

## ПСИХОЛОГИЧЕСКИЕ НАУКИ

### STUDENTS OF CREATIVE SPECIALTIES IN THE PROCESSES OF REHABILITATION OF BURNOUT SYNDROME REHABILITATION OF PHYSICIANS

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#### ABSTRACT

The article highlights the main signs of professional burnout of medical workers. Art therapy is considered as one of the most effective methods of rehabilitation. The optimal way to solve the problem has been substantiated – the organization of a socio-cultural project with art-therapeutic blocks of psychological correction, to which students of creative specialties are involved.

On the one hand, on the project site, students hone their competencies in the field of culture and arts, on the other hand, with their creative activities they help prevent the destructive consequences of professional burnout of representatives of the noblest and most humane profession, thereby helping to preserve the health of people who have devoted their lives to saving lives and restoring the health of citizens.

**Keywords:** professional burnout, medical worker, rehabilitation, students of creative profiles, educational institutions in the field of culture and art, art therapy

**Accepted abbreviations:** PB-professional burnout; EBS-Emotional Burnout Syndrome; SPB-syndrome of professional burnout; ICD-international classification of diseases

Professional or emotional burnout (EB) is a complex phenomenon that affects most professions associated with constant emotional and psychological stress. The overwhelming majority of professions with a particularly high PB index are designed to ensure stability in society at the level of security, education, social protection and health care. PB leads to a significant decrease in the general professional level in those sectors of the economy where it is especially common. Almost all specialists working in the field of interpersonal communication are subject to professional burnout. Working in the “man-to-man” field requires complete dedication, sometimes reaching the point of “self-immolation”. You can often hear the phrase “Burned out at work”, unfortunately, in this catch phrase, the states characteristic of professional exhaustion or professional burnout are most fully reflected.

Historically, the traditions of Russian medicine are full of examples of complete selflessness and dedication for the good and for the benefit of the patient. We find examples of high service to our profession in the vast corpus of Russian literature. The authors are medical writers: V. Dal, A. Chekhov, V. Veresaev, M. Bulgakov describe the mental states of doctors, and thus form a separate dramatic line, leading it through the entire work.

The concept of “burnout” - “burnout” was first introduced by the psychiatrist-narcologist Herbert Freudenberger (German G. Freudenberger) in 1974. The term “burnout” was borrowed from the vocabulary of narcologists, who denoted the destructive effect on the body of chronic drug abuse [5]. Freudenberger gave a description of the phenomenon noticed in himself and a number of colleagues with whom he worked in a psychiatric institution.

All of them were subject to demoralization, disappointment, loss of motivation. It was especially emphasized that this phenomenon is more common among representatives of the humanitarian profession. Later it was revealed that this term is suitable for a number of professions related to interpersonal communication. Attention should be paid to possible terminological discrepancies: the term “burn out”, “burn-out” is interpreted differently in the many sources, in many cases it denotes a consequence of certain nosological forms in clinical psychiatry.

Since then, in psychology and related fields of knowledge, a separate direction devoted to the study of emotional burnout and professional burnout began to form (hereinafter referred to as EB and PB).

In 1976, in the process of studying the problem of PB, Christina Maslach and Susan E. Jackson created a three-factor model of the professional burnout syndrome (hereinafter referred to as SPB). This development became the basis of the gold standard for PB psychodiagnostics, the so-called Maslach Burnout Inventory (MBI) [8].

In the next decade, a number of works arose that supplemented the research of K. Maslach. In 1985, the four-factor model of I.F. Ivanichi, G. Firth, A. Mims and R. Schwab (E. Iwanicki, G. Firth, A. Mims) R. Schwab), in 1988 - One-factor model, its authors: A. Pines and I. Aronson (Pines, Aronson). In 1994 - Two-factor model by D. Dierendonck, H. Siksma and V. Schaufeli (1994) (Dirk van Dierendonck, N. Sixma, Wilmar B. Schaufeli). There are also a number of basic concepts in Western psychology. Shiroma's concept of burnout - Melamed (Shirom A. - Melamed S.), identifies the multicomponent structure of PV. The author sees physical fatigue, cognitive and emotional exhaustion as the basis for EBS [5]. Concept of Perelman and Hartman (Baron Perlman, E. Al Hartman). In domestic science keen interest in this topic began to arise in the 1980s, although B. G. Ananiev, a follower of V.M. Bekhterev, used the term

“emotional burnout” to describe negative emotions among workers in “helping” professions already in 1968 [1].

At present, we can talk about the formed national school for the study of, PB, SPB. Soviet and Russian authors, based on the materials of foreign colleagues and their own research, expanded the theoretical base, built a domestic system of classification signs, created a number of questionnaire scales, introduced a number of provisions and definitions into scientific circulation. Thus, N. Aminov at the end of the 1980s determined that the essence of the EBS is unjustified expectations formed during training. The main markers of PBS, in his opinion, are ironic and nihilistic statements about their activities - chronic fatigue, unwillingness to improve their qualifications.

In the future, a specialist develops psychosomatic diseases. V.E. Orel, on the basis of an analysis of foreign studies of BS, identified two approaches to the definition of BS and its symptoms - effective and procedural. V.V. Boyko singles out the stages of the burnout process, and identifies three stages in the formation of EBS, building a certain sequence of manifestations of BS leading to somatic problems, while, as far as possible, a person retains professional skills due to the maximum preservation of emotional resources. As one of the forms of professional and psychological deformation of the personality of PB, L.N. Mitina, A.K. Markova, E.F. Zeer. In their opinion, the transfer of professional ideas about the world to everyday life, to family and leisure, is a sign of professional deformation. N. Vodopyanova considers PV syndrome as a response to prolonged work stresses arising in the process of interpersonal communication. In this case, working capacity, physical and psychological well-being, interpersonal relationships depend on mental experiences and behavior caused by the BS.

