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PROFESSIONAL AND PERSONAL HARDINESS AMONG FUTURE CLINICAL PSYCHOLOGISTS AND ITS ASSOCIATIONS WITH RESILIENCE AND SELF-EFFICACY

ПРОФЕСІЙНО-ОСОБИСТІСНА СТІЙКІСТЬ МАЙБУТНІХ КЛІНІЧНИХ ПСИХОЛОГІВ ТА ЇЇ ЗВ'ЯЗКИ З РЕЗИЛЬЄНТНІСТЮ І САМОЕФЕКТИВНІСТЮ

The article provides a theoretical substantiation of professional and personal hardiness in future clinical psychologists as an integrative psychological construct that supports professional orientation, self-regulation, responsible decision-making, adherence to the boundaries of professional competence, and the restoration of productive functioning in demanding situations. A structural-functional model is proposed, comprising regulatory-reflective, personal-resource, agency-and-responsibility, and professional-value components. The study aimed to examine the associations of professional hardiness with resilience and general self-efficacy. The cross-sectional correlational study involved 132 master's students enrolled in the Clinical and Rehabilitation Psychology programme, aged 22-54 years. The measures included O. M. Kokun's Professional Hardiness Questionnaire, the Ukrainian-language version of the CD-RISC-10, and the General Self-Efficacy Scale developed by R. Schwarzer and M. Jerusalem and adapted into Ukrainian by I. Haletska. The mean scores were M = 52.47, SD = 10.45 for professional hardiness, M = 19.82, SD = 6.37 for resilience, and M = 25.74, SD = 5.11 for self-efficacy. Comparisons with normative values were descriptive because of differences between the samples. Professional hardiness was positively associated with resilience, $\rho = 0.41$, and self-efficacy, $\rho = 0.46$, $p < 0.001$. Professional control showed the strongest association with self-efficacy, $\rho = 0.49$, whereas acceptance of professional challenge was most strongly associated with resilience, $\rho = 0.43$, $p < 0.001$. The findings confirm that these resources are interrelated but not interchangeable. Professional and personal hardiness cannot be reduced solely to recovery from stress or confidence in one's capacity to act. The results support the development of self-regulation, professional engagement, realistic self-efficacy, and recovery strategies in conjunction with intervision and supervision.

Key words: professional and personal hardiness, future clinical psychologists, professional hardiness, resilience, general self-efficacy, structural-functional model, master's-level training, intervision, supervision.

У статті теоретично обґрунтовано професійно-особистісну стійкість майбутніх клінічних психологів як інтегративне психологічне утворення, що забезпечує професійну спрямованість, саморегуляцію, відповідальне прийняття рішень, дотримання меж компетентності та відновлення продуктивного функціонування у складних ситуаціях. Запропоновано структурно-функціональну модель, що охоплює регулятивно-рефлексивний, особистісно-ресурсний, суб'єктно-відповідальний і професійно-ціннісний компоненти. Мета дослідження полягала у визначенні зв'язків професійної життєстійкості з резильєнтністю та загальною самоефективністю. У кореляційному дослідженні взяли участь 132 магістранти освітньої програми «Клінічна та реабілітаційна психологія» віком 22-54 роки. Застосовано Опитувальник професійної життєстійкості О. М. Кокуна, україномовну версію CD-RISC-10 та Шкалу загальної самоефективності Р. Шварцера і М. Єрусалема в адаптації І. Галецької. Середній показник професійної життєстійкості становив M = 52,47, SD = 10,45; резильєнтності M = 19,82, SD = 6,37; самоефективності M = 25,74, SD = 5,11. Порівняння з нормативами має описовий характер через відмінності між вибірками. Професійна життєстійкість була пов'язана з резильєнтністю, $\rho = 0,41$, та самоефективністю, $\rho = 0,46$, $p < 0,001$. Професійний контроль найтісніше був пов'язаний із самоефективністю, $\rho = 0,49$, а прийняття професійного виклику з резильєнтністю, $\rho = 0,43$, $p < 0,001$. Результати підтверджують взаємопов'язаний, але не взаємозамінний характер цих ресурсів. Професійно-особистісна стійкість не зводиться лише до відновлення після стресу або впевненості у спроможності діяти. Результати обґрунтовують розвиток саморегуляції, професійної включеності, самоефективності та стратегій відновлення у поєднанні з інтервізійною і супервізійною підтримкою.

