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Purpose in Life as a Determinant of Psychological Well-Being among Medical Residents in Ukraine

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Сенс життя як визначальний фактор психологічного благополуччя серед лікарів-інтернів в Україні

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Introduction

One of the core determinants of an individual's mental health is their perception of having a purpose in life. The necessity of evaluating life purpose specifically among junior doctors' stems from their heightened exposure to clinical stressors, occupational socialization challenges and the rapid destabilization of established social norms [1]. Critically, for the healthcare sector in Ukraine, these challenges are compounded by the ongoing military conflict. Junior doctors play an indispensable role in maintaining public health infrastructure by delivering medical services to both civilian and military populations [2; 3]. The realm of psychological well-being can be represented by two main factors: personal development (e.g., self-actualization, a sense of meaning) and subjective well-being (e.g., happiness, life satisfaction). Contemporary measures of personal growth can be assessed as a component of autonomy or as a component of mature social relationships [4]. Within the framework of the eudaimonic concept developed by Carol Ryff, psychological well-being is viewed as a multidimensional construct consisting of six distinct domains: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance [5]. Although extensive literature addresses burnout and distress among physicians, the specific dimension of Purpose in Life remains significantly underresearched in the demographic of junior doctors undergoing transitional postgraduate training.

The aim of this study is to evaluate the Purpose in Life dimension of psychological well-being among junior doctors and to determine its association with selected socio-demographic variables.

Object, materials and research methods

Research subject: The state of psychological well-being among junior doctors, as assessed through self-reports focusing on their perception of life goals.

The study was conducted from 2021 to 2023.

Materials: The study sample comprised 665 junior doctors from Danylo Halytsky Lviv National Medical University. The inclusion and exclusion criteria for the survey were, respectively, providing a complete response or failing to answer all statements on the questionnaire. All participants gave informed consent prior to enrolment. The sample was selected using random sampling. The study was conducted in accordance with the principles of the Declaration of Helsinki (2008); all participants were informed about the voluntary nature of the study, as well as the anonymity and confidentiality of their results. The survey was approved by the University Research Ethics Committee (Protocol No. 9 of 21 December 2020).

For self-assessment, Carol Ryff's Psychological Well-Being Scale was used, and its Purpose in Life domain was analyzed. Within this study, a score of 3.5 on a 6-point scale was established as the statistical neutrality line for responses.

Methods: bibliographic, structural-logical, sociological and statistical methods.

Data Analysis: Survey responses were analyzed quantitatively. The chi-square (χ^2) test for independent samples was used to compare the frequencies of response options (expressed as percentages) across groups defined by gender, age, place of residence and employment status; mean values were also calculated for the indicators. Statistical significance was set at a p-value of less than 0.05. All statistical calculations were performed using Statistica software (version 13.3.721).

Research results

The study utilized the most widely recognized version of Carol Ryff's Psychological Well-Being Questionnaire, which contains 84 items divided into six subscales, each consisting of 14 statements. These statements have both direct (positive) and reverse-scored (negative) orientations regarding the characteristics of the respondent's psychological state. The Purpose in Life subscale contains statements that provide both a positive description (the respondent has life goals and finds meaning in their current life) and a negative one (the respondent lacks meaning in life and has few goals or beliefs that define the meaning of life).

Positive statements include:

– "I enjoy thinking about what I've done in the past and what I hope to do in the future";

– "My life has meaning";

– "I enjoy making plans for the future and putting them into action";

– "I actively strive to carry out the plans I make for myself";

– "I am not the kind of person who drifts through life without any purpose";

– "The goals I have set for myself have more often brought me joy than disappointment";

– "I enjoy thinking about what I have achieved in life".

The following negative (reverse-scored) statements were included to evaluate lower levels of purposefulness:

– "I live for today and don't really think about the future";

– "I try to focus on the present because the future almost always brings some kind of problem";

– "My daily activities often seem trivial and insignificant to me";

– "I'm not very clear on what I want to achieve in life";

– "I used to set goals for myself, but now it seems like a waste of time";

– "I sometimes feel like I've already done everything I could in life";

– "I'm not sure if there's anything left for me to look forward to in life".

The study sample was selected using a randomization method. The baseline characteristics of the respondents are presented in Table 1.

