



# Psychological features of Psychiatrists-Narcologists professional activity

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**Abstract**

The goal is to determine the individual psychological characteristics of psychiatrists and drug therapists (psychiatrists-narcologists) with different professional experience. 52 psychiatrists-narcologists who are trained in additional professional education programs at the Department of Psychiatry and Clinical Psychology, Northern State Medical University (Arkhangelsk, Russia), were examined. The average age was 43.9±14.2 y.o. Groups were formed depending on the length of professional experience: Group I - experience of 0.5-10 years (19 people, 34 %), average age of 31.0±5.1, Group II – experience of more than 10 years (33 people, 59%), average age of 51.3±12.4 years. Methods. We used the method of diagnosing the communicative attitude of V.Boyko, the method of diagnosing the level of emotional burnout of V.Boyko, the McLean scale of organizational stress, and the SACS questionnaire “Strategies for overcoming stressful situations” by S. Hobfall.

**Results:** Psychiatrists-narcologists with experience of 0.5-10 years and experience over 10 years is characterized by the presence of a negative communicative attitude, which tends to decrease (40.0±12.7 and 32.9±19.2 points); the level of emotional burnout in the “Resistance” phase (52.8±18.3 and 55.1±21.9 points) with the leading symptom “Selective emotional response” (17.9±5.8 and 16.5±6.1 points); average tolerance to organizational stress, with a tendency to increase it (49.5±7.7 and 50.2±6.7 points); constructive and destructive strategies to overcome stressful situations, the use of the latter, to a greater extent in doctors with more than 10 years of experience, is probably intended to compensate for the state of maladaptation.

**Conclusions:** On the scale of “Justified negativity in judgments about people”, strategies for overcoming stressful situations “Search for social support”, doctors with experience of 0.5-10 years show higher scores than those with experience of more than 10 years ( $p<0.05$ ), on the strategies “Assertive (confident) actions”, “Avoidance”, “Asocial actions” – on the contrary, lower ( $p<0.05$ ).

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**Keywords:** psychiatrists-narcologists; individual psychological characteristics; work experience; prevention of violations of professional activity



The results of the study allow us to develop a system of corrective measures to restore the adaptive resources of psychiatrists-narcologists, prevention of violations of professional activity, taking into account the individual and personal characteristics of specialists with different professional experience.

## Introduction

In the XXI century, medicine in Russia, as in many other countries, is developing very rapidly. In the scientific environment and practice, intensive work is carried out to improve the quality of medical and rehabilitation assistance to people dependent on psychoactive substances (PAS) and their relatives [6]. No less urgent is the focus of this process in the sphere of professional interests and personal well-being artists of substance abuse services staff drug treatment clinics and rehabilitation institutions in the private and public sector. High load on the emotional and the intellectual difficulties of communication with marginalized patients, including the overcoming of anosognosia, codependency relatives, often complicating the treatment process, heightened expectations of society regarding the results of treatment, intensive workload, insufficient rest, frustration material prosperity and a long period spent in the profession show the relevance of psychological support of professional persons engaged in the treatment process and rehabilitation of patients [5].

The quality of the drug treatment provided directly depends on the prevalence of the burnout syndrome of specialists, their professional and personal deformation, which is especially often observed in doctors with long work experience [3, 8]. Comprehensive diagnostics of the risk of occupational disorders, the possibility of timely recovery of adaptive resources of specialists who are in the profession for a different period of time, requires a qualitative systematic scientific understanding of the problem, both in theoretical and practical terms.

The purpose of the study is to determine the individual psychological characteristics of psychiatrists-narcologists with different professional experience.

## Materials

52 psychiatrists-narcologists (17 men and 35 women) with an average age of  $43.9 \pm 14.2$  years, enrolled in additional professional education programs at the Department of Psychiatry and Clinical Psychology, Northern State Medical University (Arkhangelsk, Russia) were examined. The criteria for inclusion in the study were professional activity in the field of narcology, and informed consent to participate in the study. The subjects were divided into groups depending on their professional experience: Group I - experience of 0.5-10 years (19 people, 34 %), average age of  $31.0 \pm 5.1$ , Group II – experience of more than 10 years (33 people, 59%), average age of  $51.3 \pm 12.4$ . The type of study is cross – sectional.