Ключові слова: професійно-особистісна стійкість, майбутні клінічні психологи, професійна життєстійкість, резильєнтність, загальна самоефективність, структурно-функціональна модель, магістерська підготовка, інтервізія, супервізія.

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Introduction. The professional training of psychologists specialising in clinical and rehabilitation psychology in Ukraine is taking place during a war that has substantially affected the population's mental health and intensified the need to expand access to psychological and psychiatric services and to train appropriately qualified professionals [16]. Under these conditions, training should ensure not only the acquisition of knowledge and helping technologies but also the development of the capacity to maintain functional performance, ethical responsibility, and a reflective stance when working with emotionally charged material. Practice in clinical and rehabilitation psychology involves engagement with crisis states, traumatic experiences, suicide risk, severe somatic illness, loss, and uncertainty. Among helping professionals who are indirectly exposed to traumatic material, secondary traumatic stress is closely associated with occupational burnout [9]. The hardiness of a future psychologist should therefore be understood not as an unlimited capacity to withstand demands, but as a resource for responsible professional functioning that includes self-regulation, recovery, and timely help-seeking.

The EuroPsy framework integrates requirements for university education, supervised practice, professional competence, and continuing professional development [10; 12]. Clinical supervision is regarded as a component of competence-based training, professional accountability, and the protection of recipients of psychological services [6; 12]. Individual hardiness resources cannot replace the appropriate organisation of training and professional support; rather, they should be developed within a safe educational environment, through interaction with a supervisor, and by means of systematic reflective processing of professional experience. In contemporary psychology, resilience is conceptualised as a dynamic process of maintaining or restoring adaptive functioning under conditions of significant adversity. The multisystem perspective emphasises that resilience depends on the interaction of individual, interpersonal, and institutional resources [14, pp. 521–549]. Professional hardiness specifies this resource-oriented perspective in relation to occupational demands and encompasses engagement, control, and acceptance of challenge [2, pp. 90–104]. Professional and personal hardiness in a future clinical psychologist is a broader integrative construct. It combines the capacity to maintain professional orientation, regulate one's own states and behaviour, act responsibly within the boundaries of competence, and restore productive functioning after demanding experiences. Professional hardiness represents the professional activity dimension of this construct. Resilience reflects an adaptive-recovery resource, whereas self-efficacy refers to the belief in one's capacity to organise and perform the actions required. This differentiation prevents the conflation of related but non-identical constructs.

In O. Kokun's conceptualisation, professional hardiness comprises professional engagement, professional control, and acceptance of professional challenge [2, pp. 90–104; 3, pp. 17–22]. Professional engagement reflects meaningful involvement in professional activity and awareness of its significance. Professional control denotes the belief that one can influence one's own actions and the course of a professional situation. Acceptance of professional challenge is associated with a readiness to perceive complexity, change, and uncertainty constructively. These characteristics are regarded as professional activity manifestations of professional and personal hardiness rather than as its complete psychological equivalent.

Resilience is assessed as the capacity to adapt to adverse circumstances and restore productive functioning after stress. The CD-RISC-10 is a unidimensional measure of resilience whose psychometric properties were confirmed during the development of the abbreviated version [8, pp. 1019–1028]. The Ukrainian-language version was produced through cultural and linguistic adaptation and psychometrically evaluated in a sample of patients with ankylosing spondylitis and a comparison group [5, pp. 66–72]. Accordingly, in the present study the score was analysed as a continuous variable, without applying clinical cut-off levels to the sample of master's students. The CD-RISC-10 does not directly assess professional competence or professional suitability. General self-efficacy is defined as a person's belief in their ability to organise and carry out the actions required to overcome difficulties and achieve goals [7; 15, pp. 35–37]. I. Haletska presented the Ukrainian adaptation of the General Self-Efficacy Scale [1, pp. 210–212], and its cross-cultural psychometric properties were confirmed in a multinational study [13, pp. 439–457]. In psychologist training, realistic self-efficacy is productive when it is consistent with actual competencies, critical reflection, awareness of professional boundaries, and readiness to seek supervision. Existing Ukrainian research supports the value of jointly examining resilience and professional hardiness among professionals and trainees in mental health programmes [4]. However, it remains insufficiently understood how professional activity, adaptive-recovery, and cognitive-regulatory resources are integrated within the structure of professional and personal hardiness in master's students specialising in clinical and rehabilitation psychology.

