

## The study of personal factors of adolescents affecting their attitudes towards the success and failure of the other

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### ABSTRACT

The purpose of the research was to study personal factors that can influence the formation of attitudes towards the success and failure of the other in adolescence. The psychodiagnostics techniques used in the study included Beskova's methodology modified by Dubovskaya and Serdakova, the methodology for diagnosing the level of empathy by Boyko, emotional intelligence test by Hall and Dembo-Rubinstein self-esteem measurement methodology modified by Prikhozhan. There is a correlation between the attitudes towards the success and failure of a peer and personality traits in adolescence. It has been shown that young men and women are frequently characterized by a positive perception of the other, sincere joy and admiration for their success, and sympathy in case of failure and success of the other. A direct correlation was revealed between the level of empathy and a positive attitude towards the success of the other, which confirms the role of the personal factor in the formation of interpersonal relations.

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## 1. INTRODUCTION

Adolescence is a phase of the ontogenetic development of a person, which is characterized by the completion of the physical maturation of the body and the entry into an independent life, when a career choice is made, the social position is sharply changed, and specific tasks are solved: the establishment of friendly and intimate relationships with other people, determination of gender roles and the formation of attitudes towards the family, the achievement of independence, the formation of the foundations of the worldview and self-knowledge, a career choice [1], [2]. In other words, adolescence is the time of personal self-determination and formation, the search for one's own interaction with the world and adaptation to socio-cultural space [3]. However, the process of self-determination in the modern context of dramatic socio-economic changes, globalization, and the growth of social uncertainty is a complicated task. Therefore, the awareness of the patterns of personal and cognitive development in adolescence will help society overcome and prevent negative phenomena and difficulties in socialization and personality development [4].

There is no consensus among scientists about the adolescence time frame. Most often adolescence is defined as the period between 17-21 years for male and 16-20 years for female [2]. The study relies on this

definition. However, according to other source, adolescents are people between 15-23 [5]. In addition, adolescence is commonly considered as a separate period preceding youth, it is part of youth that is described as early youth (14-18 years) [6]. In accordance with the model popular in the United States, adolescence covers a fairly large age interval (from 11 to 19 years) and is subdivided into early adolescence (11-14 years) and late adolescence (15-19 years) [7], i.e., includes the age range, which in the Russian Federation is referred to as youth. The Russian psychologist Karabanova notes a scientific interest in the stages of maturity development described by Morgun and Tkacheva based on the leading activity criterion. The researchers suggest that adolescence is between 18-23 years. The leading activity of youth is the activity of personal and professional self-determination [8].

The main trend of current changes in the education system reflects the focus on humanistic values, communicative culture, the processes of development and self-actualization of the personality of each participant in the educational process [3]. In adolescence, the other is perceived as a guideline and criterion for achieving success, that is, the assessment of one's own success is carried out in the process of comparing oneself with peers. Therefore, success should be considered not only as the achievement of the goals set, but as a social construct [3]. The availability of numerous concepts of success [9] causes an ambiguous attitude both to one's own success and failures and the success and failures of another person. The formation of the attitude towards one's own achievement and the success of the other is the basis of self-esteem, making future plans, and purpose-in-life orientations. A constructive attitude towards someone else's success can become the basis for personal growth, choice of career path, and stimulate professional achievements. Important factors in professional self-determination include the ability of students to ensure a high level of achievement in a particular field of activity, social relevance and prestige, career opportunities, the required level of education, professionally important qualities [10]. Thus, the issue of the attitude to the success and failure of the other is an important psychological and pedagogical problem acquiring special significance in the context of person-to-person professions. Therefore, the object of the study is the attitude of adolescents to the success of their peers.

The subject of the research is the relationship between the attitudes towards peer success and personal factors in adolescence. The purpose of the research is to study personal factors that can influence the formation of attitudes towards the success and failure of the other in adolescence. The research objectives include the study of scientific literature devoted to success and attitudes towards the success and failures of the other; the selection of valid methods and a psychodiagnostics study of adolescent respondents (medical students enrolled in the secondary vocational education program at Sechenov First Moscow State Medical University); the identification of personal factors affecting the attitudes towards the success and failures of the other. It has been hypothesized that there is a correlation between the attitudes of adolescents towards the success and failures of a peer and personality traits.

