

FACETED PERSONALITIES OF DETERMINANTS OF PROFESSIONAL STRESS IN DOCTORS OF GENERAL PRACTICE

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ABSTRACT

The article defines a number of statistically significant correlations ($n = 228$) of the correlation analysis of the results of a comprehensive psychodiagnostic examination, which should be described as suitable personal determinants of professional stress in general practitioners.

Keywords: General practitioner, stress, psychodiagnostics, determinant.

INTRODUCTION

Today remain without attention of researchers of socio-psychological components of the professional activities of General practitioners, its stressful. Professionals from various industries, carried out attempts to give meaning to the notion of the General practitioner, and on this basis to define its main functions, the problematic aspects. However, as practice shows, there is a lack of a unified approach to this problem, and often opposite point of view. So, R. A. Galkin, Yu. V. Pavlov and others believe that the General practitioner is qualified generalist who has knowledge of the main branches of medicine, diagnosis, surgery and therapeutic manipulations on rendering the first medical care to patients, conducts primary prevention of diseases, prevents and eliminates the outbreak of infectious diseases, promotes healthy lifestyles among the population. The researchers also noted that the main feature of specialists training in the specialty of General practice is that within a short period of training he needs to master diagnostic and therapeutic skills and abilities in many medical specialties [4].

LITERATURE

The only thing according to most experts regarding physician General practice is the recognition of the preventive as one of the main goals of his professional activity [2].

N. And. Vishnyakov notes that in the scientific literature mainly discusses the medical training of General practitioners. Questions on the socio-psychological peculiarities of stressogenic professional activity in modern conditions is not covered or considered relatively narrow and fragmented. Thus, a positive should be considered the fact that the issue is not only medical but also socio-psychological competence of doctors began to move up and actively discussed by experts-physicians. It should also be noted that preventive work requires a General practitioner the ability to analyze both purely medical and social situation, to predict their development and possible consequences, ability to build relationships with different categories of patients, to master different communication styles, communications, ability to quickly Orient themselves in situations of social interaction and choose the best techniques impact on patients with regard to their psychological characteristics, etc. in Other words, the implementation of preventive work by the General practitioner can be successful, provided that specialist has a high level of socio-psychological competence [3].

According to I. N. Denisov, the assistance provided by the family doctor or General practitioner, the patient must have a contractual nature, as the parties enter into the relationship under the law. The patient may be eligible for a free or paid service that is regulated by the relevant legislative acts and different kinds of instructions and orders. Thus, the legal framework of medical practice forms the basis for establishing contractual relations for the provision of adequate medical care in accordance with the functions of the health services of the population. The establishment of a contractual relationship, is quite widely practiced in various kinds of "helping" professions, particularly in the activities of psychologists, psychotherapists, social workers etc. In medicine, unfortunately, such a relationship between doctor and patient is evolving, but with the development of Institute of family doctors, in our opinion, will become an integral part of the relationship of health workers and the population. This is due to the fact that the contract usually defines the rights and mutual obligations and responsibilities of the parties, it promotes certainty and structuring of relations, gives greater certainty to both parties and protection in the event of conflict between them, that will certainly allow you to relieve and prevent the arising problematic situation and to significantly reduce the level of emotional tension in the activities [5].

Despite the richness of the professional activities of General practitioner various communicative situations, their Central role in the scientific literature there is a shortage of experimental studies in this direction. In some works, where it explores the relationship of doctor and patient, as a rule, these problems are treated superficially, usually in the form of General recommendations. Hardly analyzes the problems of formation and development of communicative characteristics of General practitioners during their training in higher educational institutions and postgraduate education.

METHODOLOGY

To clarify the actual personal determinants of occupational stress in the modern General practitioners was performed correlation analysis of the results of psychodiagnostic examination (n=228) non-parametric criterion of Spearman.

RESULTS AND DISCUSSION

Phas oswall to identify many statistically significant relationships (see tabface). Consider the most important given the goals and objectives of the present dissertation research. Thus, the first significance correlation was found between results on the Test definition occupational stress, Etc. Azarnoy, I. M. Tyrtysnikov and Questionnaire definition of mental stress T. A. nencina ($r=0,96$). I.e. this correlation suggests that high levels of occupational stress, usually accompanied by excessive intensity of neuropsychic stress in General practitioners. Accordingly, experts with low level of stress possess a weaker degree of intensity of neuropsychic tension.

