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## **Research on the Readiness of Future Teachers to Work with Children with Disabilities**

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### **Abstract**

The article highlights the results of an empirical study of barriers of future teachers in working with children with disabilities, determined by the degree of readiness of applicants to accept situations of uncertainty in professional activity, developed emotional intelligence, the ability to make effective decisions, developed empathy and a high level of stress resistance. The influence of emotional intelligence and stress resistance on the readiness of future teachers to work with children with disabilities is substantiated. The parameters of readiness to work with children with disabilities are determined using the method of diagnostics of communicative attitude.

The results of the correlation analysis of indicators of communicative attitudes and obstacles in establishing emotional contacts with indicators of emotional intelligence diagnostics (emotional awareness, management of one's own emotions, self-motivation, empathy, recognition of other people's emotions and levels of stress resistance (acceptance of helplessness and lack of self-efficacy) are presented. Positive correlations of stress resistance indicators with most indicators of barriers of future teachers were revealed. The reverse effect of emotional intelligence on the presence of barriers in future teachers in working with children with disabilities was confirmed.

The differences between applicants who are ready and not ready to work with children with disabilities according to the indicators of emotional intelligence (N. Hall) and the results of the test for determining the level of stress resistance are shown. Cluster profiles of indicators of (un)readiness in groups of students according to the method of diagnostics of communicative attitude according to V. Boyko are presented. Recommendations for developing a training program are proposed to prevent and minimize barriers of future teachers in working with children with disabilities.

**Keywords:** emotional intelligence, stress resistance, barriers, children with disabilities, communicative attitude, obstacles in established emotional contacts.

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## **1. Introduction**

An analysis of the current state of education demonstrates an urgent need for highly qualified personnel capable of providing quality psycho-emotional support to children with disabilities. The state's inclusive policy of accessibility has laid the legislative and executive foundation for the implementation of inclusive services. However, putting these principles into practice requires training specialists who can overcome barriers when working with kids with disabilities. The existing system of training specialists in Ukraine can be characterized as insufficiently focused on developing skills for working with children with disabilities, which contributes to the formation of insecurity and internal barriers among students when interacting with this category of clients. Such barriers can significantly impair the quality of support provided to children with disabilities, which in turn will negatively affect their adaptation, development, and socialization.

Today, we can observe an increase in the number of children with injuries and developmental disorders, which exacerbates the need for effective training of future teachers to work with children with disabilities. At the same time, psychotraumatic circumstances can reinforce internal barriers in students, which manifest themselves in a lack of control over circumstances and reactions and an inability to manage their emotions.

In view of this, preparing future specialists to work with children with disabilities, overcoming existing barriers, and developing emotional awareness in students are pressing tasks for the modern approach to training specialists in the field of pedagogy at higher education institutions.

The purpose of this article is to highlight the results of an empirical study of the readiness of future teachers to work with children with disabilities, taking into account the emotional intelligence and stress resistance of higher education students. The task was to study the relationship between emotional intelligence and stress resistance with the readiness of future specialists to work with children with disabilities; to identify the parameters of their readiness to work with children with disabilities by diagnosing their communicative attitudes and existing barriers.

We assume that the readiness of future teachers to work with children with disabilities is determined by a high level of emotional intelligence and the ability to control circumstances and low stress perception.

## **2. Materials and methods**

To study the existing barriers faced by future specialists in working with children with disabilities, we used: V. Boiko's method for diagnosing communicative attitudes (Shevenko, 2016), which reflects negative attitudes on a 9-point scale, and V. Boiko's methodology for diagnosing "barriers" to establishing emotional contact (adapted by A. Shevenko) with five scales (Shevenko, 2016). These methods allow us to study the emotional, cognitive, and behavioral manifestations of future specialists, which we consider to be barriers – obstacles in the interaction of future specialists with children with disabilities (rejection of the individuality of others, using oneself as a standard, conservatism in assessing people, intolerance to personal discomfort of communication partners, etc.).

The ability of future teachers to understand relationships manifested in emotions, manage their emotional sphere, and influence the emotional sphere of others was assessed using the emotional intelligence diagnostic methodology (Borh, 2019). To determine the level of stress resistance, a stress resistance test – Perceived Stress Scale, PSS-10 (Cohen, 1983) was used, which made it possible to measure the degree of control over circumstances and the level of perception of their inability to cope with problems, as well as the overall level of perceived stress in future specialists.

In order to identify the future psychologist's ability to understand relationships represented in emotions and manage their emotional sphere based on decision-making, N. Hall's emotional intelligence diagnostic method was used. The questionnaire consists of 30 statements reflecting different aspects of life. Respondents chose their level of agreement with the statements from "strongly disagree" (-3 points) to "strongly agree" (+3 points). For convenience in calculating the results of this methodology, we converted the degrees of agreement to a six-point scale, where the option "strongly disagree" equals 1 point, and "strongly agree" equals 6 points. The questionnaire contains five scales: 1) emotional awareness; 2) management of one's emotions (emotional detachment, emotional flexibility); 3) self-motivation (voluntary control of one's emotions); 4) empathy; 5) recognition of other people's emotions (ability to influence the emotional state of others).

