Coping Strategies for Prevention of Professional Deformations among Social Workers

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ABSTRACT

Professional activity is one of the main components of human life, such things as formation and development of abilities, cognitive processes, realized potential and extension of personal qualities take place here. Besides, each profession, being a sort of labor activity, demands a certain preparation, both theoretically, and in acquisition of practical skills. However, despite the importance of the profession for the person, its role can be not only forming, but also deforming. Inability to cope with the destructive components of one's work causes professional stress. The world health organization classifies professional stress as a global disease of the twenty-first century because it is widespread throughout the world and manifests itself in a large number of employees in any field of activity. In this regard, the problem of stress resistance is relevant, especially for representatives of social professions, whose professional activities involve numerous risks and psycho-emotional stress.

Keywords: professional deformation, coping, social work, professional adaptation

INTRODUCTION

Social work in Russia, which appeared in the nineties of the twentieth century, due to transition to a market economy, today acquired the status of professional activity, based on the developed methodological base and formed system education of staff. More than 400 thousand people work in the social sphere in Russia today, and more than 100 governmental higher educational institutions train specialists of social work. Social work as a professional activity becomes both an object of theoretical research, and a material for analysis and generalization of practical experience. The observation of twenty-seven years experience of professional social work in Russia makes it possible to study the phenomenon of professional deformation of specialists in social work and ways to overcome and prevent it.

According to E. A. Klimov, specialists of this field should have a large list of individual qualities and characteristics that will allow them to apply the skills of self-regulation in stressful situations, to solve non-standard problems in terms of psycho-emotional stress and increased sociopsychological requirements [1]. The presence of certain qualities of the person will act as factors of professional suitability and promote adaptation to stressful situations.

Modern conditions of professional activity of the specialist of social work dictate the increased requirements to adaptive opportunities of the personality. One of the important psychological mechanisms of human adaptation to deforming social conditions is coping with professional stress and emerging difficult situations [2-5].

The main ways of adapting to difficult and stressful situations are the mechanisms of psychological protection and coping mechanisms (coping) behavior. Despite the fact that coping behavior and safety mechanisms are based on identical processes, they differ in their focus – either on productive or on weak adaptation. Psychological protection mechanisms are realized within the framework of unconscious psychic activity and aimed to reduce psychological discomfort from destructive factors of professional activity. Thus, professional destructions will be

one of the mechanisms of psychological protection arising in the workplace, but they will not contribute to the full adaptation, but can contribute to the development of professional or psychosomatic diseases.

If we focus on conscious purposeful behavior that helps a person to cope with difficulties, so we need to talk about the styles and strategies of coping behavior [6].

The concept of "coping" (from English cope – to overcome) – or "overcoming stress" is considered as an activity of an individual to keep or maintain a balance between the requirements of the environment and the resources that meet these requirements. The purpose of "coping" is to adapt the person to the requirements of the situation as best as possible, allowing him to master it, to weaken or soften these requirements. With regard to the professional sphere, the main task of "coping" is to ensure and maintain the professional wellbeing of a person, prevention of professional deformations to improve physical and mental health and satisfaction with social relations.

It should be noted, that in the psychological literature there is no definitive understanding of the effectiveness of coping behavior. E. Heim claims, for example, that adaptive coping strategies lead to successful overcoming and non-adaptive strategies determine unsuccessful coping [7].

Coping behavior, features of its formation and manifestation was developed by representatives of social-psychological theories (S. Folkman, R. Lazarus, A. Main, Q. Zhou, L. J. Luecken, X. Liu, G. M. Alarcon, J. B. Lyons, B. F. Berezin, C. S. Carver, M. F. Scheier, J. K. Weintraub, E. Greenglass, K. Runions, J. D. Shapka.

