

Personal and psychological aspects of professional risks of ART and BRT specialists

I.A. Chekhov

(Central Dispatch Center of the Ministry of Internal Affairs of the Russian Federation for the Krasnodar Territory, Krasnodar, Russia)

The relevance of research

In recent years, there has been a significant increase in interest in issues related to the mechanisms of the formation of human stress resistance in various professions. Significant attention is drawn to the features of the influence of professional activity on the health of those specialists whose work is closely related to intense and emotionally intense interaction with people. Professionals deal, first of all, with human problems that carry a negative emotional charge, which are a heavy burden on their shoulders.

The formation of a specialist at all stages of the professional path is associated with the emergence of contradictions between his personality and the requirements of the profession. These contradictions act as sources of both positive and negative options for the professional development of a specialist's personality. The expansion of the sphere of services in the field of practical psychology has raised the issue of improving the quality of training of medical specialists, putting forward certain requirements not only to the level of knowledge and professional skills, but also to their personal qualities. The very professional activity of medical workers presupposes emotional saturation and a high percentage of factors that cause stress. In real conditions of medical activity, the personality of a medical worker is constantly influenced by various psycho-traumatic circumstances, which, ultimately, it can lead to professional burnout of specialists. There is an idea that the syndrome of professional burnout is a professional phenomenon that arises as a result of "intoxication" with professional communication. So, I. Hardy described special conditions, calling them "poisoning by people", saying that "nothing is for a person such a strong load as another person." In 1981, E. Moppoy (A. Morrow) proposed a vivid emotional image, reflecting, in his opinion, the internal state of an employee experiencing professional burnout distress: "The smell of a burning psychological wire." arising from "intoxication" with professional communication. So, I. Hardy described special conditions, calling them "poisoning by people", saying that "nothing is for a person such a strong load as another person." In 1981, E. Moppoy (A. Morrow) proposed a vivid emotional image, reflecting, in his opinion, the internal state of an employee experiencing professional burnout distress: "The smell of a burning psychological wire." arising from "intoxication" with professional communication. So, I. Hardy described special conditions, calling them "poisoning by people", saying that "nothing is for a person such a strong load as another person." In 1981, E. Moppoy (A. Morrow) proposed a vivid emotional image, reflecting, in his opinion, the internal state of an employee experiencing professional burnout distress: "The smell of a burning psychological wire."

The problem of the influence of the profession on the personality, the relationship between activity and personality is one of the most pressing problems in psychology. Does the profession of a medical worker affect his inner, mental life? Are personality changes possible under the influence of the profession? I would like to answer these questions precisely because, if the influence of a profession is inevitable, it is necessary to know the features of this influence and the possibility of constructing certain protection mechanisms if this influence is negative. The work of a doctor is characterized by daily, intense and emotionally intense interaction with patients, the inevitable need to involve other people in problems, on the one hand, and, on the other hand, by the pressure of certain social norms that prescribe tough stereotypes of emotional and behavioral responses to the specialist (to be, of course, competent,

Research base. The studies were carried out on the basis of the medical and sanitary unit of the Ministry of Internal Affairs Russia in the Krasnodar Territory and in private medical institutions in the Western District of Krasnodar. The study involved 19 specialists working on ART and BRT methods.

Purpose of the study: an attempt was made to systematically study the personality psychological aspects of professional risks of ART and BRT specialists, identification of psychological mechanisms of the studied phenomenon.

Research methods:

- methodology for determining stress resistance and social adaptation of Holmes and Rage. Structured interview;
- questionnaire for identifying emotional burnout MBI (K. Maslach and S. Jackson, adapted by N. Ye. Vodopyanova);
- T. Ehlers' methods "Motivation for success" and "Motivation for avoiding failures";
- the methodology of psychological diagnostics of professional burnout in "helping" professions (questionnaire of OPRV) (Vinokur V.A.)

Methodology for determining stress resistance and social adaptation of Holmes and Rage; structured interview (Vinokur V.A.)

The purpose of the method: to identify the degree of resistance to stress. In addition, the technique has another important meaning - it expresses (in numbers) the degree of stress load. Low resistance is a hazard warning signal. It is revealed that not individual seemingly insignificant events in life were the cause of a stressful situation, but their complex impact, and something urgently needs to be done to eliminate stress.