## 2. LITERATURE REVIEW

In the field of modern education, a lot of attention is paid to the issue of human relations and communicative ethics [11]. The introduction of innovations in teaching and learning is associated not only with the development of new learning courses but also with a broad recognition of the values of learners and their communities [12], philosophical conception of the relationship between the individual and the environment [13]. In this regard, the issue of educational or social inequality associated with the selection by aptitude and the negative practice of attributing talent is being discussed [14]. Life satisfaction is associated not only with gender and age but also with social behavior [15], [16]. The leading activity of youth is the activity of personal and professional self-determination [8]. A special place in the system of personal attitudes is occupied by the attitude to the achievements (success) and failures of the other, which is an integral structure and is characterized by a high subjectivity of assessment [15]. Multimodal attitudes towards the success and failures of other people, developed in the process of both socio-historical and individual life experience of the person, become stable, turn into character traits, and are fixed in certain responses [15].

The motivation sphere is of great importance for the success of studies and making life projects. There is a close relationship between motivation to achieve success and anxiety of students as personal dispositions [17]. Anxiety is an experience of emotional discomfort associated with the expectation of trouble and a presentiment of impending danger. The relationship of an individual with others, their criticality, self-exactingness, as well as attitudes towards success and failures depend on self-esteem, especially in adolescence and youth [18]. The value of prestige is associated with the need for constant approval while the value of active social contacts relates to the need to avoid loneliness, rejection by others, which is typical of adolescents who are prone to social fears. Such students tend to feel the dependence of self-esteem and good relations with others on specific social achievements and react sharply even to minor failures considering them to be the result of poor efforts made; this leads to increased neuropsychiatric stress [19], [20]. The

development of personal factors, constructs and skills (adequate self-esteem, autonomy, independence, responsibility, dedication, social adaptation, vigor) is a source of the formation of readiness for professional self-determination [21]. It is interesting that envy, which has traditionally been described as a negative emotion, can functionally play a positive role by encouraging goal-setting and healthy competition in relation to the other [22].

There are three models that determine success in adolescence: i) Success as social recognition and approval (material well-being is a means of achieving a high social status); ii) Success as the fulfillment of external social requirements (this does not cause positive emotions and a desire to meet these requirements and material well-being is of greater importance than self-development and friendly relations); and iii) Success as self-development and self-realization (striving for self-determination and personal growth, achieving meaningful goals, positive emotions and happiness) [23]. It should be emphasized that the attitude to the success of a peer is not only an element of the assessment of the other, but also an important personal characteristic of the assessor [9], their self-awareness and self-esteem, which is determined by the emerging styles of activity and the possibility of personal achievements in the process of active socialization [24]–[26]. The key factors in professional self-determination are the abilities of students that ensure a high level of achievement in a particular field of activity and awareness of the level of their development; the level of career aspirations and the degree of its adequacy; awareness of the job, working conditions, social relevance and prestige, career opportunities, the required level of education, important professional qualities; dispositions reflecting motives, selectivity of students' interests; the opinion of peers, a reference group of peers, the nature of friendly relations [10], [27]–[29].

Researchers oppose infantilization as a functional and routine psychological dependence of one person on another or a group people, as well as an institutional ideology [30]. At the same time, the hierarchical interpersonal relationships of students are considered to be a decisive factor in achieving academic success [31]. Value and emotional significance are dynamically intertwined in the learning process [32]. The educational process is linked to its historical and social context [33]. Today, education is being dehumanized in accordance with market logic, and the student is viewed as a consumer of knowledge through the implantation of marketing technologies in the psyche of young people [34]–[36]. The need to educate effective and autonomous learners is noted as a key task of the education system [37] with an emphasis on the central role of personality [29] and human rights [38].

A number of factors, including students' attitudes toward the subject matter, educators' teaching methods, and the learning environment, influence students' achievements in any field [39]. As students move into adolescence, they tend to feel increasingly competitive with their peers [40]. For example, a university-based survey in Tanzania indicates that students initially exhibit positive attitudes toward mathematics, but subsequently they correlate as their classmates are successful. This suggests that some students are quite irritable to the factors of academic "success and/or failure" due to the determinism of peer performance [41]. Interaction between young male and female of medical profession is relevant when it comes to their university performance, making the current study topic appropriate [42].

