

DEVELOPMENT OF STRESS RESISTANCE OF MEDICAL MULTI- PROFILE WORKERS BY THE PSYCHOSYNTHESIS METHOD

Dr. Yegor Kucherenko - Bogomolets National Medical University

*Dr. Kateryna Rudnieva - MA student, Dragomanov National Pedagogical
University*

Abstract

The problem of the development of stress resistance of medical workers, in our opinion, cannot be solved methodologically within the framework of only professional activity, since the appearance and manifestation of stress is associated with various factors, in particular, personal ones. We proceeded from the fact that professional stress is a consequence of not only the direct fulfillment of professional duties of varying complexity, but also depends on the holistic experience of personal activity outside of work, and therefore it is advisable to study stress in general.

The key novelty of our study was psychosynthesis as a method for the development of stress resistance of doctors of various specializations, which was not previously undertaken to solve this problem within Ukrainian psychology.

This publication reviews the results of an empirical pilot study that we conducted in the spring of 2019, as well as the theoretical justifications of psychosynthesis as a methodological basis for solving the problems found.

Keywords: stress, stress tolerance, psychosynthesis, subpersonalities.

Introduction

The professional activities of doctors are significantly different from the activities of other specialists. So claims Z. F. Seer in his work "Psychology of professions" [Zeer]. This difference lies in the fact that the doctor deals with an unhealthy person, the behavior of which is caused not only by violations of certain biological systems of the body, but also by social connections, certain dependencies, professional characteristics that are reflected in the psychological image and personality of a person.

Medical activity is carried out in the following areas: diagnosis, treatment and prevention of diseases and requires the skills to formulate a diagnostic, therapeutic and preventive task. This process, as a rule, is carried out in conditions of variability of the initial data (symptoms and syndromes can appear and disappear, combine in different ways), lack of time (when providing medical care according to urgent indications, mass inflow of wounded and sick people). In this case, the doctor must mentally model the integral clinical picture of the disease for individual symptoms and syndromes, study and analyze the causes, conditions and mechanisms of its occurrence and development. The price of defects and errors in medical activity corresponds to its significance, sometimes it is determined by the highest value - human health and life.

In addition, in the process, the doctor contacts the patient's personality, which has changes specific to each situation. In the presence of chronic somatic disease, regardless of nosology, the patient's personality is characterized by a significant change in the motivational sphere, which is expressed in the allocation of a new leading motive - the preservation of life and health.

Medical activity is characterized by intellectual complexity, monotony, risk and responsibility, moral problems, interpersonal conflicts [Larenzova L. I.]. Monotony, moral problems and conflicts are often the causes of psychosomatic diseases of medical pro-

professionals. That is why the professional stress of doctors, especially in a multidisciplinary hospital, is always an urgent problem, the scientific solution of which is within the framework of medical psychology and psychological prevention of professional burnout.

Theoretical Chapter and Literature Review

The problem of predicting the behavior of specialists, including doctors under stressful conditions of professional activity, as well as assessing the likelihood of maintaining their health and performance after exposure to stress factors, has attracted the attention of many researchers (Yu.A. Aleksandrovsky, NN Reshetnikov, N. Tarabrina, V.A. Molyako, V. Lozhkin, A.R. Malkhazova, A.N. Morozov, S.M. Mironets, V.V. Timchenko, V.A. Bodrov, A. Maklakov).

High stress resistance ensures the success of professional duties in medical practice, as well as maintaining the health and health of the physician's personality.

According to L.A. Kitaeva-Smyk, Yu.A. Alexandrovsky, N.V. In modern conditions, the negative consequences of psycho-traumatic situations are characteristic not only for people of "stressful professions", but also for a wide range of people ("trauma to the past", "trauma to the present life", "trauma to the future"). Today it is most relevant for patients who have suffered as a result of hostilities, which complicates the work of doctors of all specialties, since the treatment of migrants and the wounded is, first of all, overcoming the stress from their illness and psychological trauma in the conditions of medical and psychological rehabilitation.

