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THE ROLE OF LEADERSHIP IN MAINTAINING MOTIVATION AND RESPONSIBILITY OF FIRST-ECHELON COMBAT MEDICS

РОЛЬ ЛІДЕРСТВА У ПІДТРИМАННІ МОТИВАЦІЇ ТА ВІДПОВІДАЛЬНОСТІ БОЙОВИХ МЕДИКІВ ПЕРШОГО ЕШЕЛОНУ

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Modern warfare places unprecedented demands on medical personnel operating at the frontline. First-echelon combat medics often work under direct threat, in conditions of uncertainty, limited time, and scarce resources. In such environments, technical proficiency alone is insufficient. Operational effectiveness depends equally on psychological resistance, motivation, and the ability to make responsible decisions under pressure [3, 5].

Combat conditions are characterized by high unpredictability, threat to life, and sensory overload. Exposure to such stressors activates intense emotional and physiological reactions that may impair cognition and

decision-making. Leadership plays a central role in regulating these reactions.

Studies in professional and military psychology indicate that individuals demonstrate higher functional efficiency when leaders display confidence, emotional control, and consistency of behavior [3]. The leader's psychological composure becomes a stabilizing reference point for subordinates, reducing uncertainty and facilitating adaptive responses to stress.

Leadership also shapes group cohesion. In frontline medical teams, trust is not merely a social value but an operational necessity. Personnel must rely on each other in life-critical situations. Transparent communication, fair task distribution, and predictable decision-making strengthen interpersonal trust and increase collective psychological resistance [4].

A distinction should be made between formal and informal leadership. Formal leadership is based on rank and authority, whereas informal leadership emerges from competence, personal example, and moral credibility. Empirical research shows that perceived social support and credible authority figures significantly enhance individuals' capacity to withstand traumatic stress [8]. Therefore, informal leadership often becomes decisive in extreme environments.

The relationships between leadership variables and psychological resistance mechanisms are summarized in Table 1.

Motivation is a key psychological factor determining whether individuals maintain performance under prolonged stress. In psychological theory, motivation is commonly divided into intrinsic and extrinsic components [9].

Motivation is influenced by both personal and organizational factors (source: developed by the author):

Personal factors	**Organizational factors**
professional identity	leadership style
prior experience	psychological climate
value system	training quality
stress tolerance	rest and rotation system

A positive psychological climate is particularly significant. Emotional atmosphere within a unit directly affects performance, communication, and perceived safety. Research on group dynamics shows that supportive environments increase engagement, while hostile environments accelerate burnout [4].

Responsibility in frontline medical practice is multidimensional and extends beyond formal duties. It includes professional, ethical, psychological, and collective components.

Professional responsibility involves precise application of medical protocols and rapid decision-making under pressure. In combat conditions, even minor errors may lead to immediate fatal consequences, which substantially increases cognitive load and emotional tension [2].

Ethical responsibility derives from humanitarian principles requiring medical personnel to assist the wounded regardless of affiliation. Such ethical obligations demand moral stability and strong internal regulation.

Psychological responsibility refers to the capacity to remain functional after traumatic experiences, including loss of comrades or unsuccessful treatment outcomes. Maintaining operational capacity despite emotional strain is a critical indicator of psychological resistance [8].

Collective responsibility encompasses preparation of the unit for medical contingencies, personnel training, and maintenance of equipment readiness. This dimension strengthens discipline, promotes coordination, and reinforces group cohesion, which are essential elements of operational reliability [3].

However, excessive responsibility may lead to professional burnout, especially when individuals internalize every loss as personal failure. Leadership plays a protective role here. Leaders who normalize emotional reactions, provide support, and emphasize realistic expectations reduce destructive guilt and maintain long-term effectiveness [7, 9].

Contemporary military leadership concepts increasingly emphasize decentralization, initiative, and trust. One of the most influential approaches is mission-oriented leadership, which encourages independent action within the commander's intent and is formally reflected in modern doctrinal principles [1]. This model is particularly relevant for combat medics, whose professional activity frequently requires autonomous decision-making in time-critical situations.

From a psychological perspective, such leadership produces several adaptive effects, including increased decision confidence, a strengthened sense of responsibility, accelerated situational assessment, and improved behavioral flexibility. These effects collectively enhance functional reliability under stress.

Leadership through personal example is equally significant. When leaders share risks, adhere to the same standards as subordinates, and assume responsibility for outcomes, they develop moral authority and credibility. Empirical research in stress psychology demonstrates that credible authority figures increase tolerance to traumatic stress and support behavioral stability in extreme environments [8,9].

Recent military experience indicates a gradual transition from rigid hierarchical command models toward flexible, human-centered leadership approaches. Traditional systems based exclusively on control and strict

subordination have proven insufficient in rapidly changing operational environments that require adaptability and rapid decision cycles [3].

Practical observations show that effective leaders simultaneously perform multiple roles: organizer, mentor, instructor, and psychological stabilizer. Their responsibilities include preparing personnel for stress exposure, monitoring emotional states, coordinating tasks, and maintaining morale. Such multifunctionality reflects contemporary doctrinal expectations of leadership as both an operational and psychological function [1, 7].

Nevertheless, several structural challenges remain: persistence of excessively rigid command traditions; insufficiently standardized psychological support systems; communication disruptions in dynamic operational environments.

Addressing these limitations requires systematic leadership education and integration of psychological training into professional preparation programs.

Based on the analysis, leadership effectiveness and psychological resistance of combat medics can be strengthened through the following measures: expanding decision-making autonomy via clearly structured operational protocols [2]; implementing systematic psychological support programs [9]; integrating leadership training into professional medical preparation [7]; establishing formal feedback mechanisms within the command hierarchy [1]; introducing recognition-based motivational practices [8].

Implementation of these measures contributes to increased psychological stability, sustained motivation, and improved operational performance of first-echelon combat medics.

Leadership is a decisive factor influencing motivation, responsibility, and psychological resistance of first-echelon combat medics. Effective leadership stabilizes emotional states, strengthens cohesion, and promotes adaptive behavior under extreme stress. Units led by psychologically competent leaders demonstrate higher performance, stronger morale, and greater endurance [8, 9].

Developing such leadership should be considered a strategic priority in military medical systems. Integration of doctrinal principles, psychological science, and practical experience provides a foundation for forming highly resilient medical personnel capable of effective action in high-risk environments [1, 3].

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