The analytical review of the literature shows that in the Russian Federation, the study of the problem of youth attitudes towards the success and failures of their peers has a practical focus, which may be associated with the transformation of the educational paradigm. In Western countries, where such a radical change in the ideology of the education system is not observed, scholars tend to consider the topic of success in a more philosophical context excluding interpersonal relationships and self-esteem issues. Foreign researchers studying social factors of successful behavior are less focused on building fundamental theoretical models and are more interested in the study of cross-cultural differences in the attitudes towards success [43].

### **3. RESEARCH METHOD**

#### **3.1. Research design**

The research design involves the implementation of several sequential stages. At the first stage, a theoretical review of the concepts of success and the attitude to the success and failures of a peer was performed. At the second stage, a sample of respondents of the adolescent age (17-21 years old) was randomly selected; these were medical students enrolled in the secondary vocational education (SVE) program at Sechenov First Moscow State Medical University (Sechenov University). In addition, valid psychodiagnostics methods for the study of personal factors and interpersonal relationships in adolescence affecting the attitude towards the success and failures of peers were selected. At the third stage, a psychodiagnostics study was conducted and the results obtained were processed and analyzed. At this stage, the correlation between personal factors (empathy, emotional intelligence, self-esteem) and the attitudes towards the success and failures of peers was established. At the last stage, the conclusion was made.

### 3.2. Research sample

The research sample included the representatives of the adolescence age group (17-21 years); these were medical students enrolled in the SVE program at Sechenov First Moscow State Medical University (Sechenov University). A group of 138 respondents, which included 96 females and 42 males, was formed based on randomization and the table of random numbers. The randomization procedure smoothed systematic influences of uncontrolled factors and minimized error and bias in the study process. Adolescence is distinguished by the formation of goal-setting (the ability to make life plans) and worldview. At this age, self-awareness develops and self-determination occurs, the tasks of gaining independence and professional orientation are solved. The importance of individual contacts and attachments in relationships with peers increases, which occurs against the background of expanding social circle and a sense of group belonging, and social maturity is achieved. A psychodiagnostics study of medical students receiving SVE allowed us to determine the relationship between professionally significant personal factors and the attitudes towards the success and failures of their peers.

### 3.3. Research methodology

The methodology "Attitude to the success and failure of the other (peer) in adolescence" [8] consists of two subtests: the first one reflects the attitude towards success and the second reveals the attitude towards the failures of the other. The joy for the other scale reflects the ability to rejoice at other people's success, sincerely admire the achievements and acquisitions of the other, and be proud of them. The self-regret scale shows how the success of the other turns out to be an indicator of one's own failure when a person experiences despondency and sadness about the success or superiority of the other (friend, colleague, relative). The Desire to Achieve the Same scale is an indicator of someone else's success as an incentive to self-develop. The Envy scale is a desire to deprive the other of superiority in case of their success in significant spheres both through direct (take away, harm) and indirect capture (discredit, ignore the other's achievements). The Passive Regret scale shows feelings of pity for and compassion towards people who have suffered setbacks and troubles. The Indifference scale reflects indifference, insensitivity, and apathy towards the failures and troubles of other people. The Schadenfreude scale excludes sympathy and affection and characterizes a callous, selfish and cruel person who experiences a particular pleasure and joy in case of the failures and misfortunes of other people. The Assistance and help scale show strong empathy, the ability of a person not only to share the emotional state of the other but also to actively provide them with help and assistance.

The methodology for diagnosing the level of empathy is designed to assess the ability to empathize and understand the thoughts and feelings of the other [43]. Emotional empathy is based on the mechanisms of imitating the behavior of another person. Cognitive empathy is based on intellectual processes. Predictive empathy manifests itself as a person's ability to predict the reactions of the other in specific situations. Boyko [43] distinguishes six tendencies (scales) in the structure of empathy: i) The rational channel of empathy (the focus of attention, perception, and thinking of the empathizing person on the state, problems, and behavior of the other); ii) Emotional channel of empathy (emotional responsiveness, the ability of the empathizing person to empathize with the other); iii) Intuitive channel of empathy (a person's ability to see the behavior of the other when there is a lack of information based on the experience in the subconscious); iv) Attitudes that promote or hinder empathy (facilitate or hinder the operation of all empathic channels); v) Penetrating ability (an important communicative quality of a person that creates an atmosphere of openness, trust, and sincerity); and vi) Identification (the ability of a person to understand the other on the basis of empathy and putting oneself in the other person's position). The total indicator of empathy according to the methodology can range from 0 to 36 points: 30+ points (a high level of empathy); 29-22 points (the average level of empathy); 21-15 points (reduced level of empathy); below 14 points (a very low level of empathy).