The Perceived Stress Scale (PSS-10) test measures the degree of control over circumstances, one's own emotions and reactions, and the level of perception of one's inability to cope with

problems. The questionnaire contains 10 questions, the answers to which are graded from 0 to 4 points, where 0 means “never” and 4 means “very often.” The test can be used to determine the degree of perceived helplessness and lack of self-efficacy.

Based on the total score on the scales, the questionnaire also differentiates between levels of stress perception (stress levels): 0 to 13 points – mild stress perception (low stress), from 14 to 26 points – moderately perceived stress (moderate stress), from 27 to 40 points – strongly perceived stress (high stress).

To determine the list of psychological barriers in the context of interaction between a future specialist and a child with a disability, we used the method of diagnosing communicative attitudes according to V. Boiko (adapted by A. Shevenko). This methodology allows us to determine the overall level of communicative tolerance and levels of tolerance based on behavioral characteristics and mental attitudes – rejection of the individuality of others, using oneself as a benchmark, conservatism in assessing people, intolerance to the personal discomfort of a communication partner, etc.

The questionnaire contains nine sections with five statements in each, which are scales and allow us to conclude that the higher the number of points on each scale, the lower the level of communicative tolerance of the respondents and indicates the specialist's unwillingness to work with children with disabilities.

The method of diagnosing “barriers” to establishing emotional contact according to V. Boiko refers to methods of studying emotions and feelings of the personality. The text of the questionnaire contains 25 statements, to which respondents are asked to answer ‘yes’ or “no.” Based on the results of the diagnosis, we determine five scales: 1) inability to control emotions, to dose them; 2) inadequate emotional expression; 3) dominance of negative emotions; 4) inflexibility, underdevelopment, vagueness of emotions; 5) unwillingness to get close to people on an emotional basis. Accordingly, the higher the score on each scale, the more affected the psychological (emotional) barriers are in future specialists.

To check the quality of the questionnaires before using them in the study, we calculated Cronbach's alpha coefficient as a statistical indicator used to assess internal consistency and reliability of a set of questions in a questionnaire or scale. The reliability analysis showed a high level of internal consistency of the 30-item scale (Cronbach's  $\alpha = 0.914$ ; standardized  $\alpha = 0.918$ ). The average inter-item correlation ( $r = 0.28$ ) indicates an optimal balance between homogeneity and content diversity of statements. The asymmetry ( $-0.33$ ) and excess ( $-0.28$ ) indicators indicate that the distribution of total scores is close to normal. The results obtained allow us to conclude that the scale has high internal reliability.

To measure emotional intelligence, we used Hall's method, which consists of 30 statements grouped into 5 scales: “Emotional Awareness” (Cronbach's  $\alpha = 0.77$ ), “Emotion Management” ( $\alpha = 0.75$ ), “Self-Motivation” ( $\alpha = 0.73$ ), “Empathy” ( $\alpha = 0.81$ ), and “Recognition of Other People's Emotions” ( $\alpha = 0.82$ ). All indicators exceed the minimum threshold of internal consistency ( $\alpha > 0.70$ ).

The Perceived Stress Scale (PSS-10) consists of 10 statements grouped into two subscales: perceived helplessness (6 items,  $\alpha = 0.83$ ) and lack of self-efficacy (4 items,  $\alpha = 0.65$ ). Both subscales demonstrated acceptable internal consistency.

V. Boiko's method for diagnosing communicative attitudes includes 9 scales of negative communicative attitudes with reliability coefficients ranging from 0.73 to 0.89, which corresponds to acceptable and good levels of internal consistency.

V. Boiko's methodology for diagnosing “barriers” to establishing emotional contact showed insufficient psychometric characteristics ( $\alpha = 0.23-0.65$ ), which does not meet generally accepted reliability standards. However, individual scales of the methodology demonstrated statistically significant correlations with indicators of emotional intelligence and stress. The results of this methodology are interpreted with caution as preliminary data.

The empirical study was conducted in April-July 2025 at three higher education institutions: Kharkiv National Pedagogical University named after G.S. Skovoroda, Sumy State University, and Sumy State Pedagogical University named after A.S. Makarenko. The survey involved 87 respondents – students of bachelor's and master's programs. The respondents were aged 18 to 58, including 75 women and 12 men. The vast majority of respondents were young people (aged 18-23) and middle-aged people (aged 39-50). The sample is representative and adequately reflects the

characteristics of the general population of students in terms of structural and individual parameters, which guarantees the reliability of the research results.

The results were processed using correlation and cluster analysis, comparative analysis of mean values and standard deviations for the studied indicators for groups of future specialists – "ready" and "not ready" to work with children with disabilities using Student's t-test. Data processing and analysis were performed using TIBCO Statistica 13 software.

