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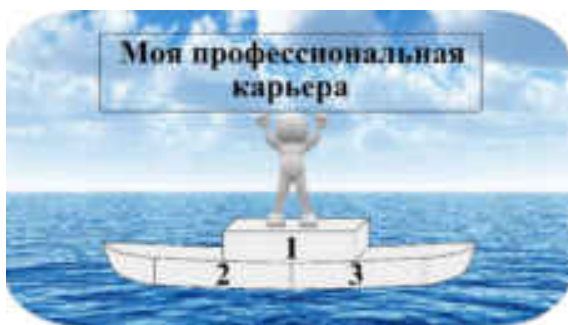
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**Международный научно-образовательный электронный журнал
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СОДЕРЖАНИЕ

Название научной статьи, ФИО авторов	Номер страницы
Nematov Shohjahon Ravshan ugli, Akbarova Mavluda Nodirbek qizi EXISTENTIAL CHALLENGES IN THE PROFESSIONAL ADAPTATION OF NEWLY GRADUATED PHYSICIANS	6
Amanova Ayna, Ashyrov Dovlet REDUCTION OF GAS FLARING USING INTEGRATED GAS CAPTURE AND DIGITAL MONITORING SYSTEMS	11
Мухаммедова Джерен, Аманов Мекан ПРИМЕНЕНИЕ ТЕХНОЛОГИИ ЦИФРОВОГО ДВОЙНИКА ДЛЯ ПРЕДИКТИВНОГО ОБСЛУЖИВАНИЯ ОБЪЕКТОВ ДОБЫЧИ НЕФТИ И ГАЗА	18
Анналиев Палван, Байрамбердыев Рахиммурат ОПТИМИЗАЦИЯ ОБЕСПЕЧЕНИЯ ПОТОКА В НЕФТЕГАЗОВЫХ ТРУБОПРОВОДАХ НА ОСНОВЕ МЕТОДОВ МАШИННОГО ОБУЧЕНИЯ	24
Какабаев Мердан МАТЕМАТИЧЕСКОЕ МОДЕЛИРОВАНИЕ В НЕФТЕГАЗОВОЙ ОТРАСЛИ	31
Джораев Бабаньяз, Джуманиязов Акмырат, Караев Сулейман ЛЕВ НИКОЛАЕВИЧ ТОЛСТОЙ И МАТЕМАТИКА	36
Girmayev Rahym, Dovletgeldiyev Arslan, Kerimov Shagadam APPLICATION OF ARTIFICIAL INTELLIGENCE FOR EARLY PREDICTION OF WATER BREAKTHROUGH IN MATURE OIL RESERVOIRS	41
Хайитова Д.С., Салихова А.А. ЗЕЛЕНАЯ АРХИТЕКТУРА КАК ОТВЕТ НА ИЗМЕНЕНИЕ КЛИМАТА	49
Шарафутдинов Руслан Маратович ОЦЕНИВАНИЕ УСТОЙЧИВОСТИ ГЕОИНФОРМАЦИОННЫХ СИСТЕМ К КИБЕРАТАКАМ	54

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Abstract.

The transition from medical training to independent clinical practice represents a critical period for newly graduated physicians, often accompanied by substantial psycho-emotional strain, heightened responsibility, and challenges related to professional adjustment. This study explores the key factors contributing to existential distress among early-career doctors and examines how such experiences influence their professional functioning. The findings indicate that difficulties in adaptation, emotional exhaustion, and loss of professional meaning play a significant role in the development of existential challenges. Based on the obtained results, a set of practical and psychological approaches aimed at supporting young physicians and mitigating existential distress during the early stages of their careers is discussed.

Keywords: *existential distress, early-career physicians, professional adaptation, emotional stress, burnout, mentorship, medical education*

Introduction

The medical profession is inherently demanding, as it involves continuous responsibility for patients' lives and well-being while requiring rapid decision-making in complex clinical environments. For newly graduated physicians, the transition from medical education to independent professional practice represents a particularly

vulnerable stage marked by intense emotional pressure, increasing workloads, and the need to assume full clinical responsibility. During this period, young doctors are often exposed to persistent stressors related to patient care, interpersonal communication, and time constraints, which may challenge their psychological resilience. Early professional practice is also a critical phase of personal and professional identity formation. Newly graduated physicians frequently reassess their career choices, expectations, and the perceived meaning of their work within the healthcare system. The discrepancy between idealized perceptions formed during medical training and the realities of clinical practice may contribute to internal conflicts, emotional discomfort, and reduced professional satisfaction. When these challenges remain unaddressed, they may evolve into deeper existential concerns associated with a loss of purpose and diminished engagement in professional activities.

