

Occupational stress in the work of a general practitioner

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ABSTRACT: The article provides an analysis of the scientific literature of professional stress in the activities of a general practitioner, indicating the need for further research in this area. The causes of occupational stress in medical practice are widely reported. Identification of the causes of occupational stress can become the basis for the development of additional criteria for its prevention.

KEYWORDS: general practitioner, professional stress, stressfulness.

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The relevance of research.

The analysis of the scientific literature on the problem under study shows that the overwhelming majority of the problems of medical activity are considered, as a rule, in the traditional medical aspect. To date, the social and psychological components of the professional activity of general practitioners, its stressfulness, remain without due attention of researchers. Specialists in various industries are trying to fill the very concept of a general practitioner with meaning and, on this basis, to determine its main functions, problematic aspects. However, as practice shows, there is a lack of a unified approach to this issue, quite often there are opposite points of view. So, R.A. Galkin, Yu.V. Pavlov et al. Believe that a general practitioner is a qualified universal specialist who has knowledge of the main sections of medicine, diagnostics, surgery and therapeutic manipulations for providing first aid to patients, conducts primary prevention of diseases, prevents and eliminates foci of infectious diseases, and promotes a healthy lifestyle. Life among the population. Researchers also note that the main feature of training a specialist in the specialty of general practice is that in a short period of study he must master diagnostic and therapeutic skills and abilities in many medical specialties [5].

Purpose: to identify occupational stress in the activities of a general practitioner.

At the same time, L.A. Berestov takes a different position, interprets that a general practitioner is not a doctor in all specialties, but primarily a therapist dealing with adults and adolescents. At the same time, the author notes about scientific discussions around the general practitioner, which quite clearly outlined two main approaches: in the first version, specialists of different specialties try to justify the need to include in the training programs for general practitioners precisely highly specialized knowledge in their specialty, in addition to those that are already in these programs; in the second version, it is proposed to make one or two specialties basic (for example, a pediatric therapist), and in other specialties to give only general knowledge and skills.

The only thing that the majority of specialists agree with about a general practitioner is the recognition of a preventive orientation as one of the main goals of his professional activity [2].

N.I. Vishnyakov notes that in the scientific literature, issues of medical professional training of general practitioners are mainly discussed. Issues devoted to socio-psychological characteristics, stressfulness of professional activity in modern conditions are practically not covered or are

considered relatively narrowly and fragmentarily. At the same time, the fact that the issue of not only medical, but also the socio-psychological competence of doctors began to be raised and actively discussed by medical specialists should be considered positive. It should also be noted that preventive work requires a general practitioner to be able to analyze both purely medical and social situations, predict their development and possible consequences, the ability to build relationships with various categories of patients, possess different communication styles, communications, and the ability to quickly navigate situations social interaction and choose the optimal methods of influencing patients, taking into account their psychological characteristics, etc. In other words, the implementation of preventive work by a general practitioner can be successful provided that the specialist has a sufficiently high level of socio-psychological competence [4].

According to I.N. Denisov, the assistance provided by a family doctor or general practitioner to a patient should be of a contractual nature, since the parties enter into relations provided for by law. The patient may have the right to free or paid service, which is regulated by the relevant legislation and various instructions and orders. Thus, the existence of a legal basis for a doctor's activities forms the basis for establishing contractual relations for the provision of adequate medical care in accordance with the functions of public health services. The establishment of contractual relationships is widely practiced in various types of "helping" professions, in particular, in the activities of counseling psychologists, psychotherapists, social workers, etc. In medicine, unfortunately, such relationships between a doctor and a patient are only developing, but with the development of the institution of family doctors, in our opinion, will become an integral part of the relationship between health workers and the population. This is due to the fact that a contract usually defines the rights, mutual obligations and responsibilities of the parties, it contributes to the certainty and structured relationship, gives more confidence to both parties and protection in cases of conflicts between them, which will undoubtedly facilitate and prevent emerging problem situations, significantly reduce the level of emotional tension in the activity [7].

From the point of view of Yu.I. Korotkov, N.I. Vishnyakov et al., Some of the legal principles for concluding contracts between specialists and patients are interesting positions of the professional activity of general practitioners: when concluding a contract, the patient's needs should be prioritized and serve as the basis for drawing up an appropriate contract; the doctor is responsible for providing qualified assistance to the patient; the patient's state of health may be the basis for

concluding an appropriate contract; the doctor providing qualified care must inform the patient about the goals and objectives to be solved, about mutual obligations, means and procedures, time, as well as possible costs and penalties in case of non-fulfillment of the terms of the contract; the contract should be flexible enough to allow for the ability to respond to patient contingencies.