Based on the analysis of empirical data regarding junior doctors' self-assessment of their purpose in life, the overall mean score for the sample was 64 ± 9 (*SD* = 9). A low level of purpose in life was observed in 130 individuals (19.55 ± 1.54%), with a mean score of 49 ± 4. A moderate level was recorded in the majority of respondents – 438 individuals (65.86 ± 1.84%) – with a mean score of 65 ± 5. A high level of this domain was found in 97 individuals (14.59 ± 1.37%), with a mean score of 77 ± 4. Comprehensive statistical data on this distribution are presented in Table 2.

The calculation of Student's *t*-statistic confirms that the identified severity groups (Table 3) differ statistically significantly from one another ($p < 0.001$).

When comparing the self-assessment of purpose in life by gender and place of residence, a statistically significant higher level was found among women (64.21 ± 0.39 versus 61.69 ± 0.91 among men, $t = 2.54$; $p = 0.014$) and among urban residents (64.07 ± 0.40 vs 61.97 ± 0.88 among rural residents, $t = 2.17$; $p = 0.034$). Among the female respondents as a whole, the level of purpose in life was significantly higher among urban women (64.63 ± 0.43 points versus 61.98 ± 0.93 among rural residents, $t = 2.58$; $p = 0.012$). Among men, the scores were virtually identical (61.64 ± 0.98 for urban residents and 61.94 ± 2.61 for rural residents).

An analysis of respondents' answers to statements with a direct (positive) meaning regarding the characteristics of psychological well-being in the Purpose in Life domain revealed the following features (Table 4).

The confidence intervals for the survey results are fairly narrow, indicating the reliability, stability and representativeness of the estimates in the sample. The intervals for all seven statements fall within the positive range (> 4.0 points) and are above the neutral line (3.5). Respondents demonstrate a commendable level of purposefulness.

The highest consistency in responses is seen in the statement about the meaning of life (Statement No. 2,

Table 1

Demographic Profile of the Respondents

Indicator / Category	Total (N)	Total (%)	Men (N)	Men (%)	Women (N)	Women (%)
Total Respondents	**665**	**100.00**	**121**	**18.20**	**544**	**81.80**
Age						
Under 25 years old	578	86.92	102	84.30	476	87.50
25 years and older	87	13.08	19	15.70	68	12.50
Place of Residence						
Urban areas	562	84.51	104	85.95	458	84.19
Rural areas	103	15.49	17	14.05	86	15.81
Marital Status*						
Single	389	58.50	89	73.55	300	55.15
Married	264	39.70	27	22.31	237	43.57

** Note: The 'Single' category includes 12 widowed individuals.*

Table 2

Distribution of Purpose in Life Severity Levels in the Total Sample (*N* = 665)

Severity Level	Number of Persons (*n*)	Percentage of Persons (% ± *SE*)	Mean Score (*M* ± *SD*)	Standard Error of the Mean (*SEM*)
Low level	130	19.55 ± 1.54	49 ± 4	±0.33
Moderate level	438	65.86 ± 1.84	65 ± 5	±0.25
High level	97	14.59 ± 1.37	77 ± 4	±0.37
Total Sample	**665**	**100.00%**	**64 ± 9**	**±0.36**

Notes: N = total sample size; n = number of individuals in a specific group; SE = standard error of the percentage; M = arithmetic mean; SD = standard deviation; SEM = standard error of the arithmetic mean.

Table 3

Pairwise Comparison of Severity Levels Using Student's *t*-test

Compared Pairs of Groups	*t*-value	Empirical Significance Level (*p*)
Low level vs. Moderate level	37.70	p < 0.001
Moderate level vs. High level	25.47	p < 0.001
Low level vs. High level	52.17	p < 0.001

Table 4

Assessment of Statements in the Purpose in Life Domain Having a Direct (Positive) Impact on Psychological Well-Being