In this aspect, according to some researchers of occupational stress should be considered as a psychological stress, which is experienced and occurs negatively in terms of the subjective difficulty of performing professional activities. In addition, the severity level of occupational stress, its duration and manifestations are determined by the content of professional activities, conditions, interpersonal relations, personal characteristics of the subject of work. Among personal characteristics, special emphasis on emotional stability, the absence of undue mental strain with the appropriate specialist [7, 8, 18].

The results of correlation analysis of psychodiagnostic examination of General practitioners (n=228)

The names of the signs of the	Statistically significant correlation coefficients Spearman correlation at $p < 0,05000$
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Questionnaire definitions of mental stress T. A. nemcina	0,96
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Scale communicative features multi-level personality questionnaire (MLE) of "Adaptability" by A. G. Maklakova, S. V.of Chermenina	-0,89
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Scale situational anxiety Test study of anxiety Charles D. spielberger and Y. L. Hanin	0,88
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Scale of personal adaptation potential of multi-level personality questionnaire (MLE) of "Adaptability" by A. G. Maklakova, S. V.of Chermenina	Of -0.76
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Age	-0.75 Per
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / Test-questionnaire of communicative control M. Schneider	-0,74
Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov / professional Experience	of -0.67

The next significant correlation was found between results on the Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov and the Scale of communicative features multi-level personality questionnaire (MLE) of "Adaptability" by A. G. Maklakova, S. V.of Chermenina ($r = -0,89$). I.e. this correlation suggests that General practitioners with low levels of occupational stress, as a rule, possess a high level of development of communicative features. This category focuses more successfully in different communicative situations, is able to establish the necessary contacts, relatively non-confrontational. Accordingly, experts with a high level of occupational stress, as a rule, possess low level of development of communicative features, which manifest themselves in some difficulties in establishing contacts, increased aggressiveness, conflict.

In this aspect, according to PS Samygina, based on the psychological characteristics of medical activities that are important professionally important qualities of specialist is communication. Accordingly, the communicative experience is dominated by the representatives of the profession, and in the group with a high level of stress they number of choices are in the first place, sharing it with the Gnostic experiences. In the group with low and medium levels of emotional stress they take second place. The first place, regardless of the level of occupational stress is the Gnostic experiences associated with the satisfaction of learning something new, with a passion for solving complex problems with a focus on it, happy, joy, pride in solving doubts. Interesting is the fact that the primacy of communicative experiences belongs to a group with a high level of stress because of features of communication are typical professional characteristics of specialists medical practice [14].

According to the results of the study N. B. Smirnova family physician is in direct contact with patients and their families, suggesting the presence of a high level of communicative competence as essential prerequisites for effective implementation of their professional tasks and also to prevent the development of occupational stress. At its core, the issue of competence,

in particular communication lately are among the topical problems of psychology. Communicative competence is considered as a condition of effectiveness of communication in interpersonal relationships in General. The author States that a significant number of researchers consider communicative competence of specialists of the system of professions "man-man" as a mandatory condition for the effectiveness of their activities, including those of the medical profession. However, so far, virtually no study of the psychological characteristics and foundations of the professional training of family physicians. Communicative competence of a family doctor in the study is seen as a key component of his professional competence, along with special medical training, ensures the achievement of proper success of the medical practice. It is noted that contacts the family doctor is not limited to interpersonal interaction, but also provide counseling and therapy work with patients and families. The process of forming a family doctor's ability to competent communication should begin during training in the higher educational institution, as there laid the ideological orientations of future doctors, the principles of interaction with patients, obtain the necessary professional knowledge and skills [15].

According to A. M. Rudenko, V. V.Solojenkin, B. A.Jasko professional requirements of the medical practice include specific communication, emotionally-rich interactions, constant creative search. The content of the physician's activity is communicative saturation caused by communication with colleagues and patients; responsibility for decisions and their consequences; sometimes tense communication situations that may lead to the rejection of further cooperation.

Typical of these professions emotional intensity of interpersonal contacts may be chronic in nature, and this can lead to negative, even pathogenic consequences of stress stresses stressful these professions, high probability of occupational stress. Thus, in the medical professions, as a rule, the risk of occupational stress is influenced by features of the communicative situation, especially situations of social comparison, evaluation of the situation, the complexity of professional activity, attitude to it, which can lead to a change of professional activity [12, 16, 20].

