

*questions from the standpoint of didactics is presented. The interrelation between the question and the answer, their influence on stimulating different types of thinking – systemic, rational, objective, critical, and creative thinking are revealed. The essence of the concepts of “questioning skills”, “development of questioning skills”, the main elements of these skills is highlighted. It is stated that a question, especially a pupil’s one, is the starting point for dialogic interaction between a teacher and a pupil, between pupils in the process of mastering new knowledge and skills.*

*Research methods: analysis of scientific and methodological sources to clarify the state of development of the problem from the standpoint of science and practice; generalization and systematization of scientific provisions to define concepts and identify functions of the question and questioning activity of schoolchildren, classification of pupils’ questions.*

*The ability to ask questions and answer them is one of the of the priority problems of the world educational practice that Ukraine is currently mastering. At the New Ukrainian School preference is given to dialogic and group forms of learning, whereby pupils interact with each other and the teacher, they do not receive knowledge in a ready-made form, but rather acquire it on their own. Considering that the ability to ask intelligent questions and answer them accordingly is one of the key life skills of the 21st century, the questioning skills of junior schoolchildren play a significant role in organizing dialogic interaction in the educational process of primary school.*

*Junior schoolchildren’s questioning skills are necessary in many aspects of learning activities and knowledge of the surrounding world. This concept includes many indicators, has its own classification, importance in dialogic interaction, pedagogical conditions and rules. Only by understanding them and taking into account the peculiarities of the development of the junior schoolchildren, it is possible to improve the dialogic interaction in the educational process of a primary school.*

*The pupils’ ability to ask questions to themselves and the external educational environment is the epicenter, the basis of effective dialogic interaction, a powerful driving force for the development and self-realization of a pupil’s cognitive abilities. A pupil’s question, formulated in essence of the topic being studied, is a significant educational product that has the right to be evaluated among other personal educational achievements of junior schoolchildren.*

*The authors include justification and development for further research pedagogical conditions for the development of junior schoolchildren’s dialogic speech by means of questioning activity.*

**Key words:** *junior schoolchildren, primary school, junior schoolchildren’s questions, pupils’ questions, questioning skills, questioning functions, question classification, development, dialogic interaction.*

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## **MANAGERIAL COMPETENCE OF A DOCTOR: CONTENT AND STRUCTURE**

*The article highlights the problem of a doctor’s managerial competence structuring. The aim of the article is as follows: to substantiate the content and structure of a doctor’s managerial competence based on the study of scientific and*

*pedagogical literature. The role and importance of managerial competence in the professional activity of a modern doctor is substantiated. An analysis of the scientific literature on the research problem, highlighting various aspects of doctor's professional training (continuous professional development, professional image, professional competence formation, the content and technological aspects of professional training) was carried out. The article presents the results of a doctor's professional activity analysis which substantiates the content and structure of a doctor's managerial competence. It is concluded that a doctor's managerial competence is a component of professional competence, which includes knowledge, abilities and skills, general human and professional values and attitudes, necessary for planning, organizing, motivating, coordinating, and regulating one's own professional activity, aimed at ensuring high-quality medical services in cooperation with colleagues, continuous professional development and development of the profession, which is implemented in a constructive professional environment. Its structure comprises several components among which we distinguish deontological and motivational (interest and motivation, moral and ethical qualities of doctor's personality and his professional and deontological values), cognitive and informational (knowledge of personnel management and effective use of its potential, monitoring of personnel productivity, promoting its further development, activity management, resources management, etc.), operational and functional (the ability to plan, organize, motivate, monitor, coordinate and regulate one's own professional activities, the activities of personnel, establish and maintain constructive professional relationships, teamwork, management of resources, people, activities, introduce innovations and contribute to transformations in the field of health care, make informed decisions based on knowledge and evidence, to assess their impact at the individual, organizational, and system levels), personal and reflective (the ability to review, critically analyse and evaluate one's own professional activity, professional environment, activity of a health care institution, focus on continuous professional development, the ability to self-analysis, reflection, self-control, self-improvement).*

