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Impact of Stress on Students' Quality of Life and Academic Performance in Therapeutic Dentistry: Legal Regulation Aspects

▷ **Aim:** This study investigates the impact of heightened anxiety and chronic socio-emotional stress on the quality of life and academic performance of medical students during wartime in Ukraine. It evaluates the decline in practical skill acquisition at the Department of Therapeutic Dentistry of Ivano-Frankivsk National Medical University due to persistent psychological tension. The psycho-emotional challenges are analyzed through the lens of legal regulation, focusing on the state's obligations to ensure health protection and safe learning conditions under martial law in accordance with national and international standards.

Methods: The research design is based on a quantitative analysis of data obtained through an anonymous survey of 65 dental students. Psycho-emotional states were assessed using the Spielberger–Hanin State–Trait Anxiety Inventory (STAI) and a specialized questionnaire developed by the authors. Statistical analysis was performed using Student's t-test to evaluate the reliability of results.

Results and Discussion. The findings demonstrate a significant increase in anxiety levels among all respondents. STAI scores showed no statistically significant difference between second-year students (Group I; $n = 31$) and fourth-year students (Group II; $n = 34$) ($p > 0.05$). In more than 90% of respondents, anxiety scores exceeded 45 points, indicating high anxiety. Prolonged exposure to wartime conditions with elevated anxiety levels transforms into chronic stress, as confirmed by reduced motivation for learning and self-improvement due to persistent fears of losing loved ones or housing. Chronic stress negatively affects both mental and physical health, reduces quality of life, and impairs academic achievement. The study revealed a discrepancy between statutory guarantees of health protection and their practical implementation in the student environment. National healthcare and education policy should prioritize stress prevention and the creation of safe conditions for youth development. Strengthening the legal framework is essential to minimize the adverse effects of stress factors on the younger generation.

Scientific Novelty. This is the first comprehensive study of the psycho-emotional state of dental students at Ivano-Frankivsk National Medical University under prolonged martial law. No significant differences in anxiety levels were found between junior and senior students, confirming the universal impact of chronic socio-emotional stress on medical education. The novelty lies in the integration of empirical medical data with a critical legal analysis of healthcare regulation. The study substantiates the role of legal mechanisms as tools for minimizing psycho-emotional risks that directly affect students' health and academic performance.

Conclusions. The results confirm the critical need to monitor and account for the psycho-emotional state of medical students in Ukraine under martial law. Anxiety is identified as a key determinant of effective learning and clinical competence formation. National healthcare and education policy must be imperatively directed toward systemic psychological support and the creation of safe learning conditions in higher education. A comprehensive approach to this issue aligns with international standards, particularly the UN Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights, which guarantee the right to the highest attainable standard of health. Implementation of the proposed measures will mitigate the negative impact of socio-environmental stress and ensure a favorable environment for the professional development of future specialists.

Keywords: *Academic Anxiety; Socio-Emotional Stress; Chronic Stress; Public Health Policy; Legal Framework in Education; Student Well-being.*

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Statement of the problem

The educational process in higher medical education institutions is primarily focused on training competent and highly qualified dental practitioners. However, students, especially in the early stages of training, are among the most vulnerable groups in society, as they are exposed to numerous stressogenic factors and often function in a state of persistent heightened anxiety [4, 11, 13].

Today's youth in Ukraine have been significantly affected by pervasive social stress resulting from ongoing military aggression, which has had a detrimental impact on their psycho-emotional well-being and psychological resilience [2, 10, 14]. Chronic stress is a decisive factor that substantially influences students' quality of life, particularly in the modern world characterized by rapid social, economic, and political instability.

Contemporary youth and students face a wide range of stressful experiences that may result in both short-term and long-term consequences for their physical and mental health. Periods of remote learning, prolonged social isolation, limited face-to-face communication with peers, and constant informational pressure regarding epidemiological threats, fear of illness, death, and the loss of relatives have placed individuals in a prolonged state of stress.