Contemporary healthcare systems further intensify these difficulties through staff shortages, high patient loads, and organizational constraints, particularly affecting early-career physicians. As a result, emotional exhaustion, decreased motivation, and symptoms of burnout may emerge alongside existential distress. These conditions not only compromise physicians' mental well-being but may also negatively influence professional performance, patient communication, and long-term career sustainability. Therefore, examining existential challenges during the early stages of medical practice and identifying supportive strategies for professional adaptation remain essential tasks for both medical education and healthcare policy.

Materials and Methods Study Design and Participants: This study employed a cross-sectional descriptive design based on an anonymous questionnaire survey. The research was conducted among **52 newly graduated physicians with 1–3 years of professional experience** who were actively engaged in clinical practice. Participation in the study was voluntary, and all respondents provided informed consent prior to data collection. Anonymity and confidentiality were ensured throughout the research process.

Data Collection Instrument: Data were collected using a structured questionnaire developed to assess key aspects of early professional adaptation. The

survey included items addressing professional adjustment, psycho-emotional state, job satisfaction, and perceptions related to life meaning and professional purpose. The questionnaire was designed to capture both psychological and professional dimensions associated with existential challenges during the early stages of medical practice.

Procedure: The survey was administered anonymously to minimize response bias and encourage honest reporting. Participants completed the questionnaire independently, without time constraints, in a non-clinical setting. All responses were collected and processed in an aggregated form to ensure data protection.

Data Analysis-Descriptive statistical methods were used to analyze the collected data. The results were summarized using absolute numbers and percentages to illustrate the prevalence of existential challenges, emotional exhaustion, and professional dissatisfaction among respondents. The findings were subsequently interpreted in relation to existing scientific literature on physician burnout, professional adaptation, and existential distress.

Results Prevalence of Existential Challenges Analysis of the survey data revealed that existential challenges were common among newly graduated physicians with 1–3 years of professional experience. A considerable proportion of respondents reported uncertainty regarding their professional competence, clinical decision-making, and future career prospects, indicating difficulties during the early stages of professional adaptation.

Factors Contributing to Existential Distress-The findings demonstrated that professional uncertainty was a key factor contributing to the development of existential distress. Many participants expressed doubts about the adequacy of their practical skills, the correctness of clinical decisions, and their readiness to assume full professional responsibility. High levels of responsibility combined with continuous workplace stress and insufficient psychological preparedness further intensified these experiences.

Psychological Manifestations-Decreased motivation and indifference toward professional activities emerged as the most frequently reported psychological manifestations of existential distress. In addition, respondents commonly experienced

persistent anxiety and concerns related to their future professional performance, which contributed to internal psychological tension and emotional instability.

Burnout-Related Symptoms-Alongside existential distress, a notable proportion of respondents exhibited signs of emotional exhaustion and burnout. These symptoms were reflected in reduced professional motivation, diminished emotional resilience, and increased feelings of detachment from work. The coexistence of existential challenges and burnout-related symptoms highlights the complexity of psychological adaptation during the early stages of medical practice.

Conclusion

The findings of this study indicate that existential challenges are a common experience among newly graduated physicians during the early stages of professional practice. Professional uncertainty, high levels of responsibility, and insufficient psychological preparedness contribute significantly to existential distress, which often coexists with emotional exhaustion and burnout symptoms. These factors negatively affect young physicians' motivation, emotional stability, and overall professional functioning. The results suggest that existential distress among early-career physicians should not be viewed solely as an individual psychological issue, but rather as a systemic challenge related to professional adaptation within contemporary healthcare settings. Addressing this problem requires an integrated approach that combines psychological support, structured mentorship programs, and enhanced preparation for the realities of clinical practice during medical education and early employment. Implementing targeted support strategies for newly graduated physicians may help reduce existential distress, improve professional satisfaction, and promote long-term career sustainability, ultimately contributing to better healthcare outcomes and physician well-being.

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