The study of the nature of stress tolerance, the ways and means of its formation and support is important for the personality of the doctor in a number of life and professional events.

In the process of work, the doctor is systematically subjected to psychoemotional influences associated with excessive require-

ments, a high level of control of clinical situations, limited resources for the possibility of their change and improvement.

An analysis of studies and publications indicates that the problem of stress resistance in scientific research was considered as a problem of the barrier of human mental adaptation (Yu.A. Aleksandrovsky, A.V. Waldman, V.I. Lebedev), emotional stability and the ability to control emotions (E. A. Milyan). A number of researchers consider human self-regulation as the basis of stress tolerance (L.G. Dikaya, A.A. Konopkin, V.I. Morosanova, R.R.Sigaev), which depends on certain social and family factors (V. Bodrov) and professional factors, for example , length of professional activity (V. Bodrov, L. Shestopalova).

In our study, we assign special importance to subjective factors - the mechanisms of psychological defense, a tendency to psychosomatic disorders, increased guilt, personal anxiety (Yu. Postilyakova, V. Timchenko) and the personal-semantic sphere (M. Magomed-Eminov, N. Tarabrina).

It was the subjective component of stress tolerance that allowed us to assume that it is most accurately represented in the subpersonality of the doctor - that is, the professional structural-dynamic model of his personality, which can be slightly reflexed, unconscious, and even traumatized by previous experience. A healthy subpersonality of a doctor is, first of all, a part of the personality that is resistant to stress, which is ready for quick self-restoration at the level of self-awareness in the body, emotional stability and flexibility of thinking.

The stress tolerance of the individual is considered by us as a structural-functional, dynamic, integrative property of the personality (subpersonality), which is formed as a result of the process of the individual's collision with the stress factor and includes cognitive representation, an objective characterization of the situation and the choice of the optimal behavior model (coping strategy) in accordance with requirements for solving medical problems. Moreover, in the scientific literature there is no unity in understanding

the term “stress tolerance”. As V.A. notes Bodrov, at the moment there is no clarity and clarity in understanding the essence of stress tolerance, and most authors as a synonym use the term “emotional stability”, the mechanisms and essence of which are better studied.

Stress resistance is considered as the individual ability of the body to maintain normal performance (K.V. Sudakov), the necessary degree of adaptation to the effects of extreme environmental factors and professional activity (V.A. Bodrov), as the ability to social adaptation, to maintain significant interpersonal relationships, to ensure successful self-realization, achievement of life goals with the mandatory preservation of working capacity and health in general (S. Nikiforov).

Low resistance to stress is characterized by a state of physical, emotional and mental exhaustion caused by prolonged involvement in emotionally stressful and significant situations (V. Ababkov, M. Perret).

Thus, in the context of psychosynthesis as a method for the development of stress resistance of doctors, their professional subpersonality as a model of behavior and self-perception can have different levels of stress resistance as an integral psychophysiological state. The most accurate concept that reflects this condition is “experiencing yourself as a doctor during stress.”

Let us analyze the methodological capabilities of psychosynthesis to solve an applied problem - training doctors in a multidisciplinary hospital to overcome professional stress.

Depending on the goals and scope of application, psychosynthesis can be a method of self-determination and practical self-realization, a method of treating mental and psychosomatic disorders caused by internal conflicts and deep crises. This is a method of developing training and education that helps both a child and an adult to realize their true spiritual essence and vocation due to the harmonization of the inner world around a single personality

center - I.

We consider psychosynthesis as a method of personality-oriented (non-medical) psychotherapy of an existentially humanistic orientation, which has its own traditional strategies borrowed from other schools.

Among the traditional strategies in psychosynthesis, psychoanalysis, psychodrama, hypno-suggestion (meditation), art therapy, cognitive-behavioral techniques, auto-training, and symbol-drama elements are used. Moreover, each strategy is implemented in a system of certain techniques that are modified in accordance with the tasks of psychosynthesis. However, this does not mean that psychosynthesis is only an artificial combination of various techniques, since this type of therapy has its own original techniques developed by R. Assagioli and his followers (P. Ferucci, J. Thomas, T. Jomans, M. Brown, M. Crepton) [coachman 2017].