### **3. Discussion**

The barriers faced by future specialists have been studied by researchers I. Glazkova, C. Dwek, O. Konstantinov, and N. Shelenkova. The influence of the emotional sphere on the readiness of future teachers to work with children with disabilities is the subject of study by domestic and foreign scientists, in particular J. Borg (Borh, 2019), R. Kapur (Kapur, 2020), A. Massanov (Massanov, 2024). The stressful impact on future teachers in the context of their professional activities with different categories of clients is reflected in the scientific works of A. Hirnyak (Hirnyak, 2019), V. Kravchenko (Kravchenko, 2025), Z. Onipko (Onipko, 2021), S. Isaevich, I. Kalinovska, T. Yaraya, and other researchers focus on the training of future specialists.

At the same time, the issue of the readiness of future teachers to work with children with disabilities in the context of increasing their stress resistance and developing emotional intelligence needs to be studied in more detail, which will contribute to the prevention of barriers in working with children with disabilities.

### **4. Results**

Analysis of scientific sources allows us to conclude that the emotional component acts simultaneously as a barrier and as a component of the professional competence of future teachers in the context of their preparation for working with children with disabilities (Kapur, 2020; Borh, 2019). On the one hand, the emotional sphere is represented by a complex of experiences that provoke the activation of existing barriers (negative emotions – fear, anxiety, shame, guilt, helplessness in situations of uncertainty, inability to regulate emotions, inadequate emotional expression, underdeveloped and vague emotions, unwillingness to get close to people on an emotional level, inability to restrain oneself) (Onipko, 2021).

On the other hand, developed emotional intelligence, manifested in emotional awareness, the ability to manage one's own emotions, the ability to quickly "disengage" emotionally and flexibly adapt emotional reactions to the situation, voluntary control of one's emotions through emotional regulation strategies (cognitive reappraisal, suppression of expression, etc.), a moderate level of emotional empathy, and the ability to positively influence the emotional state of others, becomes an indicator of a future specialist's readiness to work with children with disabilities.

Scientific research confirms the influence of stress resistance on the readiness of future specialists to work with children with disabilities (Voronov, 2017; Hirnyak, 2019; Kravchenko, 2025; Massanov, 2024). Future teachers who do not experience exhaustion and chronic tension (low level of perceived stress), control circumstances, their own emotions and reactions well, and have the strength to cope with existing problems, are distinguished by their readiness to work with children with disabilities. On the other hand, a low level of stress resistance (high levels of perceived stress) hinders professional activity, causing stress in future specialists due to constant emotional involvement in the complex life situations of children, frustration from the inability to quickly solve problems or improve the condition of children, the accumulation of stress manifestations due to the need for constant concentration and responsibility, personal uncertainty, and confusion.

To determine the relationship between emotional intelligence and stress resistance indicators and psychological barrier indicators (using methods for diagnosing communicative attitudes and "barriers" to establishing emotional contact according to V. Boiko), correlation coefficients were calculated for the entire sample of respondents (n = 87). The results of the correlation analysis indicate the presence of significant correlations for most indicators of psychological barriers (Table 1).

**Table 1.** Interrelationships between indicators of existing barriers and indicators of emotional intelligence and stress resistance in the sample of respondents (n = 87)

