

PSIHOLOGIE CLINICĂ

УДК:616.89-008.454

EMOTIONAL OVERSTRAIN AS A FACTOR IN THE FORMATION OF MALADAPTATION AT STUDENTS OF MEDICAL COLLEGE

SURMENAJUL EMOȚIONAL CA UN FACTOR ÎN FORMAREA MALADAPTAȚIEI LA STUDENȚII DIN COLEGIUL MEDICAL

Natalia BURDUN

Keywords: students, disadaptation state, adaptation readiness to teaching, psycho-emotional disorders, behaviors, anxiety, depression, aggression, hostility index.

Summary

The aim of this article is to disclose the problem of disadaptation growth state at students of medical college and to describe the pathopsychological mechanisms of their formation. The basic aspects of disadaptation at medical college students are: the psycho-emotional state, behavior patterns and the raised index of aggression.

Cuvinte-cheie: studenți, stare de dezadaptare, adaptabilitate la predare, tulburări psiho-emoționale, comportamente, anxietate, depresie, agresivitate, indici de ostilitate.

Rezumat

Scopul acestui articol constă în a dezvălui starea actuală a problemei creșterii stărilor de dezadaptare la studenții colegiului medical și a descrie mecanismele patopsiologice ale formării acestora. Aspectele de bază ale inadapării care se manifestă la studenții de la colegiul de medicină sunt: starea psiho-emoțională, modelele de comportament inadativ și nivelul înalt al indicelui de agresivitate.

The degree of social adaptation at the college students are defined by set of factors: individual psychological characteristics of man, his personal, business and behavioral qualities, values, scientific activity, health status, social environment, family status.

The problem of adaptation to the conditions of college students is another important issues and in generalis the traditional subject of debate. We know that young people adapt to the college life - a complex and multifaceted process that requires the involvement of social and biological reserves which are not yet completely formed.

Background tasks are determined by the "entries" of process optimization in yesterday's relationships of a student. The process adaptation acceleration of first year student to lifestyle and activities of psychological features and mental states is critical. Identifying the pedagogical and psychological conditions for process activation arises in educational activities in early stage of their study. However, the training activities organization in the first year does not provide appropriate adaptation to the specific conditions of collegestudents.

Student's health issue is one of

the most difficult dilemma and should be a priority at all social development stages [4, 10, 11]. A special social status, workspecific conditions, life and lifestyle of students distinguish them from all other groups and make this group in social terms extremely vulnerable, an influencing subject about negative factors in social life [8, 9].

Therefore, the efforts to maintain and to strengthen their health, do not cause a long-term success, pointing on searching optimal ways of health management among students. The significance of this problem is determined by its public importance, as the only healthy physically and morally generation can provide a progressive and progressive development of society, its security and international prestige [1].

High mental and psycho-emotional stress, perception and bustle of diverse information in short time of working intensity, creates a discrepancy between usefulness and the rest of activities, especially during sessions. The intensive use of computer technology in the educational process are other factor that provoke disadaptation states among students [7,2]. This current situation is a particularly relevant issue, characterized by a significant decrease of life quality for most people, and especially among vulnerable groups, which include students accompanied by reforms in the health system and fundamental changes in the organization of social health and preventive care [5].

The modern conditions of student's adaptation to the new learning-process (Medical College) over the entire period of study extends some "critical points", isolating in correspondence the training stages. They require maximum attention to the individual, as adaptive load of the resources during these peri-

ods is highest. Each period of adaptation to specialized training requires the mobilization of mental and physical resources. Hence the change of psychological, physiological, physiological functions and personality characteristics that determine the success of adaptation and adaptability as the property of the individual [3].

Among the adaptation disruption in specialized and high institutions identifies two groups of factors: external (exogenous) and internal (endogenous). Based on the proposed criteria for evaluating the adaptation success to training activities, the performance to adapt to the learning process in institutions for pre-university, university and postgraduate levels of education, could be identified following criteria:

- Objective criteria group: successful training activities (current and examination performance); stability in learning about the functional students states (no abrupt changes in the state of physiological functions); no distinction signs of maladaptation when performing training activities;

- Subjective criteria group: the satisfaction of the learning process; staff satisfaction and established relationships (psychological climate); the manifestation of active students in educational and social activities.

Physiological adaptation criterion in schools was a steady performance or improvements during the first half academic year, coupled with improved performance and stabilization of conditioned reflex of student's activity, autonomic performance and good academic achievement [6].