Currently, researchers are gradually focus their attention on how people respond to stress. The concept of coping becomes one of the central aspects of the modern theory of stress, and coping-overcoming stress, begins to be considered as a stabilizing factor that can help the individual to maintain psychosocial adaptation during the period of stress or, more precisely, stress factors. According to S. Folkman and R. Lazarus, there are two main aspects of coping behavior:

- problem-focused coping, which is understood as an attempt to improve human-environment relations, by changing the cognitive assessment of the situation;
- emotionally-oriented refers to thoughts and actions that aim to reduce the physical or psychological impact of stress.

Both of these aspects manifest themselves in most stressful situations. Their quantitative ratio depends on how the stressors are evaluated. Evaluation of what is happening plays an important role in the process of human evolution, it affects the intensity and nature of emotions that a person experiences when encountering problems.

There is currently no single unified classification of coping strategies. In addition to the proposed R. Lazarus and S. Folkman division of coping focused on the problem and emotions, there are other types of coping behavior. L. Perlin and co-authors describe the following three variants of coping behavior.

1. Coping, aimed at incentive.
2. Coping aimed at an emotional response.
3. Coping aimed at evaluation.

Longitude studies of personality development in childhood, allowed G. C. Murphy and Moriarty to distinguish two types of coping, referred to as the authors of "coping 1" and "coping 2". Coping-1 is characterized by active solving of problems and use of convenient cases to achieve an effective response to the requirements of the environment. When you use a coping 2 the particular importance has the inner harmony and balance, mobilization of resources for the maintenance of internal integration under stress. D. Murphy defines coping as trying to cope with a new situation that is potentially threatening, challenging, or pleasurable.

T. Wills and S. Shifman proposed division of anticipations on coping and recovery. Anti-scoping coping is seen as an anticipatory, foreseeable response to a stressful event whose origin is expected as a means of controlling the events that will occur. Restorative coping is considered as a mechanism that helps to regain psychological balance after the unpleasant events. Quite often, this type of coping can deal with the effects of stress.

The impact of coping sequencing on their effectiveness is still poorly understood, but studies show that the frequency of coping strategies and the diversity of their repertoire are positively related to problem solving and success in coping with stress [8].

As a result of theoretical and experimental studies, it was shown that to cope with stress, each person uses his own strategies (coping strategies) on the basis of his personal experience and psychological reserves (personal resources or coping resources). Therefore, stress-overcoming behavior began to consider as a result of the interaction of coping strategies and coping resources.

MATERIALS AND METHODS

Methods of Research

To reveal the influence of coping behavior on the development of professional deformations of social sphere specialists, the authors used the following research methods:

1. Analysis of psychological and pedagogical literature.
2. Methods of empirical data collection (questionnaire of 450 social work specialists of social protection and social service institutions in Yekaterinburg, Russia).
3. Methods of applied research (In-depth interview of young specialists in social work of organizations of the social sphere of Yekaterinburg with different administrative structure and different levels of subordination (state and charitable organizations).
4. Methods of data processing and interpretation: quantitative and qualitative analysis of the obtained results, generalization and development of recommendations.

The object of research is interdisciplinary, so the work has spread scientific methods and principles of Humanities and natural Sciences, in particular methods of abstraction, analysis, scientific generalization, methods of social modeling.

The Experimental Base of the Research

While organizing experimental research in accordance with its objective and goals in the number of respondents were included: 450 specialists of social work of the city of Yekaterinburg in the 2015-2016 academic year to identify the causes and factors of professional deformation among the specialists of the social sphere. The sampling corresponds to the distribution of quotas in the structure of employees of institutions of social protection and social services in Yekaterinburg, Russia.