With the outbreak of full-scale war, many students were unable to readapt to stable living conditions. Since the onset of the invasion, everyday life has been marked by a complex of acute and chronic stressors, contributing to emotional instability resulting from sustained exposure to heightened anxiety.

Researchers note that elevated reactive anxiety frequently develops into chronic stress, which has become an increasingly prevalent problem, particularly among the student population, and exerts a negative impact on their somatic health and overall well-being [5, 6, 9].

Young individuals may be affected by multiple categories of stressors, including:

- *Social stressors*: peer relationships, bullying, family conflicts, or dysfunctional family dynamics;
- *Academic stressors*: learning difficulties, cognitive overload, and excessive performance pressure to achieve outstanding results;
- *External stressors*: natural disasters, warfare, or political instability;
- *Digital stress*: technostress from excessive use of digital devices, social media, and technology dependence;
- *Existential uncertainty*: arising from pandemics, economic instability, and difficulties adapting to new living conditions.

Prolonged exposure to stress can lead to significant psychopathological consequences, such as generalized anxiety disorders characterized by a constant sense of threat, depressive states with anhedonia and apathy toward learning and social interaction, decreased self-esteem, and breakdown of adaptive mechanisms [5].

Crucially, under conditions of chronic stress, individuals often develop maladaptive behaviors, including parafunctional oral habits (including bruxism and onychophagia), which further compromise maxillofacial health and contribute to the pathogenesis of dentofacial deformities.

Chronic stress has serious implications for systemic health, including circadian rhythm disturbances, compromised immune states, eating disorders, cardiovascular dysfunction, and the development of dentofacial anomalies associated with parafunctional oral habits [5, 6, 7].

Researchers identify two fundamental types of anxiety: trait (personality) and state (situational/reactive) anxiety. Low levels of trait anxiety are considered adaptive, as they promote effective self-regulation and homeostatic responses to environmental challenges [3, 7, 12].

In contrast, state or reactive anxiety reflects an individual's acute emotional response to a specific stressogenic situation; it varies in intensity and fluctuates depending on the duration of the stimulus [9]. High levels of reactive anxiety are statistically associated with the pathogenesis of stress, which has become a global concern among the youth population and poses serious risks to both psychosomatic and mental health [1, 8].

A comprehensive understanding of the psycho-emotional state of medical students in Ukraine under martial law is of critical importance, as it directly influences the effectiveness of academic learning and the foundational acquisition of professional clinical skills. Accordingly, national healthcare policy should prioritize the integration of systemic psychological support and the creation of supportive conditions for both theoretical education and practical training within higher medical institutions. From a legal and ethical perspective, ensuring the psychological resilience of future healthcare providers is essential for the sustainability of the national health system.

Aim of the study. The escalation of anxiety and chronic socio-emotional stress is critically relevant for medical students, especially in the context of the ongoing war in Ukraine. Persistent psychological tension adversely affects overall health and diminishes the efficiency of practical skill acquisition at the Department of Therapeutic Dentistry

SPIELBERGER SELF-ASSESSMENT SCALE

Full Name: _____
 Gender: _____ Age: _____ Education: _____

#	Statement	Responses			
		Not at all	Somewhat	Moderately so	Very much so
1	I feel calm	1	2	3	4
2	I feel secure	1	2	3	4
3	I feel tense	1	2	3	4
4	I feel under strain	1	2	3	4
5	I feel at ease	1	2	3	4
6	I feel upset	1	2	3	4
7	I am worrying about possible misfortunes	1	2	3	4
8	I feel satisfied	1	2	3	4
9	I feel frightened	1	2	3	4
10	I feel comfortable	1	2	3	4
11	I feel self-confident	1	2	3	4
12	I feel nervous	1	2	3	4
13	I am jittery	1	2	3	4
14	I feel indecisive	1	2	3	4
15	I am relaxed	1	2	3	4
16	I feel content	1	2	3	4
17	I am worried	1	2	3	4
18	I feel confused	1	2	3	4
19	I feel steady	1	2	3	4
20	I feel pleasant	1	2	3	4

Figure 1. State (Situational) Anxiety Scale (STAI).

of Ivano-Frankivsk National Medical University. This study also aims to analyze the identified psycho-emotional challenges through the lens of legal regulation, as national legislation and international legal standards obligate the state to ensure health protection, psychological well-being, and safe learning conditions for youth and students under martial law.