Statement No.	STATEMENT	Mean Score (points)	CONCLUSION
1	**2**	**3**	**4**
1.	"I feel good when I think of what I've done in the past and what I hope to do in the future"	4.70 ± 1.23 (*Me* = 5.0; 95% *CI*: 4.60–4.79)	The generally high level of positive attitudes toward one's own life experiences may indicate the respondents' ability to link past experiences to future plans, which is a classic sign of high psychological well-being. A statistically significant difference ($t = –2.14$; $p = 0.037$) forms a trend of variation based on the respondent's sex: women have higher scores of satisfactions with their life path (4.75 ± 1.18) than men (4.45 ± 1.41).
2.	"My life has meaning"	5.06 ± 1.19 (*Me* = 5.0; 95% *CI*: 4.97–5.15)	A very high level of overall meaningfulness of life is demonstrated. A statistically significant difference ($t = –2.48$; $p = 0.016$) reinforces the overarching trend of the study: women have a higher level of psychological well-being and a stronger sense of the meaningfulness of life (5.13 ± 1.13 points) compared to men (4.79 ± 1.41).
3.	"I enjoy making plans for the future and working to make them a reality"	4.71 ± 1.18 (*Me* = 5.0; 95% *CI*: 4.62–4.80)	Junior doctors are generally characterized by a high level of future orientation; the process of projecting the future and the actual implementation of plans evokes positive emotions ("enjoy") in them, indicating developed volitional regulation and the absence of chronic procrastination. A statistically significant difference ($t = –2.28$; $p = 0.026$) demonstrates higher adaptability of women in the goal-setting process (women: 4.76 ± 1.15, men: 4.47 ± 1.29). Married respondents have a higher level of satisfaction with planning, since family life by its nature requires joint budgeting, improving housing conditions, planning children's upbringing, etc. (single: 4.63 ± 1.20, married: 4.87 ± 1.10, $t = –2.55$; $p = 0.013$).
4.	"I am active about carrying out the plans I would set for myself"	4.38 ± 1.12 (*Me* = 4.0; 95% *CI*: 4.29–4.46)	Respondents exhibit a moderately high level of proactivity, volitional regulation and internality (internal locus of control). The respondents are not merely envisioning the future; in our view, they are demonstrating a genuine willingness to take action to achieve their goals. A significantly higher level of activity and persistence is observed in female junior doctors (4.42 ± 1.10 points) compared to men (4.17 ± 1.19; $t = –2.19$; $p = 0.032$).
5.	"I am not one of those people who just wanders through life without any purpose"	4.19 ± 1.49 (*Me* = 5.0; 95% *CI*: 4.08–4.30)	The inner life position of physicians is a stable personal construct. The obtained statistical data ($t = –2.50$; $p = 0.015$) reflect a classic pattern of developmental and personality psychology. A higher rate of agreement among respondents older than 25 years (4.54 ± 1.38 points) indicates profound qualitative changes in human consciousness during the transition from youth to maturity (compared to 4.14 ± 1.51 in respondents under 25 years old).
6.	"The goals I have set for myself have more often brought me joy than disappointment"	4.48 ± 1.20 (*Me* = 5.0; 95% *CI*: 4.39–4.58)	Respondents show a high level of retrospective satisfaction with the results of their activities and a well-developed cognitive mindset for success. The indicator captures a positive balance between personal expectations and their actual realization, independent of socio-demographic characteristics, as gender and other variables showed no statistically significant effect ($p > 0.05$).

Continuation of Table 4

1	2	3	4
7.	"I feel good when I think about what I've accomplished in life"	4.38 ± 1.22 (*Me* = 5.0; 95% *CI*: 4.28–4.47)	The moderately high level of satisfaction with one's own achievements is an important indicator of a positive retrospective view of one's life. It also reveals a clear gender specificity in assessing one's own success. Women (4.44 ± 1.18 points) feel more pleasure and satisfaction from analyzing their life achievements than men (4.11 ± 1.35; $t = -2.48$; $p = 0.016$). This trend forms independently of marital relationships or place of residence.

Note: Data are presented as the arithmetic mean ± standard deviation (M ± SD); Me – median; 95% CI – 95% confidence interval.

4.97–5.15 points), while the greatest variation is found in the statement about having a purpose (Statement No. 5, 4.08–4.30). Statement No. 2, "My life has meaning," is particularly significant. Its score range does not overlap with that of most other statements and shows a statistically significant higher rating. The rating for this item approaches the highest end of the scale.

Statement No. 5, "I am not one of those people who drift through life without any purpose," ranks lowest (4.08–4.30). Although the score is positive, it is statistically significantly lower than all the others. It also has the highest standard deviation (*SD* = ±1.49), indicating a noticeable spread of responses among the 665 respondents.

Respondents' answers to reverse-scored (negative) statements regarding the characteristics of psychological well-being in the Purpose in Life domain are presented in Table 5.

