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MENTAL HEALTH OF SPECIALISTS: NEW FRONTIERS FOR REGIONAL LABOR ECONOMICS

T. Chukanova, N. Khalina, N. Pivkina

Рассматривается проблема психического здоровья и эмоционально-психологического состояния специалистов. Это особенно актуально в современном обществе информационно-коммуникационных технологий. Эмоциональное благополучие является неотъемлемой частью психического здоровья и должно служить главным критерием, по которому можно оценить состояние общества. Выполнение профессиональных обязанностей определяется необходимостью соответствовать определенным профессиональным и коммуникативным стандартам, что приводит к профессиональному разрушению или эмоциональному выгоранию. Специалисты неизбежно сталкиваются со стрессовыми ситуациями в своей профессиональной жизни. Учитывая особенности синдрома эмоционального выгорания и различные стратегии преодоления, можно определить наиболее эффективные способы преодоления подобных ситуаций.

Ключевые слова: стратегии преодоления, специалисты по социальной работе, профессиональное разрушение, синдром эмоционального выгорания, стратегии преодоления стресса, психическое здоровье специалистов.

The paper deals with the problem of mental health and the emotional and psychological capital of specialists. It is especially relevant in the modern society of information and communication technologies. Emotional well-being is an essential part of mental health. It should serve as the main criterion by which one can assess the state of society. The performance of professional duties is determined by the need to meet specific professional and communicational standards, leading to professional destruction or emotional burnout. The research of professional maladjustment, or the burnout phenomenon, and preferred coping strategies among social work specialists was conducted with the involvement of the employees of the Regional State Budgetary Institution "Social Protection Department of the city of Barnaul". Specialists inevitably face stressful situations in their professional life. Considering the peculiarities of the burnout syndrome and different coping strategies, we can identify the most effective ways to overcome such situations.

Key words: coping strategies, social work specialists, professional destruction, coping behavior emotional burnout syndrome, stresscoping strategies, mental health of specialists.

Introduction

Effective human resources management involves psychological capital. It is a combination of four state-like positive psychological constructs: (1) self-efficacy; (2) sustainability; (3) optimism; and (4) hope [12]. Performing our professional duties, we always must meet specific requirements. In the long term, it

can lead to emotional and mental exhaustion that is a fundamental aspect of the emotional burnout [13]. According to M.P. Leiter and K. Maslach, burnout is a psychological syndrome representing a long response to interpersonal conflicts and chronic stress at work [11]. N.E. Vodopyanova understands professional burnout syndrome as the adverse changes in the emotional, motivational, and attitudinal aspects of personality under the influence of work stressors [18].

I.N. Aseeva regards emotional burnout as an acquired stereotype of emotional, or professional behavior [2]. Emotional burnout syndrome (EBS) is characterized by physical, emotional and mental exhaustion caused by the stress factors at work, destroying the personality, which affects the efficiency of performance [14]. EBS is dangerous because employees can mentally “infect” each other with it. To some extent, “burnout” is a functional stereotype, as it allows people to use energy resources wisely and regulate them. At the same time, dysfunctional consequences may occur when burnout negatively affects professional activity. I.N. Aseeva describes emotional burnout as an acquired stereotype of emotional, or more often professional, behavior that allows one to use energy resources efficiently. It can also harm the professional activity [2]. Professional destruction, or emotional burnout syndrome, stimulates, according to I.N. Aseeva, two types of behavior: (1) psychological defense from unfortunate experience, (2) constructive individual activity aimed at solving the problem [2]. The studies show that the problem of knowledge or terminological boundaries is quite important in terms of employees’ rights. The system of measures must ensure employees’ safety, maintaining their well-being at work [7].

Discussion

Richard Layard sees the work environment as a place where we can improve our mental health [9]. According to the employee surveys, they consider the worst working hours to be the time when the line-manager is next to them. R. Layard believes that emotional well-being should be the main criterion for assessing the situation in our society. In his opinion, economic growth is not a miracle tool to determine how happy we are. Our happiness directly depends on the quality of our relationships and our inner state. This is the recommendation given by D. Greenberg and C.A. Padesky, “mind your mood, change how you feel by changing the way you think” [6]. The social context defining the emotional, and therefore economic well-being of a society depends on the connectivity relationship between moods, physical reactions, thoughts, and behaviors (see Fig. 1).



Fig. 1. Five aspects of your life experiences. *Source:* Greenberger & Padesky, 1995

N.F. Izmerov, T.V. Morozova note that the modern innovative knowledge economy is based on the employees’ health and mental qualities [7]. In this regard, the importance of human capital, as the main factor of economic development, increases, and the problem of its preservation, as well as the maintenance of the employees’ mental health, becomes more and more urgent.