The aim of the study was to provide a theoretical substantiation of a structural-functional model of professional and personal hardiness in future clinical psychologists and to test it empirically by analysing professional hardiness, resilience, and general self-efficacy. It was hypothesised that professional hardiness and its components would be positively associated with resilience and self-efficacy, and that the strength of these associations would vary according to the psychological content of each component.

Presentation of the main material. Professional and personal hardiness is conceptualised as a systemically organised psychological construct that coordinates personal resources, self-regulatory processes, personal agency and responsibility, and professional values. Its functioning is manifested not in the absence of tension, doubt, or temporary reductions in productivity, but in the capacity to understand a professional situation, regulate one's own state, act in accordance with ethical stand-

ards, use available resources, and recover after demanding experiences.

The structural-functional model comprises four interrelated components. The regulatory-reflective component includes conscious self-regulation, monitoring of one's own states, evaluation of action outcomes, and adjustment of professional behaviour. The personal-resource component reflects the capacity to mobilise internal and external resources, tolerate uncertainty, and restore functioning. The agency-and-responsibility component characterises authorship of professional choices, responsibility for decisions, realistic control, and adherence to the boundaries of competence. The professional-value component integrates meaningful engagement with the profession, professional identification, ethical orientation, and commitment to maintaining the quality of care. The mechanisms through which hardiness develops include self-regulation, cognitive appraisal and the selection of coping responses, reflective processing of experience, meaning-making, self-determination, resource mobilisation and recovery, use of social support, and professional identification. Their interaction supports the regulatory, adaptive-recovery, meaning-and-value, and ethical-responsibility functions of professional and personal hardiness.

The proposed model represents the interrelationships among the substantive components of professional and personal hardiness, the psychological mechanisms underlying their functioning, and indicators available for empirical assessment. The regulatory-reflective component supports conscious planning, control, and adjustment of professional actions. The personal-resource component supports adaptation and the restoration of psychological functioning after demanding experiences. The agency-and-responsibility component is associated with autonomy, responsibility, and adherence to the boundaries of professional competence. The professional-value component determines meaningful engagement with the profession and an orientation towards ethical practice and the quality of psychological care. These components do not function in isolation but form an interconnected system. Conscious self-regulation is impossible without the mobilisation of personal resources, while professional responsibility requires not only control over one's actions but also their alignment with professional values and ethical standards. Consequently, a single psychodiagnostic indicator may reflect manifestations of several components of professional and personal hardiness.

In the present study, professional and personal hardiness was operationalised through measures of professional hardiness, resilience, and general self-efficacy. Professional hardiness most directly represents the professional activity dimension of the phenomenon under study. Its components reflect different ways in which a future professional engages with occupational demands. Professional engagement characterises meaningful involvement in educational and professional activity, awareness of its significance, and readiness to remain an active agent in one's professional development. Within the proposed model, this indicator is primarily associated with the professional-value component. Professional control reflects the belief that one can organise one's own actions, influence the course of a professional situation, and assume responsibility for decisions made. It characterises specific manifestations of the regulatory-reflective and agency-and-responsibility components.

Acceptance of professional challenge denotes readiness to engage constructively with complexity, change,

Table 1

Structural-functional model of professional and personal hardiness in future clinical psychologists

