The Structure of Professional Deformation

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Abstract

The author analyzes various theoretical approaches to the structure of professional deformation and illustrates the absence of unanimous understanding of the structure of professional deformation within Russian or any other school of psychological thought. Different approaches to categorization of professional deformation’s structure are described, among which are: a four-layer model of E.F. Zeer; an eight-symptoms model by A.K. Markova; a one-dimensional model by A. Pines / E. Aronson and A. Shirom; a two-dimensional model by D.V. Dierendonck / W. Schaufeli / H.J. Sixma; various three-dimensional models by B. Perlman and E. Hartman; C. Maslach and S. Jackson; B.A. Farber, and a four-dimensional model by G.N. Firth / A. Mims; and E.F. Iwanicki / R.L. Schwab.

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1. Introduction

There is no unanimous understanding of the structure of professional deformation within Russian or any other school of psychological thought. The category of professional deformation generally applies to situations where destructive changes of the existing structure of personality adversely affect execution of professional duties, productivity, efficiency of labor and interaction with co-workers. It is also used to describe destructive effects of practicing the same profession for a very long time, among which are lowered productivity, emergence of unwanted professional qualities, negative changes in professional conduct, mental structure, and personal traits.

2. Method

The aim of the present study is to perform theoretical analysis of the literature on professional deformation, to synthesize and to generalize views of its structure found in the works of Russian and other psychologists.

3. Results and discussion

Writing about the importance of the problem of professional deformation, E.F. Zeer noted: "Professional deformations are inevitable … Every profession has its own set of difficulties". In his work Zeer identified four possible layers of professional deformation:

1) **General professional deformation.** Found in the majority of workers with substantial occupational experience. The degree of general professional deformation varies from person to person and from profession to profession dependent on the intensity of the working load. The examples of general professional deformation are impersonal disposition in doctors (emotional indifference to sufferings of patients), asocial perception in law enforcing officials (view of people as potential trouble makers), and power abuse in top rank officials (abuse of professional and ethical boundaries, inclination to control professional life of subordinates and dependent people).

2) **Special professional deformation.** This category includes gained qualities specific to certain professions. The examples of special professional deformation are: suspicious nature of investigators, aggressive behavior of criminal detectives, resourcefulness of lawyers, feelings of guilt in prosecutors, cynicism of surgeons, and indifference of nurses;

3) **Typological professional deformation.** Caused by superposition of individual psychological traits (temperament, ability, character) on the psychological structure of professional activity resulting in formation of various job-related insecurities. The examples of typological professional deformation are: deformation of professional orientation, distortion of incentives (making the aim a motive), re-evaluation of personal values, pessimism, hostility towards newcomers and innovations, megalomania, inadequately high expectations, inflated self-esteem, psychological detachment, narcissism, dominance, indifference, and many other.

4) **Individualized professional deformation.** This category includes certain personal traits gained after many years of practicing the same profession that become part of one’s character. Internalization of the required professional qualities common to certain line of work results in accentuations of the character, such as overly high sense of responsibility and honesty, workaholism, inadequately high professional enthusiasm, and other. "These deformations may be called a "professional cretinism” (E.F. Zeer)«Zeer [2] posited (205)».

In her categorization of professional deformation A.K. Markova distinguished eight main symptoms of professional destruction:
1) Disruption of professional development, manifested in unrealistic goals, distorted perceptions of the profession, professional conflicts, professional alienation. The conflict between rules of professional environment and the Self, where the established system of working relations clashes with personal values and aspirations, resulting in isolation, loneliness, rejection, or damages to the Self.

2) Development of negative qualities and deviation from social norms. One of the consequences – inability to coordinate one’s actions in accordance with common goals resulting in counterproductive group dynamics;

3) Low professional mobility - the inability to adapt to new psychological, physiological, and social working conditions.

4) Weakening or loss of professional knowledge, skills, perception;

5) Slowing down of the professional development due to aging. In the context of our study we are focusing on the acquired full, or partial non-compliance with professional and pertaining social standards pertaining to the process of aging – a common subject of gerontopsychology;

6) Adverse effects of tension on one’s personality, such as emotional exhaustion and burnout.

7) Occupational hazards, such as professional diseases or acquired disabilities, that can prevent further professional development.

8) Uneven pace of personality structures’ development. For example, when the propelling force of high professional growth motivation is hindered by inadequately developed professional skills [3].

In western psychology some authors view the burnout syndrome as a one-dimensional model. A. Pines and E. Aronson define burnout as state of physical and mental exhaustion caused by long exposure to emotionally overloaded situations [4], [5], [6]. A. Shirom notes that burnout is a combination of physical, emotional, and cognitive exhaustion or fatigue [7], [8], [9]. This view of burnout regards emotional exhaustion as the key factor that causes other manifestations, such as underestimation of personal accomplishments, such as underestimation of personal accomplishments after subjective re-assessment of own capabilities. This exhaustion deforms personality and affects social interactions. The two-dimensional approach to burnout also includes the affective component. D.V. Dierendonck, W. Schaufeli, and H.J. Sixma define it as emotional exhaustion, manifested in physical well-being issues such as nervous tension. The second component in their two-dimensional model is depersonalization of people for whom professional services are rendered and co-workers [10], [11], [12], [13], [14]. It needs to be noted that depersonalization as an element of this and other professional deformation models should not be confused with the generally accepted definition of depersonalization in psychology (an anomaly of self-awareness) [15].