Psychological barriers/communication attitudes and obstacles	Indicators of emotional intelligence (N. Hall)					Indicators of the PSS-10 stress resistance test		
	Emotional awareness	Emotion management	Self-motivation	Empathy	Recognizing and influencing the emotions of others	Perception of helplessness	Lack of self-efficacy	Stress level
<b>V. Boiko's method for diagnosing communicative attitudes</b>								
Rejection or misunderstanding of a person's individuality	-0,041 -	<b>-0,274</b> <b>p&lt;0,010</b>	<b>-0,293</b> <b>p&lt;0,006</b>	<b>-0,270</b> <b>p&lt;0,011</b>	<b>-0,367</b> <b>p&lt;0,000</b>	<b>0,344</b> <b>p&lt;0,001</b>	<b>0,335</b> <b>p&lt;0,002</b>	<b>0,391</b> <b>p&lt;0,000</b>
Using oneself as a benchmark when evaluating others	-0,092 -	<b>-0,231</b> <b>p&lt;0,032</b>	<b>-0,215</b> <b>p&lt;0,046</b>	<b>-0,326</b> <b>p&lt;0,002</b>	<b>-0,278</b> <b>p&lt;0,009</b>	0,132 -	0,180 <b>p&lt;0,095</b>	0,170 <b>p&lt;0,116</b>
Categoricity or conservatism in people's assessments	0,087 -	<b>-0,228</b> <b>p&lt;0,034</b>	-0,086 -	0,043 -	-0,016 -	<b>0,358</b> <b>p&lt;0,001</b>	<b>0,231</b> <b>p&lt;0,031</b>	<b>0,361</b> <b>p&lt;0,001</b>
Inability to restrain oneself, smooth over unpleasant feelings when encountering uncommunicativeness in others	0,018 -	-0,202 <b>p&lt;0,060</b>	<b>-0,213</b> <b>p&lt;0,048</b>	-0,141 <b>p&lt;0,194</b>	-0,184 <b>p&lt;0,088</b>	<b>0,279</b> <b>p&lt;0,009</b>	0,171 <b>p&lt;0,112</b>	<b>0,278</b> <b>p&lt;0,009</b>
Desire to change or re-educate partner	-0,072 -	-0,205 <b>p&lt;0,057</b>	-0,202 <b>p&lt;0,061</b>	-0,158 <b>p&lt;0,143</b>	-0,203 <b>p&lt;0,060</b>	0,106 -	0,183 <b>p&lt;0,090</b>	0,151 <b>p&lt;0,162</b>
Desire to adapt one's partner to oneself, to make him/her comfortable	-0,040 -	-0,134 -	-0,112 -	0,020 -	-0,102 -	<b>0,297</b> <b>p&lt;0,005</b>	0,209 <b>p&lt;0,052</b>	<b>0,306</b> <b>p&lt;0,004</b>
Inability to forgive others for their mistakes, clumsiness, and inconveniences caused to them	-0,113 <b>p&lt;0,299</b>	-0,188 <b>p&lt;0,080</b>	<b>-0,228</b> <b>p&lt;0,034</b>	-0,186 <b>p&lt;0,085</b>	<b>-0,225</b> <b>p&lt;0,036</b>	<b>0,259</b> <b>p&lt;0,018</b>	<b>0,277</b> <b>p&lt;0,009</b>	<b>0,299</b> <b>p&lt;0,005</b>
Intolerance to physical or psychological discomfort of a partner	-0,070 -	-0,174 <b>p&lt;0,107</b>	-0,187 <b>p&lt;0,084</b>	<b>-0,288</b> <b>p&lt;0,007</b>	<b>-0,238</b> <b>p&lt;0,026</b>	0,115 -	0,089 -	0,121 -
Inability to adapt to partner	-0,078 -	<b>-0,229</b> <b>p&lt;0,033</b>	-0,183 <b>p&lt;0,090</b>	-0,1648 <b>p&lt;0,127</b>	<b>-0,262</b> <b>p&lt;0,014</b>	<b>0,333</b> <b>p&lt;0,002</b>	<b>0,263</b> <b>p&lt;0,014</b>	<b>0,354</b> <b>p&lt;0,001</b>

V. Boiko's method for diagnosing "obstacles" to establishing emotional contact according								
Inability to control emotions, regulate them	0,083 -	<b>-0,359</b> <b>p&lt;0,001</b>	<b>-0,303</b> <b>p&lt;0,004</b>	<b>-0,225</b> <b>p&lt;0,036</b>	<b>-0,260</b> <b>p&lt;0,015</b>	<b>0,228</b> <b>p&lt;0,034</b>	0,208 p<0,053	<b>0,253</b> <b>p&lt;0,018</b>
Inadequate emotional expression	0,089 -	0,189 p<0,080	0,197 p<0,068	-0,012 -	-0,007 -	-0,103 p<0,342	<b>-0,256</b> <b>p&lt;0,017</b>	-0,177 p<0,102
Dominance of negative emotions	0,070 -	<b>-0,213</b> <b>p&lt;0,048</b>	-0,190 p<0,078	-0,061 -	-0,089 -	<b>0,372</b> <b>p&lt;0,000</b>	<b>0,241</b> <b>p&lt;0,025</b>	<b>0,375</b> <b>p&lt;0,000</b>
Inflexibility, underdevelopment, lack of emotional expression	<b>-0,250</b> <b>p&lt;0,020</b>	-0,118 -	-0,189 p<0,080	<b>-0,247</b> <b>p&lt;0,021</b>	<b>-0,211</b> <b>p&lt;0,050</b>	-0,064 -	0,074 -	-0,021 -
Reluctance to get close to people on an emotional level	-0,075 -	-0,148 p<0,171	-0,205 p<0,057	<b>-0,255</b> <b>p&lt;0,017</b>	<b>-0,294</b> <b>p&lt;0,006</b>	0,145 p<0,181	0,164 p<0,130	0,173 p<0,109

According to N. Hall's emotional intelligence diagnostic methodology and indicators of existing barriers, statistically significant negative correlations were found, which means that the higher the emotional intelligence, the lower the manifestations of emotional, cognitive, and behavioral barriers. In particular, we observe significant negative correlations between "rejection or misunderstanding of a person's individuality," "using oneself as a standard when evaluating others," and "inability to manage emotions and regulate them" with four scales of emotional intelligence: "managing one's emotions", "self-motivation", "empathy", and "recognizing and influencing the emotions of others". There are also negative correlations between "categorical and conservative judgments of people" and "emotion management" ( $r = -0.228$ ,  $p < 0.034$ ); "self-motivation" and "inability to restrain oneself" ( $r = -0.213$ ,  $p < 0.048$ ), as well as "inability to forgive others" ( $r = -0.228$ ,  $p < 0.034$ ); "inability to adapt to a partner" and "emotion management" ( $r = -0.229$ ,  $p < 0.033$ ) and "recognition and ability to influence the emotions of others" ( $r = -0.262$ ,  $p < 0.014$ ).