Compliance with the above principles greatly facilitates the professional work of a doctor, making it less stressful [11].

According to A.V. Kirillova, a constant companion of the profession of a general practitioner is the corresponding emotional states associated with the emergence of a high intensity of experiences of positive and negative emotions due to the dynamism and specificity, first of all, communicative contacts, high responsibility and awareness of the consequences when making everyday decisions. Influence on the stressfulness of this profession and conflicts, increased intensity of communication, etc. Among the negative consequences can be identified the emergence of excessive tension, a decrease in the effectiveness of individual and joint activities [8].

Research carried out by M.T. Potekhin testify that young doctors who fully understand and feel their role in a medical institution, as a rule, have such a level of tension that allows them to work effectively. When there is a feeling of impossibility to physically fulfill all the requirements of his professional role in the required time, and a feeling of insufficient skills and abilities to fulfill his role, or the need to fulfill several professional roles at the same time, then very quickly such a doctor develops a state of professional stress. In addition, despite the large number of responsibilities and the multi-vector nature of the areas of activity in accordance with the well-known requirements that apply to a general practitioner, we can say that they can also cause professional stress. This conclusion allows us to make the classical theory of psychological stress accepted in world practice. It follows from them that the inadequacy of internal resources to external requirements becomes the cause of stress. And since external requirements are generated by the profession of a doctor and a certain organizational and professional environment, hence the specificity of stress arises [17].

R.V. Korotkikh provides generalized conclusions of the analysis of the results of modern research, which confirm that modern doctors are increasingly experiencing severe stress. This is due to the most important characteristics of professional activity, where tension, increased responsibility, the presence of a wide range of responsibilities and communications occupy dominant positions. The

author refers to the main factors influencing the state of psychological health of a doctor: increased working hours; high psycho-emotional stress; professional responsibility for results; dynamics of communicative contacts.

At the same time, despite the fact that the profession of a doctor is characterized by constant emotional overload, excessive communication with patients, as a rule, most doctors do not have an adequate level of techniques for restoring balance, relieving stress, i.e. do not have developed self-regulation skills. This, first of all, affects the nature of professional interaction, communications. Due to the fact that the doctor often spends a lot of time with patients, one cannot ignore the importance of the influence of his behavior and emotional reactions on the patients themselves, their recovery. It is clear that a doctor who is constantly in a state of psychological discomfort cannot fully fulfill his professional functions on which the well-being of people depends [10].

Yu.V. Pavlov, revealing and analyzing the statistical data of his own research, came to the conclusion that today the health care system does not fully take into account the problem of the doctor's psychological discomfort caused by emotional overloads that arise in the process of professional activity. The current situation certainly does not affect the patients in the best way. In addition, the author identifies deformations that are most often encountered among medical workers of territorial institutions: authoritarianism; aggressiveness; conservatism; social hypocrisy; behavioral transfer; emotional indifference [16].

According to B.A. Yasko, each profession has its own specifics. At the same time, one of the features of a doctor's work is the constant need for professional improvement, work on oneself. If such actions on the part of the doctor are not carried out on an ongoing basis, then from time to time a feeling of professional inadequacy may appear. Information change is so dynamic that the amount of specialized knowledge required for proper orientation and functioning reaches unprecedented proportions. In this regard, the appearance of a feeling of lack of experience, skills, time, energy, which leads to stress. At the same time, the presence of frequent emotional mental overload and, on the other hand, monotony in work further exacerbates the state of stress, which arises very quickly under such circumstances [21].

S.L. Solovyova, in her research, examines a wide range of features of a modern doctor and identifies a number of professional deformations, most of which coincide with personality determinants of stress. Based on the results of the analysis, the author came to the conclusion that the profession of a doctor is emotionally intense and stressful. On the

one hand, stress is provoked by the objective conditions of professional activity and the peculiarities of work. On the other hand, the specificity of stress in a doctor is that after a certain period, under the influence of the characteristics of professional activity, irreversible personal changes that have a negative character - professional deformations - begin in them. In addition, the role of the communicative qualities of a modern doctor is increasing, the development of which makes it possible to compensate for a number of factors that negatively affect his personality [18].