As criteria of social and psychological adaptation represent the use of such features as different spheres of life education, skills acquisition during training

activities, acquisition of friendly contacts with classmates, establishing trusting relationships with teachers and forming a learning behavior.

“Subjective indicators” that reflects the satisfaction of students and their stay in educational institution are the emotional response of school environment.

During learningmaladjustment it appears a “certain set” of symptoms that indicate a discrepancy between socio-psychological, and physiological status of individual, andthe training requirements impose a mastery work, where many reasons becomes sometimesdifficult or impossible to achieve. One of the most important problems of learningmaladjustment is the “improper organization of educational process and overload of psychosocial information” [6].

The second most important factor ofpupil’s learningadaptation misdeemeanor is the researcher’s opinion aboutindividualquality. This is anofence of their emotional status, including psychological unpreparedness for school, emotional instability, anxiety,depression, high stiffness, low level of motivation and volition.

The need to develop new approaches in diagnosing and correction of maladjustment phenomenon of students from specialized medical institutions, the need to expand a systematic approach of analysis is crucial, because the state of maladjustment covers not only individuallevel operation rights, but also the success of the whole person.

Objective: to develop criteria for early diagnosis and psychological systematic treatment states of mental maladjustment in specialized medical schools, based on the study of phenomenology and determination of their mechanisms of pathopsychologicalformation.

Materials and methods. The study was conducted at the Medical College of Kharkov Medical Academy of Postgraduate Education. The study involved 258 students. The group intervention includes students who have symptoms of psychological maladjustment, according to the survey. Later were formed intervention group and control group.

The second stage examined the individual psychological characteristics, psycho-emotional state of the level and aim of social functioning students, specialized medical schools.

Assessment of the emotional sphere was conducted using the methodology of “self-assessment scales of situational and personal anxiety of Ch.Spilberger” adapted by Yu.L.Hanin and Beck Depression Inventori.

Research results. Initial analysis of the students from medical institutions showed the presence of distinct objections about various areas of social functioning.

Analysis of answers received during the initial study showed a most common theme about the general state of students:

- remarks about feelings of fatigue in 93.58% and general weakness in 92.31%;
- complaints about the daily routine in a feeling of overload and lack 89.74% holiday 88.46%;
- complaintson failure in education was found in 61.53%.
- complaintson decreased performance in 66.67%, the overall physical state in 11.54%, sleep disorders in 15,38%, loss of appetite in 14,10%, headache - 8.97%, lower emotional background (low mood, frequent mood swings) - at 5.13%, heartpain in 3.84%.

The relative satisfaction about education process was observed in 61.53%,

which was supplemented by dissatisfaction about faculty services in 17.95%.

In 30.77% was observed poor team relations, in 28.21% frequent conflicts, 24.36% poor family relationships and 8.97% conflicts with teachers.

The emotional state of student's results showed a highest reactive anxiety found at first-year students (in 86.67%). While students in second year the high reactive anxiety was observed in only 46.81%, which is the criterion of angular transformation of Fisher significance ($\phi_{emp} = 4.24 > 2.31 \phi_{kr}$, $\rho\phi < 0, 01$). But significantly a moderate level of reactive anxiety was found at third-group (27.66%), with $\phi_{emp} = 2.06 > 1.64 \phi_{kr}$, $\rho\phi < 0, 05$. According to the significant differences in the group of students from different years of study inherent high or moderate level of reactive anxiety was settled.

Thus, the high levels of reactive anxiety as a manifestation of stress reactions in student's strip depends on institutional requirements, which influence the level of emotional stress, exhaustion of resources and the general destabilization of the social functioning of the individual.

The research next step was to identify the depression level as an emotional state of the person. Depression is always an inseparable unity of mental and physical changes, with some dynamics at its different stages.

Even in mild depression there are some influence on various aspects of personality. An objective assessment of their condition leads to a subjective feeling of constant dependence between them and acts, where one of the factors results in perception changes about himself and environment. Studying of the emotional sphere, we have assessed the student's mood, its fluctuations during

the day and adequate response to the events that take place in their lives. Using the questionnaire of A. Beck Depression was obtained compatible objective results of depression state at students engaged in the learning process.

For students who have specific somatic complaints, emotional and professional conditions not typical expressive levels of depressive symptoms. That indicates the absence of comorbidity with other psychiatric disorders account. Some observed differences in distribution between a moderate level of depression: the moderate manifestations of depressive symptoms was obtained in 19.5% (average between $17,34 \pm 1,42$) of second year student's, while first year students - in 62.22% (average between $18,38 \pm 2,15$), with $\rho\phi < 0, 05$. Light levels of depression were in 55.32% (average $14,87 \pm 1,09$) among third year students. The absence of depressive symptoms was observed in all 25.53% (average of $3,65 \pm 1,11$).