## Methods

For the study, we used methods of psychological research. To assess communication skills, we used the method of diagnosing the communicative attitude of V. Boyko, designed to identify, first of all, negative communicative attitudes of the individual in relation to other people and having the following scales: negativism in judgments (justified, unfounded), cruelty

(explicit, hidden), negative personal experience of communication [4]. To detect emotional burnout, V.Boyko's method of diagnosing the level of emotional burnout was used, which determines the burnout phase (tension, resistance, exhaustion) and the symptoms of each phase [7]. The McLean scale of organizational stress was used to assess tolerance (stress resistance) to organizational stress [1]. To identify preferred strategies for overcoming stressful situations, we used the SACS questionnaire "Strategies for overcoming stressful situations" (Hobfall S., 1994), which reveals the degree of preference for 9 behaviors in a difficult (stressful) situation: assertive actions, entering into social contact, seeking social support, cautious actions, impulsive actions, avoidance, manipulative (indirect) actions, asocial and aggressive actions [2].

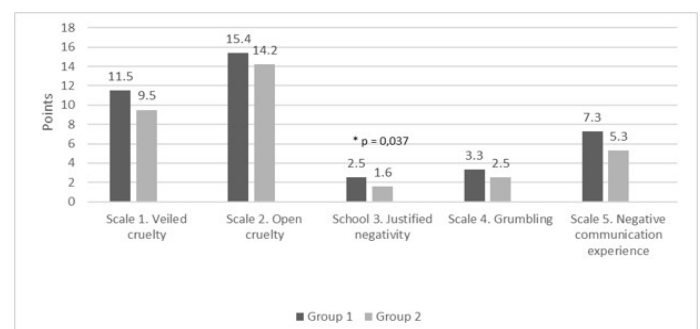
In the course of statistical processing of experimental data, estimates of the average values of the studied features in groups were made: the average value (M) with the average square deviation ( $\sigma$ ). The subordination of quantitative data to the law of normal distribution was determined using Kolmogorov-Smirnov's criterion.

The reliability of differences in the compared average values was evaluated using the student's t-test. The critical level of statistical significance was  $p \leq 0.05$ .

## Results

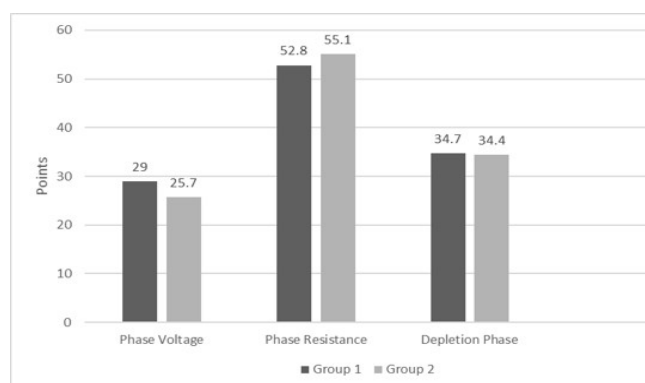
The study of communication skills showed that the Group I showed a high level of negative communication attitude ( $40.0 \pm 12.7$  points), the group II – the average level ( $32.9 \pm 19.2$  points), bordering on high, while no statistically significant differences between the groups were determined. Values on the scale determining components of communicative installation in the group with experience of 0.5-10 years with experience more than 10 years were either in the limits of average values (scale "a Veiled cruelty" and  $11.5 \pm 3.6$  and a  $9.5 \pm 4.8$  points, respectively) or below average values (scale "Open brutality", and  $15.4 \pm 9.3$  and  $14.2 \pm 10.2$  points; the scale of "Reasonable negativism", and  $2.5 \pm 1.3$  and  $1.6 \pm 1.5$  points; the scale of "Negative personal experience",  $7.3 \pm 4.7$  and  $5.3 \pm 5.7$  points) (Figure 1).

Statistically significant differences between groups were determined only on the scale of "Justified negativity in judgments about people", while Group I scored more points than Group II ( $2.5 \pm 1.3$  and  $1.6 \pm 1.5$  points, respectively;  $p = 0.037$ ). Objectively determined negative conclusions about certain aspects of interaction and types of people are more typical for Group I, probably, with increasing experience, objectivism in judgments about people decreases, the value of the indicator falls below the normative one.



**Figure 1:** Indicators of scales of communicative attitude in psychiatrists-narcologists, points

According to the results of diagnostics of indicators of emotional burnout, it was found that among the three possible phases, only the resistance phase is formed ( $52.8 \pm 18.3$  and  $55.1 \pm 21.9$  points, respectively) with the leading developed symptom "Inadequate selective emotional response" ( $17.9 \pm 5.8$  and  $16.5 \pm 6.1$  points) and the developing symptom "Reduction of professional responsibilities" ( $13.6 \pm 7.5$  and  $15.3 \pm 8.4$  points) (Figure 2).