Considering the issue of the communicative qualities of a general practitioner, his readiness for communication, I.G. Klimkovich notes that this is primarily a question of his ability to effectively fulfill his professional duties, minimize the level of occurrence and prevent problem situations. Performing medical functions is impossible outside of communication with patients, and in most cases - outside of communication with their immediate environment, family, i.e. medical activity is filled with social and psychological content. The ability to see and solve problems related to the health of patients in the context of specific situations of their life, taking into account the peculiarities of interpersonal relations, on the basis of understanding the entire complexity of these situations, understanding the individual characteristics of patients and their families, the ability to determine the meaning of certain events that arise situations and accordingly influence their process are the main tasks of the socio-psychological training of a modern doctor [9].

V.A. Vinokur, A.R. Groisman, N.A. Kurskys state that today there is insufficient psychological training of doctors in the field of communication. Researchers emphasize the need to train a doctor in psychology, sociology, psychotherapy, psychological rehabilitation from the standpoint of the specifics of his future professional activity. The authors focus on the problems of communicative competence, the readiness of future doctors to establish and maintain proper relationships with colleagues, patients, relatives of patients. A doctor in his daily professional activity is constantly in a situation of communication and must be able to manage them, predict its consequences, be able to relieve tension in communication, thereby preventing possible conflicts, etc. Among the characteristic features of communication between a doctor and a patient, the researcher suggests considering the following main ones: seeks medical help knowing that it is the doctor's professional duty to provide care; communication is formally structured, it is limited in time, regulated by external factors, such as paperwork, which leaves a certain imprint on the nature of the action; a visit to a doctor is accompanied by a psychotherapeutic

effect, as a result of which the patient's feelings of fear, anxiety and concern for his fate are reduced, he is relieved, and optimism appears in the perception of the future; the effectiveness of psychotherapeutic influence depends on the openness and trust of the patient, while ordinary communication does not make such a requirement; the patient should not hide his symptoms and the circumstances in which they appear; the art of the physician is to promptly evoke the necessary degree of trust necessary for frankness; Unlike ordinary communication, the doctor manages this communication, controls it, and its result, in addition to prescribing or therapeutic measures, ends with some formal operations: paperwork, prescriptions, etc. In addition, defining the consequences of communication between a doctor and a patient, the authors highlight the following three points: the impact of communication on the patient, which can be favorable or unfavorable;

the doctor's behavior itself causes certain experiences in the patient, which affects the state of health and even the course of certain diseases; communication between a doctor and a patient has a therapeutic effect, which is provided by the appropriate communicative competence of a medical worker [3, 6, 12].

I.F. Myagkov, analyzes the results of research on the personal characteristics of doctors, which are manifested in communications and can affect their effectiveness. In particular, in the study of doctors' role behavior and patient expectations, two types of specialists were identified: empathic; emotionally neutral. Also, the nature of the doctor's relationship was analyzed in terms of: teacher - student; leadership - partnership.

The author focuses on two important points: first, the doctor's communication with patients should always be considered as professionally necessary; secondly, the doctor, in communication with patients, consciously or unconsciously influences them, their emotional and physical state, and this influence can be both favorable and unfavorable.

This implies the importance of the issue of developing communication skills as an important component of professional readiness [15].

According to V.A. Tashlykov, the personal characteristics of a doctor, which ensure the construction of adequate relationships with patients, are the most essential, it is advisable to class them as professionally important. It is quite possible to develop these characteristics in the process of professional training and activity of doctors. In fact, we are talking about the development, first of all, of the attitude towards interaction with the social environment, empathy and self-control. Modern psychological

technologies make it possible to effectively influence the formation of the above personal characteristics [20].

