



Resilience and professional vitality of military medics in the combat zone

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◆ **Abstract.** The full-scale war launched by Russia in February 2022 has highlighted the need for military medics who are able to adapt quickly to extreme conditions, master new skills, maintain resilience and effective teamwork under conditions of high physical and psychological stress. However, their activities remain understudied, which determines the relevance of the chosen topic. The aim of the study was to determine the role of resilience as a psychophysiological factor in the professional resilience of military medics in combat conditions, to identify the mechanisms of its manifestation, and to reveal the connection between personal resilience and the ability to maintain professional functionality. The problem of resilience as psychological stability and flexibility of personality, which allows one to maintain a positive attitude, supports adaptability and the ability to function in the most unfavourable conditions, was analysed. In an empirical study, taking into account the specifics of the work of military medical personnel, individual interviews were conducted and the following methods were used: the Connor-Davidson Resilience Scale, a combat stress questionnaire, and professional vitality questionnaires. Analysis of the correlations revealed psychological patterns in the manifestation of resilience and professional resilience. The results showed that 81% of the military medics studied had a fairly high level of resilience and 19% had an average level of resilience, with an average level of combat stress response of 69%, which may temporarily affect their full capacity to perform their duties. However, overall professional resilience remained at high (50%) and medium (38%) levels. This confirmed the formation of resilience as an acquired quality in conditions of combat stress, which increases the professional capacity of medics and expands their potential as specialists. Based on the results of the study, recommendations were outlined for strengthening psychological protection – both as a self-help strategy for individuals and as supportive practices for the team. The practical and theoretical value of the work lies in deepening the understanding of resilience as a key factor in maintaining psychological and professional vitality in conditions of war-related stress, as well as in providing information for the development of effective psychological support programmes for medical personnel in combat zones

◆ **Keywords:** psychological resilience; adaptability; psycho-emotional state; combat stress; recovery resources

Suggested Citation:

Kucherenko, Ye., Klushyna, V., & Zakalyk, H. (2025). Resilience and professional vitality of military medics in the combat zone. *The Bulletin of National Defence University of Ukraine*, 20(6), 29-36. doi: 10.33099/2617-6858-25-20-6-29-36.

Article's History: Received: 15.06.2025; Revised: 02.11.2025; Accepted: 27.11.2025



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♦ Introduction

An acute problem in modern society was identifying the characteristics of personal resilience and its possible impact on professional ability, as an important feature in one's activities, which becomes even more significant in wartime. Resilience is a person's ability not only to avoid serious psychological disorders after losses or difficulties, but sometimes even to become stronger. To explain it, A.S. Troy *et al.* (2023) proposed a new integrative model that combines the "stress and coping" approach with emotional regulation. According to E.O. Hrishyn (2021), this phenomenon is the ability of a person to resist the destructive influence of external factors (stress, psychological trauma, loss) and reduce their negative impact on the psyche. According to the conclusions of L. Afita & T. Nuranasmita (2023), its manifestation is significantly enhanced by an adequate level of social support, which provides additional resources for overcoming stress and restoring psycho-emotional balance. This gives reason to interpret resilience as an important personal characteristic. It can be seen as an inner potential or resource for dealing with tough and traumatic life situations, which helps people adapt, recover, and change (Shcherbak, 2024; Chykhantsova, 2025). At the same time, resilience is a dynamic process of overcoming stress and difficult life situations, which also contributes to adaptation to change. L. Muzychko (2023) and F. Luthans *et al.* (2024) defined it as a component of psychological capital, which consists of psychological stability and flexibility of personality, allowing one to maintain positive functioning even in the most unfavourable conditions. Resilience, according to the work of N.D. Abramyan (2024), is considered a key factor in maintaining mental health and well-being, which attracts the attention of scientists in conditions of growing social and psychological stress, which is important for increasing the overall level of social stability. O.M. Kokun (2025) emphasised that resilience is a natural bio-psycho-social phenomenon that encompasses personal, interpersonal and social aspects of experience and development. It includes a complex set of processes that are formed and unfold over time. In general terms, resilience is associated with the ability of the psyche to recover after exposure to adverse external factors. The second factor is professional vitality – it is variable, comes with a person's experience in a particular field of activity, contributes to the ability to overcome professional challenges and remain productive, although it can also be considered as work by vocation, which provides an opportunity for self-realisation. All these abilities are important for maintaining health. Research by Z. Taherkhani *et al.* (2023) confirmed that each component of resilience has its own significance for the individual and is important in assessing the overall level of professional vitality. Therefore, identifying the interdependence between resilience and professional vitality is of interest to psychologists, sociologists and even political scientists. Research into the conditions for maintaining psychological stability and vitality in humans requires in-depth scientific