**Key words:** *future doctor, managerial competence, the content of managerial competence, the structure of managerial competence, formation of future doctor's managerial competence, components of future doctor's managerial competence.*

**Introduction.** Taking into account the peculiarities of modern society development and the specifics of its life activities, the problem of professional training and continuous professional development of doctors is now becoming actualized. This is important for the functioning of the country's health care system, ensuring its ability to provide care to patients at a high professional level. Special attention is paid to the initial professional training of doctors, in the conditions of which the formation of the future doctor as well as the formation of his professional competence takes place. It has influence on the quality of medical services assurance, the development of medicine as a field of scientific knowledge, the introduction of the latest technologies to ensure the effectiveness of diagnosis and treatment of patients, etc.

The results of research base processing prove the relevance of this problem and its consideration from different perspectives. In particular, scientists study the problem of continuous professional development of doctors (Park, & Hong, 2022); professional image of the doctor (Vaquero, & Dig, 2023). Issues related to the problem of forming the professional competence of future doctors are analysed by K. Hodgson, D. Lamport, & A. Laville (Hodgson, Lamport, & Laville, 2021), N. Mukan, N. Chubinska, & G. Zhongjun (Mukan, Chubinska, & Zhongjun, 2023). The content and technological aspects of the formation of professional competence of future doctors in the conditions of university education are studied by X. Du, S. Kassab, A. Al-Moslih, M. Abu-Hijleh, & et al, (Du, Kassab, Al-Moslih, Abu-Hijleh, & et al, 2019), I. Melnychuk, N. Mukan, O. Bida, M. Pashko (Мельничук, Мукан, Біда, & Пашко, 2022), etc.

The formation of managerial competence of future doctors and its implementation in practical activities are highlighted in the research work of L. Moroz-Rekotova (Мороз-Рекотова, 2023); Li, Li, Yang, Liu, & et al, (Li, Li, Yang, Liu, & et al, 2023); M. Rouhani, E. Burleigh, C. Hobbis, C. Dunford, & et al, (Rouhani, Burleigh, Hobbis, Dunford, & et al, 2018), however, these studies are non-systematic and detail only certain aspects of it. This substantiates the need for a comprehensive study of the problem of future doctors' managerial competence formation in the conditions of university education, which, in our opinion, should begin with the interpretation of its content and structure.

**The aim of the article** is to substantiate the content and structure of a doctor's managerial competence based on the study of scientific and pedagogical literature.

**Research results.** The content and structure of managerial competence, in our opinion, should begin with the analysis of the professional activity of a modern doctor. The delineation of duties and tasks makes it possible to determine the knowledge necessary to ensure the effectiveness of a doctor in several areas of professional activity. We consider professional development as one of the main domains of a doctor's professional development, especially his self-management and professional development. Cooperation with colleagues and patients, their families is considered to be the second domain which we determine in a doctor's professional activity (promoting the development of professional community, establishing and maintaining constructive professional relationships, team working). It is obvious that a doctor

provides medical services and care for his patients which predetermines resource management, people management, as well as activity management. Among the main domains, special attention should be paid to the development of the medical profession which encompasses improvement of services implementing changes, making decisions based on knowledge and evidence, and evaluating their impact. This composition of a doctor's professional activity makes it possible to determine the content and characterize his managerial competence.

In modern studies, which deal with the decomposition of professional competence, V. Rogozin (Рогозін, 2022) distinguishes motivational-value, cognitive-deontological, behavioral-active, reflective-personal components; N. Kompanets (Компанець, 2022) – motivational-value cognitive, activity-reflexive; V. Rudyi-Trypolskyi (Рудий-Трипольський, 2022) – value-motivational, cognitive, activity, communicative, reflective-creative. It is obvious that a modern doctor should possess a system of knowledge, abilities and skills to apply them in practice, general human and professional values and attitudes, which are the basis of his professional activity.

In our study, taking into account the research results of domestic scientists, as well as the identified areas of professional activity of a modern doctor, substantiating the content of managerial competence, we consider it logical to distinguish such components of a modern doctor's managerial competence as deontological and motivational, cognitive and informational, operational and functional, personal and reflective.