RESULTS AND DISCUSSIONS

During the research among 450 professionals in social work, Yekaterinburg, Russia 2015/2016 for identification of the causes and factors of professional deformation we used the questionnaire "Ways of coping behaviour" (Ways of Coping Questionnaire, WCQ), developed by Richard Lazarus and Susan Folkman, adapted by T. L. Kryukova, E. V. Cuttack, M. S. Zamyshlyaeva in 2004, further standardized in psychoneurological research Institute of Bechtereva under the leadership of L. I. Wasserman. On the base of this technique, it is possible to identify a wider range of coping strategies that respondents use to overcome difficulties:

– Confrontation is an opposition between a person and a situation. Such strategy used by an individual as an aggressive response to certain circumstances, i.e. a person takes the situation to be hostile and responds to it with aggression. This strategy has its "pros" and "cons". Using of this coping strategy is appropriate in the case of a certain threat, eliminating that by direct energy, you can change the situation for a better for yourself or someone else. But confrontation has two significant drawbacks: first, if the threat is not a real threat and is not personalized, you can only complicate the situation or further harm yourself; secondly, often the use of this strategy implies a crime against the law, and you need to seriously weigh everything before you use it.

– Self-control is a person's desire to suppress emotional feelings, in order to resort to reasonable deterrent actions. This method of coping strategy is appropriate to use during emergencies, force majeure, as well as during quarrels with an equal opponent. Self-control has a negative side: if there is a situation when you simply need to show your anger and emotions in order to cope with bluffing opponent.

– The search of social support is an individual's desire to seek for help of like-minded people or just of people around. This method of coping strategy is appropriate to use during personal grief, loss, misfortune, so as not to be alone in difficult times and to cope with stress quickly. However, social support has its drawback - it is to be used appropriately, and not in any situation, for it can lead to a negative opinion about the person, and let the person itself look disable.

– Avoidance - when a person leaves the problem in every possible way, such a strategy is also called a transfer of responsibility. This technique is inefficient. Avoiding coping can be useful in situations of short-term stress, but in the case of long-term stressful situations avoidance is regarded as non-adaptive reaction.

– Planning of solving of problems is the human desire to develop a specific plan to exit the created situation. This method of coping strategy is more appropriate to use in the upcoming dangerous situations, but if the

upcoming problem is over the capabilities of the individual, the planned solution of problems may not succeed.

– A positive overestimation is a person's desire to see the positive aspects in any situation. This method of coping strategy is appropriate to use when little depends on the person, for example, rethinking values after the disease, the accident. The method of positive overestimation will be ineffective if during the impending unpleasant situations to turn their thoughts into another, at that time not the right direction.

– Accepting responsibility is a person's desire to accept all his mistakes, to solve them, and to learn a certain lesson. This method of coping strategies is often used by strong and strong-willed people who, in most cases, find a way out of a situation. However, the adoption of responsibility has its drawback – no matter how serious and responsible a person is, he / she will not solve the problems over his / her possibility.

Distancing is a person's desire to solve a problem at a distance. This method of coping strategies is also called postponing responsibility – it is appropriate when an opponent is furious, or the problem can spread to the individual, but if the spacing is used in other circumstances, the person will not only not solve the problem, but will make it worse for yourself and others.

According to the authors' opinion, that we kept to in the hypothesis of our study, the division of behavioral strategies into adaptive and non-adaptive, should be relative, since traditionally considered ineffective strategies in some situations can lead to successful coping.

For example, the desire to avoid the conflict can be effective when active action can only exacerbate the situation and lead to even greater negative consequences. In some cases, it may be more appropriate to move away from the immediate resolution of the conflict and return to its subject when negative emotions will go away. Thus, using emotional strategies to cope with a conflict situation can also be an effective tactic of behavior. Avoiding (in an obvious way) does not make it easier to solve the problem, and with frequent application can only contribute to the accumulation of new problems. Self-incrimination, in turn, can be a source of depression, preventing the search for more constructive explanations and thereby even more lowering psychological wellbeing. However, even with respect to these strategies, we can't say about their unambiguous unproductivity [9].

Coping strategies are extremely diverse. To date, various researchers have identified more than 400 strategies to overcome life's difficulties and many attempts have been made to classify them. Coping behavior not only develops in the subject, but it can be purposefully formed, teach it with the goal of enhancing psychosocial competence. It is the choice of constructive strategies of coping with difficult situations that ultimately becomes a factor determining the success of personal development, its integrity, maturity, stability [10].

