level of workload and responsibility, difficulties in adapting to working conditions and insufficient remuneration), which may influence their decision to move to a related field of work or not to work in their speciality.

AIM: To study the trajectories of professional development of a young doctor in the Russian health care system in modern conditions.

METHODS: The study of the trajectories of professional development of young doctors was conducted by the method of narrative interview (*n*=52) in September–December 2022 on the basis of the Institute of Social Sciences of Sechenov University. The study involved young therapists (*n*=11), pediatricians (*n*=11), obstetricians and gynecologists (*n*=10), dentists (*n*=10), surgeons (*n*=10). The average age of respondents was 28.2 years (median — 28 years), the average work experience of respondents in the specialty was 2.8 years (median — 3 years).

RESULTS: Analysis of the study data included the identification of key narrative strategies, plot, personalities (respondent, family members, teachers at school, university faculty, colleagues) and temporal characteristics of stories. Analysis of the array of narratives made it possible to identify three key, semantic-semantic data blocks (including seven subgroups), which acted as the empirical basis for the standard plot of narratives. The first two key semantic-semantic blocks (stages) were described earlier: the pre-university stage ("playing the profession" (3–7 years); "premonition" of professional choice (8–11 years old); professional self-determination or formation of professional intentions (12–17 years); university stage (obtaining medical education as the "foundation" of professional socialization (1–2 courses); determination of the desired trajectory of the professional path (3–6 course). This article reveals the third block of the plot of narratives, including the postgraduate stage (debut of professional activity (residency); "challenges of professional autonomy").

CONCLUSION: The trajectories of professional socialization of a doctor at the present stage receive a new sound due to the transformation of the professional environment and the digitalization of practical healthcare, which determines these changes.

Keywords: narrative interview; young doctors; trajectories of professional development; professional choice; motivation.

To cite this article:
Prisyazhnaya NV, Vyatkina NYu. Trajectories of a doctor's professional development: a narrative interview. Part 2. *Sociology of Medicine.* 2024;23(1):33–60. DOI: https://doi.org/10.17816/socm634498

Submitted: 21.07.2024 **Accepted:** 10.09.2024 **Published online:** 16.09.2024

ОРИГИНАЛЬНОЕ ИССЛЕДОВАНИЕ

DOI: https://doi.org/10.17816/socm634498

Траектории профессиональной социализации врача: нарративное интервью. Часть 2

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АННОТАЦИЯ

Обоснование. Настоящая статья представляет собой продолжение статьи: Присяжная Н.В., Вяткина Н.Ю. Траектории профессиональной социализации врача: нарративное интервью. Часть 1 // Социология медицины. 2023. Т. 22, № 2. С. 183–201. DOI: https://doi.org/10.17816/socm632475

Подготовка кадрового ресурса (специалистов) системы здравоохранения является одной из стратегических задач государственного уровня. На современном этапе сохраняется высокий интерес к получению медицинского образования, как одного из наиболее престижных и социально значимых. В свою очередь это требует серьёзной подготовки абитуриента по профильным дисциплинам на этапе довузовского образования, а главное — мотивации к получению профессии врача и наличия таких личностных качеств, как эмпатия, сочувствие к пациентам, ответственность, скрупулёзность, высокая работоспособность. Однако в начале трудовой деятельности молодые врачи сталкиваются с рядом проблем (высокий уровень нагрузки и ответственности, сложности адаптации к условиям работы и недостаточный уровень оплаты труда), что может повлиять на их решение об уходе в смежные области трудовой деятельности или отказе от работы по полученной специальности.

Цель. Изучение траекторий профессионального становления молодых врачей в российской системе здравоохранения в современных условиях.

Методы. Изучение траекторий профессионального становления молодых врачей было реализовано методом нарративного интервью (n=52) в сентябре–декабре 2022 года на базе Института социальных наук Сеченовского Университета. В исследовании приняли участие молодые врачи: терапевты (n=11), педиатры (n=11), акушеры-гинекологи (n=10), стоматологи (n=10), хирурги (n=10). Средний возраст опрошенных составил 28,2 года (медиана — 28 лет), средний стаж работы респондентов по специальности — 2,8 года (медиана — 3 года).

Результаты. Анализ данных исследования включал выделение ключевых нарративных стратегий, сюжета, персоналий (респондент, члены его семьи, учителя в школе, представители профессорско-преподавательского состава высшего учебного заведения, коллеги) и темпоральных характеристик историй. Анализ массива нарративов позволил выделить 3 ключевых, семантико-смысловых блока данных (включающих 7 подгрупп), которые выступили эмпирической основой стандартного сюжета нарративов. Первые 2 ключевых семантико-смысловых блока (этапа) были описаны ранее [1]: довузовский этап [«игра в профессию» (3–7 лет), «предчувствие» профессионального выбора (8–11 лет), профессиональное самоопределение или формирование профессиональных намерений (12–17 лет)]; вузовский этап [получение медицинского образования как «фундамента» профессиональной социализации (1–2 курс), определение желаемой траектории профессионального пути (3–6 курс)]. В данной статье раскрывается третий блок сюжета нарративов, включающий послевузовский этап [дебют профессиональной деятельности (ординатура), «вызовы профессиональной автономности»].

Заключение. Траектории профессиональной социализации врача на современном этапе получают новое звучание, обусловленное трансформацией профессиональной среды и цифровизацией практического здравоохранения, которое определяет эти изменения.

Ключевые слова: нарративное интервью; молодые врачи; траектории профессионального становления; профессиональный выбор; мотивация.

Как цитировать:
Присяжная Н.В., Вяткина Н.Ю. Траектории профессиональной социализации врача: нарративное интервью. Часть 2 // Социология медицины. 2024. Т. 23, № 1. С. 33–60. DOI: https://doi.org/10.17816/socm634498

Рукопись получена: 21.07.2024 **Рукопись одобрена:** 10.09.2024 **Опубликована online:** 16.09.2024

ЭКО•ВЕКТОР

BACKGROUND

Professional socialization in medicine is a prolonged process that often begins in early childhood [1], during which future physicians not only acquire specialized knowledge and skills but also integrate into the professional community, develop personally and professionally relevant traits, establish social networks with like-minded individuals [2], and reinforce intrinsic motivational factors for choosing the profession [3, 4]. As noted by V.Ya. Danilevsky, the profession of a doctor requires not only a sense of calling but also innate attributes such as mental and physical health, cognitive flexibility, compassion, readiness for self-sacrifice, and initiative [5]—qualities that remain essential today [6]. Motivation to pursue a medical career frequently develops in childhood, contributing to early professional identity formation, cultivation of key personal traits, and a focused approach to medical education within a chosen specialty [1, 7–9]. However, the core stages of physician socialization remain professional education and the transition to clinical practice [4].

Today, young doctors face a range of challenges in navigating and managing their professional and career paths [10–12]. During medical school and at graduation, these challenges often involve choosing a direction for further development—selecting a specialty, working part-time in clinical settings, or enrolling in residency or doctoral programs [8, 11, 13, 14]. At the final stage of medical education, many graduates face employment challenges. Despite the evident shortage of healthcare personnel, the labor market often favors applicants with hands-on clinical experience and specialty-specific skills — competencies that are difficult to acquire during medical school due to intense academic demands [2, 15]. For some young doctors, the initial stage of professional activity becomes a test of resilience. A mismatch between expectations and actual working conditions often leads to attrition from clinical practice and a shift toward adjacent nonclinical roles [11, 13].

Given the prolonged and labor-intensive nature of physician training and the persistent shortage of medical personnel in the Russian healthcare system, it is essential to examine the barriers that hinder young physicians at the start of their careers and to assess their commitment to the profession they have chosen [16].

AIM

To explore the career trajectories of young doctors within the Russian healthcare system under current conditions.

METHODS

The study was conducted from September to December 2022 at the Institute of Social Sciences of Sechenov University. In line with the study design, which employed narrative interviews (*n*=52), participant recruitment was carried out using a snowball sampling technique and mass distribution of invitations via messaging platforms, including departmental chats, alumni chats, and professional communities.

Inclusion criteria

Participants were eligible if they held a medical degree, had between 1 and 5 years of clinical experience at healthcare institutions in Moscow at the time of the survey, and provided informed consent to participate in the study and to allow the publication of its findings for academic purposes.

Data collection

In accordance with the narrative interview methodology, participants were given a briefing sheet with an informational and motivational statement outlining the study objectives and the narrative data collection format. The narrative collection process included a narrative stimulus phase (an open-ended request to tell their story), followed by the respondent's free account of their professional development, motivation for choosing the specialty, adaptation during the first years of practice, experience, future plans, and, in some cases, narrative probing [17–20]. All interviews were transcribed verbatim, preserving the original structure and emotional elements of speech, including gestures, laughter, and other verbal cues.

Participants

Among the participants (*n*=52), there were 11 internists, 11 pediatricians, 10 obstetrician-gynecologists, 10 dentists, and 10 surgeons. At the time of the survey, participants were aged 25 to 32 years (mean age, 28.2 years; median, 28 years). Consistent with the inclusion criteria, their clinical experience ranged from 1 to 5 years (mean, 2.8 years; median, 3 years).

RESULTS

The analysis of narrative interviews revealed a predominantly chronological structure, with key temporal markers commonly corresponding to the main stages of medical education and career development of the majority of narrators. Three stages of professional identity formation for doctors were identified: pre-university, university, and postgraduate (professional development). Each stage included 2 to 3 subphases. The first two stages of physician socialization were described in the first part of this study [1]. The present article focuses on the third stage—the postgraduate phase, or the phase of professional development.

Postgraduate stage

Initiation Into Professional Practice

The postgraduate phase is primarily marked by the beginning of clinical practice. Notably, a recurring theme in most narratives was the physician's desire

(and need) for professional self-identification and integration into the reference (professional) community. As one of the respondents put it: "For me, residency was—and still is—a gateway into the professional group. It's a door, and once you walk through it, you become one of the 'real' doctors—doctors who are entrusted with patients." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience) Another participant reflected: "Only after I became a resident did I feel like a real doctor—as in, 'Now you're part of the team, part of the ship'. I felt we were equals; I was part of the medical community." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

According to participants, the point of entry into the profession—and a moment of self-affirmation—during residency was the practical validation of clinical skills: "When I started my residency, the department head said, 'Alright, show me what you've got. Show me what they taught you'. Initially, they non-stop, all the time, evaluated my skills and how I worked, and only then was I accepted. Like, that's it—you know your stuff, you've got the skills, we can count on you, let's work together." (Female, 30, pediatrician, inpatient setting, 4 years of experience) "Of course, they'll only take you as one of their own once you prove you're worth it—once you show you really know what you're doing and can deliver." "Since I loved the work and really wanted to do it, within two months they were already trusting me with a lot. I passed the test—at that point, the team no longer saw me as just a student, but as a colleague." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Study participants emphasized that successful adaptation to residency was largely facilitated by prior hands-on experience and practical skills acquired during the senior years of medical school: "Thanks to the time I spent practicing in a city hospital during university, I adapted quickly to the operating room. I was entrusted with parts of procedures that my fellow residents weren't allowed to perform." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience)

Moreover, during this period, a common imperative among narrators was the pursuit of professional competence and skill acquisition: "I spent about two-thirds of my time in residency. I often stayed at the clinic late, trying to observe as many surgeries and clinical cases as possible, practicing manual skills, stitching anything I was given. My free time outside the clinic was devoted to studying the theoretical part of the profession. Reading new scientific publications, including international ones, became a daily habit—it also pushed me to improve my English." (Male, 27, surgeon, inpatient setting, 2 years of experience)