The Emotional Intelligence Test by Hall (EQ questionnaire) aims to identify the ability to understand a person's attitudes shown in emotions and to manage the emotional sphere based on decision-making [44]. It consists of 30 statements and contains five scales: i) Emotional awareness (awareness and understanding of one's own emotions and inner state); ii) Emotion management (emotional flexibility, adaptability, arbitrary control of your emotions); iii) Self-motivation (managing one's own behavior by managing emotions); iv) Empathy (understanding the emotions of other people, the ability to empathize and provide support); v) Recognition of the emotions of other people (the ability to understand a person's state by analyzing facial expressions, gestures, posture, and speech and influence their emotional state).

Dembo-Rubinstein Self-Esteem Measurement Methodology modified by Prikhozhan [45] is based on a direct assessment of personal qualities (self-esteem) and the level of aspirations with the help of seven scales: health, mind and ability, character, peer authority, appearance, self-confidence. The level of aspirations, self-esteem, and the discrepancy between them are determined in accordance with each scale. In this modification, there is a scale "the ability to do a lot with your own hands, skillful hands", respectively,

the activities of nurses are associated with the manipulations that they do with their own hands. This fact indicates the relevance of using this technique for medical students.

The adequate level of aspirations ranges between 60-89 points: below 60 (low), 60-74 (average), 75-89 (high). The high level (90-100 points) of aspirations indicates an unrealistic and uncritical attitude towards one's own capabilities. The result below 60 points is an indicator of unfavorable personality development. The adequate level of self-esteem ranges from 45 to 74 points: below 45 (low), 45-59 (average), 60-74 (high) and confirms adequate self-esteem. Inflated self-esteem (75-100 points) indicates deviations in personality formation, confirms personal immaturity and inability to properly assess the results of one's own activities and compare oneself with others. The research results were processed with the help of an online calculator on the website Medical Statistic [46]. When comparing the means in the normally distributed sets of quantitative data, the student's t-test was calculated based on (1):

$$t = \frac{M_1 - M_2}{\sqrt{m_1^2 + m_2^2}} \quad (1)$$

where:  $M_1$  and  $M_2$  are the compared means,  $m_1$  and  $m_2$  are the standard errors of the means, respectively. The values of the student's t-test were evaluated by their comparison with the critical values. A p-value below 0.05 showed a statistically significant difference.

The Pearson correlation coefficient  $r_{xy}$  was used as an indicator of the strength of the relationship between the quantitative indicators  $x$  and  $y$ , which had a normal distribution. It was calculated based on (2):

$$r_{xy} = \frac{\sum(d_x \times d_y)}{\sqrt{\sum d_x^2 \times \sum d_y^2}} \quad (2)$$

The assessment of the statistical significance of the correlation was carried out with the help of the t-test calculated as in (3):

$$t_r = \frac{r_{xy} \sqrt{n-2}}{\sqrt{1-r_{xy}^2}} \quad (3)$$

The obtained value of  $t_r$  was compared with the critical value of  $t$  critical at a certain level of significance and the number of degrees of freedom  $n - 2$ . The parameter was considered significant when  $t_r$  exceeded  $t$  critical. The values of the correlation coefficient  $r_{xy}$  were interpreted in accordance with the Chaddock scale: the values of the correlation coefficient  $r_{xy}$  below 0.1 show no correlation; 0.1-0.3 (weak correlation), 0.3-0.5 (moderate), 0.5-0.7 (noticeable), 0.7-0.9 (high), 0.9-0.99 (very high).

### 3.4. Limitations of the study

The limitations of the study are related to the fact that it was conducted among adolescent respondents who had already chosen their career path – medical students receiving SVE at Sechenov First Moscow State Medical University (Sechenov University). The choice of the medical learning environment was due to the importance of the parameters of the attitude to the other not only for personal but also for the professional qualities of rising medical workers. It is most likely that the results of the psychodiagnostics tests of young people studying other degrees will differ from the results of medical students receiving secondary vocational education. However, the study was limited by the sample of these particular respondents and did not imply a comparison with students of other specialties as it is only a part of a large research program, and this comparison will be made at its further stages.