Research Methods

This study is based on a quantitative analysis of data from an anonymous cross-sectional survey conducted among 65 dental students at Ivano-Frankivsk National Medical University. The study population was divided into two comparative groups:

- **Group I:** 31 second-year students;
- **Group II:** 34 fourth-year students.

Anxiety levels were assessed using the State-Trait Anxiety Inventory (STAI), developed by C. D. Spielberger, together with a custom questionnaire tailored to the educational context. The simultaneous assessment of both trait (personality) and state (situational) anxiety was methodologically essential to distinguish participants' baseline emotional traits from their current emotional state.

The STAI scale, used as the primary self-report instrument, comprises 40 items: 20 items evaluate situational (state) anxiety, and 20 items measure personality (trait) anxiety (Figures 1 and 2) [3]. To obtain an objective assessment of students' emotional balance, the survey was administered immediately prior to the examination session, which served as a standardized stressor.

Before the commencement of the study, all participants received standardized instructions. They were asked to read each statement carefully and respond intuitively, as there were no correct or incorrect answers. Each item provided four response options reflecting varying degrees of intensity. Participants were informed that numerical values in the questionnaire functioned solely as statistical codes, not direct indicators of intensity. The collected data were processed in accordance with the standardized scoring algorithm. For each scale, total scores ranged from 20 to 80 points, with higher aggregate scores corresponding to higher levels of anxiety (Figures 3 and 4).

Interpretation of Results

The data obtained from the STAI scales were interpreted according to the standardized clinical thresh-

SPIELBERGER SELF-ASSESSMENT SCALE

Full Name: _____
 Gender: _____ Age: _____ Education: _____

#	Statement	Responses			
		Almost Never	Sometimes	Often	Almost Always
1	I feel pleasant (in a good mood)	1	2	3	4
2	I feel nervous and restless	1	2	3	4
3	I feel satisfied with myself	1	2	3	4
4	I wish I could be as happy as others seem to be	1	2	3	4
5	I feel like a failure	1	2	3	4
6	I feel rested (full of energy)	1	2	3	4
7	I am "calm, cool, and collected"	1	2	3	4
8	I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
9	I worry too much over something that doesn't really matter	1	2	3	4
10	I am happy	1	2	3	4
11	I have disturbing thoughts	1	2	3	4
12	I lack self-confidence	1	2	3	4
13	I feel secure	1	2	3	4
14	I make decisions easily	1	2	3	4
15	I feel inadequate	1	2	3	4
16	I am content	1	2	3	4
17	Some unimportant thought runs through my mind and bothers me	1	2	3	4
18	I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
19	I am a steady person	1	2	3	4
20	I get in a state of tension or turmoil as I think over my recent concerns	1	2	3	4

Figure 2. Trait (Personality) Anxiety Scale (STAI).

olds established for this psychometric instrument. The cumulative scores for both state and trait anxiety were classified into three levels of intensity:

- *0–30 points:* Indicates a low level of anxiety, indicating emotional stability and effective coping mechanisms;
- *31–44 points:* Represents a moderate level of anxiety, indicating a heightened yet controlled emotional response;
- *45 points and above:* Signifies a high level of anxiety, indicating clinical significance and potential risk for stress-related psychosomatic disorders.

Author-Designed Survey on Specific Stressors

To complement the standardized STAI scale, a custom qualitative questionnaire was developed to identify and assess the multiple stressors affecting dental students at Ivano-Frankivsk National Medical University. This instrument specifically focused on the

socio-political and educational challenges faced by the students.