understanding. These aspects are particularly important for those who work in extremely difficult conditions of uncertainty, in particular military medics. Among the available studies, only a few works are devoted to the study of the resilience of military medics, which emphasises the need for a deeper analysis of the psychological resources that help them maintain resilience in difficult conditions. The key competence that ensures a specialist's ability to maintain performance, reliability and efficiency, as well as optimises personal and professional development and prevents professional burnout and deviations, particularly in the field of health, is professional resilience. L. Sampson *et al.* (2024) stated that such resilience helps to overcome fear, fatigue and loss, giving a person endurance, preserving their belief in the significance of their own activities, supporting internal motivation in stressful circumstances, and adding strength and inspiration to recover from traumatic events. Resilience and vitality affect a specialist's ability to maintain psychological balance, make adequate decisions, and maintain productivity in daily activities. Despite the importance of these aspects, contemporary research hardly covers the peculiarities of resilience and professional vitality specifically in military medics working in combat zones, who live under constant threat to their own lives and the lives of the wounded. This lack of scientific data justifies the relevance of the proposed study, which is based on empirical analysis and aims to identify mechanisms for maintaining effectiveness and professional resilience in extreme conditions. The aim of the study was to analyse the factors that influence the level of resilience and to identify its relationship with the professional vitality of military medics in conditions of constant combat stress. Research hypothesis: the level of resilience correlates with the level of professional vitality of military medics who are in conditions of combat stress.

♦ Materials and Methods

The study involved 26 military medics, including 9 women and 17 men, aged 29-49, who had been in the combat zone for 1.2 to 3 years. The study was conducted in accordance with the ethical standards for working with people set out in the World Medical Association's Declaration of Helsinki, in particular the principles of informed consent, confidentiality and non-maleficence (WMA, 2024). For reasons of personal safety of medical personnel, disclosure of information about the name of the unit and their location is unacceptable. Given the conditions of military medics' work, individual interviews were conducted with them before the start of the study, during which detailed explanations were provided on how to work with the methods. Each of the methods was presented sequentially to ensure correct completion and avoid possible errors in the research process. At the diagnostic stage, the Connor-Davidson Resilience Scale (CD-RISC-10) (Connor & Davidson, 2003), adapted by N.V. Shkolina *et al.* (2020), and the Combat Stress Questionnaire (Blinov, 2017) were used. A professional vitality

questionnaire was also used. Each technique is valid and equipped with keys used to calculate resilience levels and the overall integral indicator of combat stress intensity, as well as to determine the overall level of professional resilience and its components. Statistical data processing and correlation analysis using Microsoft Office Excel were used to analyse the data obtained. In particular, to assess the strength and direction of the relationship between variables (e.g., between resilience and combat stress and its components; between resilience, the overall level of professional resilience and its components), Pearson's correlation coefficient (r) was determined, and the calculation was performed using the formula:

$$r = \frac{(x_i - \bar{x})(y_i - \bar{y})}{\sqrt{(x_i - \bar{x})^2 (y_i - \bar{y})^2}}, \quad (1)$$