The core of this subscale – or, more specifically, the highest scores – reflects that respondents clearly

Table 5

Assessment of Statements in the Purpose in Life Domain Having an Inverse (Negative) Meaning Regarding the Characteristics of Psychological Well-Being

Statement No.	STATEMENT	Mean Score (points)	CONCLUSION
1.	"I live life one day at a time and don't really think about the future"	4.77 ± 1.17 (*Me* = 5.0; 95% *CI*: 4.69–4.86)	Respondents demonstrate a high capacity for long-term planning. A high score may indicate that doctors actually disagree with this statement and do not limit their perspective to the present. They are actively shaping a vision of their own future, which is a fundamental characteristic of a well-defined life strategy.
2.	"I try to focus on the present because the future almost always brings some problems"	4.51 ± 1.07 (*Me* = 5.0; 95% *CI*: 4.43–4.59)	The result indicates a low level of catastrophising about the future. Respondents are evidently not inclined to view upcoming events solely through the lens of future difficulties and threats. This demonstrates an internal readiness to face challenges and a low level of existential fear of the unknown.
3.	"My daily activities often seem trivial and insignificant to me"	3.76 ± 1.30 (*Me* = 4.0; 95% *CI*: 3.66–3.86)	The surveyed specialists periodically encounter a sense of routine in their daily activities. This may indicate the initial stages of professional monotony or fatigue from bureaucratic and repetitive aspects of medical practice, which slightly reduces the subjective value of current work.
4.	"I am not very clear about what I want to achieve in life"	4.39 ± 1.43 (*Me* = 4.0; 95% *CI*: 4.29–4.50)	The majority of respondents clearly or moderately realize their life aspirations, but at the same time exhibit a significant divergence of views within the group and a clear dependence of life orientations on the place of residence. A statistically significant difference ($t = -2.28$; $p = 0.026$) confirms that urban residents (4.45 ± 1.43) are clearer about their life goals than rural residents (4.10 ± 1.44).
5.	"I used to set goals for myself, but now it seems like a waste of time"	4.76 ± 1.15 (*Me* = 5.0; 95% *CI*: 4.67–4.85)	The result may indicate stability in the motivational sphere and a continued belief in one's own ideals. Respondents have not become disillusioned with their previous life plans. They continue to consider goal-setting an effective tool for self-realization, rejecting pessimistic nihilism.
6.	"Sometimes I feel like I've done everything there is to do in life"	4.97 ± 1.12 (*Me* = 5.0; 95% *CI*: 4.89–5.06)	Respondents believe they have not yet reached the "finish line" of their development and are deeply convinced that they have great inner potential and room for future achievements, which serves as a key buffer against professional burnout. A comparative analysis of age groups revealed a statistically significant difference ($t = -2.50$; $p = 0.015$): for junior doctors under 25 years old (5.02 ± 1.09), this represents the maximum horizon of expectations, while in the older age group (4.67 ± 1.25), it represents a stage of summary and realism, highlighting the psychological pattern of personality development and one's life path during early and middle adulthood.
7.	"I'm not sure that I should expect anything from life"	4.68 ± 1.30 (*Me* = 5.0; 95% *CI*: 4.58–4.78)	In our view, this indicator reflects a high level of existential optimism and life expectations. The surveyed junior doctors are oriented toward positive changes and open to new opportunities. They reject the position of passive hopelessness. Confidence that life is worth expecting something from is a basic marker of psychological health. This stimulates an individual to act more actively, as their efforts make sense in the long-term perspective.

Note: Data are presented as the arithmetic mean ± standard deviation (M ± SD); Me – median; 95% CI – 95% confidence interval.

indicated they have substantial inner potential for future achievements (4.97 ± 1.12 points), possess long-term plans (4.77 ± 1.17), and believe in the meaning of their goals (4.76 ± 1.15).

Junior doctors display an optimistic outlook: they expect positive events in life (4.68 ± 1.30 points) and do not view the future solely as a source of threats (4.51 ± 1.07).

The areas of psychological risk and differentiation (where the lowest scores were obtained) include:

− Awareness: Rural residents' understanding of their goals is lower (4.10 ± 1.44) compared to urban residents (4.45 ± 1.43);

− Daily routine: The weakest point across the entire sample is routine (3.76 ± 1.30), where respondents lose sight of the meaning of large-scale goals amid mundane daily tasks.