The survey targeted the following key domains:

- *Wartime socio-environmental stressors:* including chronic psychological tension, radical changes in living conditions caused by the full-scale invasion, and the pervasive fear of losing one's home or family members.
- *Displacement and family dynamics:* assessment of challenges related to forced displacement and family-related stressors.
- *Educational instability:* the impact of frequent shifts between face-to-face clinical training and remote learning formats.
- *Academic-stress correlation:* the relationship between academic performance and the compounding effects of wartime stressors.

This survey allowed for a more nuanced understanding of the contextual factors that contribute to the high levels of anxiety recorded during the study.

#	Responses			
1	4	3	2	1
2	4	3	2	1
3	1	2	3	4
4	1	2	3	4
5	4	3	2	1
6	1	2	3	4
7	1	2	3	4
8	4	3	2	1
9	1	2	3	4
10	4	3	2	1
11	4	3	2	1
12	1	2	3	4
13	1	2	3	4
14	1	2	3	4
15	4	3	2	1
16	4	3	2	1
17	1	2	3	4
18	1	2	3	4
19	4	3	2	1
20	4	3	2	1
Σ Personal Anxiety				

Figure 3. Scoring Key for State (Situational) Anxiety Evaluation.

#	Responses			
1	4	3	2	1
2	1	2	3	4
3	1	2	3	4
4	1	2	3	4
5	1	2	3	4
6	4	3	2	1
7	4	3	2	1
8	1	2	3	4
9	1	2	3	4
10	4	3	2	1
11	1	2	3	4
12	1	2	3	4
13	1	2	3	4
14	1	2	3	4
15	1	2	3	4
16	4	3	2	1
17	1	2	3	4
18	1	2	3	4
19	4	3	2	1
20	1	2	3	4
Σ Personal Anxiety				

Figure 4. Scoring Key for Trait (Personality) Anxiety Evaluation.

Objective: To systematically evaluate stress and anxiety levels among dental students and analyze their correlation with academic performance under wartime conditions, taking into account shifting social and living environments.

Instructions for Participants: Please choose the response that best reflects your current situation for each item. Your candid responses will contribute to a comprehensive assessment of students' emotional and psychological well-being, providing essential data for the development of targeted support strategies.

1. Chronic Tension:

- How often do you experience constant tension or nervousness in your daily life?
 - Never
 - Rarely
 - Sometimes
 - Often

2. New Living Conditions During the War:

- To what extent have your living conditions changed during the war in Ukraine?
 - No change or almost none
 - Slight change
 - Significant change
 - Major change

3. Fear of Losing Home or Family:

- Do you feel fear of losing your home or family because of the war?

- Never
- Occasionally
- Frequently
- Always

4. Family Problems and Forced Relocation:

- Have you experienced family problems or been forced to change your place of residence because of the war?
 - Never
 - Rarely
 - Sometimes
 - Often

5. Changes Between In-Person Communication and Online Learning:

- How would you assess changes in your communication with classmates and friends during online learning?
 - No change
 - Slight change
 - Significant change
 - Major change

6. Changes in Knowledge and Practical Skills During Wartime:

- No changes observed; high level of knowledge and skills maintained.
- Deterioration of knowledge and practical skills due to wartime conditions, despite unchanged teaching process.

- Lack of motivation to study and develop as a result of wartime conditions; significant decline in knowledge and practical skills.

Statistical Analysis and Data Presentation Descriptive statistics were used to summarize the collected data, with results presented as absolute frequencies (n) and percentages (%). To compare categorical variables and proportions between Group I and Group II, statistical inference was performed.

Data processing and comparative analyses were conducted using the *R* statistical software environment (version 4.0; R Foundation for Statistical Computing, Vienna, Austria; <https://www.R-project.org>). A p -value < 0.05 was considered statistically significant.

Results and Discussion

Our findings suggest that chronic stress has a profoundly negative impact on both psychological and somatic well-being, thereby reducing overall quality of life and contributing to significant learning difficulties. Therefore, examining the relationship between anxiety, socio-environmental stress, and learning outcomes at the Department of Therapeutic Dentistry is of particular clinical and pedagogical importance.