While viewing residency as an opportunity for skill development, participants also emphasized the intensity of the workload: "The most important thing is to work your tail off during residency. I didn't even leave the clinic. I took all the weekend shifts—completely unpaid. Of course, senior doctors didn't want to deal with the tough stuff…bleeding, abscesses, and so on. I took whatever no one wanted to work upon. I was avid for practice." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Despite the heavy workload, most narrators described the residency period as emotionally uplifting: "I loved going to classes. Every morning, I'd be like, 'It's morning! Yay, I'm going to study! This is great!'" "I always went in with such a good mood." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience) "…During that time, I was on cloud nine—just soaring from the feeling that I was finally doing real medical work. I was a doctor now. It was an emotional high, almost euphoria." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience)

Choosing the type of medical facility for residency training: hospital vs outpatient setting

An essential consideration in selecting a residency program was the type of medical facility where training would take place. Major emergency care centers typically prepare specialists in urgent and emergency care, while research institutes are more oriented toward primary health care and preventive services in outpatient settings. As one participant noted: "If you end up in a city hospital, you're lucky—you'll get way more hands-on practice. If you're in a research institute, all you do is paperwork….After two years in that kind of residency, you'll come out a good theoretician—but not a practitioner." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

For most narrators, the opportunity for hands-on clinical experience and development of practical skills was the key factor in choosing a residency facility: "And that's it—I'm already assisting in the clinic. Informally, of course, but I'm gaining experience. During residency, you need to build practical skills, and for a surgeon, that means the inpatient setting. If you just trail behind someone and don't touch anything, you won't learn a thing. But if you're suturing here, holding something there—you're already part of it. Sure, there's no autonomy yet—we just keep working and working." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience) "I needed a steady flow of patients to quickly learn how to take a history, differentiate diagnoses, communicate with patients, work efficiently, and handle documentation. For internal medicine, that kind of experience only happens in an outpatient clinic." (Female, 27, internist, outpatient clinic, less than 1 year of experience)

Narrators confident in their desire to "have hands-on practice" noted that they sought an "inpatient-based" residency: "… residency should be more oriented toward the inpatient setting." You're not walking around visiting kids at home like in outpatient care—you're just in the hospital. That gives you a completely different impression. The experience is broader, and the practice is…deeper, somehow." (Male, 32, pediatrician, inpatient setting, 4 years of experience) Unsurprisingly, young doctors specializing in surgery or obstetrics and gynecology

were most likely to choose inpatient facilities as their residency base.

Another important factor influencing the trajectory of professional socialization was how participants perceived the long-term impact of inpatient vs outpatient work profiles on their future careers: "...I understood that a clinic would give me a larger and more varied patient flow, which meant I could gain valuable experience faster. At first, I was overwhelmed by the volume of medical documentation and all those little nuances you only learn through practice. Not to mention professional standards... But for my future work and career, I knew I had to go through that 'school of life' in a clinic." (Male, 26, dentist, outpatient clinic, 2 years of experience)

Another important factor in choosing the type of medical facility was respondents' consideration of workload and how it would affect their personal lives: "...The workload and schedule definitely affect your personal life. Your girlfriend either has to accept that you're always at work or work with you." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience) "At first, I wanted to become a surgeon, work in a hospital, and operate. But I realized that for a woman who wants a family, it would be very hard to handle that kind of workload." (Female, 28, dentist, outpatient clinic, 4 years of experience)

Adaptation within the workplace team

Residency, as a key stage of professional socialization, was viewed by participants as a "transitional bridge" toward independent clinical practice: "...The professional socialization that happened during residency helped me work independently later on—to manage patients on my own without needing prompts." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) "Residency is like a bridge that takes you from medical school to full independence. It's the phase where you start to really 'settle in' to your role as a physician." (Female, 30, pediatrician, outpatient clinic, 4 years of experience)

During residency, narrators described undergoing a real phase of workplace adaptation, primarily learning that teamwork is the foundation of clinical practice: "It was in residency that I went through that transition—adapting to the team. Working in a group, working as a team, interacting with patients—residency teaches you all of that." (Male, 27, surgeon, outpatient clinic, 1 year of experience) "At that stage, the whole team supported me because, in the end, we all worked together. Medicine is never a one-person job, especially in a hospital." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Narrators emphasized that they first came to appreciate the importance of professional solidarity during residency, at the stage of initial workplace adaptation: "...Other doctors help too... If someone asks you for help, you go and help. If you ask for help, they respond openly, just the same." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience) "Once you realize that you and the team are united by shared goals, ethics, and duty—call it what you will—you understand that you're never alone. Your colleagues are there for you, and you have to be there for them. One for all, and all for one." (Female, 28, internist, inpatient setting, 2 years of experience)

Most participants also highlighted the warmth with which they were welcomed into their departments and their colleagues' willingness to support their adaptation to the workplace: "...One of my mentors was a professor. He worked in the department too, but communication with him was very easy. Same with many of the other doctors. In terms of adapting to colleagues, specialists, physicians, and co-residents—it all went very, very well overall and very friendly." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) "I was lucky with my residency, or more precisely, with the place and the team I joined. It was one of the major children's hospitals in the capital, staffed by people with tremendous experience. They welcomed me warmly." (Female, 30, pediatrician, inpatient setting, 4 years of experience)

One of the factors that facilitated smooth integration into the team was having existing social ties or prior familiarity with the department staff: "My adaptation to the specialty was fairly smooth. I personally knew the professors, so I didn't really need to adjust much in residency." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience) "Residency was easy for me, as I already knew the team. Some of them were family friends, so I felt comfortable right away. Besides, I've always spoken the same language as medical professionals, because everyone in my family is a doctor." (Female, 28, internist, inpatient setting, 2 years of experience)

The classic principle of "bedside teaching" during residency is complemented by both formal and informal mentorship within the clinical team. According to narrators, one of the key factors in their professional development and successful adaptation to clinical practice was their colleagues' support: "I didn't face major difficulties adapting to the professional environment. A big part of that was the team in the department where I ended up—they supported me emotionally and gave me a 'development mindset' at the bedside. I learned manual skills and core clinical principles from senior colleagues. Most of my residency training happened directly in the operating room: study how it's done, observe, repeat. Many colleagues were happy to take me under their wing, share their knowledge, and pass on practical tips." (Male, 27, surgeon, inpatient setting, 2 years of experience) "...They explained everything, demonstrated, and had me stand next to them—'watch and learn'. I learned a lot just by observing how they worked, behaved, and communicated with young patients and their parents." (Female, 30, pediatrician, inpatient setting, 4 years of experience)

In many cases, the attitude of clinical teams toward young physicians was shaped by the latter's eagerness to engage

in hands-on practice, their willingness to take on heavy workloads, and their drive to improve their professional knowledge and skills: "...The key to successful professional socialization and adaptation is being ready to work. I mean really work tirelessly. Senior colleagues notice when someone is willing, when they stay later than required. That earns respect. The medical community is more willing to share knowledge and skills when there's genuine commitment. Reading is also a must, because when someone shows up knowing nothing, the attitude toward them is negative from the start." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

However, some narrators described a negative environment in the departments where they trained: "We were not welcomed at all. Both the physicians and the department head made it clear we weren't needed and were just in the way. The atmosphere between the staff and the department head was already tense, and when you add the stress of working with both patients and their families, it just made you want to disappear." (Female, 29, internist, outpatient clinic, 4 years of experience)

Communication in the professional environment as a condition for socialization and adaptation of young doctors

A recurring theme across the narrative interviews was the recognition of communication skills as essential for successful professional socialization and integration into the workplace. Respondents emphasized that communication skills, combined with practical competencies, allowed young physicians to feel on equal footing with more experienced colleagues even during residency: "I never called or considered myself a resident. I was so fully integrated....As a young male resident, I would walk into rooms with patients in their late 40s, and they would stand up, because they understood I was a physician. That's how I carried myself—confident, and able to speak the way I needed to." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience) "I didn't really struggle to adapt. In the clinical environment, especially in the hospital, it's very important to find common ground with colleagues and to show that you're not a complete novice, but a young specialist who's ready to take on any challenge through hard work." (Male, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience)

Informal communication also played a key role in helping young physicians adapt, build mutual understanding within the team, and acquire practical skills more effectively: "In my current team at a maternity hospital in the capital, we often interact not only on professional matters but also socially. Some of us are friends outside of work. That helps us better understand each other during clinical processes—you know what your colleague is capable of, what they're thinking." (Male, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience) "Outside the operating room, we often talked—and still talk—about professional topics with colleagues." (Male, 27, surgeon, inpatient setting, 2 years of experience)

In the analyzed narratives, professional communication was often described as a kind of "cultural code" within medicine. The ability to communicate effectively with colleagues was seen as both a practical skill and a marker of professional identity formation: "...When you enter the team, you start picking up certain words and expressions, and eventually begin using them yourself. That's how a shared language forms. You start to understand the nuances, and people don't just understand you, but accept you as one of their own." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Overall, narrators emphasized that communication skills should be cultivated during medical university, or even earlier, to facilitate early adaptation within clinical teams: "Adaptation is extremely difficult, and it needs to start back in school. If you don't know how to communicate or present yourself, it doesn't matter how smart you are—you'll just end up standing there awkwardly, shifting from foot to foot..." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Physician–patient communication as a factor in professional socialization

Communication with patients was considered especially important in physician development. Many narrators highlighted their initial lack of structured communication "scripts," particularly when working with children: "...At first, I didn't have the skills to communicate with patients. There was a sense of uncertainty—even if you were saying the right things, it didn't come across as confident... And kids pick up on that. You need to develop patterns—what to say and how to say it in certain situations." (Female, 31, pediatrician, inpatient setting, 5 years of experience)

Narrators were confident that effective communication directly influences patient compliance: "The way a doctor speaks—what words they use, whether they're the right ones—determines how treatment goes. The outcome depends on how well the physician and the patient understand each other." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Most participants noted that it was their colleagues who helped them develop effective communication "scripts" for interacting with patients: "At the beginning of residency, I struggled to talk with patients. But the team accepted and supported me—they taught me and had my back with the most difficult cases. And by difficult, I mean not medically, but in terms of communication." (Male, 28, surgeon, inpatient setting, 4 years of experience)

Feedback from patients, when the interaction is constructive, also served as a powerful motivator for professional growth among young physicians: "Even during residency, I worked hard to make sure patients would never say something like, 'This guy's not a real

doctor—he doesn't know or can't do anything'. Patient feedback is a developmental tool for young doctors. Good reviews lift you up; bad ones push you to improve. You want to prove—to your colleagues, your patients, and yourself—that you're the best." (Male, 28, internist, inpatient setting, 2 years of experience)

Mentorship as a "guide" into the profession

According to respondents, one of the key components of successful early professional socialization is the presence of a "significant other"—a supervisor, adviser, or mentor. When a young specialist encounters such a person along their path, their professional development gains clear direction: "...In medicine, a teacher is the most important thing. Without a teacher, nothing will work out at all." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience) "...I guess I was just lucky. After graduating from medical school, I went into an orthodontic residency. We had a well-known doctor there, who taught me a lot. He passed on his experience by example. That's incredibly valuable. A mentor in the profession kind of shapes your path, points you in the right direction." (Male, 26, dentist, outpatient clinic, 2 years of experience)

Narrators also acknowledged that during training, a mentor often served as the ultimate authority—a person to turn to in difficult situations: "In surgery, yes, there was this older guy— he already had plans to move to Israel with his family. He taught me everything—how to do anesthesia, for example. Treated me like a daughter. I came to him with every question, as to a mentor. Back when he studied, you could still be a generalist, so he could advise on anything—not just surgery or internal medicine." (Female, 28, dentist, outpatient clinic, 4 years of experience)