Degree (mean) of resistance to stress	High	Threshold (average)	Low (vulnerability)
ART and BRT specialists	32%	61%	7%

As can be seen from the results, the examined medical workers have a threshold degree (average level) of stress resistance. This means that the resistance to stress of most specialists decreases with an increase in stressful situations, and this leads to the fact that a person is forced to spend most of his energy and resources on fighting negative psychological states that arise during stress. Interestingly, in a structured interview conducted, 34.6% of doctors assess the remuneration they receive for their work as insufficient and only 8.5% consider it appropriate to the efforts expended, 6.5% consider their workload so high that it is difficult for them to fulfill it with necessary quality. Of all the doctors surveyed, 74.5% believe that the intensity of the workload allows them to perform at a high quality level. 59.5% of specialists believe that in their work situations rarely arise in which a work rhythm is necessary, the intensity of which they are unable to control, and only 5.9% note that such situations are often encountered in their work. 18.3% of specialists do not reduce the quality of their work, but 9.8% of doctors note that they often have to reduce the quality. An increase in the workload is accompanied by an increase in the number of situations that specialists perceive as conflicting, as indicated by the significant correlation of the scales "workload" and "conflicts". Some concern is only caused by the fact that a fairly significant part of the specialists we surveyed (57.6%) has a decrease in the ability to actively form their social circle,

T. Ehlers' techniques "Motivation for success" and "Motivation for avoiding failures." The study of the motivation for success revealed the following. More than half of all subjects have a high (37%) and too high (26%) degree of severity of this indicator, which should be very typical for medical workers, since the performance of professional duties requires a sufficiently high motivation for success. The average degree of expression of motivation for success was demonstrated by 28% of the subjects, which may indicate its insufficient formation, as well as, possibly, the need for preventive measures. The relatively low proportion of those for whom this indicator is not expressed (7%) can be considered as a problem group with which it is necessary to carry out special corrective work to identify the reasons for the decrease in the level of motivation and find ways to activate it.

The study of motivation to avoid failure showed that for a sufficiently large number of

of the subjects, the significant is the avoidance of failure, the unwillingness to get into a mess, to be disappointed by failure. So, 13% of the surveyed in all samples have a very high degree of this indicator and 32% - a high one. The average degree of motivation to avoid failures is demonstrated by 41% of the surveyed. The insignificance of this motivational factor was revealed in 16% of the subjects. The obtained quantitative data indicate that these medical workers have certain internal contradictions, expressed in the collision of the level of aspirations or achievements, on the one hand, with the fear of failure, on the other, i.e. there is a fairly obvious, albeit indirectly manifested, level of anxiety.

Psychological diagnostics technique professional "Burnout" v
We used the "helping" professions (questionnaire for the AEC) to study the subjective attitude of doctors to situations of professional interpersonal interaction with colleagues, bosses, patients, job satisfaction, self-assessment of the quality of work, external assistance and support.

The lowest value and the lowest level of severity of the burnout syndrome were obtained when answering questions that reflect the degree of satisfaction of specialists with their work. Most professionals believe that their work is interesting and stimulating to professional growth.

Scales	Indicators
Emotional exhaustion "burnout"	27.6
Tension at work	15.3
Job satisfaction	8.8
Professional perfectionism	29.4
Self-assessment of the quality of work	2.4
Help and psychological support of work colleagues	5.2
Professional development and self-improvement	6,7
General self-esteem	7.1
Conflicts at work	8.4

On the positive side, it can also be noted that when situations arise at work that doctors perceive as stressful, many believe that they often receive help and support from colleagues and management. The relationship between the "job satisfaction" and "outside help and support" scales indicates that the perception of doctors about their work as interesting and stimulating to professional growth is accompanied by an increase in the feeling of mutual help and outside support. In other words, attention from colleagues and the opportunity to discuss their professional problems with them helps doctors feel more confident and more successful in their work; most of our respondents find it possible and useful to share thoughts and feelings with their colleagues.

Low indicators were also obtained on the scale of "professional development and self-improvement". In the group of doctors, the majority of respondents are constantly making efforts to improve their professional qualifications and competence, all the time they bring something new to their work, attend various conferences, training seminars, and read professional literature.

However, I would like to draw your attention to the high indicator on the scale of "professional perfectionism". Perfectionism can be defined as the tendency of an individual to set excessively high standards, combined with an excessive importance of meeting those standards, which leads to fluctuations in self-esteem and dissatisfaction with oneself. In addition, people with perfectionist attitudes are characterized by such characteristics as preoccupation with mistakes (negative reaction to mistakes, a tendency to equate error with failure), constant doubts about their own actions and the quality of their implementation, as well as a tendency to determine their own value solely in terms of achievement and productivity.