Component	Psychological content	Principal mechanisms and functions	Indicators represented in the study
Regulatory-reflective	Capacity to recognise one's emotional and cognitive states, plan professional actions, monitor their implementation, evaluate outcomes, and adjust behaviour to the requirements of the professional situation.	Conscious self-regulation, cognitive appraisal, self-control, and reflective processing of professional experience. Supports the purposefulness, flexibility, and manageability of professional behaviour.	General self-efficacy; professional control.
Personal-resource	Capacity to mobilise internal and external resources, maintain psychological functioning under demanding conditions, and recover after stressful professional situations.	Resource mobilisation, adaptation, psychological recovery, and use of social and professional support. Supports psychological equilibrium and the restoration of productive functioning.	CD-RISC-10 resilience; acceptance of professional challenge.
Agency-responsibility	Awareness of one's role in professional choices and decision-making, responsibility for their consequences, realistic appraisal of one's capacities, and adherence to the boundaries of professional competence.	Self-determination, internal control, responsible decision-making, ethical self-restraint, and readiness to seek supervisory support. Supports autonomy and the ethical justification of professional behaviour.	Professional control; general self-efficacy.
Professional-value	Meaningful engagement with the profession, acceptance of its values, formation of professional identity, and orientation towards ethical practice and the quality of psychological care.	Meaning-making, professional identification, value-based regulation of activity, and reflective interpretation of professional experience. Supports the stability of professional orientation and the value coherence of activity.	Professional engagement.

and uncertainty. This indicator is associated with the personal-resource component because it presupposes the capacity to mobilise resources and maintain an active professional stance under demanding conditions. Resilience specifies the adaptive-recovery dimension of professional and personal hardiness. It characterises a person's capacity to adapt to adverse circumstances and to maintain or restore productive psychological functioning after stressful demands. General self-efficacy reflects the belief in one's capacity to mobilise resources, organise the necessary actions, and persist in overcoming difficulties. Within the model, it is treated as a cognitive-regulatory resource associated with professional control, agentic activity, and responsibility for organising one's own behaviour. Thus, the resource manifestations of professional and personal hardiness were empirically examined through professional hardiness as a professional activity indicator, resilience as an adaptive-recovery resource, and general self-efficacy as a cognitive-regulatory resource for organising activity in demanding situations. The study used a quantitative, non-experimental, cross-sectional correlational design. This design made it possible to assess the current expression of the characteristics under investigation and determine the nature of the associations among them without drawing causal conclusions. The sample comprised 132 students pursuing second-cycle (master's-level) higher education in Psychology and enrolled in the Clinical and Rehabilitation Psychology educational programme. Participants ranged in age from 22 to 54 years, with a mean age of 33.18 years (SD = 8.07). The sociodemographic and professional characteristics of the sample are presented in Table 2.

Women predominated in the sample, accounting for 81.8% of participants. The largest age group comprised participants aged 22–29 years. At the same time, participants aged 30-54 years represented 57.6% of the sample, reflecting the age heterogeneity of contemporary master's-level education. The programme included both recent bachelor's graduates and individuals with previous professional experience or those pursuing a second degree. Practical experience of working with clients was reported by 57.6% of participants, whereas 46.2% had experience of individual or group supervision. Previous education in psychology or education was reported by 63.6% of respondents. These characteristics were considered as contextual factors in participants' professional development but were not used as criteria for assessing professional suitability. Inclusion criteria were enrolment in the Clinical and Rehabilitation Psychology educational programme, completion of clinical psychology courses or relevant professional placement, voluntary consent to participate, and completion of the full assessment battery. Questionnaires with substantial missing data, indications of perfunctory completion, or withdrawn consent were excluded. The survey was administered anonymously in an electronic format in accordance with the principles of voluntariness and confidentiality.

Table 2

Sociodemographic and professional characteristics of the sample (N = 132)

Characteristic	n	%
Women	108	81.8
Men	24	18.2
Age 22–29 years	56	42.4
Age 30–39 years	42	31.8
Age 40–54 years	34	25.8
Had practical experience of working with clients	76	57.6
Had experience of individual or group supervision	61	46.2
Had previous education in psychology or education	84	63.6

O. M. Kokun's Professional Hardiness Questionnaire was used to assess the profession-related resource manifestations of professional and personal hardiness [2, pp. 90–104; 3, pp. 17–22]. The instrument is designed to measure professional engagement, perceived control over one's own activity, and a constructive attitude towards complexity, change, and uncertainty. Its use was consistent with the study aim because it enabled hardiness to be assessed directly within a professional context. The questionnaire was initially standardised in a sample of 452 participants; the methodological guidelines for the electronic Ukrainian version provide normative ranges based on a nationwide survey of 1,257 adults. The instrument demonstrated internal consistency and concurrent validity [2, pp. 90–95; 3, pp. 20–22].