In addition to specialty training, mentors and supervisors helped young physicians adapt to their teams, avoid mistakes in patient care, and establish necessary professional connections: "Again, if you have a good supervisor or mentor who prepares you for all the legal issues and general challenges of treating patients, then I think adaptation is not that difficult." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Most young doctors noted that their supervisors, while providing guidance and oversight, allowed them an appropriate level of autonomy—an essential factor in their gradual transition to independent practice: "I was allowed to do a lot on my own—perform minor surgeries independently, carry out various procedures, conduct research, write scientific articles, attend conferences, and present there. Of course, there was always a supervisor above me whom I could turn to in difficult situations, but I had a great deal of autonomy in choosing methods, approaches, and decision-making." (Female, 27, surgeon, inpatient setting, 1 year of experience)

At the same time, some respondents admitted that their expectations for residency training were not fully met. Most dissatisfaction stemmed from the limited time supervisors (advisers/mentors) could devote to training residents and restricted access to patients, which hindered the development of practical skills: "No one really taught us. We picked up skills from senior colleagues by watching what they did." (Male, 30, surgeon, outpatient clinic, 4 years of experience)

Challenges of early professional adaptation

Residency training often marks a point where idealized perceptions of one's chosen profession collide with clinical routine—a difficult moment of "acceptance" and reevaluation of what the profession truly entails: "My expectations of the profession during medical school were somewhat idealistic and didn't match the reality. The main difference was that I trained in a very polished environment, with highly selected patients, rare, interesting cases....In that sense, what I expected didn't align with what I actually wanted to do. It was hard to accept, I was really struggling. The patients turned out to be difficult. You treat them, and they go and harm themselves. They ignore recommendations, don't take their meds, delay seeking care, and leave everything to chance." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience)

The most significant challenges young physicians faced during early professional adaptation were related to insufficient practical experience and a lack of confidence in their clinical knowledge and skills: "After graduating from medical school, I started working in a clinic, and at first, of course, I lacked hands-on skills. I mean, I knew everything, but I didn't yet have that practical automaticity." (Female, 29, pediatrician, inpatient setting, 3 years of experience)

young doctors also reported difficulties performing medical procedures during the initial period of clinical practice: "There's also the physical aspect—you have to get used to working with your hands so you stop being afraid. At first, procedures like injections felt awkward, and yes, there was some fear. But then it becomes totally normal, you get into the rhythm." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

For some respondents, entering residency meant relocating to another city: "...I was accepted into a neurosurgery residency at the largest and most prestigious neurosurgical center in Russia. That meant moving from my hometown of St. Petersburg to Moscow." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience) For those who had to relocate for training, the adaptation period was compounded by the need to adjust to a new city: "Adapting to the city was really hard during the first six months. The pace of life in Vladikavkaz and Moscow is completely different. During the first six months, I was waking up at 6 a.m. and falling asleep at 5 p.m. so I just didn't have enough energy. I thought it would always be like that." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Factors influencing changes in professional trajectory

Among the most frequently cited factors that led young physicians to change their career plans were inadequate

compensation and workload levels that did not align with their expectations: "...During my inpatient residency, I would come in at 8 a.m. and leave at 8 p.m. I was overwhelmed. So much paperwork—histories, discharge summaries—I really didn't enjoy any of that. The patient load was intense. In the outpatient clinic, I had more control over my time. And the pay is better in outpatient clinic than in hospitals." (Female, 30, internist, outpatient clinic, 4 years of experience) "Of course, I had certain expectations... But in reality, it was more mundane: too much competition and very low pay." (Male, 30, surgeon, outpatient clinic, 4 years of experience)

In addition to the high physical demands, shifts in professional socialization trajectories during residency were also influenced by stress and the recognition of chronic emotional strain associated with certain specialties: "This profession demands immense emotional commitment and the readiness to accept that, no matter how much effort you put in or how correct the treatment is, patients will still die." (Female, 27, surgeon, inpatient setting, 1 year of experience)

One of the most disheartening reasons for abandoning a chosen career path, according to young physicians, was the inability to achieve professional fulfillment in the selected field. Several surgical trainees described how limited access to operating tables delayed their professional development: "...After seeing how surgery actually works, I realized it would be extremely difficult for me to pursue my career goals in that field. If I was lucky, I might have performed my first surgery by the age of 30 to 35. Until then, it would be just passing instruments and assisting with minor tasks. So I moved to an outpatient clinic." (Female, 29, obstetrician-gynecologist, outpatient clinic, 2 years of experience)

Another factor influencing career trajectory decisions was the perceived gender mismatch between physician and specialty. The analysis revealed that young doctors often encountered patient reluctance based on gender stereotypes: "Obstetrics and gynecology may not be a 'man's profession' [laughs], but it's highly respected and fascinating. Still, it's considered a 'women-only' specialty." (Male, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience) "...You might see a young woman who's skilled, professional—has it all—but patients won't take her seriously as a surgeon. Patients judge on first impressions. And in this field, that first impression is everything. One bad impression—and it's a no." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

The participants themselves acknowledged that gender-based biases were not limited to patients—entrenched stereotypes also persisted within the professional community: "They introduced me to my mentor—a sweet young woman just a year older than me—and I immediately bristled: 'How come? What could a woman possibly teach me? And even such a young one'. Because when it comes to surgery, well, if it's a woman with a masculine mindset, more like a man, then yes, she can be a surgeon. But all these girls with manicures—that's not about surgery. That's about mole removal, lip fillers. Standing at the operating table... The gender aspect definitely exists in the medical cohort." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Respondents frequently noted that certain medical specialties are perceived to require inherently "male" or "female" traits: "There's a belief that different specialties suit different genders....Some specialties are physically demanding. For example, in dentistry and orthopedics, certain stages of surgical treatment require a lot of strength. When you're placing an implant or a metal construct, it can be pretty tough. Even moving patients from one table to another during surgery is physically difficult for women." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) "...I was always drawn to surgery—and there's plenty of it in obstetrics and gynecology. That's a classic 'man's' niche! It requires a clear head and a steady hand. No matter how skilled a woman is, she still tends to internalize a lot emotionally, and that gets in the way." (Male, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience)

Gender-based pressure is felt especially strongly by young physicians who have chosen specialties considered atypical for their gender—such as women in surgery, men in pediatrics, or men in gynecology: "...I knew exactly what neurosurgery was and what I was getting into, but many male professors and physicians tried hard—and for a long time—to dissuade me. Being a woman in neurosurgery means you have to be two or three times more responsible and hardworking, because you simply can't afford to make a mistake, especially when compared to male colleagues." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience)

Impact of initial professional adaptation on personal development

The importance of personal qualities in physician development—first recognized during undergraduate training—is confirmed and tested during the early stages of clinical work, which typically coincide with residency. As narrators emphasized, traits such as empathy, responsibility, discipline, work ethic, and stress tolerance—cultivated during medical school—remain critical and take on new meaning when put to the test in real-world practice. It is the stability of these characteristics that indicates their genuine formation in young doctors.

Additionally, as previously noted, communication skills become a decisive factor in professional development during this period: "Ethical communication and staying within the law is the foundation of working with patients. And the ability to talk to people—you can't do without it." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience) "...The most important quality for professional socialization and adaptation is sociability. Some people have it naturally, some don't. Everyone's different." (Male, 30, surgeon, outpatient clinic, 4 years of experience)

During residency, narrators began to realize that professional growth required intense dedication and a work ethic that approached self-sacrifice: "I specifically looked for housing as close to the hospital as possible, so I could always be available, get to work quickly when needed, and at least manage to sleep at home instead of staying overnight at the hospital." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience)

Participants also highlighted the growing importance of discipline among young doctors: "...I believe my residency had a very solid training format....We had strict discipline—if you were late, you had to make up for it with several hours of extra duty and write a paper. Then you had to defend that paper, and very few managed to do it on the first try. And this wasn't being late for work—just for a conference. Discipline was extremely strict. That kind of strict discipline taught me certain things." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) "Discipline in medicine is critical—if you're late, don't follow instructions precisely, or forget something, it can harm a patient, a colleague, or the hospital itself. In this context, discipline becomes a matter of whether you stay in the profession or leave it." (Male, 31, internist, inpatient setting, 4 years of experience)

Narrators also emphasized that clinical work with patients heightened their awareness of professional responsibility: "There was one sobering moment early in my career, during my first year after graduation. A patient went into anaphylactic shock right there in the office. That's when I realized how much responsibility lies with you—not everything, but a lot depends on your competence and your ability to react quickly." (Male, 27, internist, outpatient clinic, 1 year of experience) The need to understand personal responsibility within a collaborative framework was seen as foundational to developing a sense of professional solidarity: "If you're part of the team, then you're equally responsible for the outcome." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

An awareness of responsibility and the significance of medical work marked a turning point for many narrators in their professional self-identification and internalization of the physician's social role: "Understanding the weight of responsibility in what you do—the consequences of your actions for the patient—you realize that you're 'in the profession,' that you're part of this shared field where the laws of medicine are sometimes stricter than state laws. When that hits you, you begin to grasp what it means to be a doctor, and the significance of that role. You're both terrified and proud of your choice at the same time." (Female, 25, pediatrician, inpatient setting, 3 years of experience)

Thus, the beginning of professional activity for young physicians involves not only the transition to clinical work with patients (and the "real-world testing" of their existing knowledge and skills) but also a period of adaptation to working within a team. This adaptation is characterized primarily by the establishment of constructive interactions with colleagues, the transfer of knowledge through the "supervisor–resident" relationship, and the development of communication skills, both within the professional environment and in patient care. Active participation in team-based clinical work fosters the formation of professional identity and internalization of the principle of solidarity within the physician community. When choosing the type of medical facility for residency training (inpatient vs outpatient), narrators primarily considered the opportunity for hands-on clinical experience and skill acquisition, prospects for career advancement, and the impact of work on family well-being. While recognizing that outpatient care, though more routine and structured, offers better work-life balance, and that hospital work carries risks for family stability, most young physicians preferred inpatient training. They justified this choice by the broader scope for developing clinical competence and gaining experience with a wider range of conditions. The key social institutions guiding professional socialization at this stage remain the institutions of education and medicine. The main agents of socialization are fellow physicians, immediate supervisors (mentors, including academic faculty), and to some extent, patient, whose feedback served as a major stimulus for professional growth and improvement of clinical knowledge and skills in the chosen specialty. In addition, healthy competition and examples of success among fellow residents and young doctors helped strengthen motivation for professional growth. Conversely, risk factors for abandoning the chosen professional path included low compensation, high physical and emotional demands, and limited opportunities for self-realization—due to gender mismatch, high competition, or underdeveloped communication skills with patients.

Challenges of professional autonomy

The beginning of independent clinical practice marks a stage where young physicians must not only secure employment but also demonstrate their specialty knowledge and skills, and earn recognition as professionals within the medical community.