Next in importance correlation was found between results on the Test definition occupational stress, Etc.Azarnoy, I. M.Tyrtysnikov and Scale situational anxiety Test study of anxiety Charles D. spielberger and Y. L. Hanin ($r= 0,88$). I.e. this correlation suggests that General practitioners with high levels of occupational stress, as a rule, possess a high level of anxiety, and specialists with low level of occupational stress low level of anxiety, respectively. In essence, situational anxiety takes condition, reflecting the excessive tension and worry, accompanied by excessive nervousness at some point in time.

In this aspect, K. V. Sudakov, describing their research saysthat with the increase of the level of stress increases the difficulty of the functioning of the emotional sphere: increased anxiety; increasing the number of generalized emotional reactions; increases the level of emotionality and emotional rigidity. As a result of constant experience of psychological stress, which can move in stress, a person after a certain period of time gets complications in the functioning of the organism as a whole. In this regard, there may be such effects as deterioration in the functioning of the respiratory system, autonomic system, cardiac, gastrointestinal tract and the emergence of sleep problems. These consequences are strongly associated with increased severity of negative emotional reactions: anxiety; increased emotionality; the appearance of anger; feelings of guilt, etc.

On the behavioral level, such a specialist has been attempting excessive deepening in the problem for its solution [17].

The next significant correlation was found between results on the Test definition occupational stress, Etc. Azarnoy, I. M. Tyrtysnikov and the Scale of personal adaptation potential of multi-level personality questionnaire (MLE) of "Adaptability" by A. G. Maklakova, S. V. of Chermenina ($r = -0.76$). I.e. General practitioners with a high level of occupational stress, as a rule, possess low adaptive capacity. Accordingly, experts with low level of stress tend to have a high level of adaptive capacity. In this aspect, in the opinion of some scientists occupational stress, in its most General form can be the consequence of maladaptive reaction to difficult to overcome professional barriers, also on a variety of life's difficulties, extreme conditions. This position describes occupational stress from the perspective of the influence of the environment, harmful to human body that may be related to the feature of its adaptive capacity. In addition, the researchers note that young professionals typically dominated by the mechanism of reduction of professional duties. Moreover, the number of young people with this symptom often exceeds even the number of employees with experience. This phenomenon should be considered as the result of maladjustment to the profession due to lack of skills of regulation of mental States [1, 6, 19].

The next largest correlations were found between the results of the Test determine professional stress Etc. Azarnoy, I. M. Tyrtysnikov and age ($r = -0.75$ per), as well as the experience of professional activity ($r = -0.67$) General practitioners. I.e. experts with a low level of occupational stress, as a rule, the majority of whom are older age and having greater experience of professional activity. Accordingly, a high level of occupational stress is more common among young professionals with little experience of professional activity. In this aspect, L. A. Maltseva, A. M. Salangi established that the mechanisms of stress in anesthesiologists depend on the work experience in the specialty. Thus, specialists with little experience professional activities have a low level of adaptive opportunities to the sophisticated professional effects. The result is increased risk of formation and development of such irrational behaviors as denial, inertia, affective reactions, which entails a significant reduction in their effectiveness. Doctors anesthesiologists with more extensive work experience, there is a higher level of adaptive capacity. In the event of adverse professional situations occurs the disengagement of the alarm, the mobilization of domestic resources for the solution of the problem [10].