N. D. Lakosina, considers communicative competence, first of all, as a component of the professional competence of a doctor. At the same time, the author proceeds from the fact that the doctor's communication is not limited to interpersonal interaction in the general sense, but also provides for consultative work with patients and their family members, influence on the family system, if the interests of patients require it. At the same time, representatives of different professions often have to engage in counseling activities with individuals and family counseling, when counseling is carried out in the context of relationships that initially have a different content (for example, a health worker helps a patient find a resource to overcome a crisis situation or to get out of a stressful state). The concept of consulting is meaningfully interpreted quite broadly. Counseling can be viewed as a strategy, a technology, and a method of professional assistance. Also, counseling can be viewed as a special kind of relationship, as a kind of repertoire of possible influences, as a psychological process. The profession of a doctor, as you know, belongs to the group of so-called "helping" professions. There are many professions, in which, in addition to doctors, also include psychologists, psychotherapists, counselors, social workers, etc., whose main task is to provide support and assistance to people in difficult circumstances of their lives. Representatives of these professions may use specific technologies and methods of assistance inherent in a particular field of work, but they usually all operate using six basic strategies of assistance: providing advice; providing information that a person needs in a particular situation; direct actions (for example, the implementation of diagnostic and therapeutic procedures, etc.); training; implementation of systemic changes (for example, the implementation of impact on the family system, the dysfunction of which can be the cause of psychosomatic disorders, addictive behavior); counseling (for example, assistance in analyzing the current situation and finding alternative ways to resolve it, providing emotional support to relatives of a seriously ill patient, etc.) [13].

V.V. Solozhenkin calls one of the most intriguing research problems that concerns the cognitive processes accompanying psychological disorders. In particular, he analyzes the influence of doctors' subjective value judgments on the mental and physical condition of patients. Based on the data of numerous studies, the author argues that incorrect, stereotypical training of doctors can affect the correctness of diagnoses, forming erroneous ideas that are not related to objective reality. When a

doctor builds his work with a patient on the basis of erroneous conclusions, puts pressure on him with his professional authority, this can cause the effect of the diagnosis, i.e. the patient may exhibit symptoms that seem to correspond to the doctor's diagnosis, but in fact have nothing to do with actual physical and mental problems. The author concludes that doctors: can easily convince patients of false diagnoses; often become victims of an illusory relationship between symptoms and the reasons that led to them; too confident in their own analysis of the facts; it is often not taken into account that misdiagnoses can confirm themselves [19].

According to A.G. Mokhin, the full-fledged fulfillment of professional duties as a general practitioner is largely predetermined by his ability to constructively build his communication with patients, prevent and overcome obstacles that arise in the process of establishing interpersonal relationships, manage his emotional states, thereby reducing the stressfulness of emerging situations. The results of treatment largely depend on the doctor's ability to understand his ward and help him mentally and physically in time. That is, how competent the doctor will be, not only in purely professional matters, but also in the sphere of relationships with people, depends on whether he can effectively help his patients [14].

M.M. Abdullaeva argues that the professional adaptation of a young doctor, as a rule, lasts up to two years. During this period, the subject of medical activity acquires a certain confidence in the implementation of the appropriate role of a specialist, learns the necessary algorithms for actions in professional situations of interaction with patients. At the same time, the researcher identifies the following components of the adaptation process:

cognitive; emotional; formation of a professional image [1].

V.V. Solozhenkin focuses on the attitudes of the general practitioner, which are associated with his communication and are largely formed under the influence of professional training and his own practice. Traditionally, the communication between a doctor and a patient is structured as subject-object, which is an expression of the natural-scientific approach to understanding a person and the process of providing him with medical assistance. As a rule, the doctor works with the patient according to the subject-organism model. In the best case, the individual-typological characteristics of the patient are taken into account. At the same time, effective medical activity requires the construction of a completely different model of relationship, namely subject-subject relationship, where the doctor deals with the

individual in the context of all the multidimensionality and diversity of his social, personal and intrapersonal relationships, contradictions. The relationship between doctor and patient has two aspects: horizontal; vertical.

The horizontal aspect is built on the basis of mutual determination of individuals, acceptance of the uniqueness of the other, mutual respect and recognition of the rights and freedoms of the other side. In turn, the vertical aspect of the relationship is based on a set of social roles that the doctor and the patient play. A doctor is characterized by the roles of a specialist, expert, leader, etc. For a patient - a sick, helpless, victim, etc. Horizontal communication is predominantly personal, intimate-personal, and vertical communication is business, official, role-based. At the same time, this division can be considered rather arbitrary, since consultative communication can be built both in horizontal and vertical aspects, although it occurs within the framework of fulfilling the professional role of a consultant [19].

Output.