Employment experience: job search strategies

Most young doctors reported having no major difficulties finding a job. Interestingly, they used a wide range of communication channels to connect with potential employers,

- including the internet and specialized platforms: "It was easy to find a job. I found an 'internist' vacancy on HeadHunter, came here, talked to the department head, and he just said, 'Go to HR and get started'. That was the whole conversation." (Male, 30, internist, outpatient clinic, 4 years of experience)
- Direct ('cold') calls to clinic administrators: "I called local clinics through the secretaries. The first one that got back to me was Clinic No. 179. I went there, and they told me, 'You're hired—start right away'. So, no problems with

employment." (Female, 30, internist, outpatient clinic, 4 years of experience)

- Word of mouth about job openings: "...It wasn't hard to get a job—gynecologists are always needed! A friend told me they were short-staffed, so I came in, and they hired me." (Female, 27, obstetrician-gynecologist, outpatient clinic, 2 years of experience)
- "University–clinic" track: "I did my clinical rotations in this department and realized that this is where I belonged, with these people. They welcomed me with open arms. At least, I like to think so... I had no problems at all." (Male, 30, dentist, inpatient setting, 5 years of experience)
- Personal recommendations: "A friend helped me get into an emergency hospital. He was moving to another city, so there was a vacancy. The department head asked him if he knew anyone who might want the job in the ER of the urologic hospital." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)
- Preexisting connections at the workplace: "I walked up to the department head and said, 'Evgeny Mikhailovich, I want to be a doctor, and I want to work with you'. We went to the professor, and he said, 'I'll take him'....Everyone knew me and could vouch for me: 'Yes, we know him'. So of course, I got the spot." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Narrators themselves noted that successful (and rapid!) employment was often the result of a well-considered professional development strategy. Many narratives emphasized that focusing on practical skill acquisition during medical school significantly increased the chances of quick employment and facilitated smoother professional adaptation.

However, in some cases, participants did report facing challenges when seeking their first job. Most frequently, narrators cited employers' reluctance to hire specialists without prior experience: "A young specialist without experience—especially in Moscow—is of little interest to anyone." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) In addition, the lack of personal connections within medical institutions was seen by some as a major obstacle: "...Finding a decent job is difficult... It often comes down to whether someone can help you or not." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Interestingly, even those who did not face serious employment difficulties acknowledged that "finding a job is easy—finding a good job is hard," and that access to a desirable position often depended on having personal contacts. "It's always difficult to find a job, because getting a position in the Moscow inpatient care—especially in a surgical department—is nearly impossible for a young specialist today. It either takes a stroke of luck or knowing someone who knows you and wants to bring you in." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience) "There are plenty of jobs, but for a good, interesting one—it's tough for a young doctor to get in, unless someone knows you and specifically invites you." (Male, 28, dentist, inpatient setting, 4 years of experience)

Young physicians also shared their experiences with the risks of poor job placements: "There are a lot of predatory offers... Like being hired as a gynecologist at some shady private clinic—really low-grade places. I came across quite a few like that, and they would immediately say, 'Yes, we'll take you,' without checking what I knew or could do. That's dangerous. Work there long enough, and you'll become untouchable in the field." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience) "The first clinic I joined was called 'Professional Medical Center Oracle'—as ridiculous as that sounds. What happened there matched the name....It was a commercial business where, bluntly speaking, you had to find a disease even where there wasn't one....I had no intention of scamming people, so I would quietly let them go. After every visit, I had to write an explanation of why the patient only paid for the consultation, why I didn't order a ton of tests, or prescribe treatment." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

In some cases, difficulties in finding employment were related to the applicant's personal traits: "I figured I needed to look for a job. And that's where the quiet horror began. The job market... I don't know where people find jobs. Maybe I don't communicate well, maybe I'm just a gloomy person by nature. Starting a conversation is hard for me, and asking about a vacancy? I just freeze up." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience)

Adaptation to the team in the early stage of autonomous professional practice

The beginning of independent work and early professional adaptation largely depend on the atmosphere within the clinical team. The vast majority of narrators (over 95%) reported that they adapted easily to their first job, attributing this primarily to the welcoming attitude of their colleagues: "And the team welcomed me, as a young specialist, very warmly, very kindly—everyone was eager to help." (Female, 28, dentist, outpatient clinic, 4 years of experience)

For most participants, confidence in their professional knowledge was the "key" to successful integration into the team: "I can't say I faced any particular difficulties adapting at my first job. The team welcomed me warmly. Plus, I had this internal confidence that I could handle everything—that I had the knowledge and skills, and the rest would come with time." (Female, 27, internist, inpatient setting, 2 years of experience)

Support and informal mentorship from more senior staff were also crucial for successful workplace adaptation: "...I was very lucky with the team. Despite my inexperience, many physicians were patient with my mistakes—they corrected me gently and pointed me in the right direction. They explained everything. And it wasn't just a one-time

suggestion, no! They would follow up to ask if I understood, how the case turned out. They'd often give me more information than I asked for, sharing their experience like true mentors." (Female, 27, internist, inpatient setting, 1 year of experience)

Such collegial support was noted by both outpatient and inpatient young physicians: "I think being a pediatrician in a clinic isn't too difficult, because there are always experienced colleagues in your specialty who are ready to advise you, back up your diagnosis, and confirm your treatment plan." (Female, 27, pediatrician, outpatient clinic, 1 year of experience) "...I work in a hospital, and the team welcomed me wonderfully. I always feel supported by my senior colleagues....Maybe that's why I didn't have any major problems adapting." (Female, 28, obstetrician-gynecologist, inpatient setting, 3 years of experience)

Narrators emphasized that the team's support was especially important in difficult situations: "If you lose a patient... In that moment, having a good team and support from the senior generation is absolutely crucial." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) Across most narratives, there was consistent recognition of the vital importance of professional solidarity for effective team functioning: "I'm surrounded by good specialists and good people, who are ready to help me. That's what solidarity means, you know?" (Female, 25, pediatrician, inpatient setting, 3 years of experience)

Many young physicians noted that their successful adaptation was also supported by experienced nursing staff who backed them up in clinical work: "The team was friendly. Right away, they assigned me an excellent nurse, and that helped me a lot. She had worked there for 40 years.... And the doctors were really supportive too. I was welcomed warmly. I had no problems, everyone helped me." (Female, 30, internist, outpatient clinic, 4 years of experience)

In half of the narratives, respondents linked successful adaptation to their willingness to work under high workload conditions: "...You can only grow as a specialist if you're immersed in it every day, even if it's unpaid. Take on extra shifts, study every case in detail, work, work, work—that's how you become part of the team. And then the team knows they can count on you." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) This fast pace—driven by the desire to establish oneself in the profession—often led to a shift in priorities among young physicians, affecting their attitude toward their own health: "Young doctors usually give it their all. Those who want to stay in the profession tend to 'get sick less' than their older colleagues....If you look at sick leave days for doctors with 10+ years of experience versus younger ones, I think the young ones take far fewer days off. Same with vacations—young doctors take them less often....They don't go on sick leave; they shorten their vacations—all so they can absorb more and gain a foothold." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

The desire to improve professionally was also seen by participants as a key factor in gaining recognition within the team and being quickly integrated into clinical workflows: "...For successful adaptation in the medical profession, it's really important to speak the same language as your colleagues. That means reading a lot of literature—always, but especially at the beginning—so you can follow scientific debates and discussions at conferences or elsewhere. Senior doctors will see that you're engaged and take you more seriously. That's essential for psychological—and overall—adaptation." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Having prior experience working or training in the same department where the young physician was later employed also positively influenced their integration: "It's definitely easier for those who did their residency here and stayed on. You're already used to the team, to the treatment protocols; you know everyone and already understand what needs to be done." (Male, 30, internist, outpatient clinic, 4 years of experience)

Moreover, some narrators emphasized that personal qualities—first and foremost, communication skills—are essential for successful adaptation: "I think that in an outpatient clinic, there is a lot of teamwork; if you're an introvert who doesn't want to talk to anyone, people won't help you and you'll be treated the same way. Colleagues will work with you reluctantly, and even patients will be hesitant. That's why you need to help people, and then they will help you too." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Another important factor for successful integration into work was family support: "My family helped me adapt. I would come home, and my husband would comfort me, saying that everything will work out and there's nothing to worry about. He always provided tremendous support, helping me both to adapt and to make decisions." (Female, 27, internist, outpatient clinic, less than 1 year of experience) and "Teachers, parents, children, and, of course, colleagues. I was really lucky—I knew I wasn't alone." (Female, 31, pediatrician, inpatient setting, 5 years of experience) Considering that medical professionals who continue the "medical dynasty" noted that, despite receiving enormous support from their physician relatives, the level of responsibility for meeting professional standards had to be higher: "I understand that if I mess up somewhere, it will reflect on me—and people will talk about my father and even my grandfather." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

Nevertheless, several narrators acknowledged some difficulties adapting at their first workplace—most frequently citing emotional and psychological challenges stemming from the discrepancy between their expectations of independent work and the actual working conditions: "On my first day, I was mostly shocked because my idealistic expectations didn't match reality—the patients were ill-mannered

and there was an immediate overload of work—although overall, everything was more or less normal." (Female, 30, internist, outpatient clinic, 4 years of experience)

Furthermore, the lack of effective communication and the difficulties in "smoothing over" personality differences within the team (which underscores the importance of a physician's sociability for workplace adaptation—see above) were identified as major problems in the adaptation process for some respondents: "The fact that I didn't consider this place as my own somewhat distanced me from my colleagues, because I didn't participate in corporate events or group trips and didn't interact warmly with anyone. Perhaps if I had done all that, people would have treated me better." (Female, 27, surgeon, inpatient setting, 1 year of experience) and "Adaptation is extremely difficult—it's highly individual. Because if I simply don't like your smile, I won't hire you." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Overall, at the time of the study, most participants considered themselves fully adapted within their teams and noted that the adaptation period to the profession can range from 1 month to 3 years: "I can now say that it took me about 3 years to adapt to the profession." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) and "After one year, I feel fully adapted in my team." (Female, 27, neurosurgeon, inpatient setting, 1 year of experience)

Knowledge as the foundation of professional autonomy in young doctors

The beginning of independent clinical practice for young physicians is, above all, a test of their knowledge, skills, and competencies in real-life settings. The extent to which their knowledge base matches job requirements largely determines both the speed of adaptation within the team and the start of autonomous practice. Respondents reported that, in addition to specialized medical knowledge, they recognized the need for understanding related medical fields: "When a patient entrusts you with their life—as dramatic as that may sound—you have to know what to do if something happens, know who to call for help, be able to use all the operating room equipment, know the pharmacology of any drugs that might be needed, be ready to change your approach when necessary, and assess the risks of every action." (Female, 27, surgeon, inpatient setting, 1 year of experience)

Many narrators acknowledged feeling underprepared in terms of specialty knowledge at the start of their careers, which affected their confidence: "You don't just master this in a year—it takes decades. I know that my path in medicine won't be easy or short, so I hope that over time I'll fully master my specialty. In the beginning, the doubts were eating away at me: Can I do it? Am I doing it right?" (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) In many cases, self-doubts stemmed from the mismatch between university training and the realities of clinical practice: "...When I started working, I realized it wasn't all that straightforward—what they teach you in medical school sometimes differs from how patients are actually managed in real practice. Each medical facility has its own standards and methods. When I began working independently, I had to learn all of that from scratch." (Male, 28, dentist, inpatient setting, 3 years of experience)