Thus, the typical student cognitive-affective symptoms of depression are:

- for the first year students was found typical physical signs of depression, dissatisfaction, decreased performance, sleep disorders, fatigue and high concern for their health.

- for graduates the characteristic concern was point on their future, unhappiness, guilt, irritability, weight in decision-making and instant action.

In conclusion. Summarizing the presence of students complaints, may be noted that the highest percentage of students learning failure are associated with the load capacity that they cannot overcome, reduced performance, itself estimation with constant fatigue and weakness. A special attention should be drawn to the fact that 89.74% of students were complaints after graduating

a medical college. This fact indicates the presence of psychological maladjustment signs of students in the first year of study, unconstructive restructuring activities and workloads and the rest of his life, which leads to exclusion.

The study showed the prevalence of psycho-emotional disorders in the studied contingent. These data suggest that alteration of physical activity at an early age makes the greatest insight in reducing the quality of student's life. There is an increased tension of psychological defense mechanisms, indicating the emergency in studying the mechanisms of students' adaptation to mental stress and the formation of constructive behaviors to traumatic situations.

References.

1. Алиева Т. А. Нарушения психической сферы студентов-инвалидов с заболеваниями сердечно-сосудистой системы. / Т. А. Алиева // *Psihologie*. 2013. №2. с.68 – 77, ISSN 1857-2502.

2. Асеев В. Г. Теоретические аспекты проблемы адаптации. // Адаптация учащихся и молодежи к трудовой и учебной деятельности. – Иркутск: Изд-во ИГПИ, 1986. – 216 с. Безруких М. М. Региональные программы «Образование и здоровье» как вариант комплексного решения проблем здоровья студентов. // *Здоровье и образование: тез. Международ. конф.* СПб., 1999. с. 33–34.

3. Гавенко В. Л. Психологическая служба ВУЗа: структура, содержание работы, перспективы. / В. Л. Гавенко, В. М. Сінайко, И. М. Соколова // *Мат. межрегион. Российской научн.-практ. конфер. „Современные проблемы психотерапии, пограничной психиатрии и медицинской (клинической) психологии,* Ставрополь, 2000. с. 146-148.

4. Казин Э. М., Литвинова Н. А., Броздовская Е. В., Ефремова Г. В. Роль

психофизиологических и социальных факторов в формировании психоэмоционального состояния и биологического возраста педагогов. // *Валеология: сучасний стан, напрямки та перспективи розвитку: мат-лы VII Между - народ. научно-практ. конф.* Харьков: Харьков. нац. ун-т, 2009. с. 157.

5. Марута Н. О. Стан психічного здоров'я населення та психіатричної допомоги в Україні. // *НейроNews психоневрология и нейропсихиатрия*. №5 (24), 2010, с. 83-90.

6. Михайлов Б. В. Проблема оценки эффективности и качества оказания психотерапевтической помощи. // *Укр. вісн. психоневрології*. 2010. Т. 18, вип. 3 (64). с. 137–138.

7. Михайлов Б. В. Сердечно-сосудистые заболевания как предиспозиционный фактор психоэмоциональных нарушений у студентов-инвалидов. / Б. В. Михайлов, Т.А.Алиева // *Таврический журнал психиатрии*. 2012. Том16. №3(60). с.71-74

8. Соколова И. М. *Психофізіологічні основи по передженню дезадаптації студентів перших років навчання.* / И. М. Соколова. Дис. д-ра наук:19.00.02-2008.

9. Зелезинская Г. А. Качество жизни студентов-медиков и клинических ординаторов./ Г.А.Зелезинская, П. Н. Коренько, М. А. Кравченко, А. И. Саллум // *Клиническая медицина*. 2005. № 8. с. 29–31.

10. Naaga D. A., Dyck M., Ernst D. *Empirical status of cognitive theory of depression.* // *Psychol. Bull.* 2010. Vol. 110. p. 215–236.

Primit redacție 02.02.2017

Editat 05.05.2014

BURDUN Natalia,

lecturer of medical college of the Kharkiv Medical Academy of Postgraduate Education of the Ministry of Health of Ukraine, Kharkiv
Email: nataliaburdun@ukr.net