R. Assagioli wrote about psychosynthesis as follows: “If you make an attempt to comprehend psychosynthesis in all its development and in all its hidden meanings, it will become clear that it should not be considered either as a separate psychological doctrine or as a specific highly specialized technique. This is primarily a dynamic and even dramatic concept of our mental life, within which it acts as a constant interaction and conflict between various opposing forces and the “center” that unites them and always tries to control, coordinate and use them. In addition, many techniques of psychological influence are used in psychosynthesis, primarily aimed at the development and improvement of the personality, as well as at achieving a harmonious state and increasing integration with the self. These phases can be called, respectively, “personal” and “spiritual psychosynthesis” [Assagioli 2008, p. 40].

Further, R. Assagioli clarifies that, depending on the field of activity in which the concept of psychosynthesis developed by him is applied, it may become:

1. “The method of psychological development and self-realiza-

tion”, especially for those who are not going to be a slave to their drives and external influences and strive to become the master of their lives.

2. “A method of treating mental and psychosomatic deviations and disorders”, when their cause is a complex conflict between conscious and unconscious forces, as well as in the case of a complex crisis, which, according to R. Assagioli, precedes self-realization.
3. “The method of integrated education”, which is aimed at developing the various abilities of a child or adolescent and helps to realize their true spiritual nature. It is she who makes it possible to become a harmoniously developed personality, which, as you know, is the goal of the modern system of national education [Assagioli 2008, p. 40 - 41].

In the structure of the client’s personality, R. Assagioli singled out such integral substructures that he called subpersonalities. Sometimes this concept is narrowly considered as the social roles of the personality that she has to play daily, or personal qualities (character traits). In fact, these are gestalts that have a socially determined origin with psycho-traumatic content and are separate psychic energies that have relative independence from the conscious self, act independently, and therefore unconsciously affect the behavior and feelings of the client. That is why they manage and regulate the life of an individual in all its spheres: when information about childhood, certain life events, social status and interpersonal problems are stored in our deep memory, this information has a strong influence on the cognitive, emotional and behavioral levels of activity, since it dominates in the field of consciousness depending on its strength [Kucherenko 2014].

In each specific period of time in the field of consciousness of each of us a certain subpersonality may prevail.

Psychosynthesis allows the client to recognize their subpersonalities, namely, to identify (de-identify) with them from the I side,

to deeply realize their nature, creating the opportunity for regulation and unification of their psychic energy around the I (in spiritual psychosynthesis - around the Higher Self). This is the main goal of psychosynthesis.

Psychosynthesis allows a person not only to realize, but also to feel that he is able to independently control his mental activity, that is, to carry out conscious regulation of subconscious processes. Psychosynthetic techniques and exercises allow you to “circumvent” the rational part of consciousness (logical thinking) and “obtain” the unconscious material in which the conflicting components of the person are, realizing their opposition and contradiction.

This allows a person to understand subpersonalities, “seeing, hearing and agreeing” with them about harmonious interaction led by a conscious self. Such a figurative comparison means that as a result of psychosynthesis a person becomes self-identified, integral and united around the self. At the same time, he does not fight with their subpersonalities, but transforms their energy according to their own will. That is, the destructive qualities of a person become constructive and harmonious.

Figuratively speaking, a person who has a low level of self-awareness is a person who is captive to those motives that are determined by its individual parts (subpersonalities) and are subordinate to them [kucherechenko 2018, p. 166 - 186].

It is by this analogy that the personality of a doctor can become rigid when, under stress, he becomes dependent on his profession. In other words, the doctor's subpersonality becomes dominant and, from the point of view of the dynamic approach, is filled with psychic energy, leaving the remaining subpersonalities (for example, family roles) in a deficit status. As a sense of self, such a subpersonality is experienced in any situation and almost constantly as a “perpetual doctor”. Moreover, alternative experiences are not even considered possible: this potential is hidden, or rather displaced into the unconscious. Other subpersonalities are frustrated and therefore cannot be fully realized for the harmoni-

ous functioning of the personality of the doctor as a whole. This further enhances stress, which is regarded as a normal condition and is not reflected as a psychological problem.

