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ПСИХОСОЦИАЛЬНЫЕ ОСНОВЫ ПЕРЕКРЕСТНОГО КОНСУЛЬТИРОВАНИЯ В ПЕРИОД ЦИФРОВИЗАЦИИ ЗДРАВООХРАНЕНИЯ

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Аннотация

Причиной психосоциального дискомфорта в медицинских организациях стали процессы, происходящие в социальной среде, законодательная база, перевод медицинских учреждений на новые условия работы, повышение требований к безопасности и качеству медицинских услуг, цифровизация сектора здравоохранения, внедрение «умных технологий», направленных на улучшение качества жизни населения. Организаторы здравоохранения и медицинские работники не всегда готовы к проведению организационных и психологических изменений, и для оптимизации процессов цифровизации необходимо выявить психологические причины организационного сопротивления и перекрестного консультирования работников для преодоления трудностей в межличностных отношениях.

Предметом исследования является взаимодействие акторов (инициатора, создателя, агента и адресата) в процессе организационных и психологических изменений в ходе реорганизации стоматологической службы.

Актуальность данного исследования обусловлена необходимостью изучения процесса развития психологических изменений при реорганизации стоматологических учреждений в период цифровизации сотрудников медицинской организации.

Целью исследования является разработка концепции организационно-психологических детерминант, интегрирующих организационный, групповой (подразделение) и индивидуальный психологические уровни в период организационных изменений при внедрении цифровизации медицинского учреждения.

Методология исследования была определена следующими принципами рассмотрения сложных социальных объектов: системность, детерминизм, единство сознания и деятельности, развитие. Мы опирались на общепсихологическую теорию деятельности, концепцию развития профессионализма и образ профессионального мира. В исследовании использовались методологические и теоретические основы анализа трудовой деятельности, концепция группового обучения, теория планового и поэтапного формирования действий.

Выводы. Эффективная система перекрестного консультирования по цифровизации в стоматологической организации должна включать следующие подсистемы:

- 1) Психологическое консультирование и поддержка субъектов (инициаторов и социальных групп (коллективов медицинских работников), вовлеченных в процесс цифровизации стоматологической помощи и взаимодействующих друг с другом;
- 2) совокупность факторов, влияющих на цифровизацию стоматологической службы, влияющих на деятельность медицинских работников на организационном, групповом (подразделении) и индивидуально-психологическом уровнях;
- 3) Формирование профессионализма сотрудников с использованием регулятивного, когнитивного, коммуникативного и исполнительского компонентов.

Ключевые слова: клиническая психология, перекрестное консультирование, цифровизация здравоохранения, психосоциальный процесс, управление стрессом

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PSYCHOSOCIAL FOUNDATION OF CROSS-CONSULTING DURING THE DIGITALIZATION OF HEALTHCARE

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Annotation

The reason for psychosocial discomfort in medical organizations were the processes taking place in the social environment, the legislative framework, the transfer of medical institutions to new operating conditions, increasing requirements for the safety and quality of medical services, digitalization of the healthcare sector, the introduction of «smart technologies» aimed at improving the quality of life of the population. Healthcare organizers and medical workers are not always ready to carry out organizational and psychological changes, and in order to optimize the processes of digitalization, it is necessary to identify the psychological causes of organizational resistance and cross-counseling workers to overcome difficulties in interpersonal relationships.

The subject of the study is the interaction of actors (initiator, creator, agent and addressee) in the process of organizational and psychological changes during the reorganization of the dental service.

The relevance of this study is due to the need to study the process of development of psychological changes during the reorganization of dental institutions during the period of digitalization of medical organization employees.

The purpose of the study is to develop the concept of organizational and psychological determinants integrating organizational, group (subdivision) and individual psychological levels during the period of organizational changes during the introduction of digitalization of a medical institution.

Methodology. The general scientific methodology of the study was determined by the following principles of consideration of complex social objects: consistency, determinism, unity of consciousness and activity, development.

We relied on the general psychological theory of activity the concept of the development of professionalism and the image of the professional world. The study used methodological and theoretical foundations for the analysis of labor activity, the concept of group training, the theory of planned and phased formation of actions.

Conclusions. An effective cross-consulting system for digitalization in a dental organization should include the following subsystems:

1) Psychological counseling and support of actors (initiators and social groups (groups of medical workers) involved in the process of digitalization of dental care and interacting with each other;

2) A set of factors affecting the digitalization of the dental service, affecting the activity of medical workers at the organizational, group (subdivision) and individual psychological levels;

3) Formation of professionalism of employees using regulatory, cognitive, communicative and performing components.

