

## RPTSS 2018

### International Conference on Research Paradigms Transformation in Social Sciences

#### PSYCHOLOGICAL HEALTH OF LEADERS WITH PROFESSIONAL BURNOUT IN COMPELLED CONTACTS

O.I. Mironova (a) \*, O.B. Polyakova (b), F.I. Ushkov (c)

\*Corresponding author

(a) Russian State Social University, Moscow, Russia, mironova\_oksana@mail.ru, +79772808616

(b) Russian State Social University, Moscow, Russia, pob-70@mail.ru, +79055577882

(c) Lomonosov Moscow State, Moscow, Russia, ushkov.f.i@yandex.ru, +79636281175

#### *Abstract*

The features of psychological health of leaders with professional deformations (burnout) in the situation of compelled contacts. It is noted that with the negative impact of professional activities on professionals and leaders, professional deformations (burnout) may occur, namely, depletion, which is physical and psychological, violations in the chain of command, inadequate self-esteem, a desire to shift responsibility to others and gradually reduce their responsibilities. All this, in turn, leads to negative consequences in the individual, which is facilitated by work experience, the intensity of all types of influence on subordinates, the crisis of many situations of managing people, and, as a result, a decrease in productivity and quality of building interpersonal relationships within the team and beyond. The work involves tolerating situations of compelled contacts, which causes mental stress, the inability to correctly build relationships and the use of inappropriate ways of responding to stress factors. Attention is drawn to the relationship between the individual-specific and functionally-role influence of leaders in the situation of compelled contacts and professional deformations (burnout). The main features of the psychological health of leaders with professional deformations (burnout) in the situation of compelled contacts are revealed: a low level of attitude to health in terms of cognitive, behavioral, value-motivational and emotional indicators; below average general health, psychological well-being, psychological health, self-esteem health and emotional stability; above the average level of professional disadaptation.

© 2018 Published by Future Academy [www.FutureAcademy.org.UK](http://www.FutureAcademy.org.UK)

**Keywords:** Compelled contact; leader; professional deformation; psychological health; stress.



The Author(s) 2018 This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Leadership is seen as a social influence, the main conditions of which are the support of the leader by the members of the community for achieving the set goals (Belyakova, Petrova, & Polyakova, 2017) and strict observance of the laws of leadership: the near circle, reproduction, victim, intuition, magnetism, powerful impulse, navigation, empowerment, heritage, victory, full trust, ceiling development limits, priority, a process, timeliness, communication, spasmodic growth, firm soil sure ground, respect, E.F. Hatton (Maxwell, 2007).

Most of the leader's activity is reduced to using the necessary external and internal information, assessing the state of the object of management, making managerial decisions, psychological impact on subordinates, managing people and taking place in situations of forced contacts (Belyakova, Petrova, & Polyakova, 2017).

When implementing their functions, leaders and community members are obliged to: build productive cooperation; demonstrate reliability and confidence; have a high level of motivation for success; be responsible for decisions and performance; have an independent life position and independence in making decisions and organizing people to carry out their plans; to resist external control; comply with moral and ethical standards; respectful of the necessary measures in situations with the use of crisis management (Zhuravlev, 2002).

## 2. Problem Statement

Compelled contacts as an integral part of the leaders' activities, as their psychological connection in a given situation with negatively significant subordinates, interaction with which leads to an intrapersonal conflict (I do not want to), rejection and resistance to this interaction, do not contribute to management effectiveness, which, in its turn, leads to the emergence of professional deformation (burnout) and a decrease in mental and psychological health (Belyakova, Petrova, & Polyakova, 2017).

The long-term implementation by specialists and leaders of individual-specific and functional-role influence on other people leads to a gradual change in the entire structure of managerial (managerial) activity, negatively affects situations of communication and interaction with everyone, even clients, which undermines the reputation of leaders, determines the occurrence of conflict situations and professional deformations (burnout), in particular, emotional and / or physical exhaustion, depersonalization, reduction of personal achievements. This negatively characterizes leaders who note a reduced psychological background, a dulling of emotions, satiety of contacts with people, as well as increased dependence in society, negativism and cynicism towards others and myself while reducing self-esteem and avoiding responsibility (Zeer, 2003; Maslach, 1981, 1986).