Social workers, by the nature of their activity, are the first to face the problems of people in crisis and difficult situations. The extreme nature of their professional activities causes a high level of professional stress, which leads to a decrease in the effectiveness of their professional activities and determines the need to evaluate and form adaptive types of coping behavior in the form of coping strategies and coping resources.

The professional activity of specialists in social work has a pronounced stressful nature, which causes a high level of psychosomatic diseases [11]. These diseases include, first of all, diseases of the cardiovascular system (hypertension, neurocirculatory dystonia, coronary heart disease), as well as diseases of the digestive system (gastric ulcer or duodenal ulcer, chronic gastritis, duodenitis).

According to the results of our study, it can be noted that the majority of respondents named diseases that are inherent to social work professionals. Thus, most of the cases are cardiovascular diseases - 51% of respondents, diseases of the spine, eyes, gastrointestinal tract were noted by 46% of respondents, diseases of the nervous system (psycho – emotional burnout, psychosis, neurosis, chronic fatigue, increased anxiety, depression, nervous breakdown, psychosomatic diseases) were noted by 44% of respondents, in addition, dependence (alcohol or nicotine) was noted-34.9% of cases and viral diseases – 32.2%. Thus, it is possible to notice colossal influence of professional stress on health of the worker that causes need in studying of ways of adaptation to specifics of a workplace without damage to health of the employee.

Studies have shown that factors such as emotional, psychological and physical overload, stress, high moral responsibility for customers and the results of their activities, work in the time deficit, etc. reduce the functional reserves of the body, up to their complete exhaustion. The influence of these factors in full or partial inability of employees to deal with them, contributes to the emergence of non-adaptive neuropsychiatric conditions and psychosomatic diseases. This allowed us to assume that the coping behavior of social work professionals is related and determines the level of their psychosomatic health.

Selection of coping strategies depends on the problem and the response of the individual on it. Currently, there are many strategies that collectively represent a whole technique aimed at combating stress. Depending on the type of stressor and the quality of its evaluation and the breadth of mastering the spectrum of strategies, adaptive reactions can change. Research shows that specialists in social professions often do not develop their adaptive potential, using only strategies that have gained with experience. Thus, researches of Denisova O. and Ponikarova
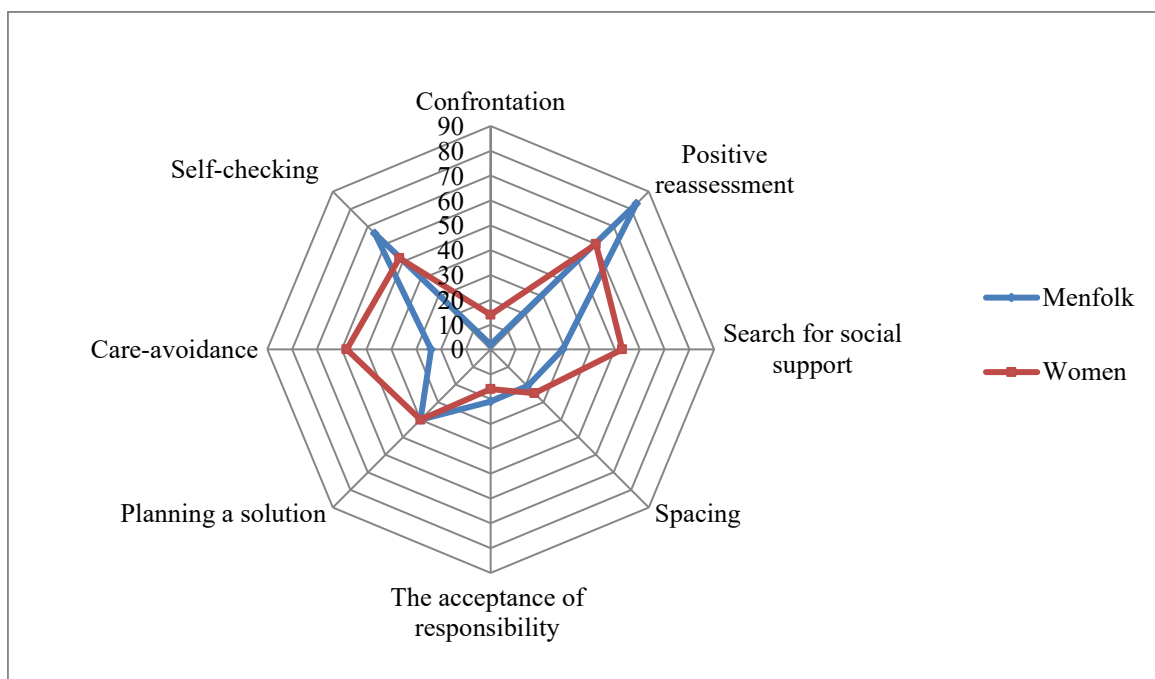
Figure 1. Gender-specific selection of coping strategies