The Ukrainian-language version of the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) was used to assess the adaptive-recovery resource [5, pp. 66–72; 8, pp. 1019–1028]. The scale measures the capacity to adapt to adverse circumstances, mobilise psychological resources, and restore productive functioning after stressful demands. The Ukrainian-language version was psychometrically evaluated in a sample of patients with ankylosing spondylitis and a comparison group [5, pp. 66–72]. Because that sample differed from master's students specialising in clinical psychology, CD-RISC-10 scores were analysed as continuous measures without classification into levels.

General self-efficacy was assessed using the General Self-Efficacy Scale developed by R. Schwarzer and M. Jerusalem and adapted into Ukrainian by I. Haletska [1, pp. 210–212; 15, pp. 35–37]. The instrument assesses the individual's belief in their capacity to mobilise resources, organise the necessary actions, and overcome difficulties. Its inclusion in the assessment battery was appropriate because the utilisation of psychological resources is related to a person's subjective confidence in their capacity to act. Self-efficacy was treated as a cognitive-regulatory resource for professional activity, but not as a direct indicator of competence in clinical psychology. Thus, the assessment battery enabled the evaluation of characteristics that are interrelated but conceptually distinct. Professional hardiness reflected how master's students engage with the demands of their future profession, resilience characterised the capacity to adapt and recover, and general self-efficacy represented the belief in one's capacity to organise the necessary actions.

Statistical analysis included the calculation of arithmetic means, standard deviations, minimum values, and maximum values. The internal consistency of the measures was assessed using Cronbach's α. Spearman's rank correlation coefficient was used to determine monotonic associations among the study variables. The threshold for statistical significance was set at $p < 0.05$.

Resilience and general self-efficacy scores were analysed as continuous variables without categorisation into low, medium, and high levels. This approach avoided insufficiently substantiated categorisation in the absence of specific normative values for master's students specialising in clinical psychology. For the descriptive interpretation of the total professional hardiness score, the normative thresholds for the electronic Ukrainian version reported by O. M. Kokun on the basis of a nationwide survey of 1,257 adults conducted in 2022 were used [3, pp. 20–22]. However, the standardisation sample differed from the present sample in age, professional status, and composition; therefore, comparisons with the normative ranges were not treated as a basis for categorical assessment of participants. The principal descriptive results are presented in Table 3.

Table 3

Descriptive statistics for professional hardiness, resilience, and general self-efficacy

Indicator	M	SD	Min	Max	α
Professional hardiness	52.47	10.45	27	79	0.88
Professional engagement	16.48	4.30	6	28	0.80
Professional control	17.62	4.12	7	29	0.82
Acceptance of professional challenge	18.37	4.24	7	30	0.79
Resilience (CD-RISC-10)	19.82	6.37	3	36	0.86
General self-efficacy	25.74	5.11	13	39	0.84

Note. M = arithmetic mean; SD = standard deviation; Min = minimum value; Max = maximum value; α = Cronbach's alpha coefficient.

The overall mean professional hardiness score was M = 52.47 (SD = 10.45), with individual scores ranging from 27 to 79. According to the normative thresholds for the electronic Ukrainian version, a score of 52.47 formally falls within the 0-53-point range designated as low [3, pp. 20–22]. This comparison is descriptive, however, because the standardisation sample of the Ukrainian adult population differed from the sample of master's students in its composition and study conditions. A group mean also does not represent the level of every individual participant.

The obtained score may indicate reduced professional engagement, perceived control, or a constructive orientation towards demanding requirements among some participants, but the specific reasons cannot be established without further analysis of their practical experience, academic workload, and conditions of professional support. The wide range of individual scores indicates heterogeneity in the sample's professional-resource capacities.

The lowest descriptive mean among the professional hardiness components was found for professional engagement, M = 16.48 (SD = 4.30). This may indicate vulnerability in the meaningful and activity-based involvement of some master's students in their professional training. At the same time, the data do not justify attributing this score to any single cause without a specific examination of professional motivation, identity, and learning conditions.