Discussion of research results

An analysis of the survey results regarding junior doctors' self-assessment of their purpose in life showed that the majority of them (68.87 ± 1.80%) have a moderate level of life vision, which is interpreted as an awareness of certain goals but without a clear vision of the future. Only 14.59 ± 1.37% of respondents indicated a clear purpose in life, a sense of meaning and direction, and a belief that their past and present lives are meaningful; they hold beliefs that serve as sources of purpose and have intentions and goals for their entire lives. At the same time, 16.54 ± 1.44% of junior doctors scored low on this subscale, indicating a lack of a sense of direction, prospects and beliefs that define the meaning of life.

The above data indicate significant variability within the group, which may be due to the specific nature of the professional development of junior doctors who are in the process of actively forming their professional identity, life priorities and long-term goals. Thus, the sample includes both respondents with a clearly defined sense of purpose and those who are still searching for it. A statistically significant difference was found based on gender (female respondents reported a higher average score) and place of residence (urban residents were more likely to report having a clear vision of their goals). This finding is consistent with the theoretical tenets of Carol Ryff's model of psychological well-being, according to which the Purpose in Life domain is a dynamic construct that changes under the influence of age-related, occupational and social factors [5]. This is also confirmed by the high scores on the reverse-scored statements of the questionnaire: regarding the fixation on the present (Statement No. 1), respondents possess plans for the future (4.77 ± 1.17), and regarding the futility of planning (Statement No. 5), they believe in the meaning of their goals (4.76 ± 1.15).

At the same time, studies by T.M. Titarenko indicate that most young physicians face challenges regarding professional projection during their initial training. Specifically, the author notes that:

− Most junior doctors are not emotionally engaged in their future work, despite ongoing clinical practice throughout their training, meaning they lack deep concern regarding their future profession;

− Three-quarters of the participating interns envision their professional future in a formal or symbolic manner, whilst only one-third are able to recognize and express their emotional attitude toward the profession;

− Many young specialists, while completing their internship, can only vaguely imagine themselves as clinicians in their chosen medical specialty, often being guided by only one or two appealing arguments.

One, ten or more years later, many of these specialists return to a familiar internal dialogue, reflecting on their achievements and aspirations – both those already realized and those still potential – and on the critical distinctions between "I can" and "I must" [6].

Today, junior doctors have different priorities and goals than doctors did at the start of their careers in the past. They do not necessarily lack a vision for the future; rather, they are rethinking traditional career goals, prioritising work-life balance, well-being and flexible schedules over the rigid, self-sacrificing paths of previous generations. This shift is transforming employment models in healthcare [7].

An important factor for junior doctors is the impact of career motivation and life goals on their career satisfaction. Ensuring that they can find time for their personal needs has significant implications for their perception of well-being and can be an effective strategy for increasing career satisfaction [8; 9].

The American Medical Association (AMA), in partnership with the online physician panel M3 Global Research, surveyed 200 physicians under the age of 35 on various topics, including administrative workload, career aspirations, the role of technology in medicine and overall work-life balance [10]. The results of this study showed that younger physicians are increasingly dissatisfied with tasks that limit their ability to interact with patients. 34% of respondents said that the reality of medical practice is worse than they expected. Despite their disappointments, 83% stated that they are committed to their medical careers and want to actively contribute to the field throughout their working lives. About four out of five respondents said they hope to seek opportunities to work in areas unrelated to patient care in addition to their full-time jobs: 42% of millennial doctors surveyed cited entrepreneurship among their career aspirations, followed by healthcare consulting (41%), leadership roles in the healthcare system (34%) and academic research (19%). 92% of respondents said that maintaining a work-life balance is important, but only 65% said they believe they have achieved an adequate balance between the two at this stage of their careers.

Given that junior doctors participated in our survey, we can conclude that they demonstrate high resilience, ambition and a well-established professional identity. A high level of agreement with the direct statement "My life has meaning" (5.06 ± 1.19 points) and the low level of catastrophising about the future in the reverse-scored

statement "The future almost always brings problems" (4.51 ± 1.07) refute the assumption that extreme situations lead to the erosion of the value-and-meaning sphere. The highest score in the block of reverse-scored statements in our study was for Statement No. 6: "Sometimes it seems to me that I have already done everything possible in life" (4.97 ± 1.12 points), which indicates high potential for development, vitality and a complete absence of a sense of "existential finality".