On the other hand, a sufficient level of stress (eustress) is the key to the successful completion of extremely complex tasks in work, for example, in the process of surgical operation. Nevertheless, stress tolerance is an alternative state of a doctor's subpersonality, when he can easily reduce even the optimal stress due to his personal resources: the ability to relax, switch, leave emotionally significant events in the past, etc. This allows you to fully satisfy the doctor's subpersonality so that the rest (for example, husband or father) do not experience a deficiency of energy and feel their importance in the structure of a holistic personality, that is, exist in general. That is why the existential view of personality in psychosynthesis makes it necessary to attach importance to all components of the personality that lack implementation in everyday life. The plurality of personality, therefore, is considered as a resource basis for the transformation of its dominant part, which experiences stress and takes it as the norm.

Methodological Chapter

For the study, we chose 2 psycho-diagnostic methods:

1. The questionnaire "Assessment of neuropsychic stress T. A. Nemchina;
2. the test procedure "Your well-being" OS Kopina [].

The questionnaire "Assessment of neuropsychic stress" (T. A. Nemchin) consists of 30 questions, each of which has 3 possible answers. The test subject must choose the option that most characterizes his condition at the moment. Next is the calculation of points. The minimum number of points that a subject can score is 30, and the maximum is 90.

Assessment of the condition of the subject is made on the following scale:

1. From 30 to 50 points - weak or “intensive” neuropsychic stress;
2. From 51 to 70 points - moderate or “intense” neuropsychic stress;
3. From 71 to 90 points - excessive or “extensive” neuropsychic stress.

The interpretation of the results is as follows:

1. The first degree of stress can be called stress only conditionally, since, in fact, there are no signs of stress at all, or their manifestations are so insignificant that the subjects are not inclined to consider their condition as neuropsychic stress. In this case, the subjects did not seem to be “included” in an extreme situation; they were not regarded by them as complex, as requiring mobilization of efforts to overcome it and achieve their goal. In this state, there are not only motives for achieving the goal, but also motives for activity. The subjects do not feel the need to successfully overcome the difficulties that characterize the situation objectively, they are not interested in the result of the activity and are not worried about the possible consequences. The subjects do not note any phenomena of somatic or mental discomfort or, conversely, comfort and do not regard the situation in which they find themselves to be extreme. In connection with this attitude to circumstances, to the conditions of activity, to the tasks that the subjects should solve, they do not show noticeable signs of reaction to the situation and therefore, with an objective study and subjective reports on their condition and feelings, they do not show significant changes that would give the right to regard their condition as a state of tension. As a result, when examining the subjects, the characteristics of their state do not differ from

ordinary, everyday characteristics, both of somatic systems and of the mental sphere.

2. The most common characteristics of the second degree of neuropsychiatric stress are the mobilization of mental activity, increased activity of somatic functioning and a sense of a general upsurge in moral, psychological, mental and physical strength. If at the same time some unpleasant sensations are observed on the part of somatic organs and systems, then they are masked, obscured by a general positive color, a positive emotional background, high spirits, an active desire to overcome difficulties and achieve good results when achieving a goal. Thus, with a moderate neuro-psychic stress, not only the motivation to achieve the goal, the desire for energetic actions are clearly manifested, but also the pleasure of the activity itself is obtained. In the subjects, there is no contradiction between the attitude to the desired goal and the attitude to the often hard work on the way to achieving it, and therefore the efficiency and productivity of their activities are high. With a moderate mental stress in mental activity, significant positive changes are observed:

- The effectiveness of the main properties of attention is growing: its volume is increasing, attention is becoming more stable, the ability to concentrate on the task being performed is increasing, and distraction is decreasing. An increase in the productivity of attention functions is also associated with a certain decrease in switching attention, which ensures the individual is focused on solving the main problems facing him in this extreme situation;
- The memory function changes, although the modification of the mnemonic function under voltage does not have such an expressive and integral positive character as the attention function. If the volume of short-term memorization increases, then the individu-

al's ability to long-term verbal conservation practically remains unchanged, or tends to decrease;

- increases the productivity of logical thinking. It is natural to assume that the increase in the productivity of logical thinking as one of the most important mental functions belongs to the activation of other mental processes discussed above.
- increased productivity, increased accuracy of movements, reduced the number of errors.

Thus, a moderate degree of neuropsychic stress is characterized by an almost comprehensive increase in the quality and effectiveness of mental activity and is such a form of an individual's mental state in which the person's ability to achieve a goal, to perform one or another work is fully revealed.

In the second degree of neuropsychic stress, changes are observed in the dynamic characteristics of the nervous system; in general, it can be qualified as an increase in its activation level.

3. When considering the structural and functional features of overly pronounced neuropsychic stress (strain 3 degrees), it is noteworthy that it is characterized by disorganization of mental activity, significant deviations in psychomotor, deep shifts in neurodynamic characteristics and a pronounced sense of general physical and mental discomfort. Complaints about the violation of the activity of somatic organs come to the fore. Mental disorders also occur, they seem to be in the background, masked by somatic complaints, of which the most frequent are complaints of disorders of the cardiovascular system, respiratory system and excretory system, and only then there are complaints of violations in psychomotor and decrease ability to productive mental activity. The feeling of physical discomfort is accompanied by a negative

emotional background, a drop in mood, a sense of anxiety, anxiety, an acute expectation of failure, failure and other unpleasant consequences of an extreme situation. Although subjects with a voltage of 3 degrees tried to emphasize that they have, first of all, somatic disorders, the most pronounced shifts in them are observed from the side of mental activity. These disorders include impaired attention, mental performance, quick wit, noise immunity, mood, emotional stability, coordination of movements, disbelief in the ability to overcome difficulties on one's own, and hence disbelief in success and the like. With the third degree of neuropsychic stress, there are expressive signs of mental disorders:

- The volume of attention, its stability and ability to concentrate, and the ability to switch attention are especially significantly reduced;
- The performance of short-term memory and the ability to long-term verbal preservation are significantly reduced;
- Tronounced negative shifts are also found in such a characteristic of operational thinking as the ability to solve logical problems;
- The oordination of activities suffers.

The technique “Your well-being” consists of 6 scales for rapid diagnosis of psychoemotional stress:

1. Health self-rating scale. The low self-esteem of health, according to the authors, is associated with an increased level of stress, a low rate of satisfaction with life.
2. Scale of psychoemotional stress L. Reeder. The stress indicator on this scale varies from 0 to 3 points and each researcher is assigned to one of three groups - with high, medium and low levels of psycho-social stress.

- 3. The scale of life satisfaction as a whole assesses the subjective state of satisfaction - dissatisfaction with life.
- 4. The scale of satisfaction with living conditions evaluates the comfort of living conditions, living conditions of the area of residence, etc.
- 5. The scale of satisfaction of basic necessities of life evaluates family relationships, nutrition, life prospects, etc.
- 6. The main socio-demographic indicators. Information about gender, age, education, etc.

Empirical Chapter

A sample of the empirical study included 40 doctors from the Kiev Regional Clinical Hospital: 26 women and 14 men. The main criterion for the comparative analysis was four specialties: therapy, surgery, anesthesiology and laboratory diagnostics. The distribution of subjects in the above groups was quantitatively equivalent (10 people each). The average age of the study participants is 40.5 years; the minimum is 23 years, the maximum is 67 years.

The results of an empirical study are given in tables 1 and 2.