The high level of professional perfectionism among specialists in our sample is mainly associated with preoccupation with professional mistakes. So, experts note that they usually have a hard time experiencing mistakes and failures in work; analyzing their work, they more often recall those cases from their practice in which they showed themselves not in the best way than the episodes in which they were successful. For many respondents, the following irrational attitude is characteristic: "a real professional cannot make mistakes and failures in work."

Numerous research findings in clinical psychology indicate a link between perfectionism and negative affect (depression, anxiety, guilt, disappointment, shame), impaired adaptation, and communication difficulties. Our results probably suggest that professional perfectionism can be considered as a risk factor for the development of professional burnout syndrome. An interesting fact: while studying "burnout" from professionals, psychologists found out that this phenomenon is "infectious": those who are susceptible to emotional burnout become cynics, negativists and pessimists; by interacting at work with other people who are under the same stress, they can quickly turn an entire group into a collection of burnout.

The MBI emotional burnout questionnaire (K. Maslach and S. Jackson, adapted by N.E. Vodopyanova).

Folk sayings and proverbs are always full of deep meaning. For example, the people say: "Burning at work", which in medical language means "burnout syndrome". This formulation appeared quite recently, so it turns out that people made such a diagnosis much earlier. In ICD 10, the syndrome of professional "burnout" is separated into a separate diagnostic taxon - Z 73 (problems associated with the difficulties of organizing a normal lifestyle), therefore, psychologists are mainly engaged in the study of this syndrome. With regard to medical workers, we are alarmed by the rather widespread occurrence of the syndrome of professional "burnout", which experts associate with the social essence of the profession, that is, the need for constant emotional return when working with sick people. Psychologically, professional deformation creates a sense of confidence and infallibility in their knowledge and assessments, limiting the function of analysis and search in mental operations. As the Doctor of Psychological Sciences Valery Orel points out, at present there is a common point of view among scientists about the essence of mental "burnout" and its structure. Three key characteristics of the syndrome are associated with the development of emotional exhaustion, depersonalization (cynicism), and a reduction in professional achievement.

Considering and analyzing indicators in identifying the level of emotional burnout, we can observe the following picture:

Index	Burnout level
emotional exhaustion	29.6%
depersonalization	38.3%
reduction of personal achievements	eighteen%

It should be noted that such a phase of emotional "burnout" as depersonalization is most clearly manifested (in 38.3%). For these respondents, emotional "burnout" manifests itself in depersonalization of relationships with other people: increased dependence on others or, on the contrary, negativism, cynicism of attitudes and feelings towards patients. A cold or indifferent attitude may appear in the doctor's statements about his patients. In extreme manifestations, a specialist almost does not care about anything from professional activity, almost nothing evokes an emotional response - neither positive nor negative circumstances. Interest in the client is lost, he is perceived as an inanimate object, the very presence of which

sometimes unpleasant. People do not see prospects for their professional activities, job satisfaction decreases, and faith in their capabilities is lost.

A rather high phase of emotional "burnout" is the phase of emotional exhaustion. This can manifest itself in a reduced emotional tone, loss of interest in the environment. Often, these subjects can resort to aggressive types of reaction, such a doctor can no longer fully devote himself to work, as it was before, his self-esteem decreases, there is a decrease in mood with a feeling of hopelessness, hopelessness, and the level of anxiety rises. Perhaps a negative attitude towards patients perceived as a source of chronic mental trauma, which leads to a decrease in the effectiveness of the treatment. Every day, when solving problems of other people, specialists can begin to gradually "save" their emotions. This leads not only to a deterioration in the physical and mental health of the specialist himself, but, undoubtedly, affects his life,

Reduction of professional achievements - the emergence of a feeling of incompetence among employees in their professional field, awareness of failure in it, a tendency to negatively evaluate themselves, their professional achievements and successes, negativism regarding service merits and capabilities, perhaps even a reduction in their own dignity, limitation of their capabilities, duties in relation to others, relieving oneself of responsibility and shifting it onto others. From the results obtained, we see that this indicator is within the normal range of the surveyed specialists.

Emotional "burnout" syndrome is a reaction of the body that occurs as a result of prolonged exposure to occupational stresses of varying intensity. The main reason is considered to be psychological, mental overwork. When demands (internal and external) and stresses prevail over resources for a long time, a person's state of balance is disturbed, which inevitably leads to emotional "burnout".