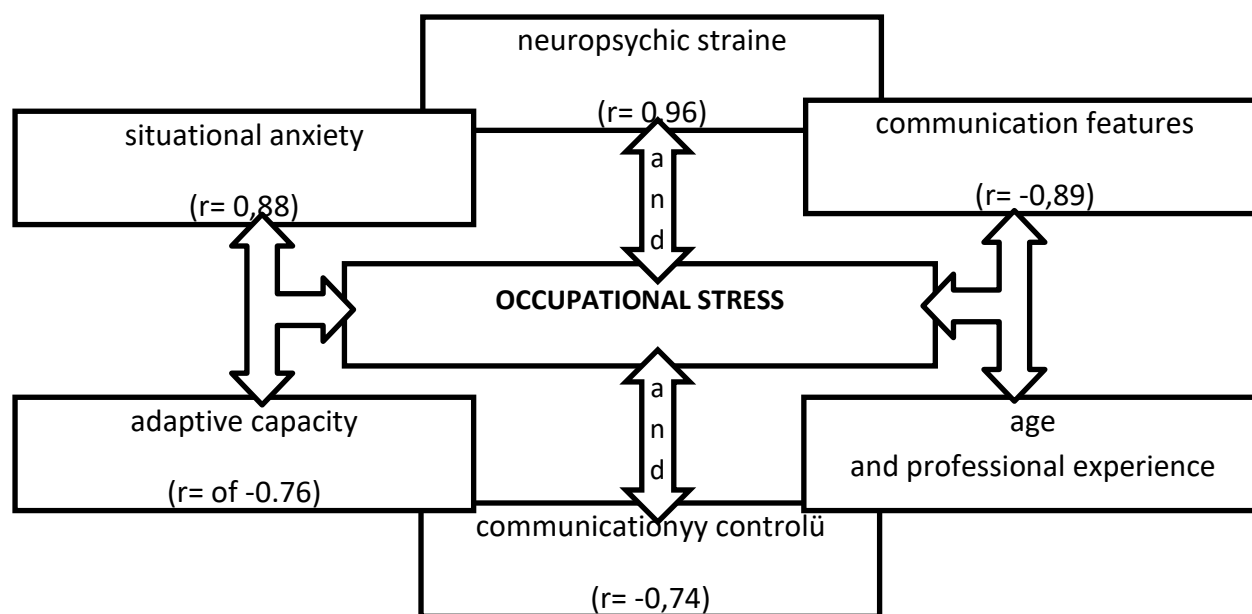
The final correlation was found between results on the Test definition occupational stress, Etc. Azarnoy, I. M. Tyrtysnikov and Test-questionnaire of communicative control M. Schneider ($r = -0.74$). I.e. General practitioners with a high level of occupational stress, as a rule, possess low level of communicative control, which is manifested in communicative impulsivity, excessive openness and even freedom. The behavior of this category of doctors is almost not affected by the necessary changes in relation to the communicative situation and may not always correlate with the behavior of others. Accordingly, experts with low level of stress possess a higher level of communicative control, which is expressed in the developed abilities to manage emotions, self-regulation of behavior. In this aspect, according to L. I. Larentsova, N. N. Petrova et al. important indicators of communicative control are flexibility, self-management of emotions during communication, the ability to understand the emotional state of the interlocutor. All this allows to achieve effective behaviour specialist, which in turn, creates the necessary conditions for achieving significant goals. Traditionally, the communication of doctor with patients is in terms of professional, i.e., formed asymmetric communication. The responsibility for this communication lies with the physician who is a specialist and knows better purely medical aspects of patient care. In this situation the role and

importance of communicative control is difficult to overestimate. The doctor needs the ability to convince the patient in their own right and make him carry all the necessary recommendations. This traditional pattern from the doctor is not required to be competent in the construction of dialogue in establishing and maintaining long lasting interpersonal relationships with patients, which, in particular, provide for the openness of the subject position of the medical worker. Family same doctor all the points are extremely important. Respectively, and changing requirements to the structure of communicative competence, the urgent need for a permanent communication control [9, 11].

According to O. V. Rybina, the effectiveness of communication depends on the development of strategic, tactical and technical components of communicative competence of a family doctor. Thus, the communication strategy is primarily manifested in the attitudes that guide the technician when coming in contact with the patient, and the tactics is the implementation in the specific situation of the communicative strategies on the basis of available resources. The most significant among the communication techniques of family physician are as follows: ability to establish and maintain psychological contact with different categories (age, professional, etc.) of patients; the ability to build a conversation (interview) with the use of various techniques; possess the techniques of empathic responding to verbal and non-verbal behaviour of patients; ability to establish therapeutic relationships with patients, proficient in techniques of counseling; to be able to analyze the symptomatic behavior of patients and own methods of establishing the psychological and socio-psychological diagnosis; to be able to flexibly change the communication style and own techniques as a service business, and intimate-personal communication; to master the techniques of self-control and self-regulation, and actively apply them in specific situations of interaction with patients [13].

INSIGHTS

Thus, proceeding from the above we can conclude that the correlation analysis of the results of a comprehensive psycho-diagnostic examination (n=228) revealed a number of statistically significant links which could be characterized as actual personal determinants of occupational stress of General practitioners (Drawing).



Drawing. Personal determinants of occupational stress in General practitioners.

They include the following:

mental stress ($r= 0,96$);

communicative features ($r= -0,89$);

situational anxiety ($r= 0,88$);

personal adaptive potential ($r= of -0.76$);

the age and experience of professional activity ($r= -0.75$ per; $r= -0,67$);

communication control ($r= -0,74$).

Thus, not recorded statistically significant relationship between level of stress and flooring professionals, evidence about the lack of gender effect on the level of manifestation of occupational stress in General practitioners.

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