The mean professional control score was M = 17.62 (SD = 4.12). It reflects participants' subjective perception of their ability to manage their own professional actions, organise their behaviour, and make decisions. The variability of the results indicates that this resource was expressed to differing degrees within the sample.

The highest descriptive mean was obtained for acceptance of professional challenge, M = 18.37 (SD = 4.24). This may indicate a relatively greater readiness among participants to engage with demanding tasks, change, and uncertainty. Because no statistical comparison of the three components was conducted, differences among their mean scores were interpreted descriptively only.

The mean resilience score was M = 19.82 (SD = 6.37), with individual scores ranging from 3 to 36. The standard deviation and broad range indicate marked individual differences in the capacity to adapt and recover after demanding experiences. In the absence of specific norms for the category of students examined, the score was not classified into levels.

The mean general self-efficacy score was M = 25.74 (SD = 5.11), with scores ranging from 13 to 39. This value represents the group-level belief in participants' capacity to mobilise resources, organise the necessary actions, and overcome difficulties. General self-efficacy was analysed as a continuous variable without level-based categorisation.

Thus, the formal placement of the group mean for professional hardiness within the author-defined low range co-occurred with substantial individual variability in professional hardiness, resilience, and general self-efficacy. This profile may indicate uneven mobilisation of general psychological resources within a profession-specific context, but it requires verification using additional indicators and comparison groups. Cronbach's α coefficients ranged from 0.79 to 0.88, confirming acceptable to good internal consistency of the scales used.

After examining the expression of the study variables, the nature of the associations among them was determined. The results of the correlational analysis are presented in Table 4.

Table 4

Associations of professional hardiness indicators with resilience and general self-efficacy

Professional hardiness indicator	Resilience, ρ	General self-efficacy, ρ
Total professional hardiness score	0.41***	0.46***
Professional engagement	0.28**	0.31***
Professional control	0.34***	0.49***
Acceptance of professional challenge	0.43***	0.33***

*Note. ρ = Spearman's rank correlation coefficient; ** $p < 0.01$; *** $p < 0.001$.*

The total professional hardiness score was positively correlated with resilience, $\rho = 0.41$, $p < 0.001$, and general self-efficacy, $\rho = 0.46$, $p < 0.001$. Thus, a stronger capacity to adapt and recover after demanding experiences, together with greater confidence in one's capacity to organise the necessary actions, was associated with higher professional hardiness.

Professional engagement was positively correlated with resilience, $\rho = 0.28$, $p < 0.01$, and general self-efficacy, $\rho = 0.31$, $p < 0.001$. These associations indicate that adaptive-recovery resources and confidence in one's capacity are only partly related to professional engagement. Its expression may also be associated with professional motivation, the development of professional identity, and a value-based orientation towards future professional activity.

Professional control was positively correlated with resilience, $\rho = 0.34$, $p < 0.001$, and general self-efficacy, $\rho = 0.49$, $p < 0.001$. The strongest association was found between professional control and general self-efficacy. This pattern is consistent with the conceptual proximity of these characteristics, as both involve the subjective perception of one's capacity to organise actions and influence their outcomes.

At the same time, the moderate strength of the association indicates that professional control cannot be reduced to general confidence in one's abilities. It has profession-specific content and entails responsibility for decisions, appraisal of situational constraints, and awareness of the boundaries of professional competence.

Acceptance of professional challenge was positively correlated with resilience, $\rho = 0.43$, $p < 0.001$, and general self-efficacy, $\rho = 0.33$, $p < 0.001$. Its stronger association with resilience indicates that a constructive orientation towards complexity and uncertainty was more closely related to the capacity to adapt and recover than to a general belief in one's capacity to act.

A positive association of moderate strength was also found between resilience and general self-efficacy, $\rho = 0.38$, $p < 0.001$. Greater confidence in one's ability to organise actions was associated with a stronger capacity to restore functioning after demanding experiences. Nevertheless, the magnitude of the correlation indicates that these characteristics are interrelated but psychologically distinct.

The findings characterise the profession-related resource manifestations of professional and personal hardiness in future clinical psychologists as heterogeneous. The group mean for professional hardiness formally corresponded to the upper boundary of the author-defined low range; however, this comparison is descriptive because of differences between the samples. Professional hardiness, resilience, and general self-efficacy all showed substantial individual variability.