Interesting are the types of individuals most prone to emotional burnout:

- the hyper-responsible type, fully dedicated to work, who tends to take too much on himself. He is compressed on three sides, at the mercy of his own needs, the needs of customers and the needs of leadership;
- a one-pointed employee who is overly committed to work and whose life outside of work is unsatisfactory. He uses work as a substitute for social life, so immersed in work that he does not have time for himself. This leads to the loss of your Self;
- an authoritarian specialist who relies on his authority to control others, and expects obedience from subordinates at all costs, despite the enormous emotional costs;
- a self-confident administrator who evaluates himself as an irreplaceable employee;
- workaholic - a professional who tends to identify with those with whom he works and for whom he works. He risks becoming too involved in work, thus working long hours and losing himself in this life.

Unfortunately, we see that, as a rule, it is not those who are initially indifferent and indifferent to their work and not those who implement the modus of social achievement and possession in their professional activities that "burn out", but, on the contrary, professionals for whom the activity is initially significant, consciously chosen, assumes a certain emotional attitude, orientation towards other people, that is, those who realize the mode of service. The profession of a doctor is one of the altruistic professions, which increases the likelihood of

"Burnout".

Conclusions and recommendations

Turning to a specialist, we hope that we will be listened to, understood, consoled, and helped to cope with a difficult life situation, including due to illness. The doctor is obliged, building his relationship with the patient, to take into account the characteristics of his personality, experiences. However, we must not forget that the patient evaluates the doctor from the first moments. The difference is that if a doctor sees each patient against the background of an endless line of patients, then for a patient the doctor is an unusual, unique person, to whom he entrusts his well-being, or even his life. To effectively fulfill the role prescribed by society, the physician must have not only qualifications and experience, but also certain personal characteristics that contribute to establishing contact with the patient and ensure the patient's authority. Due to the fact that the object of activity is a person,

A large role in the fight against the syndrome of emotional "burnout" belongs, first of all, to the specialist himself. Contrary to the opinions of many scientists, A. Maslow discovered that a psychologically healthy person is both selfish and altruistic: in fact, these two directions merge in yogis into a kind of unity. A healthy person finds happiness in helping others. Thus, for her, selflessness turns into a kind of benefit. Such people "enjoy the pleasure of other people, which allows us to call them altruists." A healthy person has a healthy egoism, which is useful both for her and for society.

By observing the recommendations listed below, the specialist will not only be able to prevent the onset of the emotional "burnout" syndrome, but also to achieve a decrease in the degree of its severity:

- the use of "technical breaks", which is necessary to ensure mental and physical well-being (rest from work). Take time not only to work, but also to your personal interests and needs; it must be remembered that excessive involvement in the patient's experiences, his inner world, is fraught with excessive emotional overload for the specialist himself, which can lead to professional deformation;
- mastering the ways of managing professional stress - changing the social, psychological and organizational environment in the workplace; building "bridges" between work and home. You should not look for salvation or happiness in work;
- mastering the techniques of relaxation, autoregulation, self-programming. Treat yourself with love and try to be sympathetic to yourself;
- the desire to develop professionally (exchange of professional information outside one's own team through communication at refresher courses, conferences, symposia, congresses);
- avoiding unnecessary competition (there are situations when it cannot be avoided, but an excessive desire to win generates anxiety, makes a person aggressive, which contributes to the occurrence of professional "burnout");
- change in attitude towards life, to its meaning, perception of the situation of "burnout" as an opportunity to revise and reevaluate one's life, to make it more productive for oneself. Stop living for other people and focus on your life.

The results of our study confirm the relevance of the problem of professional "burnout" among medical workers. Research in this area can be useful for the development of recommendations and a system of psychohygienic, preventive and psychocorrectional measures to ensure the preservation and strengthening of the mental health of specialists in various fields of activity.

However, it should be noted that so far not enough attention has been paid to measures aimed at preventing this phenomenon (Balint groups, which are reasonably considered in international practice to be the most effective method of working with professional "burnout" in "helping professions", supervision, individual counseling), primarily due to insufficient request from institutions.

Chekhov, I.A. Personal and psychological aspects of professional risks of ART and BRT specialists / I.A. Chekhov // XXI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M.: IMEDIS, 2015. -- P.49-60.

[To favorites](#)