Some narratives highlighted the need for physicians' knowledge to be systematic and tailored to the clinical context: "...The only thing that truly matters in practical work is knowledge of anatomy and good spatial thinking....Treating pediatric patients especially requires a broad knowledge base across many medical and scientific disciplines—and you have to keep all that in your head. Clinical work in any specialty is very diverse (there's a wide range of procedures). You need a comprehensive approach to care, and you can't afford to focus on just one thing—your knowledge must be systemic and used systemically." (Male, 28, pediatrician, inpatient setting, 1 year of experience) "At some point, your clinical thinking starts to click. Many patients have comorbidities—you have to recall material from other disciplines. Often, differential diagnosis requires drawing on everything you know, adjusted to the situation." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Narratives from hospital-based physicians especially emphasized the need to understand patient management techniques and make choices among various treatment approaches: "...One technique might be used by one surgeon—with its pros and cons. Another surgeon might use a totally different method, also with its own pros and cons. It's important to know the differences, even when we're talking about just two approaches, and in reality, there might be five or ten." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) Additionally, respondents stressed the importance of emergency care training for inpatient clinical work: "Working in a hospital, I realized that any specialist—especially in surgery—must go through emergency service training. It doesn't matter if it's gynecology or urology. That's where you should start." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Knowledge was seen as the cornerstone of young physicians' confidence in their ability to meet job expectations. At the same time, narrators admitted that fear of making mistakes was particularly strong in the beginning—and often drove them to study treatment standards and methods, clinical guidelines, and research: "The thing is, medicine is a scientific field that allows us not just to manage someone else's body, but to interfere with certain processes. So you have to approach it with caution. That's especially true in pediatrics....I had a case with mononucleosis. I missed it once, and I'll remember that for the rest of my life. I read so much, studied, practiced... It's scary to even think about." (Male, 32, pediatrician, inpatient setting, 4 years of experience)

While acknowledging the need to continuously update their knowledge and skills in their medical specialty, about one-third of respondents also noted a need for competence

in adjacent fields—such as law, electronic health record systems, psychology, and especially modern digital health services: "I lacked knowledge of how to work with the Unified Medical Information and Analytical System (EMIAS), how to interact with patients, and psychological skills for dealing with them." (Female, 30, internist, outpatient clinic, 4 years of experience) "...I just don't have enough knowledge in legal matters. You need to know at least something—just in case." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

Understanding the importance of continuing medical education, leadership at most healthcare facilities made efforts to support further training: "We have a great director who tries to help us grow in every way. If you want to study, your studying will be paid wherever you want to study. Any courses, textbooks—it's all paid for by the clinic. Of course, within reason. If you stop working and only study, they won't fund that. But still, I've been trained in several programs. Everything's great, and the clinic keeps growing." (Female, 27, internist, outpatient clinic, less than 1 year of experience) "I know I can grow here because the clinic can send me for additional training using budget funds. Management invests in and supports my professional development." (Female, 27, obstetrician-gynecologist, outpatient clinic, 2 years of experience)

In addition to employer-supported education, many young physicians actively sought out additional learning opportunities on their own, mastering new competencies, reinforcing theoretical knowledge, and regularly reviewing new research in their fields: "...Being a doctor means constantly striving for new knowledge. Life itself gives you new material... You always have to dig into the literature, search, ask questions. Formal training and continuing medical education alone are not enough—you have to constantly seek out information on your own." (Female, 28, obstetrician-gynecologist, inpatient setting, 2 years of experience) "Now that I'm working independently, I continue self-education almost as intensively as I did during residency." (Male, 27, surgeon, inpatient setting, 2 years of experience) "From the very beginning of clinical work, it became clear that persistence in gaining new experience is crucial—not just hands-on, but also theoretical. Reading articles, observing others, even reviewing textbooks if necessary." (Female, 27, internist, inpatient setting, 1 year of experience)

In many cases, narrators' drive to improve their professional skills stemmed from a desire for self-fulfillment in their chosen field and from competition with peers: "...When we go into surgery, we're expected to—and we do—know the entire procedure inside and out. We watch various training videos, and we have excellent clinical guidelines that we follow. If you want to match your colleagues' level—or even surpass them—you have to work harder and constantly improve." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Overall, narrators viewed knowledge, skills, and meeting job-related competencies as the foundation for confident, independent work: "...I've been working independently for three years now, but I still know that I lack experience. But the more knowledge and experience I gain, the more at ease I feel in my role." (Female, 27, internist, inpatient setting, 2 years of experience)

Young physicians also acknowledged that workplace autonomy enhanced their professional commitment: "Despite the challenges of working in a hospital, what matters to me most is that I manage my own patients and make my own decisions." (Male, 28, internist, inpatient setting, 2 years of experience)

"The other side" of medical practice: challenges in the professional path

The practice of medicine—as a helping profession—requires not only specialized knowledge, skills, and competencies but also distinct personal traits and the ability to build effective communication with both patients and the healthcare team. These qualities are generally developed through experience gained in the early stages of independent practice. Analysis of the narrative data revealed that young physicians face numerous challenges at the beginning of their careers.

Several participants identified insufficient preparedness (knowledge, skills, and competencies) as one of the most pressing issues early on: "...The first few months were rough. I finished residency and didn't know anything; I was totally green. It was scary. What do you even do with the patients? In residency, there were always doctors supervising you. But now no one's watching. It's terrifying. What if someone dies because I did something wrong?" (Male, 30, internist, outpatient clinic, 4 years of experience)

For hospital-based physicians, the greatest difficulty lay in managing rare diseases or patients with multiple complex conditions: "The first-call team was tough. We had to respond to inpatient consults, some were very difficult cases, and as a young specialist, I just couldn't handle them. But I had to go anyway." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Uncertainty in clinical decision-making and performing procedures was largely attributed to a lack of hands-on experience: "When you're managing the patient yourself, making all the decisions, it's totally different. Right before seeing my first patient, I just kept thinking, 'Please, let my hands stop shaking'. Even though I knew it was normal to feel that way." (Female, 26, dentist, outpatient clinic, 3 years of experience)

Most fears were centered around the possibility of diagnostic or therapeutic errors: "Of course, young physicians who are just starting out worry a lot about making diagnostic mistakes or choosing the wrong treatment strategy." (Male, 26, dentist, outpatient clinic, 2 years of experience)

Participants noted that from the very beginning of practice, they felt the heavy responsibility for patients' lives and health, which often led to heightened stress: "...Some cases are just too complex—you don't know what to do. It was terrifying to be alone in the clinic at first. I was scared I'd hurt the patient. I constantly worried I'd miss something. That's when you realize what real responsibility means." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience) Concerns also stemmed from fear of losing the patient's trust due to poor-quality care: "I knew it would be hard, especially in the beginning.... Dealing with anxious patients who hadn't seen a dentist in 40 years and showed up in severe pain—I would look at them and think, 'I don't even know where to begin'. I knew the treatment would hurt, and the patient's trust in dentists would completely disappear. He'd never come back to finish treatment for something like pulpitis." (Female, 28, dentist, outpatient clinic, 4 years of experience)

Working with severely ill patients in the hospital was described as one of the most emotionally difficult aspects of practice: "...It's extremely hard to work in a hospital where patients are diagnosed with cancer. I remember one patient who was being diagnosed for a brain tumor. When he learned it was glioblastoma, one of the most malignant brain tumors, he attempted suicide." (Female, 27, surgeon, inpatient setting, 1 year of experience) "It was very hard working with children. Many of them had severe disabilities, couldn't speak or move, had been hospitalized since birth. You feel so sorry for them and for their mothers. You realize you can't help everyone. These kids cry, they're in pain—and you're the one causing it. It's a terrible feeling." (Female, 27, surgeon, inpatient setting, 1 year of experience)

Respondents noted that their stress response was mainly tied to a sense of professional helplessness: "We often realized that there was nothing we could do to help the patient. There were many cases like that....At some point, I stopped enjoying my work. We gave emergency care almost every day—we could prolong a patient's life for a bit, slightly improve their condition. But deep down, you knew the patient would eventually die. Your work just bought time—a temporary effect before the patient deceases." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) "Early failures and bad outcomes are especially hard to cope with.... Even though they warn you in medical school, you're never truly ready for it." (Female, 28, obstetrician-gynecologist, inpatient setting, 2 years of experience)

Young physicians admitted that they were particularly sensitive to complications and patient loss at the start of their careers: "...No matter what you do, sometimes things go wrong and the patient dies. It's a heavy burden. I've been through that, and it leaves a mark. I remember those patients and what they said before anesthesia, their doubts before surgery. One woman told me she wanted to live long enough to see her wedding. She really wanted to get married. The surgery went well—we even chatted in recovery. An hour later, she developed a massive intracranial hematoma and had to be rushed back for reoperation." (Female, 27, surgeon, inpatient setting, 1 year of experience) "...When a young physician encounters a failure like that, it can seriously affect their mental health. And you have to realize that these lethal outcomes can push someone out of the profession entirely." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Most narrators who had experienced such events admitted they lacked emotional coping skills: "We were never taught how to deal with these feelings, how to talk to patients, how to comfort and support them, how to leave work at work, and not to let emotions interfere with decision-making." (Female, 27, surgeon, inpatient setting, 1 year of experience)

One of the most frequently mentioned challenges during the early stages of independent clinical work was the lack of effective communication templates for interacting with patients: "When you're alone with a patient at first, you realize how hard it is to communicate. Unfortunately, they don't teach you how to talk to patients in medical school. I lacked proper communication skills." (Female, 27, internist, inpatient setting, 1 year of experience)

Some narrators described working in mobile teams, which involved experiences of disrespect or hostility from patients: "...What surprised me most was the blatant rudeness from some patients. You come to help them, and they act like you owe them something. I've heard it so many times: 'You owe me, because I pay taxes'. That really gets to you, because you're there providing medical care, and they start acting like that..." (Male, 30, internist, outpatient clinic, 4 years of experience)

For some, the most difficult part of transitioning into routine work was the workload, including the physical one: "...Dentistry is very precise, meticulous work—and your body suffers the most. Strain on the spine, legs, hands, especially the fingers." (Female, 25, dentist, outpatient clinic, 2 years of experience) "...My first job was at a regular public dental clinic, and it was a nightmare—so many patients, they gave me all the appointment slots. Honestly, after work I just wanted to run away, lock the door, and never go back. My arms, legs, back—everything was in pain from the strain." (Female, 28, dentist, outpatient clinic, 4 years of experience)

Young doctors identified medical documentation as one of the most frustrating challenges in the early days of practice: "...At the beginning, it was hard to get the paperwork right—how to fill it out correctly. It drove me crazy; I was more afraid of making mistakes in the forms than in patient care!" (Female, 25, obstetrician-gynecologist, inpatient setting, 1 year of experience)

Nearly one in five respondents cited increased "paperwork" burden and lack of time for patient appointments as major stressors exacerbated by challenges using the Unified Medical Information and Analytical System (EMIAS), which may be associated with digitalization in healthcare and the emergence of new medical records and types of healthcare: "You know, first, there's never enough time for a proper appointment.

The computer system... The EMIAS software was buggy, constantly freezing. That was a constant headache for me." (Female, 30, internist, outpatient clinic, 4 years of experience)

Most narrators mentioned inadequate pay and financial stress as common problems at the start of their careers: "When I got my first paycheck, I was shocked. You're supposed to live on that? How? I had no idea." (Female, 28, dentist, outpatient clinic, 4 years of experience) Still, many respondents viewed financial difficulties as an expected phase of professional "growing up" and believed young doctors should focus on growth, not earnings: "A doctor should never think about money first. As a young specialist, you need to grow professionally." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) "I never thought about salary, or problems, or difficulties. Never. I only thought about becoming a professional in my field." (Male, 30, dentist, inpatient setting, 5 years of experience) This philosophy resonated throughout the narratives, shaping respondents' ideas about the personal qualities of a "true" physician.

Physician–patient communication as a foundation of professional autonomy

All respondents emphasized the critical role of communication skills at every stage of professional development. They highlighted that physicians must be able to interact effectively with patients and their families across diverse social backgrounds, as well as communicate clearly within professional teams.