This study also pays special attention to the legal regulation of healthcare for youth and students. Current national healthcare policy should prioritize evidence-based stress prevention, the provision of accessible psychological support, and the creation of secure conditions for the holistic development of the younger generation. Furthermore, optimizing the legal framework is essential for mitigating the negative impact of war-related stress factors on the long-term health of future medical professionals.

This study presents the first comprehensive survey conducted among dental students at Ivano-Frankivsk National Medical University. The empirical analysis revealed persistently high levels of anxiety among students across various academic years. Notably, no statistically significant differences ($p > 0.05$) were found between the psychometric profiles of junior and senior students.

Despite maintaining relatively stable learning conditions within the university, students continue to live under profound social and personal stress, which detrimentally affects their learning efficiency and professional adaptation. The empirical data indicate a significant escalation in anxiety levels among the entire study cohort. Comparative analysis using the STAI scale demonstrated no statistically significant difference ($p > 0.05$) between second-year students (Group I, $n = 31$) and fourth-year students (Group II, $n = 34$).

Critically, in over 90% of students across both groups, anxiety scores exceeded the clinical cut-off of 45 points, indicating a high level of anxiety. We hypothesize that prolonged exposure to wartime conditions, coupled with persistently high anxiety levels, serves as a primary factor in the development of chronic stress. This assertion is further supported by the qualitative results of our survey, which revealed a widespread lack of motivation for professional growth and learning. This academic disengagement is directly linked to long-term exposure to stressogenic factors, specifically the existential fear of losing one's home, family, and social support network.

The findings of the study demonstrated that students in both cohorts demonstrated critically high anxiety levels according to the Spielberger inventory.

In Group I (n = 31):

- 29 students (93.5%) were found to be experiencing chronic tension;
- 24 students (77.4%) reported prolonged social stress lasting more than one year, primarily associated with difficulty adapting to new living conditions caused by the war, as well as the persistent fear of losing homes and family members;
- Additionally, 18 respondents (58.1%) reported intra-family psychological difficulties, forced internal displacement, frequent transitions between face-to-face clinical training and online learning, and impaired peer relationships.

In Group II (n = 34):

- All students (100%) showed anxiety levels exceeding 50 points on the Spielberger scale, signifying severe clinical anxiety;
- 31 students (91.2%) were experiencing chronic tension;
- 22 individuals (64.7%) reported social stress lasting more than twelve months due to wartime living conditions and the fear of losing loved ones;
- Moreover, 21 students (61.8%) reported domestic psychological problems, forced displacement, separation from relatives, and frequent shifts between in-person and remote learning formats.

Conclusion on Group Comparison:

Based on these findings, we conclude that sustained exposure to chronic social stress significantly impairs students' acquisition of practical clinical competencies in therapeutic dentistry. No statistically significant differences were identified between Group I and Group II ($p > 0.05$), indicating that the pathogenic impact of stressors on psycho-emotional homeostasis is independent of academic level. These results are consistent with previous research demonstrating

the limits of adaptive physiological responses to persistent stress factors [5, 6, 15].

Healthcare for the younger generation is a fundamental component of social development, as childhood and adolescence form the basis for long-term physical, psychological, and social well-being. In contemporary conditions, where multifaceted social, environmental, and economic challenges disproportionately affect health, special attention must be given to the legal regulation of healthcare, especially for vulnerable populations including those with maxillofacial disorders and stress-induced conditions.