Table number 1

The severity of stress levels in doctors (n = 40)

Stress indicators	Stress levels		
	High	Average	Low
Level of psychosocial stress	8,0%	50,0%	42,0%
Life satisfaction	58,0%	27,0%	15,0%
Satisfaction Level	50,0%	46,0%	4,0%
Level of satisfaction of basic necessities of life	42,0%	46,0%	12,0%

Well-being of doctors of various specialties (n = 40)

Indicators / Specialty	Anesthesiology			Surgery			Laboratory diagnostics			Therapy		
	High	Average	Low	High	Average	Low	High	Average	Low	High	Average	Low
Health Assessment	80%	0%	20%	100%	0%	0%	100%	0%	0%	100%	0%	0%
Psychosocial Stress Level	20%	60%	20%	0%	100%	0%	0%	30%	70%	20%	40%	40%
Level of Satisfaction with Life	80%	0%	20%	30%	30%	40%	50%	30%	20%	50%	50%	0%
Level of Satisfaction with Living Conditions	70%	30%	0%	0%	70%	30%	50%	50%	0%	50%	50%	0%
Level of satisfaction of basic life necessities	50%	30%	20%	30%	40%	30%	40%	50%	10%	40%	60%	0%
The level of neuropsychological stress	0%	0%	100%	0%	0%	100%	0%	0%	100%	20%	0%	80%

According to table 1, we see that most doctors (more than 83.0% - anesthesiologists and 100.0% - other specialties) assess their health status as good. There can be two reasons for this: a) mainly young doctors took part in the survey; b) a subjective assessment by doctors of their own state of health was carried out by them compared with patients undergoing treatment and examination in the departments. This shows the significance of the fact that the doctor's subpersonality comes into close contact with the patient's subpersonality in the system of precisely those relations in which it can actually exist and be realized. At the same time, the unifying center (that around which the subpersonality is formed) can be precisely health as a value.

Anesthesiologists are most susceptible to high levels of psycho-social stress, while most laboratory diagnostics doctors (75.0%) show a low level of this indicator. This may be due to the peculiarities of the work of the anesthesiologist: the need to make quick decisions, work with very difficult patients, contact with the patient's relatives.

The laboratory doctor's working conditions, on the contrary, practically exclude contact with the patient and his family, most of the tests are carried out on high-tech equipment, there are standard operating procedures for performing each technique. In general, 50.0% of the doctors surveyed have an average level of psycho-social stress.

A completely different picture with the level of satisfaction with life. This is a complex characteristic that may indicate other aspects of life that are distinct from the doctor's subpersonality — family, financial, etc. The highest percentage of satisfaction was noted among anesthetists (83.0%), which may be due to the younger age of the respondents, as well as the ability to see a positive result of their work (improvement of the patient's condition). The lowest level of satisfaction with life is determined by laboratory diagnostics doctors (25.0%), who have low financial motivation and are not able to observe the direct result of their work. Thus, despite a fairly high level of psycho-social stress, most doctors have a high or medium level of satisfaction with life.

The following scale reflects the level of satisfaction with living conditions: the most satisfied are anesthetists (67.0%), the least - surgeons (33.0%). In addition, this scale allows us to assume that of the listed living conditions, doctors are most disappointed, and that this adds strength and inspiration. In our case, doctors are dissatisfied with the level of social and legal protection (do not feel safe), working conditions and leisure opportunities. The reason for this may be a relatively low salary, compared with non-medical professions, sometimes a lack of equipment and drugs necessary for work, a ban on strikes, and the need to work overtime to support a family. And balance helps to maintain the ability to receive information, quality housing and living conditions. As you can see, in this case, the relationship between different subpersonalities, which are correlated with various spheres of life, is most clearly traced.

The data on the next scale, reflecting the level of satisfaction of basic necessities of life, were distributed almost evenly. The high-

est level of satisfaction with anesthetists (50.0%), the lowest - with surgeons (33.0%). Among life's needs, the need for rest is least satisfied. Also, most doctors are not satisfied with the life outlook. But family, children and love help balance the level of satisfaction of basic living needs. Here, the close compensatory relationship between the subpersonalities of the subjects is also traced.