V. have showed that of the 700 teachers-defectologists 25.1% have of the most developed maladaptive coping behavior. The standard style of coping behavior, characterized by stereotyped response was observed in 57.8% of teachers. The results of the study also indicate the insufficiency of the use of coping behavior in the professional activities of teachers-defectologists [12].

The effectiveness of overcoming professional deformations directly depends on the strategy of the specialist's behavior in a situation of professional stress. The high level of formation of all coping strategies suggests that the reaction to different types of stressors can be selected from a large list, which develops on the basis of self-development, theoretical and practical experience of coping with stress. This coping ratio contributes to a more effective resolution of extreme situations and minimal impact on the emotional state of the person, but only if the methods of struggle will be chosen depending on the circumstances. Otherwise, the solution will not only be ineffective, but also likely to aggravate the situation, which will have a devastating impact on the process of adaptation to difficult situations.

In our study, we examined the mutual influence of coping and socio-demographic characteristics of professional activity (in the **Figure 1**). We focused on the dependence of the use of coping strategies on gender, education, relevant or not relevant specialty, on the age and length of service. We also considered what strategies are chosen by experts with constructive and destructive professional deformation.

Researchers [13] note that there are differences in the preference of coping strategies between men and women. In many works the authors confirm the conditionality of the way of coping with life's difficulties according to sex-role stereotypes: women (and feminine men) tend, as a rule, to protect themselves and solve problems emotionally, and men (and masculine women), on the contrary, instrumental, by converting the external situation [14].

Our study of gender conditionality of coping behavior strategies confirmed the theories of the authors and showed that men are more focused on the problem, prefer adaptive strategies such as "positive reassessment", "problem planning", "self-control", rarely use passive coping "confrontation" and do not resort to "search for social support". It can therefore be concluded that men are more active in overcoming the situation than women. Among men in the first place is a problem-oriented coping, so the least men make a choice in favor of the strategy of "care-avoidance". Women, on the other hand, are more likely to choose a strategy of care-distraction, as well as "search for social support", since the emotional side of a difficult situation is more important for them than the active fight against it. Thus, we can talk about the determinacy of the features of choosing coping strategies by gender of a specialist.