### 3.5. Ethical issues

Ethical issues were ensured by the principles of informed consent and anonymity of the study participants. In the process of implementing the curriculum and teaching psychology in the context of mastering this discipline, it was annually proposed to take a psychological test. In total, from 2018 to 2021, 160 methodologies were considered, but 22 of them turned out to be irrelevant (not all questions of psychodiagnostics tests were answered). In addition to the direct collection of methodologies, it should be noted that the collection of data during the pandemic was carried out with the help of Google Form. Accordingly, 138 medical students receiving SVE (96 female and 42 male) of the age of 17-21 were selected to participate in the study. There were no problems with gender identification of the respondents during the research process; none of the students identified themselves as a representative of the other, because a survey was conducted to identify each subject in the context of gender (this question was indicated prior to the initial testing procedure).

#### 4. RESULTS AND DISCUSSION

Table 1 shows the results of the study of medical students enrolled in the SVE program at Sechenov First Moscow State Medical University (Sechenov University) according to the Methodology on the attitude to the success and failures of the other that was adapted for adolescents within the framework of the research. Table 2 demonstrates the results of a survey of respondents in accordance with the Methodology for diagnosing the level of empathy by Boyko. Features of the channels of empathy of the male and female are described in Table 3. Tables 4 and 5 show the results of a study of the emotional intelligence of medical students according to the Emotional Intelligence Test by Hall.

Table 1. Attitude of adolescent medical students to the success and failures of their peers

Subtest	Scale	Mean	Male	Female	Student's t-test	p
1 (Attitude towards success)	Joy and admiration for the other	7.5	7.5	7.5	0.00	
	Self-regret	2.2	1.9	2.4	3.54	<0.05
	Desire to achieve the same	3.4	2.9	3.9	7.07	<0.05
	Envy	2.6	2.1	3.0	7.07	<0.05
2 (Attitude towards failure)	Passive regret	4.0	4.4	3.5	6.36	<0.05
	Indifference	2.4	2.5	2.3	1.41	>0.05
	Schadenfreude	1.6	1.3	1.9	4.24	<0.05
	Support and assistance	5.1	4.8	5.3	3.54	<0.05

Table 2. Results of the study of the level of empathy of adolescent medical students

Empathy level	Male		Female		Student's t-test	P
	n	%	N	%		
Extremely high	8	19.0	32	33.3	101.12	<0.05
Average	25	59.5	48	50.0	67.18	<0.05
Reduced	6	14.3	11	11.4	20.51	<0.05
Low	3	7.1	5	5.2	13.44	<0.05
Total	42	100	96	100		

Table 3. The predominance of empathy channels in adolescent medical students

Empathy channel	Mean	Indicator		Student's t-test	P
		Male	Female		
Rational	3.5	5.1	1.9	22.63	<0.05
Emotional	2.9	2.4	3.4	7.07	<0.05
Intuitive	3.5	2.6	4.3	12.02	<0.05
Attitudes that promote or hinder empathy	3.1	3.6	2.6	7.07	<0.05
Penetrating ability	3.2	3.4	2.9	3.54	<0.05
Identification	3.0	2.6	4.4	12.73	<0.05

Table 4. Partial emotional intelligence levels of adolescent medical students

Scale	Mean	Indicator		Student's t-test	P
		Male	Female		
Emotional awareness	4.0	3.7	4.3	4.24	<0.05
Emotion control	3.6	4.3	2.9	9.90	<0.05
Self-motivation	3.9	4.4	3.3	7.78	<0.05
Empathy	4.3	3.9	4.7	5.66	<0.05
Recognition of other people's emotions	3.3	2.6	3.9	9.19	<0.05

Table 5. The integrative level of emotional intelligence of adolescent medical students

Emotional intelligence	Male		Female		Student's t-test	P
	n	%	N	%		
High	12	28.5	33	34.4	41.72	<0.05
Average	24	57.1	41	42.7	63.64	<0.05
Low	4	9.5	12	12.5	21.21	<0.05
Total	42	100	96	100		

The results of the study of medical students' self-esteem based on the Dembo-Rubinstein Self-Esteem Measurement Methodology modified by Prikhozhan are described in Figure 1 (Male) and Figure 2 (female). The study of the attitude of medical students enrolled in the SVE program at Sechenov First

Moscow State Medical University (Sechenov University) to the success and failures of the other showed that young people most often respond positively to the success of their peers demonstrating joy and admiration, which correlates with the data found in scientific literature [9], [15]. It can be argued that the majority of medical students enrolled in the SVE program experience sincere joy and admiration for the achievements of the other in any area. At the same time, according to this scale, no gender differences between male and female were revealed, it is typical of them to have exclusively positive emotions in case of their peer's success.