The deontological and motivational component of a doctor's managerial competence characterizes value orientations and ideals, the formation of general human and professional beliefs and attitudes, awareness and adherence to the principles of patient-centeredness, goals, the doctor's attitude to his professional activity, his motivation, interest in professional development and improvement of medical practice. This component of a doctor's managerial competence embodies personal value attitudes and orientations, which are the primary source of the focus on achieving success, self-realization in the professional environment, positive perception and attitude towards medical practice, etc.

The formation of the deontological and motivational component of managerial competence reflects the doctor's ability to formulate his own values and principles, to be aware of the differences between his own values and principles, as well as values and principles of other persons or

groups; diagnose and determine one's own advantages and disadvantages, understand the specifics of one's behaviour and its impact on other members of professional community, patients; understand one's emotional state and its influence on decision-making and behaviour; accept constructive criticism, analyse it and adequately respond to feedback on his activity; adhere to ethical norms at the personal and professional levels, the level of the organization, adhere to the principles of multiculturalism, to treat colleagues and patients with respect to their beliefs and abilities; establish effective communication and cooperation with people, taking into account their social, ethnic, cultural origin, religious diversity, age, gender characteristics, etc.

It seems a logical conclusion that the deontological and motivational component in the structure of a modern doctor's managerial competence includes interest and motivation to its formation, moral and ethical qualities of the doctor's personality and his professional and deontological values, which outline the application of managerial competence to ensure the effectiveness of his professional development, cooperation in the professional community, provision of medical services to patients, development of medical science and profession. Therefore, the determination of the deontological-motivational component in the structure of the future doctor's managerial competence should be implemented through the prism of awareness of the doctor's role in health care, development of the profession and professional community; sustainability of motivation, interest and need to ensure the effectiveness of managerial activities in a professional environment; focus on managing his comprehensive personal development and professional realization, which is based on universal human values, deontological and ethical norms of medical practice; understanding the value of management potential in the process of improving his practical activity, medical services at the level of a health care institution and the health care system in general.

Among the components of the future doctor's managerial competence, we single out the cognitive and informational component. This component reflects a set of knowledge about the essence of management in the field of health care, its features, place and role in the professional activity of a modern doctor, and the possibility of applying modern management mechanisms in a professional environment.

The cognitive and informational component of a future doctor's managerial competence is characterized by the assimilation of the system of

management knowledge, as well as the ability of health care professionals to master new knowledge and use it in future. It should include knowledge about the essence, features, functions, and possibilities of applying management in professional activity; management tools, methods and their use in professional development, cooperation with others, provision of medical services to patients, development of profession, etc. This knowledge system is necessary for understanding the possibilities and the ability to balance one's own plans and priorities with the plans and priorities of other members of the professional community of the health care system institution; manage own time and workload; analyse and determine aspects of professional activity that need improvement based on information, gathered with the help of various research tools.

We consider the formation of the cognitive and informational component of future doctor's managerial competence in the awareness of challenges and their understanding as directions for further search for continuous personal and professional development opportunities; understanding the need for analysis and reflection of one's professional activity, recognition of mistakes and shortcomings. This involves active participation in formal, non-formal and informal learning to develop one's own managerial competence and master knowledge about the development of the health care system institution as an organization that is constantly learning; observance of universal human values and ethics in work. The availability of appropriate management knowledge provides an opportunity to identify inefficient practices, analyse them, and make decisions about taking corrective measures to improve them. Modern doctors need knowledge to determine opportunities for cooperation with colleagues and patients. This involves the search for options for improving medical services (diagnosis, treatment, prevention), which cannot be implemented without an active exchange of ideas, and information (within meetings of interdisciplinary teams to discuss clinical cases, improve medical services; involving patients and their families into discussing the specifics of long-term care), efficient use of resources, teaming up for joint achievement of goals.