The negative correlation between the indicators of "dominance of negative emotions" and "emotion management" ( $r = -0.213$ ,  $p < 0.048$ ) confirms that the more negative emotions dominate in future specialists in relation to working with children with disabilities, the less they can manage them. A significant negative correlation is also observed between "empathy" and "ability to recognize and influence the emotions of others" with "intolerance to physical or psychological discomfort", "inflexibility, underdevelopment, and vagueness of emotions" and "unwillingness to get close to people on an emotional basis".

It should be emphasized that a qualitative analysis of correlations shows the closest negative correlation between "emotional awareness" and "inflexibility, underdevelopment, and vagueness of emotions" ( $r = -0.25$ ;  $p < 0.020$ ), while other indicators show very weak inverse correlations. Thus, we can conclude that the level of emotional awareness as a component of emotional intelligence is not capable of significantly reducing negative emotional and communicative barriers in future specialists.

Also, indicative is the result of very weak correlations in the absence of a level of significance between indicators of emotional intelligence according to N. Hall and the desire to change, re-educate, or adapt a partner to oneself, as well as inadequate emotional expression.

Thus, future teachers with a highly developed ability to recognize the emotions of children with disabilities have a low level of barriers to rejection/misunderstanding of a person's individuality, which gives an understanding of the specialist's readiness to work with this category of clients. Providing psychosocial services to children with disabilities requires future specialists to have a balance of emotional skills. A specialist who is ready to work with children with disabilities must, on the one hand, be able to empathize and understand the child's experiences, but at the same time, not lose objectivity and be able to separate themselves from the client's emotional state in a timely manner, dosing and separating their own emotions from the child's emotions during



professional interaction. Moreover, a teacher who is ready to provide services to children with disabilities is endowed with the ability to respond flexibly to the child's changing emotional manifestations, to be motivated and able to emotionally connect, adapt their behavior and approach to psychological intervention.

The readiness of future teachers to work with children with disabilities is indicated by the art of emotional regulation and voluntary control of emotions (as one of the indicators of developed emotional intelligence), which includes changing opinions about the situation of emotional reaction, reducing expression in relation to the client's emotions, shifting the focus of emotional tension to other objects, and modifying circumstances to influence one's own emotional experiences and those of the client. A high level of ability of a future specialist to manage their emotions, as one of the criteria for developed emotional intelligence, reduces the manifestation of psychological barriers (positioning oneself as a standard, categorical in assessing others, etc.) and confirms readiness to work with children with disabilities.

The reverse relationship between emotional intelligence and the ability to recognize other people's emotions and influence their emotions, along with most indicators of communicative and emotional-volitional qualities of personality that act as existing barriers, allows us to conclude that a high level of ability to influence the emotions of a child with disabilities on the part of a future specialist reduces intolerant emotional and communicative barriers of the personality. At the same time, a specialist who is ready to work with children with disabilities is endowed with the ability to adapt to their partner, is tolerant of psychophysical discomfort that may potentially manifest itself externally in a child with a disability, and is also able to forgive the child's imperfections and unsuccessful attempts at self-expression.

The results of the correlation analysis of the test to determine the level of stress resistance (Perceived Stress Scale, PSS-10) with indicators of emotional, volitional, and communicative barriers show moderate positive correlations with a high level of significance. The data in [Table 1](#) confirm the relationship between stress levels and the rejection and misunderstanding of others' individuality ( $r = 0.391$ ;  $p < 0.000$ ), categoricalness, conservatism in assessing partners ( $r = 0.361$ ;  $p < 0.001$ ), the desire to adapt one's partner to oneself ( $r = 0.306$ ;  $p < 0.004$ ), the inability to adapt to one's partner ( $r = 0.354$ ;  $p < 0.001$ ), and the dominance of negative emotions ( $r = 0.375$ ;  $p < 0.000$ ).

Accordingly, high stress levels (highly perceived stress) in future teachers increase emotional and communication barriers and reduce their readiness to work with children with disabilities. This confirms the hypothesis that specialists with low stress levels (weakly perceived stress) experience minimal manifestations of existing barriers and are ready to work with children with disabilities.

The indicator of perceived helplessness correlates significantly with the rejection of individuality ( $r = 0.344$ ;  $p < 0.001$ ); categorical or conservative assessments of people ( $r = 0.358$ ;  $p < 0.001$ ); inability to adapt to partners ( $r = 0.333$ ;  $p < 0.002$ ); dominance of negative emotional manifestations ( $r = 0.372$ ;  $p < 0.000$ ).

Another indicator of stress resistance is a lack of self-efficacy, i.e., the level of an individual's perception of their inability to cope with problems, which is closely related to the rejection and misunderstanding of other people's personalities ( $r = 0.335$ ;  $p < 0.002$ ). In other words, a future teacher who is not ready to work with children with disabilities may transfer their own fears, weaknesses, and experiences to their clients and experience fatigue (overwork, burnout) that prevents them from deeply and adequately understanding the individuality of children with disabilities.