Thus, based on the foregoing, it is advisable to conclude that, according to the positions of most researchers, the modern professional activity of a general practitioner, as a rule, is characterized mainly by intellectual work, high responsibility, irregular working hours, workload of motor, visual, auditory analyzers, tension of thinking, will, attention. In addition, it is saturated with a variety of communicative situations, distinguished by their non-standard and heightened emotional background. Those. This type of professional activity directly provides for constant contact of a general practitioner with patients, who for the most part have various diseases and, as a rule, turn to a specialist during their exacerbations, which undoubtedly complicates the communication process and imposes special communication requirements on the subject of medical labor. The atmosphere of heightened emotional background, constant encounter with negative emotional experiences of patients on the basis of their diseases, to a large extent predetermine emotional stress in the general practitioner and, as a consequence, increase the risk of occupational stress with all the ensuing consequences.

Despite the richness of the professional activity of a general practitioner with a variety of communicative situations, their significant role, there is a lack of experimental research in this direction in the scientific literature. In individual works, where the relationship between doctor and patient is investigated, as a rule, these problems are considered superficially, more often in the form of general recommendations. Also, the issues of the formation and development of the communicative

characteristics of general practitioners, both during their training in higher educational institutions and in postgraduate education, are practically not analyzed.

REFERENCES

1. Abdullaeva M.M. Features of the professional adaptation of a young doctor. // *Medicine*. - 2010. - No. 8. - S. 174-181.
2. Berestov L.A. General practitioners and primary health care // *World. health forum*. - 2006 - No. 4. - S. 172-176.
3. Vinokur V.A. Integrative mechanisms of formation of professional stress in doctors / V.A. Vinokur, O.V. Rybina // *Integrative medicine: materials of the II nat. Congr.* - SPb., 2005. -- S. 36-39.
4. Vishnyakov N.I. Features of the activity of a general practitioner in modern conditions. // *Health*. - 2010. - No. 3. - S. 143-150.
5. Galkin R.A., Pavlov Yu.V. and others. Experience in organizing the work of a general practitioner (family doctor) // *Lech. doctor*. - 2002. - No. 3. - S. 134-140.
6. Groisman A.R. Self-development of a doctor in the profession. // *Medicine*. - 2011. - No. 9. - S. 133-139.
7. Denisov I.N. The place of the family doctor in the structure of primary health care // *Doctor*. - 2006. - No. 5. - S. 120-127.
8. Kirillov A.V. Psychology of medical practice. Lecture course. - M.: 2010. -- 96 p.
9. Klimkovich I.G. Medical Specialist Model. - M.: Medicine, 2001. -- 110 p.
10. Korotkikh R.V. Characteristics of the professional activity of a modern doctor. // *Health*. - 2012. - No. 5. - S. 57-64.
11. Korotkov Yu.I. Vishnyakov N.I., Kirillov A.V. and others. On some organizational and legal problems of the introduction of general medical practice // *Zdravoohr*. - 2007. - No. 6. - S. 68-75.
12. Kurskikh N.A. Conditions for the Occurrence and Development of Professional Stress in Physicians // *Review of Psychiatry and Med. psychology*. - 2003. - No. 7. - P. 167-175.
13. Lakosina N.D. Professional competence of a doctor. - M.: Medicine, 2004. -- 90 p.
14. Mokhin A.G. Psychology for doctors. - Rostov-nD: RGU, 2006. -- 104 p.
15. Myagkov I.F. Psychology of medical practice. - M.: Logos, 2003. -- 105 p.
16. Pavlov Yu.V. Modern medical activity - SPb.: GOUVPO, 2010. - 87 p.
17. Potekhina M.T. The place and role of a young general practitioner in health care reform // *Zdravoohr. Grew up. Federation*. - 2012. - No. 5. - S. 55-62.
18. Solovieva S.L. Individual psychological characteristics of the personality of a modern doctor - SPb.: GOUVPO, 2007. - 107 p.
19. Solozhenkin V.V. Psychological foundations of medical practice. Academic Project, 2003. - 304 p.
20. Tashlykov V.A. Psychology of the treatment process. - M.: Medicine, 2004. -- 157 p.
21. Yasko B.A. Professionalization crises and professional stress in a doctor's work / B.A. Yasko. - Kazan // *Psychology of mental states: collection of articles* / ed. A.O. Prokhorov. - Kazan: Kazan University - Kazan: Kazan University, 2014. -- S. 340-364.