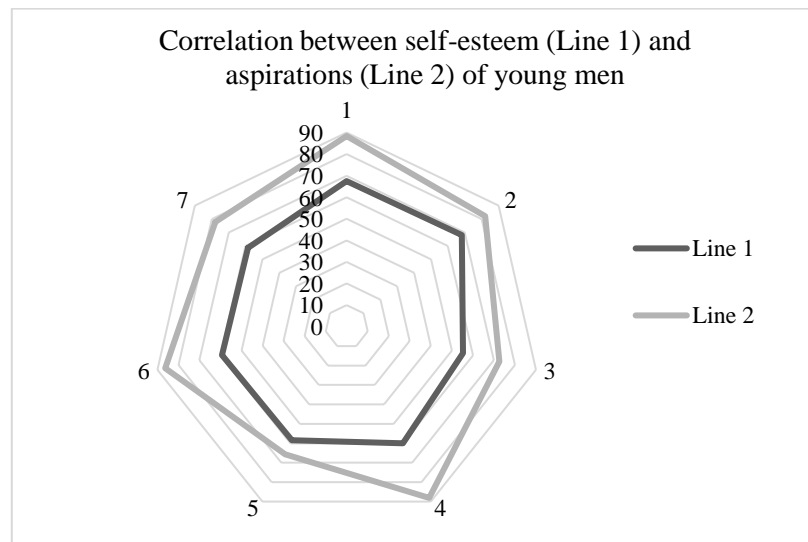


Figure 1. Graphic display of the results of young people – medical male students (17-21 years old)

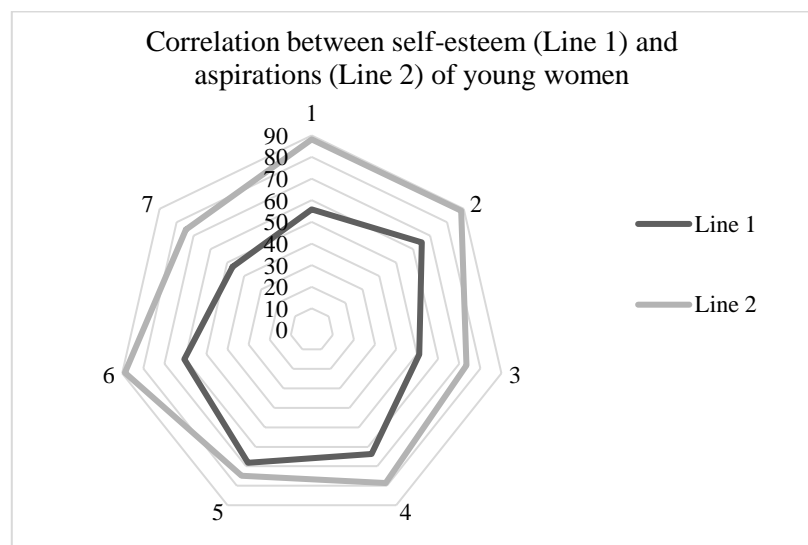


Figure 2. Graphic display of the results of young people – medical female students (17-21 years old)

Someone else's success largely motivates medical students enrolled in the SVE program to achieve similar results and contributes to self-improvement. However, the indicator on this scale is higher for female ( $p < 0.05$ ) than for male, which is consistent with the scientific literature and the results of previous studies involving a group of adolescent respondents [9], [47]. A negative attitude towards someone else's success manifests itself as envy [9], [48]; in this sample of respondents, it was much ( $p < 0.05$ ) more typical of female than male. The lowest indicators were obtained on the Self-Regret scale; however, this type of response is also more common among female than among male.

In general, while both male and female medical students enrolled in the SVE program have a positive attitude towards the success of the other in the form of joy and admiration, neutral and negative responses are more common among girls. However, the response to the success of the other as an incentive for self-improvement is also more characteristic of girls than of young men, which is also confirmed by the data of scientific literature [9], [49], [50].

