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Professional deformation of doctors: features, causes, consequences

The study analyzes the concept of professional deformation, which in the professional activities of doctors is considered as a result and the process of their personal changes as a consequence of the influence of the profession. The interconnection between professional deformation of doctors and personal traits, emotional channels of empathy and components of emotional burnout, the type of person's attitude towards others and self-adaptation are established.

Key words: doctor, empathy, self-adaptation, professional activity, emotional burnout, professional deformation.

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Професійна деформація лікарів: особливості, причини, наслідки

У статті досліджено проблему професійної деформації, яка найбільш властива працівникам допоміжних професій. В контексті професійної діяльності лікарів, професійна деформація розглядається як процес та результат особистих змін внаслідок впливу професії.

Вивчено зв'язок професійної деформації з особистісними рисами, компонентами, компонентами емоційного вигорання, емпатією, типом ставлення особистості до інших і самовідношенням.

Ключові слова: лікар, емпатія, самоотношення, професійна діяльність, емоційне вигорання, професійна деформація.

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Профессиональная деформация врачей: особенности, причины, последствия

В исследовании анализируется понятие профессиональной деформации, которое в профессиональной деятельности врачей рассматривается как результат и процесс их личностных изменений вследствие влияния профессии. Установлена взаимосвязь между профессиональной деформацией врачей и личностными чертами, эмоциональными каналами эмпатии и компонентами эмоционального выгорания, типом отношения личности к другим и самоотношением.

Ключевые слова: врач, эмпатия, самоотношение, профессиональная деятельность, эмоциональное выгорания, профессиональная деформация.

The problem solving in general and its connection with important scientific or practical tasks

Deformations and deviations of the personality of a person in labor are that in a person weaken, extinguish some positive mental qualities, under the influence of working conditions or age. For example, reduction of empathy; borderline mental qualities (for example, emotional exhaustion) are exacerbated first and then there are negative signs, for example, emotional indifference; the required personal profile breaks down, the person ceases to comply with the professional standards of a specialist [5].

An analysis of recent research and publications that initiated the resolution of this problem

Research and scientific awareness of the professional deformation of medical workers, in particular physicians, took place only in recent decades and is reflected in the development of modern psychological (A.V. Petrovsky, E.I. Isaev, V.D. Mendelssohn, V.I. Slobodchikov, V.D. Shadrinov, M.G. Yaroshenko), legal (V.S. Medvedev, V.S. Zelenetsky, O.M. Litvak, V.G. Likhobab, A.V. Timchenko), pedagogical (O.I. Gur, A.V. Osnitsky, A.L. Svencysky, E.F. Zeyer), sociological (O.A. Belenko, S.M. Koretsky, I.M. Morinets) of literature, as well as in an effort to meet the immediate needs of optimal and effective professional activities of doctors, preserving their physical and mental health.

An isolation of previously unsolved parts of the general problem, which is dedicated to this article

Despite the existence of very meaningful theoretical and practical advances in the field of medical psychology, devoted to the problems of professional work of medical workers (L.F. Burlachuk, I.S. Vitenko, Ya.A. Turak, T.K. Nabuhatny, V.P. Pavlyuk, Yu.M. Skaleckiy), psychological peculiarities of professional deformation of physicians in the process of life remain insufficiently studied.

The purpose of the study is to iden-

tify the psychological features of professional deformation of doctors on the basis of empirical research. There are different approaches to the concepts of professional deformation in psychology today.

The presentation of the main research material with the full justification of the results

Y.A. Turak considers professional deformation as a change in the personality traits (stereotypes of perception, value orientation, character, ways of communication and behavior) that occur under the influence of the performance of professional activity. According to the author, the professional type of personality is formed as a result of the inseparable unity of consciousness and activity [7, p. 45].

Professional deformation, as noted by E.M. Ivanova, may have occasional or persistent, superficial or global, positive or negative character; is manifested in professional slang, in manners of behavior, even in appearance.

The extreme form of professional deformation finds expression in the formal, exclusively functional attitude towards people [8, p. 32].