While underscoring the need for patient interaction skills, narrators noted that communication is essential for gathering clinical data of the patient's condition, complaints, history: "Once I started working, I realized that therapy is, first and foremost, about talking to the patient. Without a good history, you can't get anywhere. That's true for all internal medicine specialties." (Male, 31, internist, inpatient setting, 4 years of experience) "...For an obstetrician, it's crucial to find common ground with the patient—that affects outcomes too. History taking... Each patient requires a different approach, different words. And sometimes you don't even have the time for that. So yes, communication skills are absolutely necessary." (Female, 28, obstetrician-gynecologist, inpatient setting, 2 years of experience)

According to narrators, effective communication also fosters trust, which directly impacts treatment compliance: "Communication builds trust—and if the patient trusts you, things go smoothly. They listen and follow your recommendations. At least most of the time." (Male, 30, surgeon, outpatient clinic, 4 years of experience)

For many, patient communication was the most difficult aspect of professional autonomy: "...You need to be ready to talk with all kinds of people with different personalities, temperaments. You have to be a universal communicator and find common ground with everyone. No one teaches you that. I don't think it can be taught. You only gain confidence with experience. Handling everything yourself, not running to your supervisor or colleagues, is the hardest part. That's what it means to be an autonomous physician." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Some narrators even questioned their professional aptitude after early conflicts or communication difficulties with patients or their families: "It was hard dealing with patients, because everyone's different. In a hospital setting, especially emergency care, you don't always have time to tune into a patient's needs or speak their language. And then you start wondering, 'Maybe this isn't for me? Maybe I'm just not good at this?'" (Male, 28, internist, inpatient setting, 2 years of experience)

A number of respondents also pointed that a significant number of conflicts were related to the low health literacy of patients, their reliance on a paternalistic healthcare model, and reluctance to engage in self-care: "...I'm shocked by how some patients treat their oral health, putting things off again and again. And in the end, they blame the doctor, but we're not magicians." (Female, 25, dentist, outpatient clinic, 2 years of experience)

As narrators acknowledged, the nature of their work involves constant interaction with patients, and conflicts often stem from personality differences or Russian societal stereotypes: "Some patients are just completely irrational. I thought I was ready for it, but people can still surprise you. I've had patients get physically aggressive— one guy even came after me because he misunderstood something his wife told him." (Male, 30, pediatrician, outpatient clinic, 4 years of experience) "Patients are all different, and so is their attitude toward physicians. One patient told me I was too young. Everyone has their own stereotypes. There aren't many male pediatricians— that alone can lead to harsh comments." (Male, 30, pediatrician, outpatient clinic, 4 years of experience)

Respondents also noted that the healthcare system's shift from care delivery to a service model negatively impacted the public's perception of physicians and the quality of patient communication: "...Once I started practicing, I was shocked by how entitled some patients were. They come to you for help, but act like you owe them. I've heard it so many times: 'You owe me, because I pay taxes'. It's really frustrating. I provide medical care rather than sell services." (Male, 30, internist, outpatient clinic, 4 years of experience)

Workplace communication as a key to professional development

Teamwork, shared values, and a culture of mutual support are fundamental to healthcare teams: "It's totally different in an emergency hospital— faster pace, greater intensity, but also more opportunities for professional growth. It was hard to adjust at first, but colleagues helped me, not just dentists. We get trauma patients from accidents, and sometimes we have to literally piece people together. It's nothing like placing a filling. But you realize it's a team effort—everyone's working toward one goal." (Male, 28, dentist, inpatient setting, 3 years of experience) "When I couldn't reach my department head, senior colleagues would help—day or night—guiding

me on patient management." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Communication serves as a foundation for professional adaptation and skill transfer. Learning professional slang—the linguistic "code" of the workplace—helps young doctors integrate into the team: "When you join a team, you start picking up on certain words and phrases and gradually begin using them yourself." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Many respondents emphasized the value of informal communication in building relationships: "Socializing outside work also helped me fit in— team-building events, going to conferences together, even casual departmental gatherings helped me get to know everyone better and build friendships." (Male, 27, surgeon, inpatient setting, 2 years of experience)

Informal mentorship from colleagues often fueled professional motivation: "Colleagues showed me how they did certain surgical procedures, and I thought, 'That's awesome! I want to be able to do that, too'. In medicine, you're mostly taught by your colleagues. And if you want to make something of yourself—to build a name—you have to learn fast, absorb everything, then polish it on your own by reading, researching, and asking questions." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience) "...They showed me how to properly do urinary catheterization in bedridden patients, and then I picked it up myself. This routine task—a bladder tube replacement in elderly patients—is not that difficult." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Interestingly, for many narrators, the personal experience of receiving informal support from colleagues became a key factor in their own desire to assist the next generation of young physicians, serving as a mechanism for transferring mentoring practices: "...Even now, when I talk to young specialists who, just like I once did, are only beginning their hospital careers, I see in their eyes the same fear I had. I see that nervousness, that anxiety about accepting a patient or making a decision. Having gone through it myself, I try to guide them, show them how to act in those moments. Just as my colleagues once supported me, now I support younger physicians. It's a kind of professional solidarity loop." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Ineffective team communication can impact the quality of care, which confirms the critical importance of professional communication: "In many cases, poor outcomes aren't caused by a lack of medical knowledge, but by breakdowns in communication between healthcare providers, leading to errors in care delivery." (Male, 28, pediatrician, inpatient setting, 1 year of experience)

Transformation of young physicians' perceptions of their chosen field and factors contributing to professional commitment

As they begin their careers, young physicians often encounter challenges that can derail their professional trajectory and lead to attrition. Given the high cost of medical training, the departure of a trained physician from clinical practice is a loss for both the individual and the healthcare system, as well as the state as a whole. One of the study's aims was to identify both the factors that support commitment to medicine and the risk factors for career abandonment.

Young physicians primarily emphasize that they remain committed to their chosen career path because they are genuinely interested in their medical specialty and motivated to grow in that direction, despite existing challenges: "What drew me to surgery was the fact that you can see the outcome of your work immediately." A patient's condition changes quickly, and the results of your actions—medications, procedures, interventions—are often seen right away. You get instant feedback: did you make the right call or not?" (Male, 27, surgeon, inpatient setting, 2 years of experience)

Many also spoke about the importance of being immersed in the "mainstream" of clinical medicine: "I always knew I belonged in a hospital—the night shifts, full immersion in the profession, and the constant flow of unpredictable cases across different conditions—that's what I've always been drawn to." (Female, 28, obstetrician-gynecologist, inpatient setting, 3 years of experience) Others highlighted the professional intensity that sustained them: "Everyone tried to talk me out of it. They said, 'Why would you do that? Being a doctor means no free time, no personal life—nothing'. But there's a kind of romance to it, you know? Helping people—however cliché that sounds. People crawl in and walk out by themselves. That's the thrill! You get a broken puzzle, and you send out a whole human who can even talk again. It's amazing." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

An equally significant factor in professional commitment for young physicians is their sense of belonging to the medical community and their perception of medicine as a unique, even "sacred," field of knowledge: "At that point, you already feel like a physician, you feel connected, responsible. You feel like a doctor with a diploma, fully capable of managing patients." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience) "I understood that I was one of the few young specialists who had a job. One out of twenty might have a hospital position." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

However, many narrators acknowledge that inflated expectations and idealized views of clinical practice during their university years often transform into disillusionment once they begin independent work: "Of course, I had certain expectations, like all young surgical residents—that I'd walk into the OR and start operating... In reality, it was more mundane: intense competition and low pay. In our field, it's structured so that some operate and get the glory, while others just 'hand them the instruments'." (Male, 30, surgeon, outpatient clinic, 4 years of experience)

Additionally, young physicians' high self-assessment of their professional competence may not hold up in practice:

"Young specialists should stay grounded and evaluate their capabilities realistically. A lot of young people are like, 'Oh, we're great, we can do everything, we've got this'. But that's far from the truth." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience)

Another factor supporting professional commitment for many narrators is access to advanced technology and well-equipped facilities. This was especially emphasized by "hands-on" specialists—dentists, obstetricians-gynecologists, and surgeons: "The center where I did my residency and stayed afterward was well-equipped. I had access to most modern technologies and medications." (Female, 27, surgeon, inpatient setting, 1 year of experience)

The opposite is also true—when working conditions fall short of expectations, young physicians are more likely to consider changing jobs or leaving the profession altogether: "Imagine sharing a tiny office with two veterans—two internists—and I was in the middle. I had this old drill that would go 'tr-din-din-din!' I couldn't help laughing. Was that really my workplace? How was I supposed to go on like that?" (Female, 28, dentist, outpatient clinic, 4 years of experience) "The most important thing is that I had access to great equipment at the university—devices that the hospital had never even seen. I had to ask the employer to buy new equipment. I wanted to start working with proper tools, not run around trying to find better conditions." (Male, 30, dentist, inpatient setting, 5 years of experience)

Still, one of the most frequently cited reasons for leaving clinical practice is the discrepancy between expectations and actual compensation: "We're dealing with the current level of pay and the workload physicians bear, which largely goes uncompensated. If I had to choose again, I'd probably go for a more lucrative specialty, like dentistry." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) At the same time, many narrators emphasize that the efforts invested in medical education, professional development, and the sheer volume of clinical workload do not "pay off" in the short term: "This ratio—how much you do versus how much you get—seems to be the hardest thing for doctors to accept. Especially when everything piles up, when it's been a hard day and you've done a bunch of surgeries. Even though you understand why you're doing it, conversations in the staff room always come back to how little we're paid for the work we do. This kind of labor just doesn't pay off in Russia right now." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) "Let's just say that the time and effort I put into my education as a junior medical specialist didn't pay off financially." (Female, 27, internist, outpatient clinic, less than 1 year of experience)

Nevertheless, even while acknowledging the imbalance between effort and financial compensation, some participants refer to an emotional equilibrium, stating that the emotional return from their work and the understanding of its societal importance help offset temporary financial hardship: "If we're talking about a 'return on investment,' of course, the effort we put in doesn't pay off here. If we're talking about converting knowledge and skills into income, then gynecology specifically doesn't offer many procedures, aside from exams and consultations. These specialties are related to a lower volume of billable work. But for some, the emotional reward from working with patients makes up for that." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience)

At the same time, emotional burden itself can lead to the decision to leave the profession: "Independent practice inevitably comes with difficulties. Every day presents new challenges, but so far, I've been able to handle them. Still, the paperwork, the hormonal patients, and the frayed nerves of their families take a toll." (Female, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience) "When you visit some families, you see the conditions people live in—and how this elderly man, for example, lives. There have been conflict situations, like this one, when an old man was lying in filth, covered in flies and his own excrement. The family did nothing but call us to clean it up. Coming to such families and seeing how people live was morally devastating. It changes your entire worldview. That's when I seriously thought about leaving the profession." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

The transformations of Russian healthcare system that began in the post-Soviet era prompted a revision of legislation and the expansion of the private medical sector.