According to the study it can be confirmed that compliance with the level and direction of formation, of the position affects the formation of coping behavior and the use of adaptive coping strategies in situations of professional stress – specialists whose education corresponds to the position tend to use active coping strategies more often than the ones working at not corresponding positions (in the **Figure 2**).
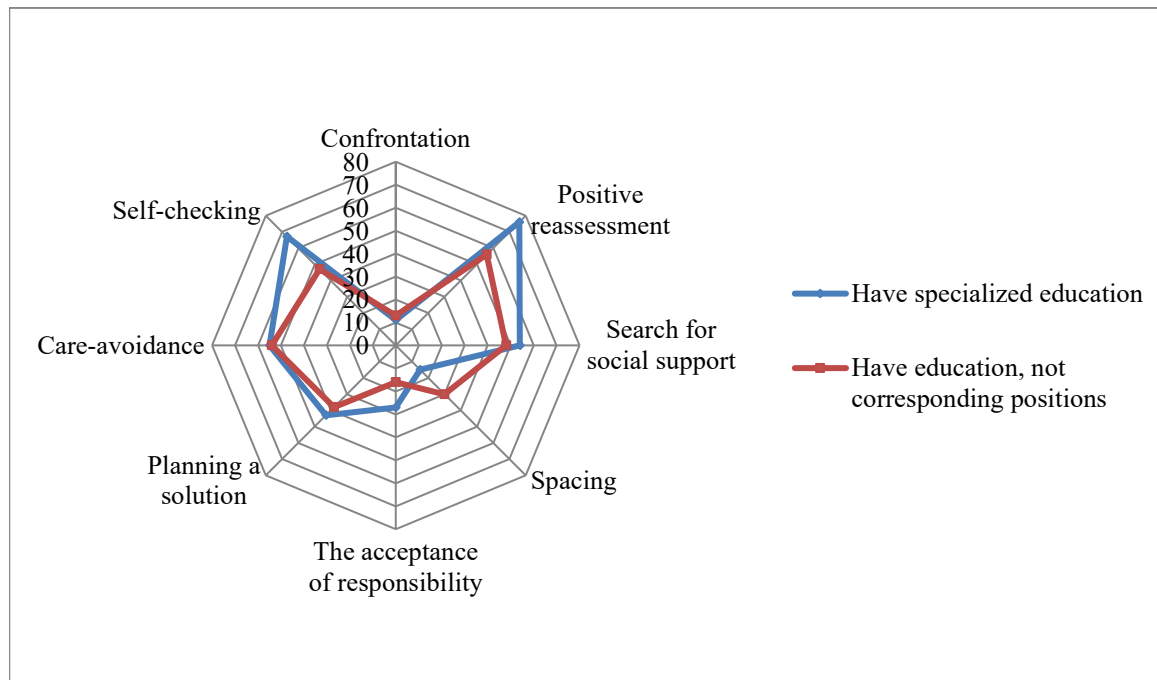
Figure 2. Dependence of the formation of coping strategies on the availability of specialized education in social work

Table 1. Age-related differences in the choice of coping strategies

Strategy	Up to 25 years	26-30 years	31-40 years	41-50 years	Over 50 years
Confrontation (-)	16%	2%	23%	3%	0%
Positive reassessment (+)	81%	72%	51%	44%	79%
Search for social support (+)	66%	40%	40%	66%	51%
Spacing (-)	31%	16%	32%	15%	13%
The acceptance of responsibility (+)	22%	23%	16%	9%	38%
Planning a solution (+)	52%	52%	28%	44%	28%
Care-avoidance (-)	68%	41%	54%	50%	57%
Self-checking (+)	71%	57%	40%	43%	79%

However, despite the presence or absence of education, we can note a very small difference in the preference of coping strategies. Thus, we can talk about the impact of professional deformation (constructive or destructive) on the formation of ways of a specialist to respond to stress (in the **Table 1**). After adaptation and further socialization in the labor collective, the employee begins to broadcast patterns of behavior and response accepted from colleagues, but with an orientation to his/her past experience gained with education.

Many works of Russian and foreign scientists are devoted to the study of dynamics of coping style with age [15, 16, 17]. According to the theory, with increasing age there is a tendency to move from active forms of coping to more passive ones [18]. We agree that with age preferences in the choice of coping strategies in professional activities change, but:

Among beginners (up to 25 years) specialists developed and used all coping strategies, and not only those that are aimed at solving the problem situation, as noted in theory. They use both "avoidance" and "self-control" with equal frequency.

Beginners (up to 25 years) and young (26-30 years) experts often choose problem-oriented coping strategy "positive reassessment", but often use the strategy of "care-avoidance", trying to shield themselves from a stressful situation, in addition, the strategy of "taking responsibility is very understated" (compared to experts of pre-retirement age), which indicates unwillingness or inability to take responsibility for solving complex situations. The choice of strategies "care-avoidance" and "spacing" in young professionals (26-30 years) is reduced compared to beginners, that is, they are not trying to escape from traumatic situations, and try to resolve them.