Researcher Yu.K. Strelkov draws attention to the negative changes in psychological capabilities and personality characteristics of workers under the influence of conditions and professional experience [4, p. 89].

V.E. Orel considers professional deformation through the prism of professional stress, which is caused by a decrease in professional motivation [4].

Based on these interpretations, we can determine the professional deformation as a result and the process of personality changes that manifest in this activity in other spheres of life of a person as a result of the influence of professional activity. According to E.S. Brailovsky, the structure of professional deformation includes the deformation of activity and the deformation of the person himself [3, p. 98].

On the basis of the analysis of research on professional deformation, we came to the conclusion that the components from which

the professional deformation of a doctor is formed can also be divided into four main groups: affective, professional-motivational, behavioral and physiological. The affective component covers a number of psychological characteristics. In particular, the emotional exhaustion and depersonalization of doctors, which predetermine their cynical attitude to work. The reduction of professional achievements causes doctors a sense of incompetence in their professional field, awareness of the failure in it. Anxiety provokes the appearance of a low threshold of anxiety, cruelty. Reduced empathy, depression, increased irritability are characterized by explosions of unmotivated anger or denial of communication. Hyperresponsibility reinforces the emergence of the feeling that something will not come out or something could not cope. The sphere of physiological disorders includes: insomnia; lack of appetite or overeating; lack of reaction of curiosity and fear; reduction of sensitivity to changes in the external environment, which provokes the appearance of inhibition of nerve processes. There are non-causative headaches, shortness of breath or breathing disorder when you are physically or emotionally loaded. General asthenization provokes the appearance of weakness throughout the body, decreased activity and energy, deterioration of blood biochemistry and hormonal indices. There is a noticeable decrease in external and internal sensory sensitivity. Behavioral changes in doctors are found in alcohol abuse, a sharp increase in the number of cigarettes smoked during the day, drug use. The manner and ways of communication is changing. Possible high level of conformism; hyper- / hypocontrol over their behavior. Appears detachment, aggressive behavior, authoritarianism. The professional-motivational sphere covers violations in the mechanisms for defining goals; dominance of the power of motives over patients or weaker people; professional dissonance; appear the stereotypes of perception of the set tasks; professional authority or desire for appropriate perception; general negative attitude on life and professional perspectives. Relative deprivation of doctors provokes the appearance

of perception of their own position as worse in comparison with the situation of others, selfishness (both professional and personal-ity). Characteristic is the emergence of social facilitation. There are changes in the level of aspirations and self-esteem compared with the primary ones; a crisis of social, ideological and moral ideals [2].

K.S. Zamfir believes that the personal changes of a physician as a result of his formal status in the organization depend on the position occupied by a person, his authority among colleagues, competence in the professional field and leadership abilities. Prolonged staying in chief doctor's position causes a decrease in the person's ability to notice his own failings and shortcomings of the work performed, which in turn provokes the appearance of official deformations [6, p. 68].

The professional activity of doctors differs significantly from the activities of other specialists, as says Z.F. Zeyer in his work «Psychology of Profession». This difference lies in the fact that the doctor has to deal with an unhealthy person. Hospital practice requires a modern physician of knowledge in various fields of medicine, in particular pharmacology, physiology, therapy, anatomy, biochemistry, etc. In addition to formal forms, the profession of a doctor requires an advanced training, constant self-improvement throughout life [4, c. 9].

In addition, there are certain organizational and economic circumstances that enhance the deforming approach to the patient [7, p. 12].

The peculiarity of the professional activity of the doctor is that he constantly faces the need to solve (sometimes in a few seconds) the most difficult problems, which are above all the patient's life and health. It is not only diagnostics, but also the determination of the level of risk of surgery, the correctness of diagnostic and therapeutic manipulations, the consent of the patient and his relatives for immediate surgical intervention. Such decisions require a surgeon to exert a great deal of stress on moral forces, to mobilize experience and knowledge, to understand the level

of responsibility before the patient, the staff of the institution in which he works and before himself.