On the other hand, future specialists who are ready to work with children with disabilities and have their own experience of failures and difficulties with constructive processing deepen their understanding and acceptance of others, which may seem paradoxical. We observe an inverse correlation between lack of self-efficacy and inadequate emotional expression ( $r = -0.256$ ;  $p < 0.0017$ ), which confirms that the higher the level of adequate perception by the specialist of their inability to cope with the situation (assessment of the ability to cope with the problem), the lower the level of inadequate emotional expression.

Somewhat weaker correlations can be observed between: 1) categorical or conservative assessment of partners with a lack of self-efficacy ( $r = 0.231$ ;  $p < 0.0031$ ); 2) inability to restrain oneself, reconcile unpleasant feelings with uncommunicative personalities with a perception of helplessness ( $r = 0.279$ ;  $p < 0.009$ ) and stress level ( $r = 0.278$ ;  $p < 0.009$ ); 3) the desire to adapt one's partner to oneself with a perception of helplessness ( $r = 0.297$ ;  $p < 0.005$ ); 4) inability to adapt to one's partner with a lack of self-efficacy ( $r = 0.263$ ;  $p < 0.014$ ); 5) inability to manage and regulate emotions with a perception of helplessness ( $r = 0.228$ ;  $p < 0.034$ ) and a general level of

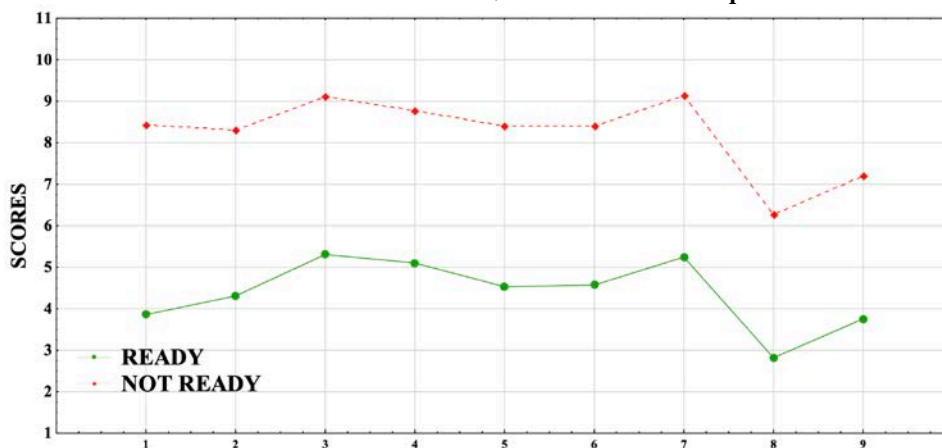
stress ( $r=0.253$ ;  $p<0.018$ ); 6) dominance of negative emotions with a lack of self-efficacy ( $r = 0.241$ ;  $p < 0.025$ ).

Indeed, belief in one's own professional abilities as a future teacher, from the perspective of readiness for work, implies an open-minded assessment of children with disabilities and a strong desire to adapt to their individual needs. A specialist who is not under stress better controls their emotional reactions, does not try to "normalize" complex manifestations of the behavior of a child with disabilities, does not imitate the negative emotions of a child with disabilities, but uses nonverbal means of communication and other ways of interaction.

It should be emphasized that there is a positive correlation between the inability to forgive others for their mistakes, clumsiness, and unintentional misdeeds with all indicators of stress resistance, namely: perception of helplessness ( $r = 0.259$ ;  $p < 0.0018$ ), lack of self-efficacy ( $r = 0.277$ ;  $p < 0.009$ ), and overall stress level ( $r = 0.299$ ;  $p < 0.005$ ). A stress-resistant specialist with a low level of helplessness and a high level of self-efficacy is characterized by moderate sensitivity to the imperfections of others, and does not interpret or project random mistakes or actions of a child with disabilities as a potential threat, but accepts and understands the nature of mistakes, their occurrence, and causes.

Very weak links were found between "using oneself as a benchmark when evaluating others", "the desire to change or re-educate one's partner", "intolerance to the psychophysical discomfort of a partner", "inflexibility, underdevelopment, and vagueness of emotions", and "unwillingness to get close to people on an emotional basis" with all indicators of stress resistance ( $r$  from 0.007 to 0.183). Therefore, there is reason to believe that the level of stress of future specialists does not significantly affect the indicated indicators of communicative attitudes and emotional barriers.

Based on a k-means cluster analysis using the results of V. Boiko's communicative attitude diagnostic methodology (Shevenko, 2016), using the Statistica program, future specialists at the bachelor's and master's levels were divided into groups – "ready" ( $n = 49$ ) and "not ready" ( $n = 38$ ) to work with children with disabilities, and their cluster profiles were formed (Figure 1).