where, x_i – value of the first variable (resilience score for a specific participant); $\bar{x}$ – average value of the first variable (average resilience score in a sample of 26 people); y_i – value of the second variable (score, for example, on the combat stress or professional resilience scale for a specific participant); $\bar{y}$ – the average value of the second variable (respectively, the average score on the combat stress or professional resilience scale in a sample of 26 people); accordingly, $r =$ from 0.01 to +1 – direct correlation: as x increases, y always increases; when $r =$ from 0 to -1 – inverse correlation: as x increases, y always decreases. $r = 0$ – no correlation. Formula for testing the significance of the r coefficient:

$$t = \frac{r\sqrt{n-2}}{\sqrt{1-r^2}}, \quad (2)$$

Table 1. Manifestations of resilience, combat stress and overall professional resilience among military medics, %

Level	Resilience	Intensity of combat stress	Acute stress disorder	Resourcefulness	Overall professional vitality
high	81	0	23	11	50
average	19	69	77	85	42
low	0	31	0	4	8

Note: percentages reflect the share of participants in the respective categories

Source: developed by the authors

The data obtained gave grounds to assert that the vast majority of medical personnel are characterised by a high level of personal resilience and the ability to recover quickly after stressful or traumatic events. Despite experiencing intense negative emotions (sadness, fear, anger), they demonstrate the ability to process them constructively and maintain effective functioning even in conditions of uncertainty. In this case, the development of resilience is a dynamic process that enables individuals to withstand stress, resist the negative effects of stressors, and maintain their mental health (Southwick *et al.*, 2014). At the same time, the intensity of combat stress was moderate in 69% of respondents and low in 31%. According to individual indicators, 23% of the respondents experienced acute stress disorder at a high level and could show a pronounced reaction to events. 77% of the respondents demonstrated an average level of response to combat stress. That is, their reaction was largely controlled, although pronounced. At the same time, the majority of

where, r – the correlation coefficient; n – the number of subjects; t is the t -statistic used to determine p ; degrees of freedom df are needed to find p – values in the t -distribution:

$$df = n - 2. \quad (3)$$

Depending on the value of p : $p < 0.05$ – the correlation is statistically significant; $p \geq 0.05$ – the correlation is insignificant. Given the aim of the study, which was to identify the relationship between resilience and professional vitality, the analysis focused not on comparing absolute levels, but on studying the nature of the correlations between these indicators. This approach made it possible to identify psychological patterns of interaction between these factors in the specific conditions of military medics' activities – in the combat zone, which directly corresponds to the subject of the study and emphasises the importance of a comprehensive approach to assessing their professional vitality.

◆ Results and Discussion

The results obtained emphasised that the military medics who participated in the study demonstrated a sufficiently high level of resilience. A survey conducted using standardised psychodiagnostic methods provided data on their psycho-emotional state and ability to cope with stress (Blinov, 2017; Shkolina *et al.*, 2020). Analysis of the indicators showed that most respondents had a high level of resilience (81%), while the rest had an average level (19%), confirming their adaptability and resourcefulness in difficult professional conditions (Table 1).

respondents (85%) showed an average level of resilience, and 11% showed a high level of resilience. At the same time, the data obtained from the correlation analysis indicated that there was no statistically significant correlation between the level of resilience and manifestations of combat stress ($r = 0.008$, at $p \geq 0.05$), which is schematically presented in Figure 1.