Building and maintaining interaction and cooperation is based on understanding the diversity of perspectives and the readiness to perceive them, the peculiarities of establishing communication with individuals and groups, the need to build trusting relationships and support colleagues, as well as collegial decision-making. It is about understanding the role of everyone in a common cause, recognizing and appreciating the

contribution and experience of colleagues, knowledge necessary to avoid or resolve conflict situations arising based on differences of opinion, conflict of interests, etc.

In our opinion, the formation of the cognitive and informational component of a doctor's managerial competence reflects a clear idea of one's own role, functional responsibilities and knowledge of the specifics of working in a team, features of forming a common goal, acceptance and respect for team decisions, knowledge of team management, additional involvement of specialists at the appropriate time to improve medical services.

A doctor should know about planning, resource management, personnel management, and activity management, which allows for maintaining the high quality of medical services and corresponding to the development strategy of the health care system; to plan his activities and participate in planning of the work of the department, health care institution in general, based on the collection of information and feedback from patients, colleagues, analysis of prospects, advantages and risks; participate in the development of a business plan and a plan for patient care; contribute to the formation of the health care facility's readiness for the introduction of changes. In particular, knowledge in the field of planning allows to determine the type and amount of resources needed to provide safe and effective services, correctly minimize costs, and take corrective measures when inefficient use of resources is detected.

The cognitive and informational component of a doctor's managerial competence includes knowledge of personnel management and effective use of its potential, monitoring of personnel productivity, promoting its further development, and supporting the provision of high quality patient care; as well as activity management, which involves the collection and analysis of information on the effectiveness of professional activity, using various information sources, taking measures to improve productivity, responsibility for making complex decisions that are made based on experience.

The cognitive and informational component of a future doctor's managerial competence incorporates knowledge, understanding and the ability to apply and integrate clinical, fundamental, behavioural and social sciences on which medical practice is based to manage its development and implementation, which are directly related to ensuring safety of patients, the critical assessment, support of measures aimed at introducing changes, improvement and innovation in the professional activity of a doctor, a health care institution, and the health care system as a whole.

Therefore, the determination of the cognitive and informational component in the structure of future doctor's managerial competence should be implemented through the prism of systematization and structuring of knowledge about resources, personnel, and professional activity management; understanding the peculiarities of the use of management knowledge in the practice of a health care institution and professional community; using knowledge in the field of management for continuous personal and professional development, improvement of one's own medical practice, medical practice of colleagues, activities of a health care institution, etc., to provide high-quality medical services to patients.

Among the components of a doctor's managerial competence, we single out the operational and functional component, which includes the skills and abilities, necessary for organizing, motivating, monitoring, coordinating and regulating professional practice, professional activities of the staff, and health care institution. In the context of managerial competence, planning involves organizing, motivating, monitoring, coordinating and regulating the ability to determine the direction of activity, priorities, goals and tasks. Organizing involves skills and abilities necessary for organizing one's professional activities, establishing cooperation with colleagues, distribution of powers and responsibilities, communication and cooperation with patients, and their families.

Equally important is the ability and skills to involve personnel in cooperation, use various management strategies and tactics in the process of motivating them to introduce positive changes, use innovative technologies, which undoubtedly implies continuous professional development. We attach special importance to the skills and abilities of monitoring the activity and productivity of personnel, effective use of resources, etc.

It is obvious that a modern doctor should have the skills and abilities to make balanced decisions based on the study of the advantages and disadvantages of his activity, and the study of alternative ways of solving the problem. A modern doctor needs the skills and abilities to build trusting relationships with patients, which are based on the proper level of medical practice; respect for a person, his life and health; patient-centeredness, the ability to present information in an accessible form and manage cooperation with the patient; to form relationships that involve the active participation of patients in making decisions about providing them with care; respect and protect confidential information.

We consider the expediency of having skills and abilities to update one's own knowledge system, to fill it with new knowledge by the latest achievements in medical science, which can be implemented within the framework of a professional development system; the ability to recognize the limits of one's professional competence; to organize cooperation with colleagues to ensure compliance with the interests of patients, etc.