**Fig. 1.** Cluster profiles of the readiness parameters of future teachers to work with children with disabilities in groups of respondents – "Ready" ( $n = 49$ ) and "Not ready" ( $n = 38$ )

Notes: 1 – rejection or misunderstanding of a person's individuality; 2 – using oneself as a standard when evaluating others; 3 – categorical or conservative in evaluating people; 4 – inability to hide or smooth over unpleasant feelings when confronted with uncommunicative qualities in a partner; 5 – desire to change or re-educate your partner; 6 – desire to mold your partner to suit yourself; 7 – inability to forgive others for mistakes, clumsiness, or inconveniences caused; 8 – intolerance of your partner's physical or mental discomfort; 9 – inability to adapt to your partner.

According to the methodology, range 1-3 corresponds to a low level of negative communication attitudes, range 4-6 to an average level, and range 7-11 to a high level of communication barriers.

An analysis of cluster profiles shows that the group of future teachers who are "not ready" to work with children with disabilities is characterized by high values for most indicators of communication barriers, with average values observed for the indicator "intolerance to physical or psychological discomfort of others". The highest values are observed for the indicators "categorical, conservative in evaluating others" and "unable to forgive others for mistakes".



In the group of respondents who are "ready" to work with children with disabilities, we observe the manifestation of most indicators at a low-medium level in the range of 4-3 points. We observe a low level of barriers (3 points) for the indicator "intolerance to physical or psychological discomfort of others". It should be noted that "categoricalness, conservatism in assessing others" and "inability to forgive others for their mistakes, clumsiness, and unintentional harm" in the "ready" cluster also have the highest values compared to other indicators. At the same time, future teachers who are ready to work with children with disabilities are distinguished by low levels of rejection, lack of understanding of individuality, and inability to adapt to a partner, demonstrating a high level of communicative and emotional tolerance towards children with disabilities. It should also be emphasized that the results of the cluster analysis demonstrate the absence of the highest manifestations of both readiness and unreadiness of future specialists to work with children with disabilities.

During the empirical study, average values were calculated for emotional intelligence and stress resistance for groups of students who were "ready" and "not ready" to work with children with disabilities, in particular, average values and standard deviations were determined using Student's t-test (Table 2).

**Table 2.** Differences between respondents who are ready and not ready to work with children with disabilities in terms of emotional intelligence and stress resistance levels

Emotional intelligence indicators and stress resistance levels	Groups of respondents		t	p
	Not ready (n = 38)	Ready (n = 49)		
Emotional intelligence diagnostic indicators (N. Hall)				
Emotional awareness	±	29.18	0	Not significant
Emotional self-regulation (emotional flexibility, emotional flexibility)	24.18	25.02±4.03	-0	Not significant
Self-motivation (voluntary control of emotions)	27.05	28.02	-1.02275	Not significant
Empathy	28.16	29.53±3.48	-1.54223	0
Recognition of other people's emotions (ability to influence the emotional state of others)	27	29.53±3.79	-2.2144	0
PSS-10 stress resistance test results				
Perceived helplessness	13.82±4.66	12.02±4.99	1.71	0
Lack of self-efficacy	5.82±2.52	5.18±2.41	1.187979	Not significant
Stress level	19.63±6.21	17.20±6.48	1.765097	0

Analysis of the data obtained shows that groups of applicants who are "unprepared" to work with children with disabilities in terms of emotional intelligence (with the maximum possible scores on all scales from 6 to 36 points) have: above-average and high levels of emotional awareness (29.21±4.56, in the range from 24.65 to 33.77); average level of emotional control (24.18± 5.3, in the range from 18.8 to 29.48); above-average self-motivation (27.05±4.7, ranging from 22.35 to 31.75) and empathy (28.16±4.82, ranging from 23.34 to 32.98).

With regard to stress resistance scales, we note a higher than average level of perceived helplessness (13.82±4.66, in the range from 9.16 to 18.48 with a maximum possible range from 0 to 24) and an average level of self-efficacy (5.82±2.52, in the range from 3.3 to 8.37 with a maximum possible range from 0 to 16). The stress level is characterized by mediocre values (19.63±6.21, in the range from 13.42 to 25.84 with a maximum possible range from 0 to 40).

At the same time, future specialists belonging to the "ready" group are distinguished by high manifestations of all indicators of emotional intelligence with possible values ranging from 6 to 36, namely: high level of emotional awareness (29.18±4.12, in the range from 25.06 to 33.3); above-

average level of emotional control ( $25.02 \pm 4.03$ , ranging from 20.99 to 29.05); high level of self-motivation ( $28.02 \pm 4.11$ , ranging from 23.91 to 32.13); high level of empathy ( $29.53 \pm 3.48$ , ranging from 26.05 to 33.01).

Applicants who are ready to work with children are also characterized by moderate manifestations on stress resistance scales: average levels of helplessness perception ( $12.02 \pm 4.99$ , in the range from 12.02 to 17.01 with a maximum possible range from 0 to 24) and general stress ( $17.20 \pm 6.48$ , in the range from 10.72 to 23.68 with a maximum possible range from 0 to 40). Lack of self-efficacy is characterized by low and below-average levels of manifestation ( $5.18 \pm 2.41$ , ranging from 2.77 to 7.59 with a maximum possible range of manifestation on the self-efficacy scale from 0 to 16).