Keywords: *clinical psychology, cross-counseling, digitalization in healthcare, psychosocial process, stress management*

The authors declare no conflict of interest.

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Introduction

Because of changes in legislation and ongoing socio-economic reforms in the field of healthcare, the requirements for medical organizations have now changed radically. Focusing on the provision of medical services and, as a consequence, on insurance medicine, the transition to the regulation of the provision of medical services with the help of the Law of the Russian Federation of 07.02.1992 N 2300-1 (ed. of 05.12.2022) «On Consumer Protection» led to the development of market relations in medicine. The specifics of the functioning of medical organizations in the rapidly changing demands of society are more relevant than ever for newly created medical organizations, and for successfully functioning for more than a dozen years. Modern requirements for the organization of medical care force the heads of medical organizations to react very quickly to the changing requirements of the external environment. For successful functioning in the market of medical services, medical organizations need not only to update their equipment fleet in a timely manner, but also to actively apply safe and modern technologies of production and management processes, and actively use new psychosocial approaches in the organization of medical care. Timely and competent reorganization is one of the key factors determining the competitiveness of the company in the market. Thus, according to a number of researchers, most managers of companies and departments of large corporations come to the conclusion that they should make a moderate reorganization at least once a year and a radical one every four or five years [7–10].

Processes that need to be studied accompany the changes concerning the organization of medical care that are currently taking place in the medicine of our country: the tendency of the discrepancy between the basic education of medical workers and the nature of their work is deepening; a crisis consciousness is being formed. With the introduction of new technologies and measures for the modernization of healthcare, the adequacy of the characteristics of both the employees themselves, which reduce stress resistance, and the characteristics that previously ensure the sustainable functioning of medical institutions with innovations, in particular digitalization, come into conflict [11–14].

Materials and methods of research

The following empirical methods used in the study: the study of regulatory documentation (regulations on structural divisions, regulations on personnel certification, job descriptions of employees), observation, unstructured and structured individual interviews, structured group interviews, questionnaires, analysis of work assignments, expert evaluation, content analysis, methods of statistical data processing.

The study involved 50 practicing dentists. The study was conducted based on the SAHI «DC No. 12».

Of these, 58% are women and 42% are men aged 21 to 65, with work experience ranging from 6 months to 45 years.

To achieve this goal, we have used:

- The test «Perceptual assessment of the type of stress resistance», to determine the type of stress resistance of dental clinic staff. The questionnaire includes 20 questions on the Google platform [15].

- The questionnaire «Blitz analysis of the company's readiness for change», allows you to identify factors affecting the organization's willingness to change and is an integral part of change management in a medical organization. When deciding on the beginning of changes, it is worth understanding the current situation (as is) [16].

- PCRS (Personal change readiness survey) is a method of «Personal readiness for change» developed by Canadian scientists Rodnik, Heather, Gold and Hal. N. A. Bazhanova and G. L. Bardier carried out the translation and initial testing of this version of the PCRS methodology. The PCRS methodology is successfully used in the USA when working with the personnel of organizations, namely in assessment procedures. Understanding the peculiarities of resisting change helps people to protect themselves from stress in those situations in which they are most vulnerable [17].

- The author's methodology of studying the process of digitalization of the dental service – «cross-consulting as an approach to reorganization», including three levels: analytical, evaluative and developmental, has been tested.

At the first – analytical level, an individual and group expert analysis of psychological activity was carried out, as a result of which control parameters were determined from such elements as professionally significant qualities, socially and psychologically significant problem situations, and methods of overcoming problems associated with the implementation of organizational activities.

At the second – evaluation level, an expert assessment of the importance, complexity, and time spent on each of the certain control parameters of the elements that stand in the way of organizational and psychological changes in the dental clinic and ways to overcome them was carried out.

At the third – developing level, the optimization of the characteristics of the control parameters was carried out according to such criteria as time spent, importance, complexity. New procedures, norms and criteria for evaluating work were developed, which were then accepted for execution at the level of the division (department).

Result and discussion

Digitalization of a medical organization is a psychosocial process of transition to new conditions of functioning. It includes, first of all, the learning process, which should keep up with the dynamics of the market. Such changes in the medical organization are the result of the struggle of two forces – a group of people ready for

change and people who do not want to change something. (which fits perfectly into K. Levin's analytical model «field of forces» [18].