Thus, there are two main groups of factors of professional deformation – organization (objective) and personal (subjective).

Regarding organizational factors, the development of professional deformation of a doctor is associated with a destabilizing organization of activities, which is a fuzzy plan of work, the lack of necessary means for the effective performance of professional duties; the presence of bureaucratic moments, the hourly working day, the conflicts in the «leader–subordinate» system.

Among the objective factors of their moral and professional deformation can be identified shortcomings in the organization of the management of medicine, the lack of a systematic training base for the training of doctors; responsibility and speed of decision making, presence of psychologically difficult contingent, irreversibility of results.

Among the personal factors of professional deformation of doctors, emotional and psychological exhaustion can be distinguished, which provokes the appearance of symptoms of depersonalization, reduction of professional duties and inadequate emotional response. Low professional level and reluctance to improve their own professional qualities, the belief in their competence provokes the emergence of authoritarianism, self-confidence, constant expectation of a positive attitude from others, unfavorable moral and psychological climate in the team, inability to separate the interests of the family from the interests of the career, as well as withdraw psychological stress, distract from negative emotions in nonprofessional relationships.

Empirical study of psychological peculiarities of professional deformation of doctors was carried out in hospitals and clinics of the city of Mykolayiv. The study involved 103 people, including 52 doctors and 51 dentists. The age of the examinees ranged from 23 years to 62. The medical experience ranged from 1.5 to 37 years. The group of researchers was formed in view of the purpose of the study, namely – the study of psycho-

logical peculiarities of professional deformation of doctors.

The following techniques were used to collect empirical data: diagnosis of emotional burnout (according to V. Boyko), diagnostics of the level of empathy (V.V. Boyko), self-adaptation questionnaire (V. Stolin, S. Panteleev), questionnaire for interpersonal diagnosis (T. Lyry, R. L. Laforge, R.F. Souчек).

Correlation analysis revealed a direct correlation between the rational empathy channel and the first phase of emotional burn-up in the group under study ($n = 103$) – stress ($r = 0.34$, $p < 0.01$), two components of this phase: experience psycho-traumatic circumstances ($r = 0.28$; $p < 0.01$), level of anxiety and depression ($r = 0.37$ ($p < 0.01$)).

The altruistic type of attitude towards people directly correlates with the emotional channel of empathy ($r = 0.28$; $p < 0.01$); impatience in empathy ($r = 0.33$; $p < 0.01$). Expectation of a positive attitude from others – with an insight into empathy ($r = 0.26$; $p < 0.01$). Self-excitement – with the emotional channel of empathy ($r = 0.25$; $p < 0.01$) and altruistic type ($r = 0.30$; $p < 0.01$). The age correlates with anxiety and depression ($r = 0.26$; $p < 0.01$).

Emotional burnout, in particular its first phase, is associated with the ability of the individual to empathize. Doctors who have developed empathy are deeply affected by traumatic circumstances, which leads to a high level of emotional stress. The stress phase, which manifests itself in a mild form due to self-care, is characterized by the forgetting of certain work responsibilities and depends on the nature of the activity, the strength of the nervous and psychological load and the personality characteristics of the specialist.

A person with an altruistic type of attitude towards others is characterized by hyperresponsibility. The revealed correlation relations have shown that the basis of altruism is the expectation of a positive attitude from others, self-excuse and the emotional channel of empathy.

The reduction of professional achievements provokes the emergence of a doctors feeling of incompetence in their professional

field, awareness of the failure in her, the ability to understand another person on the basis of empathy.