The data obtained reflect the specific nature of the socio-psychological status of junior doctors and account for the phenomenon of "essentialisation" that we have identified. This phenomenon is explained by the specific nature of their postgraduate medical training:

1. The early stages of professional careers and a strong drive to succeed. Junior doctors are in the transition phase from education to actual clinical practice. They have been working toward their goal for a long time (six years of university study), so their level of investment in their own future is enormous. Psychologically, they cannot afford to "escape into the present" or devalue their plans, since the fate of their careers is being decided right now. Extraordinary circumstances caught them at the peak of their pursuit of life goals, which is why they scored so high on the planning scale (4.71 ± 1.18 and 4.77 ± 1.17).

At the same time, there are theories in the academic literature arguing that young professionals are more vulnerable to disorientation due to a lack of established professional experience in adapting to crises. A pronounced focus on the present indicates an acute initial reaction to the disruption of familiar life scenarios related to education and the start of a career. Limiting life plans to the present serves as a protective coping mechanism – an "escape into the present" – that shields the psyche from the emotional states of disappointment, anxiety and helplessness arising when reality fails to meet expectations [11–13]. This focus on the present has also been noted in other scientific studies examining the mental health of medical students and junior doctors in crisis situations [14; 15].

2. The specifics of "professional socialization" in extreme conditions. Today's Ukrainian junior doctors undergo their clinical training in conditions where the need for medical professionals is critical. From their very first days, they are drawn into real, demanding work, which leads to the rapid formation of a professional identity and a keen sense of their own social usefulness. It is precisely this status as a "young lifesaver" that raises the "My life has meaning" score to a maximum of 5.06 ± 1.19 points.

3. The protective function of the profession's structure. Postgraduate medical training is a strictly regulated process involving schedules, rotation plans, mandatory evaluations and clinical protocols for treating patients. A doctor's professional thinking is algorithm-driven (diagnosis – treatment plan – outcome). This rigid external framework of the profession acts as a powerful stabiliser for mental well-being. While chaos rages around them, junior doctors in the hospital follow a clear plan, which automatically protects them from disorientation and "aimless wandering" (4.19 ± 1.49).

4. The origin of the "routine paradox" (3.76 ± 1.30) lies precisely in the status of a resident. This status often forces them to handle enormous amounts of paperwork, routine tasks and bureaucratic work (filling out medical records and logs, or carrying out minor tasks assigned by senior colleagues). The disconnect between the "desire to save the world" and the "reality of filling out paperwork" is felt much more acutely by junior doctors than by experienced physicians, who are already accustomed to bureaucracy. In the long term, there is a potential risk of burnout, which begins to take shape as early as the training period due to chronic fatigue and high levels of responsibility, eroding initial motivation. A sign of the risk of early professional burnout is the score on the statement "I actively try to carry out the plans I make for myself." This indicator of active plan implementation is quite low (4.38 ± 1.12 points) because young physicians often depend on senior colleagues, training requirements or hospital administration. Social issues and problems within the existing healthcare system are the main factors influencing the professional future of young specialists [16; 17].

5. The origins of the gender gap. Male junior doctors, in addition to completing their training, face the immediate prospect of being mobilized into the Armed Forces of Ukraine as military medics immediately after their residency. This imposes a factor of immense uncertainty specifically on the male subgroup, undermining their confidence in making civilian plans.

Limitations of the Research. The primary limitation of this study is, firstly, that it was conducted exclusively among resident physicians in the Lviv region; thus, the findings may not fully reflect the psychological well-being of junior doctors in other regions of Ukraine. Secondly, the study methodology relied on self-reported data from respondents, which introduces a potential response bias driven by social desirability – where doctors might consciously or subconsciously overestimate their well-being due to concerns regarding confidentiality. Nevertheless, despite these limitations, the collected data provide a valuable foundation for further research.

Prospects for further research

A potential focus of our future research is to examine the assessments of junior doctors' responses that constitute the Personal Growth domain on Carol Ryff's scale.

Conclusions

1. It is demonstrated that the Purpose in Life domain of C. Ryff's scale is characterized by a high level of existential well-being among the junior doctors in this study. Respondents possess clear goals, are convinced of the importance of their past and future experiences, and successfully integrate everyday tasks into their overall sense of life. The ratings of this indicator vary significantly

by gender and place of residence, with higher average scores observed among women and urban residents.

2. An analysis of respondents' answers to direct and reverse-scored statements regarding the psychological well-being characteristics of Purpose in Life reveals that junior doctors successfully integrate everyday tasks into their overall life vision. The respondents actively reject apathy, emotional exhaustion and uncertainty about the future.