Analysis of the level of mental stress shows that the vast majority of doctors in a multidisciplinary hospital have a low level of stress. And only among the therapeutic profile 22.0% of doctors have a high level of psychological stress. This may be due to the peculiarity of the work of a doctor of a therapeutic profile - the so-called "game with three unknowns": it is not known whether the patient will follow the doctor's instructions, how accurate the results of the laboratory examination will be, and whether the patient will receive good medicines. The doctor is in suspense for a long time before he can see and evaluate the improvement in his patient's condition. In addition, the duty of doctors of the therapeutic profile is structured so that during the night all patients of the therapeutic building (usually 7 departments) come to the only doctor with help, all who enter the hospital through the admission department, as well as patients of other profiles in case of the need for urgent therapeutic consultation. It is worth paying attention to the fact that during the study there was not a single case of an average (intensive) level of neuropsychic stress. This may indicate a low level of motivation and interest of medical workers, or be a harbinger of professional burnout.

Applied Chapter

The development of stress resistance in doctors, especially those who, according to the results of an empirical study, received high stress indicators, must be carried out in several stages. This is a holistic program that provides for a set of various methodological strategies and can be implemented in group and individual form.

1. Identification and awareness of the doctor's subpersonality,

its research as a typical experience. It is here that the doctor can directly realize how exactly he is experiencing neuropsychic stress, what unmet needs are in his medical practice, how this is expressed in behavior and interferes with work. For this, we plan to use the free drawing technique, guided visualization, metaphorical associative maps, and projective techniques.

2. The transformation of the doctor's subpersonality through dialogue with her. This psychodramatic or hypno-suggestive strategy for working with subjects is supposed to give them a model of a doctor who knows and knows how to overcome stress. This technique is often used in imagotherapy, which was anticipated by psychosynthesis. That is, at this stage, the image of the desired state of the doctor's subpersonality is determined. Additionally, meaningful meditation techniques can be used, as well as the construction of an ideal model. Particular importance is planned to be given to working with opposites and experiencing the ambivalence of feelings.
3. The introduction of transformed subpersonalities in everyday work. At this stage, a kind of training takes place: the doctor "ground" a new state in the process of real work, trying to focus on the experience gained earlier. That is, the anti-stress model of activity is a behavioral system that was formed at the previous stages in specifically experienced images and gradually becomes a familiar state during work. Moreover, this is the deliberate formation of new stress relieving skills (for example, deep breathing, muscle relaxation), which can gradually become new professional habits.
4. Feedback from the experience gained in transforming the doctor's subpersonality. The definition of new connections with other subpersonalities, the assertion of the ability to self-control and self-observation as a fundamental task of psychosynthesis. In this case, it may be necessary to offer additional exercises for the development of the will and other missing personality traits.

Thus, the applied capabilities of psychosynthesis are the task of future research, which must be built on the basis of these stages of preventive and developmental work with subjects. We began to carry out this work and plan to cover it in subsequent scientific works after its completion.

Conclusions

A theoretical analysis of the literature showed that the problem of stress resistance of primary care physicians in a multidisciplinary hospital requires careful study from the standpoint of psychosynthesis, since this method is fundamentally based on psychoeducation - teaching the subject the skills of self-therapy and self-help. Since medical activity is undoubtedly stressogenic, it is necessary to consider it from the perspective of its subject - in this case, the doctor's subpersonality.

It is the dominant position of the doctor, as can be seen from empirical research, that occurs among surgeons, therapists, and laboratory diagnostics doctors, albeit for different indicators. This state of affairs cannot but cause stress of varying intensity, the growth of which increases the risk of professional burnout.

We do not exclude that low stress resistance is the result of the influence of other factors that can be represented in the minds of doctors as separate subpersonalities - financial, family, creative, etc. Therefore, in our proposed program for the development of stress tolerance, an additional task will be the development of all the missing sides of the personality, in which additional resources are hidden and which have an auxiliary function in the implementation of the professional tasks of the doctor.

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