The inverse correlation relationship is observed between the assertiveness and the stress phase ($r = -0,26$; $p < 0,01$), the expansion of the field of saving of emotions ($r = -0,42$; $p < 0,01$), the resistivity phase ($r = -0,30$; $p < 0,01$), depletion phase ($r = -0,29$; $p < 0,01$), level of emotional burnout ($r = -0,33$; $p < 0,01$). Self-confident physicians are less prone to emotional burnout. After all, a self-confident person is better able to counteract the symptoms of emotional exhaustion. The experience in the study group in turn correlates with the intuitive empathy channel ($r = -0,26$; $p < 0,01$) and identification in empathy ($r = -0,35$; $p < 0,01$); This indicates that with age, the empathy of doctors decreases. The tendency for correlation communication in the general group of investigated doctors is traced between the rational channel of empathy and the subjective experience of excessive pressure («injection in the cage») ($r = 0,24$; $p < 0,05$); inadequate selective emotional response ($r = 0,21$; $p < 0,05$); reduction of professional duties ($r = 0,20$; $p < 0,05$); the exhaustion phase ($r = 0,24$; $p < 0,05$). Identification in empathy and: reduction of professional responsibilities ($r = 0,25$; $p < 0,05$); emotional distances ($r = 0,24$; $p < 0,05$); the level of emotional burnout ($r = 0,21$; $p < 0,05$). That is, the better is the emotional channels of empathy developed by doctors, the greater the tendency towards the development of the second stage of emotional burnout, in which there is a decrease in interest in work, the need for communication, the advent of apathy by the end of the week, the appearance of persistent somatic symptoms.

Also in the group of investigated doctors there is a tendency towards the inverse correlation between authoritarian type of relation to people and stress phase ($r = -0,21$; $p < 0,05$); emotional and moral disorientation ($r = 0,24$; $p < 0,05$); emotional deficits ($r = -0,19$; $p < 0,05$); between self-esteem and the expansion of the field of saving of emotions ($r = -0,24$; $p < 0,05$), the phase of exhaustion ($r = -0,23$; $p < 0,05$); emotional channel of empa-

thy ($r = -0,21$; $p < 0,05$); the intuitive channel of empathy ($r = -0,20$; $p < 0,05$); between self-confidence and the components of the first phase of emotional burnout, in particular, the experience of psycho-traumatic circumstances ($r = -0,21$; $p < 0,05$), dissatisfaction with oneself ($r = -0,20$; $p < 0,05$).

We can conclude that the more personality is authoritarian, the less is the level of emotional burnout. Correlation analysis (Pearson correlation) in the subgroup of surgeons has established direct correlation between the altruistic type of attitude to people and empathy penetration ($r = 0,42$; $p < 0,01$). Delicacy, the desire to help others correspond to the penetrating ability to empathy, which allows you to create an atmosphere of openness, trust and sincerity. There is also a link between age and facilities that promote empathy ($r = 0,36$; $p < 0,01$); expectations of a positive attitude from others ($r = 0,36$; $p < 0,01$).

The effectiveness of empathy is likely to increase if the physician is guided by expectations of a positive attitude from others. Such a setting sharply extends the range of emotional sincerity and empathy perception. The obtained correlation relations indicate that the higher are the indicators by the method «Self-alignment», which encompasses self-esteem, self-assurance, expectation of a positive attitude from others, the lower are indicators of emotional burnout and empathy. The self-excitation has inverse correlation relations and with the phase of exhaustion ($r = -0,37$); this gives us the opportunity to argue that emotional deficiency, exhaustion, certain psychosomatic disorders cause self-excitation.

Conclusions of the study and prospects for further study of this topic

Specificity of professional activity of doctors actively influences their professional deformation. At the conceptual level, the following areas of professional deformation of doctors are defined: affective, professional-motivational, behavioral and physiological. Two groups of factors of professional deformation of doctors are distinguished, in par-

ticular organizational factors that depend on external circumstances, and personal, namely, compliance or non-conformity of professional and personal qualities of the subject of professional activity.

Our studies indicate that the result of professional deformation of doctors can be considered low level of empathy, high level of emotional burnout, self-assurance and expectation of positive attitude from others, since there is a direct correlation between the experience of doctors and these indicators.

The research results create a theoretical and empirical basis for further study of the psychological characteristics of professional deformation of doctors. A promising area of work remains the comparative study of professional deformation of doctors with representatives of other professions and specialties. Need to study the psychological characteristics of behavioral strategies of doctors, which counteract the emergence of professional deformation.

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