With increasing of experience of professional activity of specialists of the age from 31 to 40 years, the set of active coping strategy reduced, giving place to the non-adaptive. In our view, this situation can be related to several aspects: the crisis of middle age, professional crises, the lack of realized ambitions, dissatisfaction with occupied

Table 2. The dependence of the choice of coping strategies from the experience of professional activity

Coping strategy	Less than 5 years	From 5 to 10 years	From 10 to 15 years	More than 15 years
Confrontation	17%	6%	2%	10%
Positive reassessment	66%	54%	65%	60%
Search for social support	48%	51%	58%	50%
Spacing	31%	21%	5%	13%
The acceptance of responsibility	16%	24%	21%	35%
Planning a solution	40%	50%	47%	10%
Care-avoidance	58%	52%	44%	45%
Self-checking	55%	55%	42%	60%

position and, as a consequence, the commitment to professional deformations. These factors are reflected in the strengthening of the strategy of "confrontation", aimed at the splash of emotions and aggressive response to difficulties in the working process, enhanced strategy of "distancing", involving emotional "off" from a stressful situation. In addition, significantly reduced is the use of coping strategy "positive reassessment", the specialist rarely begins to look for positive points in difficult situations, the strategy of "planning solutions" is reduced compared to young professionals twice, "acceptance of responsibility" also goes to "zero". Thus, due to personal difficulties, the adaptation mechanism of specialists at this age (31-40 years) changes the priorities and strategies of action in stressful situations, focusing more on self-preservation than on the workflow, because of this, it is more susceptible to professional deformation, because he/she uses mainly the strategy of non-adaptation.

By the age of 41-50 years, the strategy of confrontation is decreasing, giving way to the strategies of "positive reassessment", "search for social support" and "avoidance". Coping strategies "self-control" and "problem solving planning" are used, although coping "acceptance of responsibility" is practically not used at this age. This ratio of the choice of coping strategies suggests that experts are focused on actively solving difficulties, avoiding emotional overstrain, but they are not ready to take responsibility for the situation in the workplace, perhaps actively using the strategy of "search for social support" they are trying to redistribute responsibilities or discuss controversial issues with colleagues.

Specialists with extensive professional experience, over 50, have the main strategies of behavior: "positive reassessment" and "self-control". This group of respondents differs from the rest by the highest level of formation of coping strategy "acceptance of responsibility", therefore, we cannot agree with the theory that among the "senior" group the focus on the problem or task decreases, and the tendency to move away from the problems increases.

Thus, according to our research, we can talk about the dependence of formation and choice of coping strategies on the age of the specialist. But, if the scientific sources say that the choice of coping with age is descending, according to the results of the study, you can see the correlation with the professional human crises and the stages of professional adaptation and, if young professionals are more focused on "finding a solution", then specialists with experience are guided by the assumption of responsibility.

In V. A. Bodrov's researches it was established that professional experience can influence system of an estimation of stress by the person and strategy of its overcoming [19]. We have also identified the relationship between the experience of professional activity and the degree of coping in stressful situations (in the **Table 2**).

While processing the results of the study, the following regularities were revealed: the dynamics of the features of coping-behavior falls on the initial stages of career, on the adaptation period and the period of primary professionalism; specialists with experience of less than 5 years develop and use all coping strategies, which is an indicator of the high level of development of adaptive abilities.

Specialists with experience of 5 to 10 years use all coping-strategies, but less of all – the strategy of confrontation. This combination of coping behavior can contribute to the development of balance, reduce anxiety, the development of strong-willed qualities. These characteristics will contribute to more effective coping with stressful situations in professional activities, minimizing emotional tension.