The lowest descriptive mean among the professional hardiness components was observed for professional engagement. This may suggest vulnerability in the meaningful and activity-based involvement of some master's students in professional training. Acceptance of professional challenge was relatively more pronounced, indicating participants' readiness to engage with demanding professional tasks. However, descriptive differences among the components do not provide grounds for claiming a statistically significant predominance of any one component.

The correlational analysis confirmed positive associations of professional hardiness with resilience and general self-efficacy. The strongest association between professional control and self-efficacy reflects the importance of confidence in one's own capacity for organising professional actions. The association between acceptance of professional challenge and resilience highlights the role of adaptive-recovery resources in constructive engagement with complexity and uncertainty.

The moderate strength of the observed associations indicates that professional and personal hardiness cannot be reduced to resilience or self-efficacy. Its psychological content also encompasses professional values, responsibility, reflectivity, self-regulation, and awareness of the boundaries of one's competence.

Participants' professional development occurred in the context of a prolonged war and societal uncertainty. However, the cross-sectional design, absence of pre-war measurements and a control group, and lack of a separate assessment of the intensity of war-related experience do not permit war conditions to be treated as an established cause of the observed scores. They nevertheless constitute an important context for interpreting the findings.

The identified profile of indicators supports the need for systematic psychological and professional support for future clinical psychologists. Such support may include the development of self-regulation, professional engagement, realistic self-efficacy, tolerance of uncertainty, and the capacity to recover after emotional strain.

Training interventions should be combined with regular intervision (peer supervision) and supervisory support. Intervision provides conditions for collegial analysis of professional situations, examination of professional assumptions, and expansion of the range of possible action strategies. EFPA documents identify intervision and supervision as forms of continuing professional development and link supervised practice with competence development, ethical responsibility, and preparation for independent work [11; 12]. Clinical supervision is likewise intended to support competent practice and protect recipients of psychological services [6].

The study limitations include its cross-sectional design, reliance on self-report measures, recruitment from a single educational programme, the predominance of women, and the age heterogeneity of the sample. The findings therefore characterise subjectively assessed psychological resources rather than the actual level of professional competence.

Conclusions and prospects for further research. Professional and personal hardiness in future clinical psychologists is an integrative psychological construct whose profession-related resource manifestations are associated with resilience and general self-efficacy but cannot be reduced to them. The total professional hardiness score was $M = 52.47$ ($SD = 10.45$). According to the normative thresholds for the electronic Ukrainian version, this group mean formally corresponded to

the 0-53-point range [3, pp. 20-22]; however, the comparison is descriptive because of differences between the study and standardisation samples. Professional engagement was M = 16.48 (SD = 4.30), professional control was M = 17.62 (SD = 4.12), and acceptance of professional challenge was M = 18.37 (SD = 4.24). The resilience score was M = 19.82 (SD = 6.37), and the general self-efficacy score was M = 25.74 (SD = 5.11). The internal consistency of the scales was acceptable to good, $\alpha = 0.79$-0.88. Professional hardiness was positively correlated with resilience, $\rho = 0.41$, $p < 0.001$, and general self-efficacy, $\rho = 0.46$, $p < 0.001$. Professional control showed the strongest association with general self-efficacy, $\rho = 0.49$, $p < 0.001$, whereas acceptance of professional challenge was most strongly correlated with resilience, $\rho = 0.43$, $p < 0.001$. The findings confirm the interrelated but non-interchangeable nature of professional hardiness, resilience, and self-efficacy. Given the correlational design, the observed associations cannot be interpreted as causal.

The identified profile of indicators supports the development of a comprehensive programme designed to enhance professional and personal hardiness in future clinical psychologists and combined with regular intervision (peer supervision) and supervisory support. Its principal areas may include the development of self-regulation, professional engagement, realistic self-efficacy, tolerance of uncertainty, the capacity to recover after emotional strain, and awareness of the boundaries of professional competence.

Future research should evaluate the effectiveness of such a programme in a controlled intervention study, include repeated and follow-up measurements, recruit students from different higher education institutions, and incorporate indicators of professional identity, reflectivity, self-regulation, and professional exhaustion.

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