The reactions of medical students to the failures of the other are characterized by support and assistance, which is more typical of female, while passive regret is more common among male. Neutral (indifference) and negative (*schadenfreude*) types of attitudes towards the failure of the other are revealed much less often while indifference is more characteristic of young men, and *schadenfreude* is more typical of female, although the difference between these indicators is not statistically significant ( $p > 0.95$ ). That is, it can be concluded that out of the three models determining success and suggested by Bukhalenkova [22], the third model that describes it as self-development and self-realization, shows the connection of success with the achievement of important goals, the experience of positive emotions and happiness prevails in the study.

Among the personal factors that influence the attitude towards the other, the empathy plays an important role. The study of medical students according to the Methodology for diagnosing the level of empathy by Boyko showed that the majority of respondents have an average or extremely high level of empathy. At the same time, more often female have much more empathy ( $p < 0.05$ ) than male (33.3% and 19.0% respectively). The reduced and low levels of empathy, on the contrary, were more often observed in male (14.3% and 7.1% respectively) compared to female (11.4% and 5.2% respectively). Nevertheless, among the overwhelming majority of medical students enrolled in the SVE program, the level of empathy was quite high, which is not only an important personal but also professionally significant factor for rising medical workers; this is confirmed by psychological and pedagogical studies of the relationship between empathy and empathic culture in the system of professional training of doctors [51].

There is also a need to consider the indicators of attitudes that affect the effectiveness of empathy. These attitudes turned out to be more pronounced in male than in female, and correlate with a neutral type of attitude towards the success and failures of the other (correlation coefficient=0.5). Identification, which is the ability to put oneself in the other person's position, was more pronounced in girls ( $p < 0.05$ ). This personal factor is also important for the professional activity in healthcare industry as it allows a medical worker to better understand the patient's experience and, accordingly, provide them not only with more adequate medical care but also psychological support.

The assessment of personal factors affecting attitudes towards the other based on the Emotional Intelligence Test showed that young men are characterized by the control of their emotions (emotional flexibility) and self-motivation (control of one's own behavior through the control of emotions). Young women, on the other hand, are more likely to recognize the emotions of other people. They have higher levels of empathy and emotional awareness. Thus, girls are more aware of their inner state and therefore it is easier for them to understand the feelings of other people and to influence their emotional state. Probably, these indicators are also affected by the respondents' extraversion/introversion, but this aspect has not been considered within the framework of the study. Therefore, it will be studied later.

High and average indicators of the integrative level of emotional intelligence prevailed among medical students enrolled in the SVE program. However, while the male was characterized by the average level of EI, the female demonstrated polar values. Thus, they had both high and low indicators of the integrative level of emotional intelligence ( $p < 0.05$ ).

Interesting results were obtained in the study of respondents' self-esteem based on the Dembo-Rubinstein methodology. It should be noted that the problem of the adequacy of self-esteem in adolescence was studied by Sokolova [52] and despite the fact that the sample of 28 respondents raises doubts about its representativeness, we obtained similar results. The graphs demonstrate the adequacy of respondents' self-esteem and show the priorities of such personal characteristics as health, authority among peers and appearance. The level of self-esteem and the level of aspirations of both male and female measured on a 5-point scale are almost identical (the ability to do most things single-handedly, capable hands). Young men believe that authority among peers is more important while female is more dissatisfied with their appearance. Both male and female lack self-confidence.

## 5. CONCLUSION

The study confirmed a correlation between the attitudes towards success and failure of the other and personality traits in adolescence and showed that young men and women are more often characterized by a positive perception of the other, sincere joy and admiration for their success and sympathy for failure. Someone else's success largely motivates medical students enrolled in the SVE program to achieve similar results and contributes to self-improvement. A positive attitude towards the other's success in the form of joy



and admiration is characteristic of both male and female, while neutral and negative responses are more typical of female than male. The reactions of medical students to the failures of the other are characterized by support and assistance, which is a professionally significant personal factor for rising medical workers; however, it is more typical of female while passive regret is more common among male.




Among the personal factors that influence the attitude towards the other, the empathy plays an important role. The overwhelming majority of medical students had a fairly high level of empathy, which is not only an important personal factor but also a professionally significant one. A direct correlation was revealed between the level of empathy and a positive attitude towards the success of the other, which confirms the role of the personal factor in the formation of interpersonal relations. The rational channel of empathy prevails in male while female is characterized by the emotional and intuitive channels. It is planned to study further the extraversion/introversion of respondents in connection with the peculiarities of the perception of the other, as well as to conduct similar research involving other groups of adolescent respondents.

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