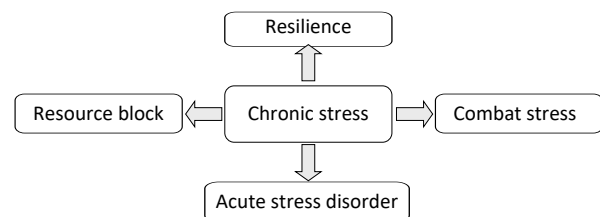


Figure 1. Correlational links between resilience and reaction to combat stress

Source: developed by the authors

Resilience is not linearly related to combat stress, and its level does not automatically reduce the level of response to combat stress. Medical personnel with different levels of resilience may exhibit similar levels of combat stress. Experiencing combat stress is a reaction to a real threat, which is constant when working in a combat zone. Resilience, on the other hand, means the ability to adapt to the effects of this stress, but not necessarily to avoid or not feel it. Therefore, military medics with high levels of resilience also responded to combat stress, but they coped with it better and faster. Accordingly, some traumatic events could moderate, while others could mask the link between resilience and combat stress. Other variables remained significant, such as: service experience, previous traumatic events, psychological training, and a sense of support from colleagues, which was confirmed in interviews with respondents. Resilience did not determine the intensity of stress experienced in combat conditions, but rather influenced the effectiveness of overcoming its consequences. To explain the role of resilience in human life, A.S. Masten (2001) introduced the concept of “ordinary magic” and emphasised that resilience is not a rare trait, but a common phenomenon. However, when a person faces various traumatic events, their ability to self-regulate and maintain stability becomes crucial for adapting to constant life stressors. It is these abilities that form the basis of resilient personality traits, which include self-esteem, adequate self-assessment, coping strategies, protective factors, and other self-support systems that help a person effectively overcome stress (Lazos, 2018). A direct correlation was also found between resilience, acute stress disorder ($r = 0.445$, at $p \leq 0.05$) and resource block ($r = 0.230$, at $p \leq 0.05$) (Fig. 1). There is also a direct correlation between resilience and acute stress disorder ($r = 0.445$, at $p \leq 0.05$). The direct, moderate correlation between resilience and acute stress disorder may seem paradoxical. This can significantly threaten psychological stability, increasing the risk of severe psycho-emotional disorders (Schwarzer, 2024). Therefore, in the work of M.F. Georgescu *et al.* (2023), resilience is defined as a protective factor that reduces the severity of acute stress reactions and post-traumatic stress disorder. However, when interpreting these results, the specificity of the sample should be taken into account – military medics who had been in conditions of high combat stress for a long time. It is important that the study was conducted in conditions of prolonged stay of participants in the combat zone and chronic exposure to traumatic events, when symptoms of acute stress reaction were present or could manifest themselves. In such circumstances, resilience manifested itself not so much as an innate personal quality, as emphasised by V. Burlaka *et al.* (2002), but as an adaptive response to stressful experiences. This is the so-called “reactive” (acquired) resilience, which does not prevent the occurrence of an acute reaction to constant negative events, but allows to remain functional despite experiencing moderate to high levels of combat stress. The same opinion was supported by Z.Ya. Kovalchuk & O.Ya. Zaverukha (2024), who demonstrated the ability of individuals to develop their

resilience by acquiring skills to overcome difficulties and improving their attitude towards challenges. Resilience is a flexible process that enables military medics to withstand stress, resist the negative effects of stressors, and maintain their mental health. Resilience is a simple daily choice that a person makes, and no matter what life circumstances or challenges they face, they will always choose the right to live (Southwick & Charney, 2012). No significant differences in resilience levels were found between male and female medical personnel who worked under combat stress conditions. This phenomenon can be explained by the shared professional environment and similar experiences of being in a combat zone – rapid and unpredictable changes in circumstances that required the coordinated work of all team members, the support of comrades, and a conscious motivation to perform their duties under stressful conditions. This is confirmed by correlation analysis data, which show a significant relationship between combat stress and manifestations of acute stress disorder ($r = 0.681$, $p \leq 0.05$). Each new stress was accompanied by a response – the body’s reaction to the event that occurred, and this reaction is normal to abnormal events, given the concern for life and health, both one’s own and those who were being helped. The brightness of the manifestation of the connections between resilience and components of professional vitality is shown in Figure 2.

