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## MALADAPTIVE REACTIONS OF INTERNSHIP DOCTORS DURING THE PERIOD OF ADAPTATION TO PROFESSIONAL ACTIVITIES

Valeriy V. Vyun, Anna M. Kozhina

Kharkiv National Medical University, Ukraine

e-mail: [psychotip@gmail.com](mailto:psychotip@gmail.com)

### Abstract

During the work on the basis of a systematic approach to the study of mechanisms of psychological adaptation of the internship doctors to the profession has developed a system of medical and psychological support during the specialist professional training. It was found that in the period of adaptation to professional activity by internship doctors marked asthenic, hypersthenic, apathetic, depressed, addictive and psychosomatic options of maladaptive reactions. Developed and tested system of medical and psychological support to the doctor in the period of adaptation to professional activity, which includes: a program of psychological and psychosocial training, system of psychological counseling for internship doctors. The results of the 3-year follow-up monitoring indicate a high efficiency of the proposed system of medical and psychological support to the doctor in the period of adaptation to the professional activity.

**Key words:** internship doctor, professional activity, psychological adaptation, medical-and-psychological support.

**Formulation of the problem:** Changes in higher medical education, its integration into the European educational space requires a new approach to postgraduate training of a

physician. In modern conditions the main objectives of postgraduate education of physicians is to provide as improve professional training of interns and providing medical and psychological support physician during the adaptation to professional activities. [2, 4, 6]

One of the most important tasks of pedagogical institutions of postgraduate education is to work with doctors-interns, aimed at a more rapid and successful adaptation of professional activity, to a new system of social relations. [1, 3, 8]

The study of adaptation is the subject of research as natural sciences, and social sciences and is an important area of research is on the verge of various branches of knowledge - physiology, psychology, pedagogy, ecology, medicine, social psychology, etc. Each of these Sciences peculiar to our own understanding regarding the allocation of substantial emphasis, specific study of the processes of adaptation and maladaptation in all spheres of life make high demands on resources and psycho-physiological adaptation reserves [5, 7]. The professional activities of doctor is characterized by increased stressogenic in connection with the work in terms of increased intellectual and psycho-emotional stress, lack of time and information, high level of responsibility. The need to study the professional development of doctors stemmed not only from the theoretical studies of this process, but also the urgent need to solve practical issues relevant for implementation of the process of formation of the subject of professional development. Ability to solve them we see through a holistic comprehensive study of the characteristics of professional development and formation psychological adaptation to the doctor's professional activities. [1, 6, 8]

Despite the relatively large number of studies of professional and social exclusion, there is still no unity in understanding of the psychological meaning of these phenomena and their relations and development paths, including in relation to specific socio-professional groups of medical workers.

Special attention in this regard is the fact that when such influence the professional activities of medical workers, their occupational maladjustment is significantly different, and more than a third is missing. [4, 7]

**The aim of the study:** to study the peculiarities of violations of the psychological adaptation of doctor - Intern to the profession and to develop a system of medico-psychological support of professional training.

**Materials and methods:** To address this goal by us in compliance with the principles of bioethics and deontology were conducted a comprehensive survey of 256 medical interns Kharkiv National Medical University, of both sexes, at the age of 23 - 30 years.

**Results and discussion:** Adaptation intern doctors to the profession should be seen as a dynamic, multifaceted and complex process of developing skills meet the requirements for a physician during the internship. However, for performance adaptation must include objective and subjective criteria. Objective criteria: educational and professional success, the stability in the process of studying the functional state of the organism (the lack of sharp violations of most physiological functions); no distinct signs of fatigue when performing educational and medical practice. Subjective criteria: satisfaction with the learning process in the internship, work in the clinic and staff and it formed relations (psychological climate).

As shown by the received progress data adaptation of doctor's intern to professional activity has three main levels: High-which is characterized by a high level of efficiency, psychological comfort, and the availability of reserves to overcome critical situations. Middle – reducing the level of health and psychological comfort in times of crisis, with rapid recovery to their solution and the preservation of psychological comfort outside the workflow. Low - development states of maladaptation, the manifestation of psychological discomfort in everyday life. The constant feeling of dissatisfaction with themselves and their professional activities.