National Legislative Foundation:

Ukrainian legislation prioritizes the protection of children's health through constitutional and statutory mechanisms:

- The Constitution of Ukraine (Article 49): Guarantees the right to healthcare and medical assistance, requiring the state to provide public funding for social and preventive programs.
- Fundamentals of Ukrainian Legislation on Healthcare: Defines the organizational and economic principles of the healthcare system, with Article 59 specifically addressing the promotion of adolescent health.
- The Law of Ukraine "On Child Protection": Article 6 ensures the right to free, qualified medical services in state institutions and obligates the state to ensure safe living conditions.
- The Civil Code of Ukraine: Articles 281 and 284 establish the fundamental rights to life, physical development, and unhindered access to medical treatment.
- The Family Code of Ukraine: Highlights the shared responsibility of parents and the state in creating conditions for holistic growth.

International Harmonization:

As a party to international instruments, Ukraine aligns its domestic policy with global standards:

- UN Convention on the Rights of the Child (Article 24): Guarantees the highest attainable standard of health.
- ECHR (Article 8): Safeguards the right to private and family life, including health-related autonomy.
- Convention on the Rights of Persons with Disabilities (Article 25): Ensures access to rehabilitative services.

Critical Analysis of Current Policy

Despite this extensive legislative foundation, its effectiveness remains limited by the lack of a holistic approach to socio-emotional stress. Existing frameworks often fail to integrate the education, healthcare, and

social protection sectors. Specifically, the prevention of war-related social stress and its impact on clinical knowledge acquisition requires legislative refinement and stronger inter-sectoral coordination [7].

To systematically enhance the effectiveness of legal regulation in this domain, several strategic measures should be implemented:

- *Development of Specialized Psychosocial Programs:* Priority should be given to evidence-based initiatives that identify and support students and children experiencing chronic social stress. These programs must focus on resilience-building and be legally mandated within educational curricula to ensure long-term sustainability.

- *Integration of Stress Management:* Strategies for anxiety reduction and workload optimization should be formally integrated into the learning process. Access to professional psychological support must be guaranteed as both crisis intervention and standardized prevention.

- *Strengthening Interagency Cooperation:* It is essential to develop functional mechanisms for multi-disciplinary collaboration among school psychologists, medical professionals (including dental educators), and social workers. The current level of inter-sectoral interaction remains insufficient and requires clear legislative definition of operational standards.

- *Public Awareness and Emotional Intelligence:* National information campaigns should engage parents and educators to promote coping strategies. Introducing Social-Emotional Learning (SEL), with a focus on emotional intelligence and conflict resolution, into school and university curricula would be highly beneficial.

- *Crisis Intervention and International Partnerships:* Legal guarantees for immediate psychological assistance during wartime must be reinforced through state-level programs. Expanding partnerships with civil society organizations and international entities will enable resource sharing and ensure sustainable funding for these initiatives [5, 6].

Conclusions

1. *Psychometric Impact:* Stress is a major determinant of students' quality of life, exerting both immediate and long-term effects on their physical, psychological, and social well-being. Our study revealed that over 90% of dental students live with clinically significant levels of anxiety due to prolonged war-time exposure.

2. *Educational Environment:* Systematic monitoring of students' emotional state is essential. Supportive educational environments must be actively implemented to mitigate the adverse consequences

of stress and ensure the integrity of practical skill acquisition for future dental professionals.

3. Legal Imperatives: Strengthening the national legal framework governing healthcare in Ukraine is a pivotal step toward safeguarding the right to health and ensuring compliance with international standards. Legislative gaps regarding the protection of students in wartime must be addressed to provide consistent psychological and social safeguards.

4. Inter-sectoral Strategy: Improving the practical implementation of healthcare legislation, specifically through coordinated, multi-disciplinary action between the education, healthcare, and social protection sectors, is imperative for mitigating the long-term ef-

fects of socio-environmental stress on learning outcomes and professional competency.

Conflict of interest

The authors declare no conflict of interest.

Consent to publication

The authors have given their consent to the publication of the manuscript.

Use of Artificial Intelligence

The authors state that no artificial intelligence was used in the writing of the article.