Reducing the level of mental health, reducing the state of well-being of leaders lead to the impossibility of realizing one's own potential, ineffectiveness of making personal contributions to the community, lack of productivity and fruitfulness of the activities performed, and loss of skills to cope with stress. At the same time, the following is observed: unconsciousness and lack of a sense of continuity, constancy and identity of the physical and mental Self; inconsistency of mental reactions (inadequacy) to the strength and frequency of external influences, socio-psychological circumstances and situations. Besides, it includes inability to change the way of behavior depending on the change of circumstances,

situations and conditions, to plan one's own and subordinate vital functions, to realize managerial plans and decisions, to manage one's behavior in accordance with social laws, norms, rules; lack of a sense of permanence and identity of experiences in standard situations; a decrease of criticality to oneself and one's own mental productivity (activity) and its results (Belyakova, Petrova & Polyakova, 2017).

In turn, this negatively affects the psychological health of leaders - there is a decline in the optimal functioning of mental structures necessary for successful life, there is no combination of mental and personal health, there is an impossibility of personal growth. Members of the community pay attention, and sometimes the leaders themselves notice: minimal working capacity; inadequate perception of what is happening around; unconscious committing of actions; inadequate family life; inability to compile and implement life plans and establish close contacts; lack of orientation to self-development, purposefulness, integrity of the individual, a sense of attachment and responsibility towards people; passivity (Belyakova, Petrova, & Polyakova, 2017).

### **3. Research Questions**

The following questions are discussed:

1. Are compelled contacts a factor affecting the occurrence of professional deformations (burnout) of leaders?
2. Are compelled contacts a factor affecting the reduction of the mental health of leaders?
3. What are the characteristics of the psychological health of leaders with professional deformations (burnout) in the situation of compelled contacts?

### **4. Purpose of the Study**

Understanding the relationship of physical, physiological, mental and psychological, there is an urgent need to identify the psychological characteristics of leaders with professional deformations (burnout) in a situation of compelled contacts.

### **5. Research Methods**

#### **5.1. Organization of diagnostic studies**

All 400 leaders of organizations had symptoms of professional deformities, but:

- 1) the first group, which included 200 leaders, carried out compelled contacts;
- 2) and the second (200 leaders) - had the functionality that made it possible to delegate their powers to deputies, eliminating compelled contacts.

Throughout the study, it was forbidden to contact representatives of both groups (discuss events, exchange ideas and try to change situations of interaction with colleagues and subordinates).

#### **5.2. Diagnostic device**

The selection of diagnostic procedures was carried out in two directions: the definition of professional deformities (burnout) and the identification of features of psychological health.

Block of methods for identifying professional deformations (burnout) of leaders:

- 1) burnout questionnaire Maslach and Jackson (Maslach burnout inventory (MBI)) (Maslach & Jackson, 1981, 1986); the author of an adapted version of the questionnaire - N.E. Vodopyanova; the author of the interpretation of the results – O.B. Polyakova;
- 2) modification of the burnout questionnaire (MBI mod) (Maslach &, 1981, 1986); performed by the teachers of the Department of Psychology of Professional Activity of St. Petersburg State University (Practical Workshop on the Psychology of Professional Activity, 2000); the author of the interpretation of the results – O.B. Polyakova;
- 3) the definition of mental burnout B. Farber (DMB) (Farber, 1983, 1998); author of the adapted version - A.A. Rukavishnikov (Fetiskin, Kozlov, & Manuylov, 2002); the author of the interpretation of the results – O.B. Polyakova.

A selection of diagnostic procedures for the psychological characteristics of leaders:

- 1 "Questionnaire on the self-esteem of health V.P. Voytenko (QSAH) (Voitenko, 1991), the author of the interpretation of the interpretation of the results – O.B. Polyakova;
- 2) "General Health questionnaire" D. Goldberg (GHQ) (Goldberg, 1972), the author of the interpretation of the results interpretation – O.B. Polyakova;
- 3) "Attitude to the health" of R.A. Berezovskaya (AH) (Berezovskaya, 2015), the author of the interpretation of the results interpretation – O.B. Polyakova;
- 4) "Test of psychological health" (TPH) azps.ru psychological laboratory, license - text content is available in accordance with the GNU Free Documentation License (Laboratory azps.ru, 2011), the author of the interpretation of results interpretation is O.B. Polyakova.

## 6. Findings

### 6.1. The quantitative data of symptoms of professional deformations and their components of the leaders in the situation of compelled contacts and in the situation of the possibility of delegating their powers to deputies, excluding compelled contacts, are reflected in Table 01:

- 1) according to the “Maslach burnout inventory” (MBI), all leaders, regardless of their involvement in compelled contacts, were diagnosed with a high level of professional deformations and components;
- 2) the “Maslach burnout inventory” modification (MBI mod) showed the same high scores on emotional exhaustion (EE), depersonalization (D), reduction of personal achievements (RPA) and professional deformations (burnout); in addition to the leaders who delegated their powers to deputies, eliminating compelled contacts, they have RPAs of medium severity, which indicates the safety of responsibility, adequate self-assessment and evaluation of their achievements;
- 3) in determining mental burnout (DMB) in all leaders, pronounced: psycho-emotional exhaustion (PEE), personal distancing (PD) and deformation of professional motivation (DPM).