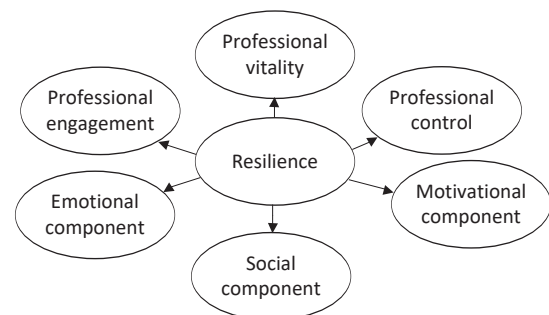


Figure 2. Correlations between resilience and professional vitality

Source: developed by the authors

The importance of resilience in the professional performance of military medics is also indicated by its close connection with both the overall level of professional vitality ($r = 0.654$, $p \leq 0.05$) and its key components. Direct correlations have been found between them and resilience, namely: the level of professional involvement ($r = 0.441$, $p \leq 0.05$), professional control ($r = 0.413$, $p \leq 0.05$), emotional component ($r = 0.640$, $p \leq 0.05$), motivational component ($r = 0.605$, $p \leq 0.05$) and social component ($r = 0.453$, $p \leq 0.05$). This indicates that despite the difficult and extreme working conditions, military medics demonstrated a sufficient level of professional resilience thanks to their resilience. These connections also emphasise that resilience is an important psychological resource that supports the ability to function effectively in conditions of chronic professional stress. The professional activity of military medics is

one of the most difficult and responsible types of work, as it involves simultaneously ensuring personal safety and providing emergency assistance to others. Although the ability to maintain mental, psychological and physical health is inherent in every person, it is the level of resilience of military medics that determines the effectiveness of their professional tasks and directly affects the preservation of the lives of the wounded in combat conditions. This makes their role particularly important and highlights the need for a high level of professionalism, stress resistance and responsibility in performing daily duties in extreme situations. Research by A. Nikolenko *et al.* (2025), conducted with the participation of students of specialisation courses in the field of mental health, showed that their professional resilience in wartime was above average, with a predominance of the motivational component and the component of professional control, which emphasises its important role in maintaining adaptability and preventing professional burnout in extreme conditions. At the same time, resilience requires a strong internal resource, which, according to A. Flood & R.J. Keegan (2022), is not an innate ability, but a skill. In other words, it is not only desirable but also an extremely necessary condition for the effective functioning of the entire professional community working in conditions of increased danger. It allows to be focused, able to work diligently and persistently, perform their professional duties and maintain their own mental health (Panchenko & Rozhkov, 2024). It is important to note that the overall level of “hardiness” is considered a style of resilience that provides stress resistance when life events change. Resilience is defined as a personality trait associated with a person’s ability to respond appropriately to stressful events and overcome them using coping strategies that transform potentially adverse circumstances into a way of mastering certain skills (Kobasa, 1982). For a healthy individual, resilience is positively associated with life satisfaction and positive affect, and negatively associated with perceived stress and negative affect (Acharya & Sethi, 2020). A study conducted by A.M. Sandvik *et al.* (2013) aimed to investigate stress responses and was based on an analysis of psychophysiological and biochemical changes in the human body. The authors showed that high resilience with a balanced profile is associated with relatively healthy immune and neuroendocrine responses to adverse situations or events. At the same time, psychological resilience is characteristic of people who remain healthy under varying degrees of psychosocial stress. The same was noted in a study by J.W. Pen-gilly & E.T. Dowd (2000), conducted with Norwegian Navy cadets during their field training in highly stressful conditions. It has been proven that completely healthy individuals with balanced resilience did not show any changes in their blood. Meanwhile, although high psychological resilience was observed in “unbalanced” individuals, they showed high levels only in terms of commitment to the task and control over the situation, but relatively low levels in terms of the complexity of the tasks. These changes were associated with the suppression of pro-inflammatory cytokines (IL-12), an increase in anti-inflammatory cytokines (IL-4, IL-10) and

lower levels of neuropeptide Y in the blood, which obviously corresponded to a reactive response to stress. In other words, when professional activity is perceived by an individual as a calling, a deep awareness of its significance emerges. This is always accompanied by conscious moral and spiritual values, which in military medics manifest themselves in responsibility for the lives of wounded soldiers, who are in the reliable hands of people capable of caring for them. In the medical profession, this means a willingness to take responsibility for human life in critical conditions, while remaining psychologically stable and professionally effective.