According to study participants, working conditions and salaries in private medical institutions are more favorable, and overall conditions are more attractive. These factors often drive physicians to transition from public to private practice: "I have many colleagues who work in private clinics where they are paid well for each consultation, and each patient is allotted more than 20 minutes. They've already built up a base of regular patients. But that takes time and experience, of course. It's different here—12 minutes per patient, plus tons of paperwork, sometimes I even take it home. But I'm currently in the phase of gaining experience with a stable income, so for now, I'm okay with the difficulties. Once I gain more experience, I'll think about it." (Female, 27, obstetrician-gynecologist, outpatient clinic, 2 years of experience) Since high-quality care is a core expectation in the private sector, employers tend to seek highly qualified professionals. Many narrators therefore view the private sector as a future option once they gain sufficient experience: "I started working in June this year, and I've already had a lot of practice. As soon as I gained enough experience, I switched to a private clinic. My consultation fee increased significantly... I think I've landed a good position." (Female, 27, internist, outpatient clinic, less than 1 year of experience)

Nevertheless, the narrators do not see employment in private health care as the ultimate "success formula,"

but rather as a pragmatic shift from an "idealistic" career path to a more financially sustainable one: "Most of my classmates went into private clinics. They believe that's success, happiness, an achievement in life. In other words, they traded their professional 'ideals' for routine work—but at least it's well paid." (Female, 30, pediatrician, inpatient setting, 4 years of experience)

Commitment to a chosen career path can also strain family relationships. For many young physicians, work schedules and demands create pressure that may ultimately push them to change the professional trajectory or even leave the profession altogether: "I'm not married, but I have a child. I'm divorced. I think being a doctor played a role in that. My husband wanted to go out—well, I was on call. On weekends, I needed to catch up on sleep, and I also had to work on a systematic review... His team had happy hours and weekend trips. We also had a kid, who needed to be looked after or picked up from daycare, and I was always at work. I had to choose between marriage and my career—work won." (Female, 29, pediatrician, inpatient setting, 5 years of experience)

Family planning is another factor that places financial strain on young physicians, potentially leading them to leave clinical medicine or move to the private sector: "There are two doctors in our household—me and my husband. Naturally, we didn't have enough money. One of us had to either leave medicine or go private because we simply couldn't make ends meet. That's why I get paid at one job and see patients through my PhD program." (Female, 29, obstetrician-gynecologist, outpatient clinic, 2 years of experience) "...my friend left the profession altogether after her second maternity leave. I think it was mostly due to financial reasons. You have to feed your children, and yourselves too." (Female, 27, obstetrician-gynecologist, outpatient clinic, 2 years of experience)

The impact of autonomous clinical practice on the transformation of physicians' perceptions of key personal qualities

Responsibility is widely cited by participants as one of the essential personal qualities of a physician. Most narratives emphasize that physician autonomy is closely linked to responsibility for patients' lives and health: "The most important thing is responsibility... Once you become an independent doctor, you're on your own. So the first thing you encounter is responsibility for every decision you make. Sure, you can ask senior colleagues, but you don't really want to, because now you're a doctor yourself, and you want to make decisions on your own." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Most respondents described the beginning of their independent practice as a period of confronting and reassessing the weight of responsibility for their clinical decisions: "You carry huge responsibility for another person's life. Like a pilot is responsible for passengers, a surgeon is responsible for their patients." (Female, 27, surgeon, inpatient setting, 1 year of experience) This sense of responsibility is especially acute among obstetricians-gynecologists and pediatricians: "You're accountable—your actions are not only evaluated by supervisors and professors here and now. The parents and the child have to be able to go on living without worrying about their health." (Female, 29, pediatrician, inpatient setting, 3 years of experience)

For many narrators, the sense of responsibility resonates with the perceived significance of their work: "Understanding the responsibility for another person's life defines the value of this profession, in my opinion. Doctors, rescuers, military personnel—these are professions that help in critical moments. That's what makes this work so important. Yes, it's difficult, demanding, and necessary. At those moments, you realize that you are needed, that you are saving lives. That sense of being part of something bigger, meaningful, and vital made up for the stress and the colossal responsibility." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Legal liability also plays a role in intensifying physicians' sense of responsibility. Their clinical decisions may have life-long consequences for the patient: "Once I started working independently, I realized that my name is on everything. Surgeon of record—that's me. My name is everywhere. So now I'm legally responsible for all of it." (Male, 30, trauma surgeon, inpatient setting, 3 years of experience) "We have a Criminal Code. Like it or not, it will hold anyone accountable. Everyone understands what a medical error can lead to." (Male, 32, pediatrician, inpatient setting, 4 years of experience)

For many narrators, professional responsibility encompasses not only the effect of their decisions or actions on the patient's health but also the reputation of the medical team, institution, and the profession as a whole: "I've always been hyper-responsible, and when I chose this profession, I already knew it meant lifelong responsibility for patients, treatment, documentation, colleagues, and the image of medicine in general." (Male, 30, dentist, inpatient setting, 5 years of experience)

An understanding of professional ethics and responsibility often grows out of collaborative work with other specialists, fostering team solidarization, respect for colleagues' experience and continued professional development "on the ground": "The hardest thing is to take responsibility for treatment decisions, because there are so many different treatment approaches. You have to choose one, and then develop the whole plan for preoperative care, for surgery, and for rehabilitation." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Ultimately, this level of responsibility for patient outcomes becomes a driving force for self-improvement—acquiring knowledge, honing skills, cultivating professionalism, enhancing performance and striving to meet the image of the "ideal physician": "Everyone believed I'd make an excellent—and more importantly, responsible—doctor.

And I think I did. I've always had high standards for both the profession and for myself. In the university and now, I demand a lot from myself. I push through fatigue, prepare presentations, or start meta-analyses for articles. No one ever said it would be easy, but it's definitely interesting." (Male, 30, dentist, inpatient setting, 5 years of experience)

According to the study participants, striving for continuous self-development and professional growth is fundamental to a physician's self-fulfillment: "I think the most important thing for a physician is continuous growth and ongoing professional development. That's the only way to work and feel like you're in the right place." (Male, 30, dentist, inpatient setting, 5 years of experience)

Young physicians stress that: "...Not everyone can become a doctor, especially a young specialist... They must, above all, be hardworking, goal-oriented, and conscientious. They must constantly develop professionally—study, read, gain experience, get as much exposure as possible in the clinic, volunteer." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience) They also emphasize that professional growth requires concentration, attentiveness, and attention to detail: "First and foremost, you need attention to detail and have to notice the little things." (Male, 32, pediatrician, inpatient setting, 4 years of experience) "There's Wilson–Konovalov disease, which is caused by ceruloplasmin deficiency—an enzyme responsible for copper metabolism. One of the signs is a golden ring around the iris—Kayser–Fleischer ring. It's very hard to see, but if you look closely, it's there. The disease primarily affects the liver. So, if there's a jaundiced child, what could be the cause? Who knows. You have to figure it out. You examine, look for a rash, for other signs—aha! So yes, paying attention to small things is crucial. The ability to learn 'in the field'—you see a new case, remember it, go home, and read up on it." (Male, 32, pediatrician, inpatient setting, 4 years of experience)

Overall, high work capacity is viewed by narrators as a "filter" for entry into the profession. Already during medical school, many identified it as a key quality a physician must possess. Upon entering practice, this view becomes more grounded and pronounced: "The key to successful professional socialization and adaptation is being ready to work—really work, tirelessly." (Male, 27, surgeon, outpatient clinic, 1 year of experience) "Tons of work is the main rule. If you work hard, everyone sees it—you'll stay in the profession, you'll endure." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

Narrators acknowledge that the workload can push young physicians' professional growth to the brink of self-sacrifice but generally view this as a test of their fitness for the profession: "It was hard, really hard. I worked at a hospital with a huge patient load. Few inpatient units could compare to that at the time. A few months later, I was assigned not one but two on-call urology consultant shifts across Moscow. From 8 a.m. to 8 a.m. the next day, I worked as a mobile consultant across Moscow, called in for any urological issue—either by phone or directly in hospitals without a urology department. Day or night, I'd get called, carry the emergency phone, and get picked up by ambulance. I went from hospital to hospital, consulting or operating when possible. On top of that, I had ER duties. Thursdays, we had a mobile unit for bedridden patients with urinary catheters. Usually they were elderly men, unable to come to the hospital, whose catheters had stopped working. My job was to go in and replace it at home. If you want to be a good doctor, you have to be able to carry that workload." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

This high workload highlights the need for not only stamina but also stress resilience: "Some people's health suffers under such loads. For those prone to anxiety or overthinking, it can be really tough." (Male, 27, surgeon, outpatient clinic, 1 year of experience)

Interestingly, inpatient physicians especially emphasize the need for composure under emergency conditions: "It's important for inpatient doctors to be able to make decisions quickly, stay calm, stress-resilient, and composed..." (Female, 31, pediatrician, inpatient setting, 5 years of experience) In contrast, outpatient physicians stress the need for emotional steadiness in interactions with patients: "In my opinion, a dentist should be a calm person—someone who can soothe the patient and still retain the cool-headedness expected of any doctor." (Female, 28, dentist, outpatient clinic, 4 years of experience)

Still, communication with patients' families also demands patience and composure from both outpatient and inpatient physicians: "Yes, I think I chose the right specialty. I'm calm, I love children, I don't argue with parents, I'm patient enough and capable of making tough decisions. That's important. Most of my colleagues are like that. It's probably an entry requirement for the profession." (Female, 29, pediatrician, inpatient setting, 5 years of experience)

According to participants, communication skills are also among the most critical attributes for a physician. It is essential to be able to build productive dialogue not only with patients and their families but also with colleagues and the health care team: "I think doctors need to be flexible in communicating with coworkers and patients, and be patient, optimistic. You have to understand that all the hardships we face are worth it if you want to proudly wear the title of 'doctor'." (Female, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience)

Empathy, as the foundation of physician–patient communication, allows the physician to identify subtle signs that may be critical for diagnosis or revealing underlying causes, thereby enhancing their professional reputation: "A lot depends on the ability to communicate and find common ground—not just on factual knowledge or technical skills, or even the desire to grow professionally. Communication is everything for a doctor." (Male, 28, dentist, inpatient setting, 3 years of experience) In many ways, according to study participants, love for the profession is what helps

physicians cope with the difficulties of medical practice: "You have to love your profession to go to work with joy, not just counting down the hours till the end of the day." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Motivation for professional practice

Analysis of the collected narratives revealed that the professional motivation of most young physicians is primarily altruistic. The most frequently mentioned motives reflect core personal values, such as love for people and a desire to help: "I genuinely want to help people. I love doing it, it's just something in me. I'm not a fanatic, but if someone needs help, I won't just walk past." (Female, 28, obstetrician-gynecologist, outpatient clinic, 1 year of experience)

Positive feedback from patients and their families serves not only as a motivating factor for young physicians but also, first, as an informal confirmation of their qualification and the appropriateness of their chosen career path: "If the patient is satisfied and their health improves, it means I'm fit for the role, I'm a qualified physician, and I'm where I'm supposed to be. My work helps make people's lives even a little easier and better, and it contributes to the development of healthcare and quality of life in the country overall." (Male, 28, trauma surgeon, inpatient setting, 2 years of experience)

Second, such feedback often stimulates further professional development and skill improvement: "Positive feedback from patients is very motivating, it encourages me to keep growing professionally. It makes you realize that you're doing something great and meaningful, and you want to do it even better." (Male, 27, internist, outpatient clinic, 1 year of experience)

Third, gratitude and recognition from patients reinforce the sense of belonging to a respected and meaningful profession: "What gives me strength to keep loving my job? Good feedback. Yes, getting positive reviews shows us that our profession is valuable and needed." (Female, 29, pediatrician, inpatient setting, 3 years of experience) "The most valuable thing, probably, is hearing that first 'Thank you' from a patient. When you see that they're happy and you've helped them, you gain self-respect." (Female, 26, dentist, outpatient clinic, 3 years of experience)

The second most common motivational factor involves opportunities for professional self-fulfillment and pursuing clinical interests: "What motivates me is interest. I enjoy learning and helping. I plan to keep improving and to adopt new methods." (Female, 29, pediatrician, inpatient setting, 5 years of experience) "Right now, what motivates me most is the stability my job gives me and the fact that I can keep improving and becoming better in my field." (Female, 25, pediatrician, inpatient setting, 3 years of experience)