**Table 01.** Features of professional deformations (burnout) of leaders in the situation of compelled contacts and in the situation of the possibility of delegation of their powers to deputies, excluding compelled contacts

Abbreviations of techniques (abbreviations of indicators)	Leaders in the situation of compelled contacts						Leaders who delegated their powers to deputies, eliminating compelled contacts					
	LL	%	ML	%	HL	%	LL	%	ML	%	HL	%
MBI (EE)	8	4	28	14	<b>164</b>	<b>82</b>	45	22.5	53	26.5	<b>102</b>	<b>51</b>
MBI (D)	7	3.5	64	32	<b>129</b>	<b>64.5</b>	25	12.5	78	39	<b>97</b>	<b>48.5</b>
MBI (RPA)	2	1	21	10.5	<b>177</b>	<b>88.5</b>	56	28	69	34.5	<b>75</b>	<b>37.5</b>
MBI ( $\Sigma$ )	5	2.5	38	19	<b>157</b>	<b>78.5</b>	42	21	67	33.5	<b>91</b>	<b>45.5</b>
MBI mod (EE)	16	8	25	12.5	<b>159</b>	<b>79.5</b>	43	21.5	57	28.5	<b>100</b>	<b>50</b>
MBI mod (D)	6	3	61	30.5	<b>133</b>	<b>66.5</b>	47	23.5	58	29	<b>95</b>	<b>47.5</b>
MBI mod (RPA)	1	0.5	18	9	<b>181</b>	<b>90.5</b>	38	19	<b>82</b>	<b>41</b>	80	40
MBI mod ( $\Sigma$ )	7	3.5	35	17.5	<b>158</b>	<b>79</b>	42	21	66	33	<b>92</b>	<b>46</b>
DMB (PEE)	4	2	29	14.5	<b>167</b>	<b>83.5</b>	25	12.5	60	30	<b>115</b>	<b>57.5</b>
DMB (PD)	3	1.5	48	24	<b>149</b>	<b>74.5</b>	17	8.5	76	38	<b>107</b>	<b>53.5</b>
DMB (DPM)	7	3.5	24	12	<b>169</b>	<b>84.5</b>	16	8	61	30.5	<b>123</b>	<b>61.5</b>
DMB ( $\Sigma$ )	4	2	34	17	<b>162</b>	<b>81</b>	19	9.5	66	33	<b>115</b>	<b>57.5</b>

Note: LL - low level, ML - medium level, HL - high level.

**6.2. The results of diagnostics of psychological characteristics of leaders in a situation of compelled contacts and in a situation of the possibility of delegating their powers to deputies, excluding compelled contacts, are noted in Table 02 and confirm that:**

- 1) all leaders, regardless of their involvement in compelled contacts, revealed a low level of health, marked by the self-assessment method in the "Self-Assessment Health Questionnaire" (QSAH) (leaders are characterized by complaints about the activities of the respiratory, musculoskeletal and cardiovascular systems, gastrointestinal tract, skin integument (rash, itching, peeling), complaints of impaired vision, hearing, memory, hypersensitivity, irritability, tearfulness, failures of sleep-wakefulness, decreased efficiency);
- 2) in the "General health questionnaire" (GHQ), leaders in the situation of compelled contacts have a low level of health (it is difficult to concentrate on business, sleep is restless, leaders are in constant tension, unable to overcome many difficulties, do not enjoy everyday cases, are relatively unhappy and suppressed), and the leaders who delegated their powers to deputies, eliminating compelled contacts, diagnosed the average level of health (continue to perform useful work, capable of difficult situations barrier-making decisions, try not to lose confidence in their abilities);
- 3) the questionnaire on "Attitude to health" (AH) among leaders in the situation of compelled contacts reveals a low level of attitude towards health (all components of the attitude to health are low: both cognitive, behavioral, value-motivational, and emotional), and leaders, delegated their powers to deputies, eliminating compelled contacts, diagnosed the average level of attitude to health (try to monitor their health, find time for rest and exercise);
- 4) in the "Test of psychological health" (TPH), leaders in the situation of compelled contacts have a low level of psychological health (inhibition or acceleration of speech, a strong excitement in front of the audience, sometimes there is a lack of self-confidence, the circle of friends and

acquaintances is clearly limited, underestimated by others, the difficulty of making decisions, it is difficult to restrain negative emotions), and the leaders who delegated their powers to deputies, eliminating compelled contacts, diagnosed the average level of psychological health (there are no reservations, speech is comprehended and connected, the feeling of the pulse of events persists, in moments of loneliness they always know what to do).