However, it should be noted that the connection between resilience and the resource block is significantly weaker ($r = 0.230$, $p \leq 0.05$), which may indicate psychological exhaustion among military medics, (Fig. 1) which was particularly evident in 4% of the subjects and in another 8% as the lower limit of the average level (Table 1). The decline in subjectively perceived resources occurs against the backdrop of high stress. Similarly, the weak correlation between the resource block and resilience ($r = 0.230$, at $p \leq 0.05$) may indicate the limited protective function of personal resources in critical conditions when external stress exceeds internal compensatory capabilities. In wartime, and especially in combat zones, medical personnel often have to work in difficult circumstances: lack of resources, high risk to the lives of medical workers and victims. Often, such stress is also associated with complicated logistics. These conditions create obstacles to evacuation, timely delivery of necessary equipment and medicines, and prompt medical care. It is only thanks to their high level of resilience and tenacity that military medics continue to provide quality medical care. Even under almost constant stress, they manage to maintain a high level of professionalism. These data indicate an urgent need to provide timely psychological support and even assistance to medical workers. The organisation of such assistance has a number of specific features due to combat conditions: disrupted working hours, limited human resources, and a constant threat to life, where every minute lost can have fatal consequences (Kovalchuk & Zaverukha, 2024). Therefore, it is important for military medics to receive brief but targeted information in the form of psychoeducation aimed at developing their resilience. This can include targeted advice, short video tutorials on self-calming techniques, grounding, and breathing practices to stabilise mental state. British historian Mike Burley emphasised that in military formations, resilience is traditionally viewed through the prism of morale. This position is also relevant for military medics, as their professional activities require a high level of resilience, which involves the development of trust, leadership, loyalty, cohesion, as well as exceptional psychological strength and endurance (Tarazona *et al.*, 2023). To maintain and develop resilience, it is necessary to remember that there are factors of psychological resilience such as: professional and physical training; emotional self-regulation; cognitive flexibility or the ability to adapt thinking to new or stressful circumstances; the ability to reassess a situation without losing sight of the goal; optimism, altruism, and a sense of mission. It is

important to focus on internal resources, which involves the use of psychological interactive practices, in particular: conscious breathing, positive reframing, and exercises to develop optimism (Myloslavska & Bohdanovskiy, 2023). According to the conclusions of T. Tytarenko (2025), self-healing life creation in wartime reflects the community's ability to mobilise resources for adaptation, which is a central component of resilience. Military medics in the combat zone are constantly in stressful and crisis situations, and it is the development of discipline, brotherhood, and mutual support that will allow to maintain mental and physical stability. Therefore, the ability to be part of a team whose work involves clear coordination, mutual support, division of roles, and trust between members of the unit in which the medics work remains important. This makes it possible to implement peer support models (a system of mutual assistance between people with similar life or professional experiences), which helps to identify psychological stress in colleagues in a timely manner and provide them with support without formal intervention, which is especially important when there is no time for individual psychological assistance.