The formation of the operational and activity component of a doctor's managerial competence can be seen in the presence of skills and abilities necessary for the management of medical services. It is about a certain responsibility for the use of resources, the work of a team of specialists, the establishment of care and treatment, and patient safety; making corporate decisions based on a constructive discussion of the peculiarities of medical practice; application of mechanisms for identifying and solving problems in a professional environment to ensure its compliance with high quality standards through participation in educational events and systematic audits, analysis of clinical effectiveness, its distribution and proper implementation, systematic evaluation of the activities of doctors and other personnel.

Therefore, the operational and activity component of the managerial competence of future doctors is interpreted as the ability to plan, organize, motivate, monitor, coordinate and regulate one's professional activities, and the activities of personnel to ensure the treatment, care and safety of patients, cooperation with their families, one's own personal and professional development, development of a professional community, establish and maintain constructive professional relationships, teamwork, management of resources, people, activities, introduce innovations and contribute to transformations in the field of health care, make informed decisions based on knowledge and evidence, to assess their impact at the individual, organizational, and system levels. The determination of the cognitive and informational component in the structure of a future doctor's managerial competence should be implemented through the prism of the ability to systemic thinking and critical assessment of one's professional activity, the activity of the health care institution, the health care system in general; the ability to use management knowledge in medical practice for effective use of resources, management of people and professional activities; formed flexibility and ability to adapt to working conditions in a rapidly changing professional environment.

In our study of a doctor's managerial competence, we single out a personal and reflective component. We agree with scientists that it is worth emphasizing the doctor's ability to demandingly evaluate his professional formation and development, his professional activity and that of his colleagues, the health care institution in general, which, in turn, requires the ability to learn continuously and determines the prospects for further improvement.

We believe that the personal and reflective component of a future doctor's managerial competence reflects personal qualities, the ability to critically evaluate one's own personal and professional development, the determination of their advantages and disadvantages, the ability to make balanced management decisions regarding the use of resources for the performance of professional functions, the desire to improve one's medical practice, the work of the health care institution and the system as a whole. The formation of the personal and reflective component of a future doctor's managerial competence presupposes the presence of knowledge and skills necessary for the analysis of managerial component in the professional activity of a doctor, its effectiveness, planning its improvement, taking into account the acquired experience and opportunities for further professional development. We consider the determination of the personal and reflexive component in the structure of a doctor's managerial competence through the lens of the ability to review, critically analyse and evaluate one's professional activity, the professional environment, the activity of a health care institution; focus on continuous professional development for the purpose of research, adaptation and use of best practices in the professional community; ability to self-analysis, reflection, self-control, self-improvement.

**Conclusions.** So, based on the structuring of future doctor's managerial competence, we conclude that it is appropriate to treat it as a component of the professional competence of a doctor, which includes knowledge, abilities and skills, general human and professional values and attitudes, necessary for planning, organizing, motivating, coordinating, regulating one's professional activity, aimed at ensuring high quality medical services in cooperation with colleagues, continuous professional development and development of the profession, which is implemented in a constructive professional environment.

The formation of future doctor's managerial competence in an institution of higher medical education should be understood as:

- the formation and development of management literacy, which certifies the presence of a system of management knowledge, understanding of the laws and specifics of the management component in professional activity, skills and abilities to use them in medical practice;
- the formation and development of management thinking of a future doctor, which allows to develop and implement a management model in the field of professional development, cooperation with others, provision of medical services to patients, development of profession;
- the formation and development of a managerial worldview, which allows applying best practices in managing one's own personal and professional development, developing a professional community, establishing and maintaining constructive professional relationships, teamwork, managing resources, people, activities, ensuring patient safety, introducing innovations, promoting transformations, implementation of changes, decision-making based on knowledge and evidence, evaluation of their impact.