An essential role in the modern labor economy is given to regulations, such as the Decree No. 761 of the Government of the Russian Federation dated September 28, 2009 [5], the Order No. 581 of the Ministry of Health and Social Development of the Russian Federation dated July 30, 2010 [14]. They verify the compliance of sanitary and epidemiological norms with international standards; general agreements between Russian associations of trade unions, associations of employers and the government of the Russian Federation for 2011–2013, providing for the ratification of several ILO conventions, in particular, the ratification of Convention No. 161 “On occupational health services” (1985); the ratification of Convention No. 187 “On fundamentals promoting occupational safety and health,” which provides for the development of national policies, systems, and programs in the field of employee health protection [7]. WHO “Global Action Plan for Employee Health for 2008–2017” [20] aims at developing policy instruments for preserving and improving employee health in the work environment.

One of the relevant issues of meeting the requirements for employee health protection is the problem of Russian terminology compliance with international standards in employee health protection. The term “labor protection,” as note N.F. Izmerov, T.V. Morozova [7], has not been used in communication for the last decade. Economically developed countries consider the term “labor protection” used in the Russian economy from two points of view: (1) “occupational safety,” and (2) “occupational health,” respectively controlled by specialists with technical and medical backgrounds.

In recent years, foreign specialists and experts prefer using the term “health” over “safety”. It is the employer’s responsibility to ensure the health, safety, and well-being of each employee at work (Parliament of the United Kingdom, 1974). Ensuring the safety of social actors, who are engaged in wage labor, and maintaining the health of employees necessary to perform their duties is defined by the international community as “occupational safety and occupational health” [1]. R. Layard’s analysis [2] demonstrates the impact of mental illness on the UK economy (see Table). Mental illnesses lead to high economic costs. It applies to the population, finance, and economy itself. 1% of working time is lost due to absenteeism. The costs of presenteeism are also tangible. The latter occurs when the employees are so absent-minded that they do not have time to do everything they planned even when they are present at work. The losses in total production caused by the employees’ poor mental health are close to 7.5% of GDP (see Table). In the UK, the treatment of mental illnesses and related social care costs accounts for about 1.5% of GDP. Taxpayers cover more than half of the costs of maintaining and recovering people with mental illness.

The costs of mental illnesses (UK)

<i>At work</i>	<i>% of working hours lost</i>
Non-employment	4.4
Absenteeism	1.1
Presenteeism	2.0
	7.5
<i>Healthcare</i>	<i>% of GDP</i>
Mental Healthcare	1.5
Physical Healthcare	0.8
	2.3

Source: (Layard, 2013).

Mental illnesses represent the most common disease among employees. They account for half of all disability origins among people of working age, as well as back pain, heart, and lung problems [9] (Table).

Human behavior in stressful situations aimed at reducing the impact of stress and accumulating cognitive and behavioral efforts was defined as “coping behavior” [10]. In modern psychology, coping behavior is associated with search activity, which is a form of the coping instinct ensuring the implementation of strategies in various situations. S. Folkman and R.S. Lazarus identify two general coping strategies: (1) making efforts to alleviate stressful situations (problem-solving strategies); (2) incorporating efforts to regulate the emotional consequences of stressful or potentially stressful events (emotion focused coping strategies) [4].

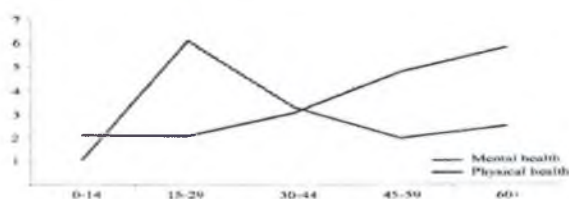


Fig. 2. The degree of disability in each age group (per 100 people). Source: WHO, 2002

Among the professionals who can help to restore mental health, B. Krans and J. Cafasso also include social work specialists [8]. They must have essential qualities for the occupation related to self-regulation and the ability to control their feelings to avoid professional destruction [15]. A.V. Chubukova stated: “Social work specialists face the problems of people who seek their assistance in crisis situations. Communication is the most accessible and necessary help for those who need it. At first sight, the only and simplest thing that social work specialists can offer is their personal involvement, empathy, and acceptance of a person for who they are. Therefore, each new client requires more and more involvement of a social work specialist, and this inevitably leads to exhaustion, stress, and emotional burnout” [3].

The research of professional maladjustment, or the burnout phenomenon, and preferred coping strategies among social work specialists was conducted with the involvement of Employees of the Regional State Budgetary institution “Social Protection Department of the city of Barnaul.” During the research, 13 social work specialists (women) were interviewed. The age limits of the respondents ranged from 18 to over 55 years. Most of the respondents had up to ten years of work experience in the social sphere (61%); 39% (five women) had more than ten years of work experience. 85% out of 100% of the respondents have higher education, and 15% of them have secondary vocational education. Based on these data, the follow-

ing portrait of a social work specialist was formed: a 26–45 year-old woman, with higher education and up to ten years of work experience, married, satisfied with her job, but not satisfied with her salary, who considers the profession of a social work specialist to be a prestigious one.

The study of coping behavior allows us to develop the most promising strategies for overcoming stressful situations that inevitably arise in professional activity. To assess behavioral strategies and types of coping behavior of the specialists of the “Social Protection Department of the city of Barnaul,” the SACS questionnaire with strategies for coping with stressful situations by S. Hobfall was used.