**Table 02.** Results of diagnostics of the psychological health characteristics of leaders in the situation of compelled contacts and in the situation of the possibility of delegating their powers to deputies, eliminating compelled contacts

Abbreviations of techniques	Leaders in the situation of compelled contacts						Leaders who delegated their powers to deputies, eliminating compelled contacts					
	LL	%	ML	%	HL	%	LL	%	ML	%	HL	%
QSAH	171	85.5	26	13	3	1,5	134	67	30	15	36	18
GHQ	153	76.5	39	19.5	8	4	78	30	80	40	42	21
AH	160	80	28	14	12	6	81	40.5	84	42	35	17.5
TPH	147	73.5	38	19	15	7.5	83	41.5	86	43	31	15.5
Σ	158	79	33	16.5	9	4.5	94	47	70	35	36	18

Interpretation: level (L); low (L), medium (M), high (H).

Thus, compelled contacts are a factor that influences the emergence of professional deformations (burnout) of leaders and a decrease in their psychological health. The main features of which are: restless sleep; complaints of respiratory, musculoskeletal and cardiovascular systems, gastrointestinal tract, skin (rash, itching, peeling); complaints of impaired vision, hearing, memory, increased sensitivity, irritability, tearfulness, failures of the "sleep - wakefulness" regime, reduced efficiency; inhibition or acceleration of speech; do not find time for rest and exercise; do not follow their health; a low level of psychological health and attitudes towards health; constant pressure; strong excitement before the audience; difficulty concentrating on the case; difficulty in making a decision.

## 7. Conclusion

The basis of practical recommendations and classes using active forms of work (exercises and games) can be based on the results of studying the psychological characteristics of leaders with professional deformations (burnout) in a situation of compelled contacts. At the level of psychological prevention, to maintain psychological health, the reflection of one's physical and mental state, the effectiveness of social roles, interpersonal relations are important.

## Acknowledgments

Thank you for the participation of leaders of organizations and invite them to trainings.

## References

- Belyakova, N.V., Petrova, E.A., Polyakova, O.B. (2017). The influence of professional deformities (burnout) on the image of a female leader *Economic and social development* (pp. 324-331) Moscow: Russian State Social University.

- Berezovskaya, R.A. (2015). *Attitude towards health.* Retrieved from: <http://pochit.ru/informatika/57504/index.html>
- Farber, B.A. (1983). Introduction: A critical perspective on burnout *Stress and burnout in the human service professions* (pp. 1-20) New York: Pergamon Press.
- Farber, B.A. (1998). Tailoring treatment strategies for different types of burnout *Paper presented at the Annual Convention of the American Psychological Association* (pp. 14-18, 424-517) San Francisco California.
- Fetiskin, N.P., Kozlov, V.V., Manuylov, G.M. (2002). *Socio-psychological diagnosis of personality development and small groups.* Moscow, Institute of Psychotherapy.
- Goldberg, D. (1972). *General health questionnaire.* Retrieved from: <http://psylist.net/slovar/14a53.htm>
- Laboratory azps.ru. (2011). *Test of psychological health.* Retrieved from: [http://azps.ru/tests/neblago/psychological\\_health.html](http://azps.ru/tests/neblago/psychological_health.html)
- Maslach, C., Jackson, S. (1981). MBI: Maslach Burnout Inventory; research edition *Consulting Psychologists Press* (pp. 13-15). CA: Palo Alto.
- Maslach, C., Jackson, S. (1986). MBI: Maslach Burnout Inventory: manual research edition *Consulting Psychologists Press* (pp. 1-17) CA: Palo Alto.
- Maxwell, J. (2007). *21 irrefutable law of leadership.* Minsk, Potpourri.
- Practical Workshop on the psychology of professional work.* (2000). St. Petersburg, St. Petersburg State University.
- Social psychology.* (2002). / Ed. A.L. Zhuravleva. Moscow. Perse.
- Voitenko, V.P. (1991). *Questionnaire on self-assessment of health.* Retrieved from: <http://valeologija.ru/knigi/osnovi-zdorovya-uchebnoe-posobie-shurigina/anketa-oprosnik-po-samoocenke-zdorovya-po-v-p-vojenko-1991/a>
- Zeer, E.F. (2003). *Psychology of professions.* Moscow, Academic Project; Ekaterinburg, the Business book.