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## АНОТАЦІЯ

**Миськів Максим.** Управлінська компетентність сучасного лікаря: зміст та структура.

У статті висвітлено проблему структурування управлінської компетентності лікаря. Метою статті є: обґрунтування змісту і структури управлінської компетентності лікаря на основі вивчення науково-педагогічної літератури. Обґрунтовано роль і значення управлінської компетентності у професійній діяльності сучасного лікаря. Виконано аналіз наукової літератури з проблеми дослідження, що висвітлює різні аспекти професійної підготовки лікаря (неперервний професійний розвиток, професійний імідж, формування професійної компетентності, змістові та технологічні аспекти професійної підготовки). У статті презентовано результати аналізу професійної діяльності лікаря, за допомогою якого обґрунтовано зміст і структуру його управлінської компетентності. Зроблено висновок, що управлінська компетентність лікаря – це складова професійної компетентності, яка охоплює знання, уміння та навички, загальнолюдські та професійні цінності і ставлення, необхідні для планування, організування, мотивування, координування, регулювання власної професійної діяльності, спрямованої на забезпечення високоякісної професійної діяльності, якісних медичних послуг у співпраці з колегами, постійного професійного розвитку та розвитку професії, що реалізується в конструктивному професійному середовищі. Її структура складається з кількох компонентів, серед яких виділяємо деонтологічно-мотиваційний (інтерес та мотивація, морально-етичні якості особистості лікаря та його професійно-деонтологічні цінності), когнітивно-інформаційний (знання про управління персоналом та ефективне використання його потенціалу, моніторинг продуктивності персоналу, сприяння його подальшому розвитку, управління діяльністю, управління ресурсами тощо), операційно-діяльнісний (здатність планувати, організовувати, мотивувати, контролювати, координувати та регулювати власну професійну діяльність,

діяльність персоналу, налагоджувати та підтримувати конструктивні професійні взаємовідносини, командну роботу, управління ресурсами, людьми, діяльністю, впроваджувати інновації та сприяти перетворенням у сфері охорони здоров'я, приймати обґрунтовані рішення на основі знань та доказів, оцінювати їх вплив на індивідуальному, організаційному та системному рівнях) та особистісно-рефлексивний (здатність до перегляду, критичного аналізу та оцінки власної професійної діяльності, професійного середовища, діяльності закладу охорони здоров'я, орієнтація на постійний професійний розвиток, здатність до самоаналізу, рефлексії, самоконтролю, самовдосконалення).

**Ключові слова:** майбутній лікар, управлінська компетентність, зміст управлінської компетентності, структура управлінської компетентності, формування управлінської компетентності майбутнього лікаря, складові управлінської компетентності майбутнього лікаря.

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## **ГЕНДЕРНИЙ ПІДХІД У ПОЧАТКОВІЙ ОСВІТІ ЯК МЕТОДОЛОГІЧНИЙ ІНСТРУМЕНТ ХАРАКТЕРИСТИКИ ФАКТОРУ СОЦІАЛІЗАЦІЇ ДІТЕЙ ОБОХ СТАТЕЙ**

*Метою статті є теоретичне обґрунтування проблеми гендерного підходу в початковій освіті як методологічного інструменту характеристики фактору соціалізації статей. Методи дослідження: теоретичний аналіз, синтез, узагальнення психолого-педагогічної та методологічної літератури. Результати дослідження можуть зацікавити досвідчених і молодих науковців у царині початкової освіти. Практичне значення дослідження: гендерний підхід у початковій освіті є альтернативним методологічним інструментом характеристики фактору соціалізації статей. Висновки та перспективи подальших наукових розвідок: гендерний підхід у початковій освіті є суб'єктивістським підходом, що характеризує фактор соціалізації статей.*

**Ключові слова:** гендерний підхід, початкова освіта, фактор соціалізації статей, гендерна ідентичність.

**Постановка проблеми.** Стрімкі перетворення, що нині відбуваються як у соціально-економічному, політичному, так і технологічному і культурному устрої нашої держави, спричиняють необхідність оновлення й освітньої галузі зокрема. Трансформації зумовлені, перш за все, тим, що існує певне протиріччя в сучасній освіті, за якого обсяг освітніх знань, умінь та навичок, що отримує дитина, не гарантує успішної її соціалізації в сучасному суспільстві. Відтак, проблема соціалізації підростаючого покоління набуває державного значення, про що свідчать відповідні нормативно-правові документи, зокрема Концепція Нової української школи, Національна