In the current situation, an important aspect of the professional development of a doctor's personality, as well as her self-realization, is conscious career planning. In Russian psychology and medicine, until recently, the concept of «career» was practically not used. In our study, we considered a career as a sequence of professional positions occupied by an individual, and from the point of view of psychology, this is how a person perceives his career, what is the image of his professional life and his own role in it, Each medical worker has certain personal characteristics, motives, motives and values that a person cannot compromise by making a choice careers. Ontogenetic experience leads to the formation of certain systems of value orientations, psychosocial attitudes towards both career and work in general. Therefore, professionally, the subject of activity was considered by us through a system of his dispositions, value orientations, psychological and social attitudes, interests and other motives for activity conditioned by the social environment.

The study of the associative series of medical workers to the concept of «digital medicine» in our polyclinic revealed the following positive associations: electronic medical history, teleconference, electronic cards, computer databases, convenience, monitoring, lack of paper documentation, convenient access to information.

Along with this, there are also expressed negative opinions, such as the slow operation of the program, untrained staff, failures in the operation of the program, an inconvenient form of filling out documentation.

During the research at the first stage, we conducted a survey of the readiness of dentists and the medical organization as a whole for changes. The questionnaire «Blitz analysis of the company's readiness for change» allowed us to assess the readiness of medical workers (N=50) for organizational changes. The implementation of the draft changes will face great difficulties if the doctors answered «no» to many questions. The closer the amount received is to 60, the more favorable the situation is for changes. The closer it is to 20, the less likely it is that the changes will be successful (Fig. 1).

According to the survey, 4% of the respondents showed a pronounced negative attitude to changes in the medical organization associated with the digitalization of medical care, the number of points is 20–29. 14% of respondents expressed concerns about organizational changes — 30–39 points. This anxiety is associated with survival — a sense of shame, fear and guilt about what will happen if they do not change.

A greater number of medical workers are ready for organizational changes in the divisions of a medical organization. 66% of medical workers scored 40–49 points, which indicates readiness to participate in organizational changes, but they are afraid of training — whether it will

Analytical stage

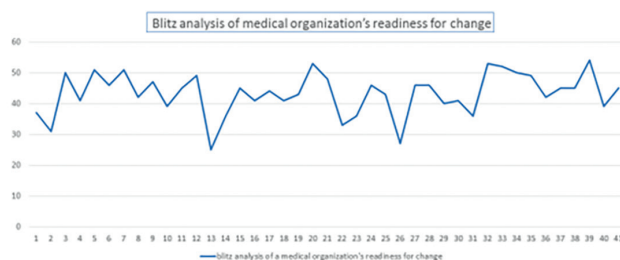


Fig. 1. Blitz analysis of the readiness of a medical organization for change

Рис. 1. Блиц-анализ готовности медицинской организации к переменам

Employee engagement

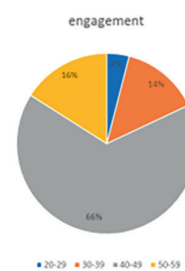


Fig. 2. Employee involvement

Рис. 2. Вовлеченность персонала

be possible to cope, whether it will not hurt how much the new requirements differ from the old ideas. This fear is usually called resistance to change.

16% of dentists are ready for organizational changes, they can become a driving force for organizational changes in the departments of a medical organization.

Thus, the percentage of involvement in digital reorganization was 82%, which indicates the possibility of organizational changes related to digitalization in our medical organization (Fig. 2).

To work with the team, it is necessary to determine the type of stress resistance of each employee, which we carried out using the methodology of N.P. Fetiskin and V.V. Kozlov «Perceptual assessment of the type of stress resistance» (POTS). The results of the study are presented in Figure 3.

Medical workers who scored from 0 to 10 points belong to type B. People of this type clearly define the goals of their activities and choose the best ways to achieve them. They strive to cope with difficulties

themselves, difficulties and their occurrence are analyzed, they draw the right conclusions. They can work for a long time with a lot of effort. They are able and strive to rationally allocate time. Surprises, as a rule, do not unsettle them. People of type B are stress-resistant. As we can see from the results of the study, there is only one such person, which indicates a high stress load in medical activity.