◆ Conclusions

The study made it possible to identify psychological characteristics and patterns of resilience in military medics in wartime conditions and demonstrated their ability to perform their professional duties at a high level, which is confirmed by positive correlations not only with the overall level of professional resilience, but also with its individual components. At the same time, the negative effects of martial law and being in a combat zone on medical personnel were also highlighted: a levelled correlation between resilience and combat stress; individual manifestations of acute reactions to chronic stress; and a decrease in resourcefulness. War creates extreme conditions, but military medics, like other military personnel, even in situations of death and loss,

demonstrate the ability to recover, continue their professional activities and adapt thanks to their resilience. This gives reason to consider resilience as an acquired form of psychological defence and adaptability of the personality in conditions of professional activity and extreme existence, rather than as an innate trait, while retaining its dynamic nature of development. The proposed approaches to psychological influence and support are aimed at increasing individual resilience, reducing the negative effects of combat stress, and helping to maintain the functionality of medical personnel in combat conditions. The identified negative effects of combat stress on medical personnel and the appearance of signs of acute stress disorder prompted at least a brief presentation of certain recommendations for psychological protection of the individual – both for oneself and for supporting colleagues. The proposed approaches not only increase individual resilience, but also help maintain the functionality of medical personnel under combat stress. The study has both theoretical and practical value. Theoretically, it deepens the scientific understanding of psychological mechanisms of adaptation in conditions of combat stress, in particular through the study of the relationship between resilience and professional vitality. In practical terms, the results can be used to develop psychological support programmes and maintain the professional functioning of medical personnel in extremely difficult conditions, and further serve as a basis for applied research in the field of military psychology.

◆ Acknowledgements

To the military medics who participated in the study.

◆ Funding

None.

◆ Conflict of Interest

None.

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Резильєнтність та професійна життєстійкість військових медиків у зоні бойових дій

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◆ **Анотація.** Повномасштабна війна, розпочата Росією у лютому 2022 р., актуалізувала потребу у військових медиках, здатних до швидкої адаптації в екстремальних умовах, опанування нових навичок, збереження життєстійкості та ефективної командної взаємодії в умовах високих фізичних і психологічних навантажень. Однак їхня діяльність залишається малодослідженою, що визначає актуальність обраної тематики. Метою дослідження було з'ясувати роль резильєнтності як психофізіологічного чинника професійної життєстійкості військових медиків у бойових умовах, визначити механізми її прояву та виявити зв'язок між особистою стійкістю й здатністю зберігати професійну функціональність. Проаналізовано проблему резильєнтності як психологічної стійкості й гнучкості особистості, що дозволяє зберігати позитивне налаштування, підтримує адаптивність і здатність функціонувати в найнесприятливіших умовах. В емпіричному дослідженні, зважаючи на специфіку роботи військово-медичного персоналу, проведено індивідуальні інтерв'ю та використано методики: шкала стійкості Коннора-Девідсона, опитувальник бойового стресу, опитувальники професійної стійкості. Аналіз кореляційних зв'язків дозволив виявити психологічні закономірності прояву резильєнтності та професійної життєстійкості. Отримані результати показали, що для 81 % досліджуваних військових медиків характерний достатньо високий та для 19 % – середній рівень резильєнтності при середньому рівні інтенсивності реагування на бойовий стрес у 69 %, що може тимчасово впливати на повноцінну діяльність. Однак загальна професійна життєстійкість залишалася на високому (50 %) та середньому (38 %) рівнях. Це засвідчило про формування резильєнтності як набутої якості в умовах бойового стресу, що підвищує професійну спроможність медиків і розширює їхній потенціал як фахівців. На основі результатів дослідження окреслено рекомендації щодо посилення психологічного захисту – як стратегії самопомогі для окремих осіб, так і підтримуючі практики для команди. Практична та теоретична цінність роботи полягає у поглибленні розуміння резильєнтності як ключового чинника підтримки психологічної та професійної життєздатності в умовах стресу, пов'язаного з війною, а також у наданні інформації для розробки ефективних програм психологічної підтримки медичного персоналу в зонах бойових дій

◆ **Ключові слова:** психологічна стійкість; адаптивність; психоемоційний стан; бойовий стрес; ресурси відновлення