Results

The specialists of the “Social Protection Department of the city of Barnaul” were asked to answer the questions about using coping strategies and their frequency, and behavioral models (actions) they adhered to in their professional activity. The data obtained allow us to conclude that out of 15 respondents, five specialists with up to ten years of experience used a direct coping strategy. It means that specialists preferred impulsive actions. They tended to act immediately, under the influence of external circumstances or emotions, without thinking about their actions, weighing all the pros and cons and making the most appropriate and reasonable decisions (see Fig. 3).

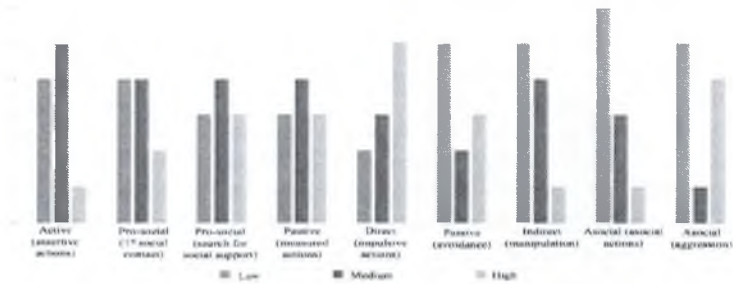


Fig. 3. Indicators of coping strategies for representatives of communication professions (experience from three months to ten years). Source: Compiled by the authors

Specialists with more than ten years of experience applied pro-social coping strategy. It indicates a need for social support. They often tried to resolve critical situations by applying joint efforts (see Fig. 4).

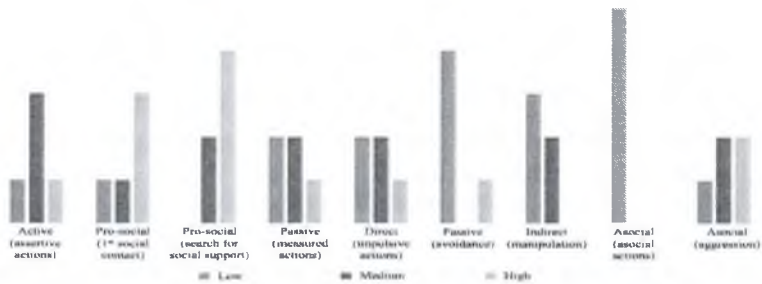


Fig. 4. Indicators of coping strategies for representatives of communication professions (more than ten years of experience). Source: Compiled by the authors

Social work specialists with up to ten years of experience had changed their stress-coping strategy. In the past, they preferred to use the pro-social coping strategy. They sought to share their experience with other people, discuss their situation, and find sympathy and understanding. At the time of the research, they preferred to act under the influence of external circumstances and emotions.

The study revealed a correlation between the marital status and several emotional burnout symptoms: (1) “trapped in a cage”; (2) “suppressing emotions”; (3) “reduction of professional responsibilities”; (4) “emotional deficit”. To a greater extent, the development of these symptoms was subject to the specialists who were divorced. Specialists who were single had the following symptoms: (1) “experiencing traumatic experiences”; (2) “suppressing emotions”; (3) “psychosomatic and psychovegetative disorders.” Perhaps dissatisfaction with their marital status and other complexes associated with the absence of a partner contributed to the emotional burnout syndrome. 67% of the respondents worked as social work specialists from three months to ten years, while only 33% worked for more than ten years. 40% of the respondents

were married. The research results revealed that the social work professionals who were married had lower risks of burnout. 20% of the respondents had secondary vocational education. These specialists did not have the syndrome. Among the respondents with higher education, six specialists had the syndrome developing, four of them already had it on a regular basis.

Conclusion

The research revealed that social work specialists from the "Social Protection Department of the city of Barnaul" had emotional burnout syndrome to varying extents. All employees were affected by it. Most of them had the syndrome developing. First of all, social work professionals who are divorced and unmarried should work on preventing and treating emotional burnout syndrome. Social work specialists who participated in the survey were generally satisfied with their occupation but are not satisfied with their salary. The latter had the syndrome developing or already suffered from it. The EBS was forming or had already been formed among half of the social work specialists, despite the coping strategies. Consequently, some measures should be taken to prevent this syndrome. The development of the system of strategic measures aimed at protecting the mental health of the Altai residents should fall within the competence of three ministries: (1) the Ministry of Economic Development; (2) the Ministry of Social Protection; and (3) the Ministry of Health of Altai Region. Developing such a system of measures, one can rely on the concepts of "occupational safety" and "occupational health," respectively controlled by the specialists with technical and medical backgrounds.

Considering the correlation between burnout syndrome and coping strategies will allow one developing a system of measures to prevent the syndrome, looking for the most efficient strategies for overcoming stress that inevitably arises in professional life. The results obtained can serve as an informational basis for the development of a special program for the prevention of burnout syndrome entitled "No Stress". We assume that the cooperative work will be based on group-counseling methods. During the program, the specialists will be taught the following techniques: (1) psycho-emotional state regulation; (2) the motivation for professional improvement and development of an appropriate psychological microclimate that improves the mental health of the specialists.

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