Resistance to stress



Fig. 3. Resistance to stress
Рис. 3. Устойчивость к стрессу

Perceptual assessment of the type of stress resistance

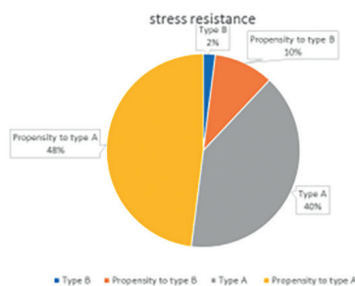


Fig. 4. Distribution by types of resistance to stress
Рис. 4. Распределение по типам устойчивости к стрессу

Methodology PCRS

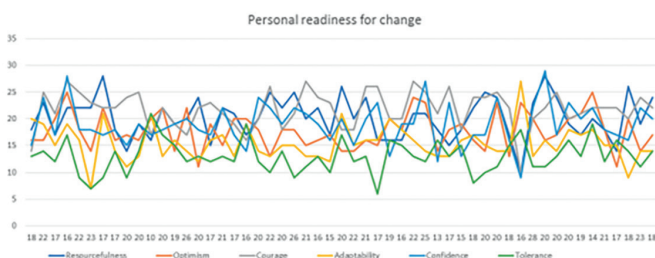


Fig. 5. Personal readiness for change
Рис. 5. Личностная готовность к переменам

There are already more doctors who scored from 10 to 20 points, these individuals have a tendency to type B, but moderately pronounced. Stress resistance is often manifested, but not always.

Those who score from 30 to 40 points belong to type A. People of this type are characterized by a desire to compete, achieve goals, are usually not satisfied with themselves and circumstances and begin to rush to a new goal. They often show aggressiveness, impatience, hyperactivity.

Workers with scores from 20 to 30 points, have a tendency to type A, but moderately pronounced. Instability to stress is often manifested.

For people with type A and a tendency to type A, it is necessary to create conditions for psychosocial support of professional activity.

The PCRS technique has been applied by us when working with the staff of a medical organization, namely in assessment procedures. Personal readiness for changes arising in connection with innovations, understanding of the features of opposition to change helps to identify the parameters that lead to organizational resistance and allows you to organize the necessary psychological impact on employees in need of psychosocial support, because most individuals cannot fully cope with changes.

The scales of the methodology allow us to determine the personal characteristics of each employee of a medical organization (Fig. 3).

Indefatigability is understood as energy, increased vitality.

Resourcefulness is considered as the ability to find ways out of difficult situations, to turn to new sources to solve new problems.

Optimism is high hopes, faith in success, unwillingness to focus on the worst development of events, the desire to fixate not on problems, but on the possibilities of their solution.

Courage, adventurousness is interpreted as a craving for the new, unknown, rejection of the tried and reliable.

Adaptability implies the ability to change one's plans and decisions, to rebuild in new situations, not to insist on one's own if the situation requires it.

Confidence is based on faith in oneself, in one's own merits and in one's own strength, in the fact that everything is possible if one only wants to.

Tolerance for ambiguity is based on a calm attitude to the lack of clear answers, self-control in situations when the essence of what is happening is not clear or the outcome of the case is not clear, when goals and expectations are not defined, when the business that has been started remains unfinished.

The sum of less than 21 points on each scale indicates a low level of development of the measured property in humans. The average level of development of the property (the best option) is in the range from 22 to 26 points.

The sum of more than 27 points is estimated as a high level of development of the measured property [19].

Based on the data obtained, an individual correctional program of psychosocial support is being developed for each medical worker with unfavorable indicators during the period of reorganization changes. Group supportive trainings are organized for employees with average indicators. We attract doctors with high indicators as a tutor, during organizational changes.

Conclusions

Based on the results of our research, the following conclusions can be drawn:

1. Organizational changes related to the digitalization of healthcare require the psychological readiness of doctors, regardless of age characteristics, work experience and personal characteristics. Modern approaches to the organization and provision of medical care require a sys-

tematic approach and standardization of the organization of medical care in the provision of medical services and the maintenance of medical records, which is associated with the formation of a global health network where all participants actively interact.

2. The successful introduction of digital medicine as a complex of theoretical knowledge and practical activities for the diagnosis, treatment and prevention of diseases aimed at preserving and strengthening the health of patients is possible only if the psychosocial analysis of the medical organization of readiness for change and psychological work with medical professionals is taken into account.

3. Stress management should act as a managerial competence. Whatever causes lead to stress, it has a serious impact on the activities of the organization. Therefore, managers must respond to emerging stress factors in time and make managerial decisions.

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