3. A psychological profile of the junior doctor community has been developed:

– A deep sense of mission in their work: The statement "My life has meaning" received the highest score (5.06 out of 6), indicating that for them, medicine is a calling;

– Enormous life potential: A reverse-scored item value of 4.97 refutes any sense of burnout, reflecting that they clearly envision a path for future career and personal growth;

– Rational planning: Junior doctors reject fatalism and a purposeless existence (4.77 and 4.76), demonstrating that they are accustomed to taking control of their future (4.71).

4. Gender-specific differences in psychological well-being were identified, revealing a consistent, statistically significant gender difference in favour of women across key subscale parameters: overall sense of meaning in life (5.13), shaping one's life path (4.75), deriving satisfaction from planning (4.76), active implementation of plans (4.42) and the assessment of one's own achievements (4.44).

5. The assessment of the routine nature of daily tasks (3.76) indicates a moderate level of experiencing the monotony of everyday life. This requires healthcare facility administrations to optimize the work environment, reduce screen time spent on administrative documentation [18] and introduce periodic changes in clinical activities.

6. The empirical data reveal unique characteristics that directly reflect the specific nature of the socio-professional status of junior doctors.

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Purpose is to present the results of a self-assessment survey examining the Purpose in Life domain among junior doctors (resident physicians) amidst a rising number of stressful situations, and to evaluate their development of life strategies, professional socialisation and daily priorities.

Materials and Methods. The study was conducted from 2021 to 2023 and involved a survey of 665 junior doctors using Carol Ryff's Psychological Well-Being Scale, with a specific focus on the analysis of its Purpose in Life subscale.

Results. The findings indicate that the majority of the surveyed junior doctors exhibit a moderate level (68.87 ± 1.80%) of life purpose, which is interpreted as a moderate formation of life goals and meaningful life orientations, with variations occurring under the influence of age-related, occupational and social factors. Gender and spatial comparisons revealed a statistically significant higher score among women ($t = 2.54$; $p = 0.014$) and urban residents ($t = 2.17$; $p = 0.034$). Within the female subgroup, the level of purpose in life was significantly higher among urban women compared to rural residents ($t = 2.58$; $p = 0.012$).

Analysis of individual items showed that Statement No. 2, "My life has meaning," is the definitive leader, yielding the highest average score across the sample (5.06 ± 1.19 points) and demonstrating the highest response consistency (4.97–5.15 points). Overall, these professionals are characterized by a high level of future orientation and a well-developed capacity for life planning, which is particularly pronounced among women ($t = –2.28$; $p = 0.026$) and married respondents, who reported higher scores for future planning ($t = –2.55$; $p = 0.013$). Respondents also display a high level of proactivity and activity in implementing their life goals, with a statistically significant higher level observed among female junior doctors compared to men ($t = –2.19$; $p = 0.032$).

Conclusion. The self-assessment of life goals and the choice of daily priorities among junior doctors to achieve psychological well-being demonstrate a profound level of meaningfulness in their lives. The data reveal a deep sense of mission in their work: the item "My life has meaning" yielded the highest rating (5.06 out of 6 points), proving that for this cohort, medicine is a true calling.

Key words: mental health, psychological well-being, purpose in life, survey, junior doctors, resident physicians, Ukraine.

Мета – представити результати опитування із самооцінки, присвяченого дослідженню сфери «Сенс життя» серед молодих лікарів (резидентів) в умовах зростання кількості стресових ситуацій (війна в Україні), а також оцінити розвиток їхніх життєвих стратегій, професійну соціалізацію та щоденні пріоритети.

Матеріали і методи. Дослідження проводилося з 2021 по 2023 рік і передбачало опитування 665 молодих лікарів із використанням Шкали психологічного благополуччя Керол Ріфф, причому особлива увага приділялася аналізу її підшкали «Сенс життя». Застосовано такі методи: бібліографічний, структурно-логічного аналізу, соціологічний, статистичний.

Результати. Встановлено, що більшість опитаних молодих лікарів засвідчили середній рівень (68,86 ± 1,84%) власного сприйняття в житті, що інтерпретується як помірний рівень сформованості життєвих цілей і смисложиттєвих орієнтацій, а усвідомлення змін відбувається під впливом вікових, професійних та соціальних факторів.