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Вплив стресу на якість життя та навчання студентів терапевтичного факультету. Особливості правового регулювання

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Мета. Дослідити вплив підвищеної тривожності та хронічного соціально-емоційного стресу на якість життя і результативність навчання студентів-медиків в умовах війни в Україні. Оцінити ступінь зниження рівня засвоєння практичних навичок на кафедрі терапевтичної стоматології Івано-Франківського національного медичного університету внаслідок психологічного напруження. Проаналізувати виявлені психоемоційні труднощі крізь призму правового регулювання, зокрема виконання державою обов'язків щодо забезпечення охорони здоров'я та безпечних умов навчання для здобувачів освіти в умовах воєнного стану згідно з національними та міжнародними стандартами.

Методи. Дизайн дослідження базується на кількісному аналізі результатів, отриманих шляхом анонімного опитування вибірки з 65 студентів стоматологічного факультету Івано-Франківського національного медичного університету. Для оцінки психоемоційного стану використовували шкалу реактивної та особистісної тривожності Спілбергера-Ханіна (STAI) та авторську анкету. Статистична обробка даних проводилася з використанням t-критерію Стьюдента для оцінки достовірності результатів.

Результати та дискусія. Отримані дані свідчать про значне зростання рівня тривожності серед усіх обстежених студентів. Показники за шкалою STAI статистично значущо не відрізнялися у студентів другого курсу (група I, 31 особа) та четвертого курсу (група II, 34 особи) ($p > 0,05$). У понад 90% респондентів обох груп рівень тривожності становив понад 45 балів, що відповідає високому рівню. Встановлено, що тривале перебування в умовах воєнного часу з високим рівнем тривожності трансформується у хронічний стрес. Це підтверджено результатами опитування, яке виявило зниження мотивації до вдосконалення та навчання через перманентний страх втрати близьких та житла. Хронічний стрес негативно позначається на психічному та фізичному стані здобувачів освіти, погіршує якість їхнього життя та сприяє зниженню успішності у навчанні. Виявлено невідповідність між законодавчо закріпленими гарантіями охорони здоров'я та фактичними умовами їх реалізації у студентському середовищі. Державна політика у сфері медицини та освіти має бути спрямована на профілактику стресу та створення безпечних умов для розвитку молоді. Удосконалення законодавства є необхідним для мінімізації негативного впливу стресових факторів на здоров'я підростаючого покоління, що потребує посилення практичного застосування правових норм у сферах охорони здоров'я та освіти в умовах воєнного стану.

Наукова новизна. Вперше проведено комплексне дослідження психоемоційного стану студентів стоматологічного факультету Івано-Франківського національного медичного університету в умовах тривалого воєнного стану. Встановлено відсутність статистично значущої різниці між показниками тривожності у студентів молодших та старших курсів, що підтверджує універсальний характер впливу хронічного соціального стресу на здобувачів вищої медичної освіти. Наукова новизна полягає у синергії емпіричних медичних даних із критичним правовим аналізом регулювання сфери охорони здоров'я. Обґрунтовано роль юридичних механізмів як інструменту мінімізації психоемоційних ризиків, що безпосередньо впливають на соматичне здоров'я та академічну результативність студентів.

Висновки. Результати дослідження підтверджують критичну необхідність моніторингу та врахування психоемоційного стану студентів-медиків, які здобувають освіту в Україні в умовах воєнного стану. Доведено, що саме рівень тривожності є детермінантою ефективності засвоєння навчального матеріалу та формування клінічних компетентностей. Державна політика у сфері охорони здоров'я та освіти повинна бути імперативно спрямована на забезпечення системної психологічної підтримки та створення безпечних умов для навчання у вищій школі. Комплексний підхід до вирішення цієї проблеми цілком корелює з міжнародними стандартами, зокрема Конвенцією ООН про права дитини, що гарантує право на найвищий досяжний рівень здоров'я. Реалізація запропонова-

них заходів дозволить нівелювати негативний вплив соціального стресу та забезпечити сприятливе середовище для професійного становлення майбутніх фахівців.

Ключові слова: тривожність; соціальний стрес; хронічний стрес; охорона здоров'я; державна політика; правове регулювання.

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