**Figure 2:** Phases of emotional burnout in psychiatrists-narcologists, points

The "Stress" and "Exhaustion" phases were not formed, Groups I and II have such symptoms of these phases as "Experiencing traumatic circumstances" and "Emotional detachment" ( $12.4 \pm 8.6$  and  $10.7 \pm 8.5$  points,  $11.6 \pm 7.5$  and  $11.6 \pm 7.5$  points, respectively). There were no statistically significant differences between the groups by phases and symptoms of emotional burnout.

Diagnostics of tolerance (stress tolerance) to organizational stress revealed an average level at the border with a low level in both groups, without statically significant differences ( $49.5 \pm 7.7$  and  $50.2 \pm 6.7$  points, respectively).

Indicators of behavioral strategies of stress-overcoming behavior in representatives of both groups are mainly characterized by an average degree of severity. However, Group I differs statistically significantly from Group II by using more "constructive" behaviors, which is expressed in higher indicators of seeking social support ( $26.4 \pm 2.2$  and  $23.7 \pm 4.0$  points, respectively;  $p=0.032$ ) and in lower ones-avoidance ( $14.8 \pm 2.6$  and  $17.4 \pm 3.3$  points;  $p=0.027$ ) and antisocial (dogmatic, cynical) actions ( $12.3 \pm 2.8$  and  $14.5 \pm 3.4$  points;  $p=0.048$ ). The exception is the indicators of assertive (confident) actions, they are statistically significantly lower than in Group II ( $17.2 \pm 2.3$  and  $19.8 \pm 2.6$  points;  $p=0.006$ ), which is probably due to less experience.

### Discussion of results

In the course of the study, it was determined that psychiatrists-narcologists with different work periods have a pronounced negative communicative attitude, preferring to show it in a hidden, veiled form and rather in relation to patients, rather than to colleagues with whom there are partnerships. Negative communication attitude leads to violations of professional activity, negatively affecting the personal and professional well-being of medical workers. Statistically significant differences between the groups showed that with the increase in the period of drug practice, there is a tendency to reduce the level of negative attitude, which indicates the likely adaptation of employees who wish to stay in the profession for a longer period. At the same time, these individuals are becoming less and less characterized by justified negativity in their judgments about

people. Probably, over time, the medical staff loses a realistic view of socially dangerous diseases and dependent patients begin to be perceived as addicted to prohibited substances due to exclusively objective circumstances, and not the presence of certain personal characteristics and violations of socially justified prohibitions.

Indicators of emotional burnout in groups with different experience, despite the absence of statistically significant differences, are manifested by the emerging phase of resistance with the emerging symptoms of inadequate selective emotional response and reduction of professional responsibilities. When under stress, health care professionals tend to avoid emotional factors, save emotions by selectively responding to work communication, and attempt to ease professional responsibilities that require significant emotional costs. The insufficient level of tolerance to organizational stress observed in psychiatrists-narcologists, regardless of the length of service, caused their predisposition to experience distress and various stress syndromes, for example, to the risk of professional burnout and diseases of the cardiovascular system.

The subjects of both groups in difficult situations use a set of constructive (prosocial, cautious, flexible) and destructive (impulsive, manipulative, aggressive) behavioral strategies. The use of the latter, to a statistically significant extent, in representatives of the drug treatment community with more than 10 years of experience, is probably a compensatory mechanism for overcoming internal discomfort, negativity towards the environment or self-doubt.

### Conclusions

1. Psychiatrists-narcologists with experience of 0.5-10 years and experience of more than 10 years are characterized by dynamic individual psychological characteristics: the presence of a negative communicative attitude, which tends to decrease; the level of emotional burnout in the "Resistance" phase with the leading symptom "Selective emotional response"; average tolerance to organizational stress, with a tendency to increase it; constructive and destructive strategies to overcome stressful situations, the use of the latter, to a greater extent in doctors with more than 10 years of experience, is intended to compensate for the state of maladaptation.
2. On the scale of "Justified negativity in judgments about people", strategies for overcoming stressful situations "Search for social support", psychiatrists-narcologists with experience of 0.5-10 years demonstrate higher scores than those with experience of more than 10 years ( $p<0.05$ ), on the strategies "Assertive (confident) actions", "Avoidance", "Asocial actions" - on the contrary, lower ( $p<0.05$ ).
3. The results of the study should be taken into account when developing a system of corrective measures to restore the adaptive resources of psychiatrists-narcologists, prevention of violations of their professional activities, taking into account the individual and personal characteristics of specialists with different professional experience.

### Disclosures

The authors do not report any real or perceived vested interests related to this article that could be interpreted as a conflict of interest.

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