The third most frequently cited factor is the drive for professional development and self-improvement: "...The main outcome for us is the child's health. That's the truth. If that doesn't interest you anymore, you're no longer a doctor. You've burned out, broken down. I'll keep working on my skills and try to improve the quality of my care." (Female, 31, pediatrician, inpatient setting, 5 years of experience)

In general, love for and commitment to the profession, along with a sense of participating in an important social mission—preserving health and saving lives—are recurring motivational themes: "...I know that what I do truly benefits people. There's nothing better than seeing the joy in a patient's eyes when they leave the hospital with a newborn in their arms." (Female, 28, obstetrician-gynecologist, inpatient setting, 2 years of experience)

Some participants also expressed motivation rooted in the appeal of a high-adrenaline, dynamic professional environment: "Being part of a difficult, risky, adrenaline-filled, high-stress profession—that's what I chose, and that's what drives me." (Female, 31, pediatrician, inpatient setting, 5 years of experience)

Prestige also plays a role in career choice and motivation: "I've always believed that being a doctor or a teacher are among the most prestigious careers." (Female, 29, obstetrician-gynecologist, inpatient setting, 4 years of experience) Media portrayals of medicine also influence career commitment: "My motivation to go into medicine began with a great series called 'Moscow Rescue Service'." (Male, 30, internist, outpatient clinic, 4 years of experience) "That's when all those medical dramas started coming out, and I wanted to be one of those doctors from TV." (Male, 30, otolaryngologic surgeon, inpatient setting, 5 years of experience)

The narrators themselves emphasize that job satisfaction, workplace comfort, and opportunities for professional fulfillment serve as a "vaccine" against burnout: "The only thing that can keep a doctor from burning out is the deep satisfaction from doing their job, when you see that you're guiding a patient toward recovery and truly helping them." (Male, 28, pediatrician, inpatient setting, 1 year of experience)

Although altruism is the predominant motivation in young physicians, one in five narratives also mention financial factors affecting professional practice: "In the early years of med school, I was driven purely by altruistic motives. Now I realize that income matters too." (Female, 27, internist, inpatient setting, 2 years of experience) "...There's a disconnect between what medical students expect and what they face in reality. A kind of myth. I believed it too that your main goal is to help people. But that's not quite right. Yes, you help people, but your main task is to earn a living, because we all have families. It's a tough job, and it should be compensated." (Male, 31, urologic surgeon, inpatient setting, 4 years of experience)

Still, for young physicians, financial compensation is primarily seen as a reflection of professional competence: "Low pay never discouraged me. I knew that once I became a good professional, I'd earn well. I've always believed that if I work hard and develop good skills and knowledge, I'll

find my niche. I've never had serious doubts about that." (Female, 27, internist, outpatient clinic, less than 1 year of experience)

Thus, the transition to autonomous professional activity is perceived by participants as a test of their clinical competence and personal qualities essential to the role of a physician. Key factors contributing to a successful adaptation of young physicians include support from the medical team and informal mentors, readiness for continued learning, acquisition of hands-on clinical skills, and a stable motivation for professional self-realization.

The main risks of leaving the profession at the early career stage include insufficient practical training, poor communication with peers and colleagues, high physical and emotional stress, unmet financial expectations, and limited career advancement—especially in hospital-based roles. These difficulties often lead to a reassessment of professional priorities, a shift toward personal career-building, starting a family, or recognition of gender-related constraints in the profession.

Interestingly, at the start of clinical practice, financial reward plays only a secondary role. What matters most are opportunities to improve clinical skills, form a professional identity, and gain a foothold within the medical community.

This post-graduate "reconstruction" of professional identity—from romanticism to rationality—also transforms the hierarchy of key qualities. Priority shifts toward those that facilitate professional adaptation: communication (doctor–doctor and doctor–patient), stamina, responsibility, discipline, self-sacrifice, and empathy.

At the post-graduate stage, the core institutions of professional socialization are medicine and family (including starting a family, working in a medical dynasty). Key social agents include practicing physicians (colleagues, mentors, employers) and family members. The hallmarks of successful professional socialization include independent decision-making, lifelong learning, development of a professional social identity, and a strong sense of solidarity and accountability.

DISCUSSION

The trajectories of physicians' professional development today are largely shaped by the broad opportunities within medical education, as well as by choices regarding future directions and areas of clinical practice [4, 8, 9, 21]. However, some authors argue that the lack of clearly developed content, structure, and training methods within the "school-to-university" system [22, 23], along with the insufficient exploration of physicians' professional socialization in the context of contemporary health care [1, 9, 24], has led to the absence of a comprehensive "psychological-pedagogical theory of career guidance" [10, 12, 25, 26]. This gap negatively impacts the continuity of medical education and the consistent development of competencies and professional commitment among future physicians [4, 11, 12].

Despite some disagreement among contemporary authors on the stages of professional socialization in medicine, several works identify three main stages of professionalization: the pre-university (preparatory) stage, university training with acquisition of formal knowledge, and post-socialization (the period of developing practical skills) [27–30]. Nonetheless, given long-term professionalization, existing models are often limited by the lack of a clearly defined post-university (post-socialization) stage [30, 31].

From the perspective of medical sociology, A.D. Donika's model of professional ontogenesis in medical careers is of particular interest. It includes four stages: choosing a profession (ages 16–17), adapting to university-level medical education (years 1–2), accumulating professional knowledge, and "optation," or choosing a specialty upon completing university training [9]. This model provides detailed descriptions of each stage and highlights the conditions and factors that promote professional commitment. However, in the context of digital transformation and the overwhelming availability of information (including resources for career selection), the range of professional socialization, in our view, has expanded significantly.

The model proposed by N.M. Baikov and S.A. Litvintseva outlines five sequential stages of professional socialization: acquisition of professional knowledge and skills, mastery of competencies, integration into the professional environment, the debut of clinical work, and continued development through lifelong medical education [8]. While entry into the professional environment and the transition into clinical practice are treated as distinct stages, the lack of a pre-university phase (merged with university education) limits the ability to identify the full range of factors influencing career path variability among physicians.

The present study, based on narrative interviews, revealed a wide range of meaningful and content-related patterns that help explain not only motivations for choosing a medical career, but also the socialization trajectories of physicians across a broad temporal and developmental spectrum. The findings also allowed us to describe the role of key social agents at each stage—"career guides." Our analysis identified major narrative strategies, plots, characters, and temporal markers. Using an inductive narrative approach [32], we organized the data, extracted discursive trajectories, identified stable social practices [33, 34], and outlined three core semantic data blocks (including seven subgroups), which acted as the empirical basis for the standard plot of narratives: "playing doctor" (ages 3–7), "premonition" of professional choice (ages 8–11), professional self-determination or formation of career intentions (ages 12–17), medical education as the "foundation" of professional socialization (years 1–2), choosing a career trajectory (years 3–6), debut of professional activity (residency), and "challenges of professional autonomy." This analysis identified key

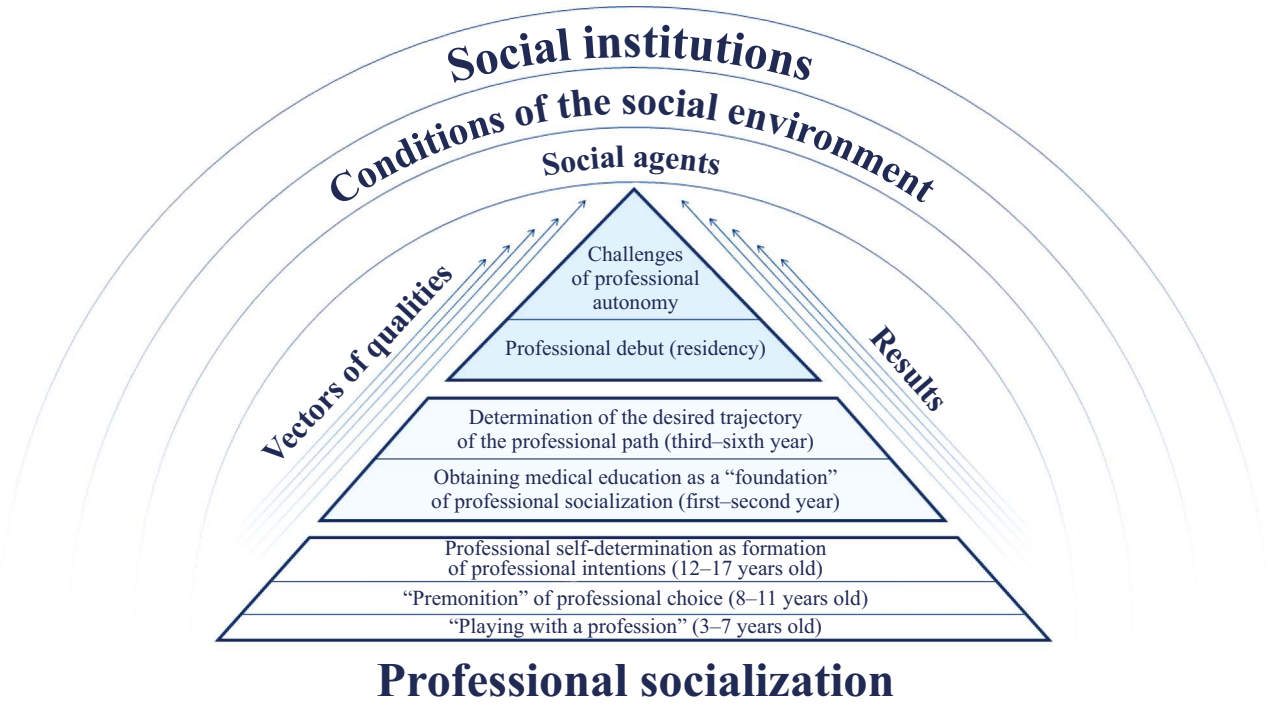

Fig. 1. A model of professional socialisation of a doctor.

factors and conditions that shape the process and trajectory of physicians' professional socialization, as well as reference points and developmental vectors for essential professional qualities. These findings served as the foundation for constructing a model of physicians' professional socialization (Fig. 1).

CONCLUSION

In the context of ongoing digitalization and the evolving healthcare system, medical education is acquiring new dimensions. These changes necessitate that future physicians master a broader range of interdisciplinary knowledge and continuously advance their professional competence through lifelong medical education. Physicians' work is associated with a high degree of responsibility, as well as considerable physical and emotional demands. At the same time, public discourse often reflects ambivalent attitudes toward medical professionals as both "heroic doctors" and "indifferent providers" [35]. These challenges along the professional path often make many medical graduates pursue alternative career options or leave the profession altogether. To maintain motivation among young physicians to remain in clinical practice, it is essential to consider not only the factors that support their commitment to the chosen career trajectory at each stage of professional socialization, but also the risk factors that may prompt them to revise their life and career plans after graduation from medical university.

ADDITIONAL INFORMATION

This article is a continuation of the article by Prisyazhnaya NV, Vyatkina NYu. Trajectories of a doctor's professional development: a narrative interview. Part 1. Sociology of Medicine. 2023;22(2):183–201. DOI: https://doi.org/10.17816/socm632475

Authors' contribution. All authors confirm compliance of their authorship with the international ICMJE criteria. All authors — research concept and design, collection and processing of materials, statistical processing.

Funding source. Not specified.

Competing interests. The authors claim that there is no conflict of interest in the article.

Ethics approval. The present study protocol was approved by the local Ethics Committee of The First Sechenov Moscow State Medical University (№ 03–22 by 03.02.2022).

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