At the same time, we observe significant differences in the indicator "recognize other people's emotions" ( $t = -2.214$ ,  $p < 0.0294$ ) between groups of respondents who are "ready" and "not ready" to work with children with disabilities. At the same time, "unprepared" applicants have a higher, than average level of ability to recognize emotions of others ( $27.5 \pm 4.8$ , ranging from 22.7 to 32.3 with a maximum possible range of 6 to 36). A tendency toward a high level of ability to recognize the emotions of others can be observed in the group of students who are "ready" ( $29.53 \pm 3.79$ , ranging from 25.74 to 33.32, with a maximum possible range of 6 to 36).

Accordingly, we can conclude that in the sample of respondents who are not ready to work with children with disabilities, most indicators have an average level of manifestation, except for a high level of emotional awareness, which gives grounds not to include emotional self-awareness and emotional interactivity among the criteria for distinguishing between groups of respondents.

Summarizing the statistical data of the average values of the group "ready" to work with children with disabilities, we can state a high level on the emotional intelligence scales and an average level on the stress resistance indicators. It has been found that the scales of helplessness perception and overall stress level in "ready" and "not ready" future specialists are equally marked by an average level of manifestation. There are grounds to believe that the level of feeling of lack of control over circumstances, one's own emotions and reactions, as well as the level of stress of future specialists is not related to and does not affect their readiness to work with children with disabilities. We assume that this phenomenon can be explained by the presence of stress factors caused by current socio-political events, which have a permanent impact on future teachers.

However, the level of self-efficacy among future teachers who are ready to work with children with disabilities is characterized by low levels of manifestation. Undoubtedly, a specialist who sees in himself the ability to cope with difficulties, perceives his inability to overcome challenges objectively and from the position of minor obstacles, is more open, ready, and motivated to work with children with disabilities. We also observe that in the sample of respondents, future teachers have statistically significant differences in the indicator of recognizing other people's emotions (the ability to influence the emotional state of others), in particular, the group that is not ready to work has an average level of this indicator, while those who are ready have a high level of manifestation.

The results of the data analysis confirm a slight difference in most indicators, as we do not observe a low level in the "not ready" cluster on the scales. Moreover, most applicants express readiness to work with children with disabilities ( $n = 49-56\%$  of the total number of respondents). It is evident that future teachers who are able to recognize, understand, accept, and effectively manage their own emotions, as well as recognize and respond appropriately to the emotions of others, are better prepared to provide educational services to children with disabilities.

There is confidence that a significant percentage of future specialists who, using the Statistica program, are classified as "ready" can be explained by the focus of the educational process and educational components of higher education institutions on the development of emotional intelligence and stress resistance of higher education seekers. At the same time, this focus in the training of future teachers may be partially achieved due to subjective or objective reasons, and therefore it is necessary to develop and implement a social and psychological training program with to minimize and prevent existing barriers and improve all indicators of the readiness of future teachers to work with children with disabilities.

## 5. Conclusion

Thus, emotional intelligence and stress resistance significantly influence the readiness of future teachers to work with children with disabilities, an important foundation of which is the ability to manage one's own emotions in difficult situations, the absence of difficulties in understanding and accepting the emotional state of a child with disabilities, the desire to help the child regulate their

emotional states, sufficient motivation to work, and a low level of perceived stress. The empirical study confirmed the hypothesis and allowed us to draw the following conclusions:

1. The closest negative correlations were found between emotional intelligence indicators and existing obstacles (the ability to recognize other people's emotions, the ability to influence the emotional state of others, rejection or misunderstanding of a person's individuality, etc.). The closest negative correlation between emotional awareness and inflexibility, underdevelopment, and vagueness of emotions, confirming that developed emotional intelligence largely determines the readiness of future teachers to work with children with disabilities.

2. Future specialists who see themselves as capable of coping with difficulties, perceive their inability to overcome challenges objectively, and have low stress tolerance are distinguished by their readiness to work with children with disabilities.

3. The parameters of readiness of future teachers who will provide educational services to children with disabilities also include the ability to adapt to a partner, tolerance of psychophysical discomfort, and the ability to forgive a child's imperfections and unsuccessful attempts at self-expression.

4. Groups of applicants who are "ready" and "not ready" to work with children with disabilities do not have statistically significant differences in emotional intelligence indicators such as "emotional awareness", "emotion management", "self-motivation, voluntary control of emotions" and "empathy" which are manifested at average and above-average levels, while statistically significant differences are observed in the indicator "recognition of emotions and ability to influence the emotional state of others".

5. An important task of professional training for future teachers is to increase stress resistance and reduce the manifestation of negative communicative attitudes and barriers to establishing emotional contact in the context of their interaction with children with disabilities.

The prospect for further research is the development and implementation of a psychological and pedagogical training program to reduce or prevent the manifestation of existing barriers and increase the level of all indicators of future teachers' readiness to work with children with disabilities.

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