

## INTRODUCTION

The problem of the healthcare industry optimization is closely connected with the problem of its human resources (Leonova, 2013).  
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this professional group in general.

The increased interest in the sociology of professions and professional groups in general, is a modern international trend, which



Generally, the analysis of recent studies in this area gives the possibility to determine the main research areas in the context of the three aspects of professionalization, considering it as:

- *Social phenomenon*

- *The process of mastering a particular professional activity*, as a process of human inclusion into the professional sphere, and, as a consequence, - subsequent acquisition of the required professional skills – *the individual professionalization*;

- The system of social institutions regulating the process of gaining professional role by the person, which in turn enable effective use of his/her potential.

The study of modern professional role of the doctor in the context of its social characteristics interpretation by T. Parsons: scale, obtainment method, the level of emotion, formalization and motivation, is interrelated with sociology of medicine, which gives the possibility to reveal social, psychological and somatic determinants of professional development of the individual in their integrative unity (Parsons, 1939).

Modern researchers consider professional deformations as the destructive changes of personality resulting from professional occupation. The development of professional deformations is determined by many factors: various ontogenetic changes, age dynamics, profession content, social environment, vital events and random moments.

Modern researchers consider the main socio-psychological determinants of professional destruction of personality, as professional activity stereotypes, psychological protection mechanisms, professional development stagnation, psycho-physiological changes beyond professional development and accentuation of personality traits.

## RESULTS AND DISCUSSION

deviations in the professional role of the doctor in the context of various medical specialties.

**Research object:** Individual professionalization of medicine.

**Research subject:** Professional deformation of doctors.

The comprehensive examination of doctors was carried out in model groups, which included therapists, surgeons, doctors having (questionnaires, survey, content analysis) and qualitative (observation, case studies) sociological methods and techniques of psychological testing and social diagnostics. This gave the possibility to explicate the number of professional deformations of the considered professional activity:

The noted dominance of organizational qualities in the dichotomy of "communicative-organizational qualities" among therapists, against the background of low level of communication skills, can be interpreted as **dominance**, expressed in partial satisfaction of the

According to the obtained results, the average index value of communicative qualities in model groups of surgeons and doctors level" (Table 1). It should be noted that the average value of this indicator for therapists refers to gradation "below average"

The average value of organizational qualities of doctors of all groups (Table 1) corresponds to the gradation "below average" ( $p > 0.05$ ). Analysis of the average values suggests that communicative better developed than the organizational ones. The organizational

skills of therapists from the model group, on the contrary, are more developed, their average index value is higher as compared with the

According to the distribution analysis, half of subjects (49.8%) in the group of surgeons had communicative properties marked as "low" and "below average" in another half of subjects - "high" and "very high". Thus, persons with "very high" gradation rates constituted a

0, 05). At the same time, it should be noted that almost every third surgeon (33.2%) had "low" index of communicative qualities.

indicators of properties corresponding to "low" and "below average"

of the examined therapists (28.4%) has adequate communication properties.

and skills can be considered as objective reason, which causes development of this deformation. Professionalism is inherently characterized by a hierarchy of competences (T. Parsons) in the expert-client relationship, which determines the superiority of professional (expert) over the recipient of professional services.

The low level of communicative control among doctors of all model groups (Table 2) allows explicating authoritarianism, which excessive straightforwardness, arrogance.

According to Snyder's interpretation, persons with average level of communicative control are characterized by sincerity in dialogue, restraint in expressing their emotions, respect for the opinion expressed by other people. Most of these individuals were found in a group of therapists. Individuals with high level of communicative control that were outnumbered in this study, could easily cope with

can foresee the impression they make on others. However, they are characterized by impeded self-expression spontaneity; they do not like unpredictable situations. Persons with low communicative control (about one third of all examined persons) are characterized by excessive straightforwardness; they do not consider it necessary to adjust their behavior with regard to the situation, which obviously does not meet the requirements of the considered professional role.

This deformation is especially pronounced in the model group demonstrate low levels of communication skill "to listen to the interlocutor." According to the obtained data, the average value ( $M \pm m$ ) of this index for therapists and doctors having non-therapeutic

corresponds to the "average" gradation.

According to the distribution analysis, most doctors demonstrated high and average values of the studied phenomenon. The largest number of persons with high values was observed in the group of therapists (61.5%) and in the group of doctors having non-therapeutic

In this regard, it should be noted that the number of persons with low

The authors believe that, prerequisites for the development of authoritarianism are also determined by the paternalistic model of interaction between doctor and patient. The doctor superiority is

especially typical for surgeons, keeping in mind the fact that not only health, but also the patient's life may actually depend on the doctor's skill.

The considered deformations are largely determined by emotional problems in communication, such as rigidity, improper display of emotions, inability to manage emotions (especially pronounced in

marked by communication interference of the third level (Table 3). Disturbances in communication against the background of emotional problems could be conditionally called as communicative complex.

Communicative disturbances, such as reluctance to associate with people on an emotional basis, emotional and personal

social orientation, marked among doctors of model groups, cause professional indifference.

The prevalence of resistance phase symptoms determines dominant symptoms of this phase. Thus, the comparative analysis of indices related to model group of doctors having *therapeutic*

time, surgeons in this phase are often characterized by the symptom of "psychosomatic and psychovegetative disorders" (16.6 and 0%, p

Consequently, compensatory mechanisms for therapists are presented by emotional detachment, i.e., indifferent attitude to patients, for surgeons – by replacement of moral imperatives.

In general, the distribution analysis gave the possibility to make formed due to the high prevalence of "inadequate selective response"

symptom in doctors and (to a lesser extent) – due to the symptom

in medical profession. At the same time, the second peak, in the

of resistance phase at immature stress stage is typical for protective reactions of professional stress.

## **Professional Dogmatism**

attitude of doctors towards a healthy lifestyle.

The model groups of therapists and doctors having non-interpreted as personal orientation on the set course of behavior and stereotypes, which gives the possibility to determine conservatism as professional deformation.

symptoms as a reduction of professional responsibility and the emotional and moral disorientation, cause the loss of empathy, psychological indifference of doctors, whose professional actions, socially revealed in caring about the patient (anamnesis, complaints) are transformed into social hypocrisy.

The low level of communicative control, psychosocial orientation suggest the development of role expansionism as a type of professional deformation, which is revealed in the hard line of behavior, unwillingness

level of communicative control, the dominance of negative emotions,  
low empathy, egocentric installation (15-25% of managers)

The incompatibility of neuro-emotional and physical stress of medical practice and institutional status and professional valuation parameters leads to deviations in the professional role of doctors, explicated as professional deformations, which can be divided into two groups: general professional (authoritarian, communicative complex, professional indifference, professional dogmatism, social hypocrisy) and special (dominance and conservatism - for therapists, role expansionism - for medical leaders).

This study provided explication of the factors that reduce social effectiveness of innovations in medical practice and determine the need for a system of sociological monitoring of professional activities of doctors with a view to develop measures aimed at the development of their creativity in particular, and at the improvement of medical care quality in general.

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