Emotional burnout syndrome (EBS), despite its existence and de facto recognition, for a long time remained in the field of officially unrecognized nosologies and pathologies. In the ICD-10, you can find a number of taxa that define a state similar to PB, these are Z73.0, Z73.2, Z73.4 Z73.5, Z56, Z56.3, Z56.4, Z56.6, Z56.7. However, there is no specific indication of the professional burnout syndrome in the ICD-10 and in the ICD-11, which will enter into force in 2022 [5].

In many cases, the devaluation of the usual professional and human values may occur. In the best case, the personal scale of values undergoes significant adjustment, and in extreme manifestations, the orientation towards basic human values disappears. Prevention and rehabilitation of BS (burnout syndrome) is extremely important for representatives of all medical professions. In Russia, specialized psychological services, professional communities, employers, and specialized research centers are called upon to combat this phenomenon [4]. For the prevention and rehabilitation of burnout syndrome comprehensive psychological programs have been developed, which include a whole range of activities related to the restoration of the psycho-emotional

sphere. As a rule, the general set of measures aimed at eliminating the consequences of burnout syndrome at certain stages includes art therapy.

Art therapy, in turn, is a separate interdisciplinary phenomenon, where all types of arts and creativity are designed to solve a set of problems facing a specialist psychologist and a patient. But unfortunately, in most cases, in domestic methods, art therapy is considered as a rehabilitation or diagnostic technique that uses work with fine art, and more often just with a drawing, and the concept of ART as applied to therapy is radically narrowed down. When drawing up specific plans for art therapy sessions, organizers are often faced with a limitation of the field of choice of possible types of arts. Traditionally, the arsenal of psychological services is not great - funding opportunities allow the use of a narrow range of passive and active methods.

Of the passive methods, the most widespread are visits to cultural events - concerts, performances, exhibitions, etc. Then, as the most effective are active methods of art therapy, where the patient The client itself creates a certain art product, even if it is imperfect.

Such an art product or art process can be the creation of a work of fine art, decorative and applied art, participation in joint music making, in a joint theatrical performance, etc. Another method that effectively works in an art therapy complex is training.

Thus, it is possible to make the fullest use of the psychological mechanism of role inversion, to expand the scope of active use of modalities. The patient, in the course of rehabilitation activities, can acquire skills inherent in representatives of different creative professions, "try on" new role states.

For example, skills, perhaps the most basic, playing musical instruments or trying yourself as a sculptor or dramatic actor, etc.

In the course of the implementation of programs of this kind, the most urgent issue may become the issue of insufficient funding to attract specialists from the field of arts, and therefore the choice of types of art therapy is made according to the principle “we use what is or what there is enough money for”. Meanwhile, many doctors have a musical or artistic education, or simply love and understand art. And their demand for a high-quality cultural product, during the period of the rehabilitation course, cannot always be heard.

Attracting students of creative universities to work with people undergoing rehabilitation classes will help to remove some of the problems and ease the financial burden. Traditionally, people who already have a certain professional level, and in most cases - professional achievements, enter creative universities. Various types of practice, as an academic discipline, are included in all curricula of creative universities. In particular, such types of practices as pedagogical, performing, lecturing, creative, etc., are present in all specialties and faculties, and throughout the educational cycle.

Federal State Educational Standards interpret the approach to practice-oriented subjects in different ways, but all curricula provide for compulsory practice outside the walls of the university. Often, universities

do not provide students with specific places for external practice. Students have to solve this problem on their own. Organizations involved in the rehabilitation of PB can become that "arena", that platform where students – young artists can realize their creative potential as young mentors and active participants in the processes of art therapy.

Activities of this kind can become an integral part of the curriculum and programs of practices as academic disciplines. At the stages of active rehabilitation with art therapy, it is advisable to organize performances by creative youth for students of courses on the prevention of BS (burnout syndrome), this can become a worthy alternative to attending paid cultural events. In the course of preparing the performances of creative youth, it is advisable to coordinate the programs, repertoire and cast of performers in accordance with the wishes of the audience, which is impossible when going to traditional cultural events. For students, this form can be applied in the course of performing and creative practice, which will solve the problem of performances, search for venues and audience. Many healthcare professionals already have basic education and basic skills in various arts.

The effectiveness of art therapy increases with the joint work of professionals and amateurs. For example, playing music together with music students will save organizers from inviting a third-party paid specialist, and for students this form of interaction is applicable in performing, pedagogical, creative, ensemble practice. Students can also act as mentors in teaching various creative activities.

For persons undergoing burnout syndrome rehabilitation, this is another option for changing the role hypostasis, the opportunity to feel like a student, get rid of unnecessary internal clamps, move away from pressing problems, and for students such interaction will provide an opportunity to gain skills formed by pedagogical practice, especially in the aspect of classes with adults. Moreover, the demand for classes in various types of arts on the part of adults is constantly growing, and this is a global trend.

Involving students of creative universities in this kind of activity will help them to more actively and fruitfully enter their chosen specialty, have a wider

choice of platforms for passing educational practices, and gain incomparable professional experience.

For the organizers of rehabilitation programs, the field for choosing options for art therapy is expanding, and the financial burden on the organizers of rehabilitation cycles is also reduced, since there is no need to invite outside specialists or volunteers.

With all the richness and variety of modern forms of interaction between professional with communities, communication between representatives of medicine and young artists is presented as a wide field of new opportunities. Cooperation of this kind allows you to expand your view on representatives of other specialties, to form interprofessional and intersocial dialogue, to create interpersonal communications, to maintain humanistic values and guidelines.

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