У порівнянні самооцінки залежно від статі та місця проживання встановлено достовірно вищий рівень у жінок (64,21 ± 0,39 проти 61,69 ± 0,91 у чоловіків, t = 2,54; p = 0,014) та у жителів міської місцевості (64,07 ± 0,40 проти 61,97 ± 0,88 у сільських мешканців, t = 2,17; p = 0,034). Серед жіночого контингенту опитаних загалом рівень оцінки мети у житті виявився достовірно вищим у міських мешканок (64,63 ± 0,43 бала проти 61,98 ± 0,93 у жителів сільської місцевості, t = 2,58; p = 0,012).

Відповіді респондентів за окремими твердженнями показали, що знаковим «лідером» є твердження «Моє життя має сенс» (має найвищий бал серед усіх даних 5,06 ± 1,19) та демонструє найвищу узгодженість відповідей (4,97–5,15 бала). Інтервал оцінок лікарів-інтернів не перекривається з більшістю інших тверджень та доводить статистично значущу вищу його оцінку.

Загальний рівень позитивного ставлення до власного життєвого досвіду є високим; варіативність відповідей є помірною, що свідчить про відносну однорідність вибірки; жінки демонструють статистично значуще вищий рівень позитивного сприйняття свого життя та майбутнього порівняно з чоловіками (t = 2,14; p = 0,037).

Молоді лікарі загалом характеризуються високим рівнем орієнтації на майбутнє та здатністю до життєвого планування, особливо жінки (t = –2,28; p = 0,026) та одружені, вони мали вищі показники планування майбутнього (t = 2,55; p = 0,013).

Респонденти мають досить високий рівень проактивності та активності у реалізації власних життєвих планів, причому статистично значущий вищий рівень спостерігається серед молодих лікарок порівняно з чоловіками (t = –2,19; p = 0,032).

До зон психологічного ризику та диференціації належить:

– *усвідомленість* – розуміння цілей просідає у сільських жителів порівняно з містянами (t = -2,28; p = 0,026);

– *повсякденність* – найслабше місце всієї вибірки – це рутина (3,76 ± 1,30), респонденти втрачають сенс масштабних цілей у банальних щоденних справах.

Висновки. 1. Доведено, що архітектоніка компоненти «Ціль у житті» шкали Керол Ріфф у опитаних молодих лікарів характеризується високим рівнем екзистенційного благополуччя. Респонденти мають чіткі цілі, переконані у важливості свого минулого та майбутнього досвіду, а також успішно інтегрують повсякденні завдання у загальний сенс життя. Достовірною виявилася оцінка респондентами цього показника залежно від статі та місця проживання: більший середній бал спостерігався у жінок та у мешканців міст.

2. Аналіз відповідей респондентів за твердженнями, які мають позитивний та негативний зміст стосовно такої характеристики психологічного добробуту, як «Ціль у житті», засвідчив у молодих лікарів успішну інтегрованість повсякденних завдань у загальний сенс життя. Опитувані активно відкидають апатію, емоційну виснаженість та невпевненість у майбутньому.

3. Сформовано психологічний портрет молодої медичної спільноти:

a) Глибока місійність праці (твердження «Моє життя має сенс» є найвищим (5,06 бала з 6). Медицина для них – це покликання.

b) Величезний життєвий потенціал. Інверсований бал 4,97 заперечує відчуття «вичерпаності». Вони бачать попереду кар'єру та розвиток.

c) Раціональне планування. Молоді лікарі відкидають фаталізм та безцільне існування (4,77 та 4,76). Вони звикли контролювати майбутнє (4,71).

4. Встановлено ґендерну специфіку психологічного благополуччя: виявлено наскрізну статистично значущу різницю за статтю на користь жінок у ключових параметрах субшкали: загальній осмисленості життя (5,13), формуванні свого життєвого вектора (4,75), отриманні задоволення від планування (4,76), активності втілення планів (4,42) та оцінці власних досягнень (4,44).

5. Оцінювання рутинності повсякденних справ (3,76) засвідчує помірний рівень переживання буденності повсякденного життя, що відповідно потребує від адміністрацій медичних закладів оптимізації робочого середовища, зменшення екранного часу за паперовою роботою, запровадження періодичної зміни діяльності.

6. Виявлена унікальність емпіричних даних з безпосереднім відображенням специфіки соціально-професійного статусу молодих лікарів.

Ключові слова: ментальне здоров'я, психологічний добробут, ціль життя, опитування, молоді лікарі-інтерни, Україна.

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