Specialists with experience from 10 to 15 use a variety of coping-strategies, but prefer problem–oriented coping and much less likely to use strategies of confrontation and spacing. Their professional activities are characterized by sociability, energy, optimism, initiative, enterprise, they are successful in situations of labor communication and strategic decision-making. They have low level of depression and anxiety.

Specialists with experience more than 15 years have already formed coping behavior based on the experience of coping with a variety of difficult and stressful situations, so they use only part of the strategies that meet their ideas of "correct" response to a particular problem. As work experience increases, such strategies as "taking responsibility" and "self-control" develop, but the "problem-solving planning" strategy decreases noticeably,

Table 3. Dependence of the type of professional deformation on the choice of coping strategies

Coping \ Deformation	Positive	Negative
Confrontation	6%	20%
Positive revaluation	73%	51%
The search of social support	55%	44%
Spacing	17%	32%
The acceptance of responsibility	23%	17%
Problem solving planning	47%	31%
Self-monitoring	62%	45%
Care-avoidance	26%	52%

which can contribute to reduction of professional duties and "automatic" work. However, this may indicate on the development of an individual style of professional activity, as well as reduced mobility and the use of adaptive mechanisms.

While analyzing the experience of work and features of the coping strategy selection, we found out that the choice of a coping strategy plays a significant role in the formation of professional and personal potential. Preference for constructive coping strategies contributes to the formation of a higher level of professional and personal potential, and, therefore, to improve the efficiency of professional activity, increase adaptation.

In addition, all significant differences are concentrated around the group with an experience of work of more than ten years (the period of professional stabilization), which suggests that during the professional development a stable style of coping- behavior is formed, which remains quite stable in the future.

In the results of the research we have revealed the ratio of the use of coping-skills among professionals who have been subjected to constructive and destructive deformation in the process of professional activity. According to our hypothesis, employees who use inefficient coping strategies in coping with difficult situations, experience difficulties in professional adaptation and are prone to destruction (in the **Table 3**).

Thus, according to the results of the study, experts with constructive and destructive professional deformation use a different ratio of coping strategies. Despite this, we can note the formation of all strategies of coping behavior, which suggests a rich arsenal of coping methods, which used by experts. As mentioned earlier, the aim of coping-competence is a skillful use of behavior strategies in accordance with the situation in which the individual is located. Thus, we see that respondents who note the presence of structural deformations often use strategies of "positive reassessment", "self-control", "search for social support" and "planning for a solution", rarely use "confrontation" and "distancing", because they reduce emotional involvement in the production process, slowing down the processes of adaptation, but sometimes they are necessary when there are absurd situations that should not be taken "to heart." Specialists with destructive professional deformation have the opposite ratio of coping-strategies, which indicates about the need of choosing of more effective response to stressful situations in their professional activities.

CONCLUSION

Our research has shown that the most effective is the optimal use of all behavioral strategies, depending on the situation. At the same time, researchers of coping behavior do not deny the fact that coping strategies are dynamic system-structured entities. This leads to the conclusion that in coping competence, active and passive coping strategies form a single system, where active coping strategies form, as a rule, adaptive forms of behavior under stress, and passive strategies lead to a decrease in emotional impact in a stressful situation. In some cases, a person can independently cope with the difficulties encountered, in others he needs the support of others, in the third he can simply avoid a collision with a problematic situation, thinking in advance about its negative consequences.

Working conditions, the maintenance of labor tasks, the implementation of which requires independent decisions, the choice of ways to solve them, the implementation of new labor practices, as well as the support of colleagues at work contribute to the active overcoming of stress. The work affects the quality of perception and assessment of problem situations by periodic "collision" of personal abilities, capabilities, skills with the requirements of the activity. The processes of coping with stress used to resolve problems at work, apply for coping with stress in other situations.

Thus, the awareness of the methods of professional self-preservation is an obligatory condition for the professional development of the individual, which is considered as the ability of the individual to resist the negative social and professional situation, to maximize the professional and psychological potential (in terms of

destabilization of professional life), to resist professionally-related crises, stagnation, deformation, as well as readiness for professional self-change.

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