The most interesting for us to analyze was the three-dimensional approach, which includes three elements of professional deformation. The elements of the model by B. Perlman and E. Hartman are:

1) **Emotional and/or physical exhaustion** - emotional tension, a sense of emptiness (inability to work with former enthusiasm)

2) **Depersonalization** - lack of concern for, and even negative attitude towards people for whom professional services are rendered (clients, patients, etc.) and co-workers. Depersonalization manifests itself in impersonal, formalized contacts, negative attitudes, and signs of open or suppressed irritation, which eventually bursts out and leads to conflicts in the workplace. Depersonalization is prone to occur in closed working environments after long periods of work (up to six months).

3) **Reduced labor productivity** as a result of low self-esteem and view of one’s competence, general negative perception of self, lack of professional fulfillment [16], [17]. It leads to psychological maladjustment - the inability to dynamically adjust to new demands of the profession.
C. Maslach and S. Jackson’s three-dimensional model of the mental burnout syndrome consists of the following elements:

1) **Emotional exhaustion**, manifested in weak emotional responses, indifference or emotional over-saturation. This element is viewed responsible for the diminishment of mental resources, reduction in the overall emotional tone due to poor mental resistance to damaging factors

2) **Depersonalization**, manifested in tense relations with other people. In some cases it takes form of increased dependence on others, and in others– in habitual attitude of skepticism, cynical attitude towards patients, clients, employees, colleagues, etc.

3) **Devaluation of personal accomplishments**, manifested in a tendency to negative evaluate own self, professional achievements, to avoid and delegate responsibilities, and generally avoid growth opportunities. It results in an inclination towards known and well-studied pathways in activity, narrows field of perception reducing activities to responsive reactions, where cognitive activity resorts to operation with social stereotypes instead of active orientation within complex social phenomena. [10], [11], [18], [19], [20].

Another three-dimensional model of burnout, described in the works of B.A. Farber, consists of the following elements:

1) **Psycho-emotional exhaustion** - exhaustion of physical and emotional resources in professional activity, manifested in anger, anxious anticipation of the end of the working day, reluctance to go to work, low emotional tolerance, sensitive disposition to people’s expectations, absenteeism, hostility and impersonal communication, depression, irritability, anxiety, chronic emotional and physical fatigue.

2) **Personal alienation**, a specific form of social and professional maladjustment manifested in indifference to own career, desire not to be involved, critical attitude towards others, hostility towards other people, unwillingness to communicate, lack of critical view of self, high irritability and intolerance in everyday situations, low involvement in social working environment, infrequent interaction with others, cynical perception of people.

3) **Professional motivation**. This component includes internal incentives to work and working enthusiasm. Assessment of professional motivation shows extents of professional productivity, optimism and investment in work, regard of own professional competences and the degree of success in working with people. Disruption of professional motivation manifests itself in low self-esteem, dissatisfaction with work, working relationships, own professional capabilities reduced desire for achievement, and a sense of professional inefficiency [21], [22], [23], [24].

There is also a four-dimensional model of professional deformation by G.N. Firth / A. Mims, and E.F. Iwanicki / R.L. Schwab in which authors discern such elements as emotional exhaustion, reduced personal achievement and depersonalization, but the latter is further divided into depersonalization of work (the profession itself), and depersonalization of people for whom professional services are rendered (clients, patients, etc.) [25], [26], [27], [28], [29].

4. Conclusion

As we have shown, there is no unanimous understanding of the structure of professional deformation within Russian or any other school of psychological thought. E.F. Zeer categorizes professional deformation based on four specific layers and A.K. Markova - on major symptoms. There are also four categorizations based on a
number of elements constituting professional deformation: A. Pines and E. Aronson, A. Shirom propose there is one element (emotional exhaustion), D.V. Dierendonck, W. Schaufeli, H.J. Sixma - add depersonalization, considering it a two-dimensional model. The view of professional deformation as a three-dimensional model consisting of its own specific set of components is proposed in the works B. Perlman / E. Hartman, C. Maslach a/ S. Jackson, and B.A. Farber. The four-dimensional model of professional deformation is found in the works G.N. Firth / A. Mims and E.F. Iwanicki / R.L. Schwab, where the authors distinguish between the depersonalization of profession itself, and the depersonalization of people for whom professional services are rendered [30], [31], [32], [33], [34].

References

[33] Polyakova O.B. Psychohygiene and prevention of occupational strain identity: The program and method. recommendations for the implementation of control work for the students specialty 033400 "Pedagogy" all forms of learning. - Moscow: MSUTM 2005. – 44 p.