As the results of the study show women a higher level of frustration adaptation to professional activity, compared with men. Since high levels of maladjustment, which requires the use of emergency measures (psychological and medical) exhibit at 9.2% of men and 12.5% women; pronounced level of maladjustment, which requires mandatory intervention of psychologists, conducting programs on rehabilitation -10.3% men, 14.0% women; moderate level of maladjustment, in which the useful work of advisory experts - 36.2% and 42.1% respectively.

For the patients with impaired adaptation turned characteristic low background mood (76.2%) with a sense of melancholy and hopelessness (46.3%), lower overall activity and fatigue (67.2), decreased ability to concentrate (30.2%), a sense of tension, stiffness, sleep disturbance (42.2%), which were characterized by difficulty falling asleep, intermittent sleep, waking early with the inability to fall asleep; autonomic imbalance (38.5%), which was detected fluctuations in blood pressure, discomfort in the eyes; headache; pain in the back and neck areas; feeling of heaviness in the head; feelings noise or tinnitus; the feeling of a "flies" before the eyes; tachycardia.

Psychological manifestations of disorders characterized by the absence of adaptation desire to communicate with others, communication difficulties establishing contact with

strangers, conflicts in the working group and the family, decreased motivation to professional activities.

As shown by the results of psychodiagnostic research from 15.8% of surveyed women revealed clinical symptoms of anxiety (according to clinical scales of anxiety and depression), compared to 7.2% of men. Subclinical manifestations of anxiety were detected in 16.3% and 15.5% respectively. Clinical manifestations of depression are typical for 2.4% of women and 1.4% men and subclinical manifestations of depression for 20.1% and 16.0% respectively.

The results of the study assessing the quality of life for the SF-36 scale, including physical and mental components of the operation, pointed to reduced overall quality of life in patients, in particular showed a reduction in physical and mental component of quality of life, reflecting the predominance of certain symptomatology components of occupational maladjustment.

Comprehensive analysis of the phenomenon of occupational maladjustment allowed us to identify the main types of maladaptive reactions to interns:

- ✓ asthenic (25.5%), which is characterized advantage asthenic component, both physical and mental, reduced capacity and interest in the environment, a constant feeling of fatigue, weakness;

- ✓ hypersthenic (21.6%), which included a pronounced irritability, intemperance, petulance, reinforced with fatigue and stress, tendency to transient or prolonged affective reactions, increased sensitivity to previously neutral stimuli;

- ✓ depressive (16.2 %), in which it noted reduced background mood, irritability, hypersensitivity, feelings of sadness, anxiety, inner tension, anxiety, inability to relax;

- ✓ psychosomatic (14.2 %), which is manifested by development of psychosomatic diseases.

- ✓ apathetic (11.4%), which is manifested in fatigue, weakness, exhaustion, inaction, indifference, lack of interest in communication in the background of depressed mood, irritability, apathy;

- ✓ addictive (11,1 %), which is characterized by excessive consumption of alcohol, use of narcotic and toxic substances, the gradual loss of situational control when taking psychoactive substances, as well as the formation of different non-chemical types of addiction.

The results of our study allow characterizing the main manifestations of disorders of adaptation to professional activities of doctors-interns:

Psychophysiological - manifested in the reduction of mental capacity, breach of attention, fatigue, reduced speed of information processing. The manifestations of psychological maladjustment accompanied by worsening of psychological well-being, growth asthenia, emotional disorders, changes in activity, a decrease in self-care, self-confidence and melancholy mood.

Socio-psychological - manifested in the form of violations of interpersonal relationships, enhance interpersonal conflict, frustration chosen profession, difficulty in mastering training programs, domestic dissatisfaction and social living conditions.

**Conclusions:** Thus, as shown by the results of the study in the period of adaptation to professional activities interns are marked asthenic (25,5 %), hypersthenic (21,6 %), depressive (16,2 %), psychosomatic (14,2 %), apathetic (11,4 %), addictive (11,1 %) types of maladaptive reactions, having a phenomenology of clinical symptoms, which cause a specificity of psychotherapeutic interventions and medical-psychological support.

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