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Phenomenon of proactive coping behavior in occupational health psychology

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Abstract. The article is devoted to the review of modern studies on the phenomenon of proactive coping behavior in occupational health psychology. Occupational health is viewed as a strategic resource related to ensuring the effectiveness, safety, and reliability of professional activity of labor subjects, improving the quality of their professional and personal lives, as well as ensuring professional longevity. The article presents the history of the concept development of proactive coping behavior from the position of the cognitive-transactional stress theory. The relationship between the concepts of proactivity, proactive behavior and proactive coping is considered. The structure of proactive coping behavior and methods of its study are presented. The role of temporal factors in shaping and changing health-related behavior, as well as barriers to healthy behavior, are highlighted. Basic theoretical models aimed at explaining, understanding, and changing health-related behavior are discussed. The results of research on proactivity and proactive coping behavior in organizational psychology and occupational health psychology are analyzed. Personal, professional, and organizational factors of proactive coping are presented. The interrelationships of proactive coping behavior with characteristics of subjective representations of professional difficult situations, organizational stress, and occupational stress, states of reduced working capacity, burnout, and occupational health indicators are shown. The conclusion is made that proactive coping behavior can be considered as an important positive predictor of the employee's optimal functioning at both individual and organizational levels. The problem of the formation and development of proactive coping behavior is considered, and an overview of training programs for proactive coping behavior is presented. The directions and prospects for further research are discussed.

Keywords: proactive coping, occupational health, attitude toward health, temporal self-regulation of behavior, health-saving technologies, organizational stress, professional stress, burnout.

Introduction

At present, occupational health is considered as the complete physical, mental and social well-being of a person in the conditions of his or her professional activities (Christensen, 2017; Leka, Houdmont, 2010; Nikiforov, Shingaev, 2015). The humanistic nature of occupational health psychology is related to ensuring the effectiveness, safety, and reliability of professional activity of subjects of labor, improving the quality of their professional and personal life, as well as ensuring professional longevity. A positive approach to occupational health reflects how positive experiences (contexts, strengths and virtues, personal resources) can be used to protect against occupational

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risks (Bakker, Van Woerkom, 2018). The key issues of occupational health psychology are ensuring and maintaining the health of workers; improving the working environment conducive to health safety; developing of labor organization and working culture in a direction that ensures health and safety at work, while also maintaining a positive social climate and increasing productivity. Occupational health is important to the individual, the organization, and the society at large, in the form of influences on a nation's health care costs, productivity levels, and quality of life for its citizens (Beehr, 2019; Chonfeld, Chang, 2017).

The issues of psychological support of a person's occupational health at all stages of professional activity from "entering" to "leaving" a profession become particularly urgent (Nikiforov, 2006). The professional activity can have an ambivalent impact on a person's physical and mental health. Becoming a person in the profession is a complex process that has a cyclical nature. The totality of changes that occur to a specialist in the process of professionalization is associated with the appearance of certain professional formations in the structure of his or her activity and personality. They can be both constructive and destructive for professional activity. A person can not only improve his or her knowledge, skills, and abilities, develop professional abilities, but also experience the negative impact of this process. Such impact leads to various kinds of professional deformations, destructions, and conditions that reduce the success of work performance and negatively affect other areas of life. Many researchers point out that the emergence of professional difficulties and crises is natural, and forms of overcoming them are of particular importance (Markova, 1996; Povarenkov, 2008; Zavalishina, 2005; Zeer, 2005). One of the determinants of maintaining and strengthening the occupational health of a specialist is his or her ability to cope with various difficulties on the way of professional development. In this context, health-saving technologies in professional life are of particular interest.

Concept of proactive coping

The interest in the problem of coping behavior in modern psychological science is constantly growing. Much of the research on psychological stress and coping focused on how individuals and groups deal with particular problems such as stress, trauma, loss, health, family difficulties, sporting achievement, and others. According to E. Frydenberg, coping has made an important contribution to our understanding of human endeavour and achievement, and the theoretical insights have enabled both researchers and practitioners to advance well-being and striving, thus going beyond the original goals of coping research, which was aimed at how individuals reduce stress (Frydenberg, 2014). As S. Folkman concluded, the continuous and rapid development of new technologies and the concurrent emergence of new multidisciplinary fields of inquiry open the way to new theoretical models, new hypotheses, and new discoveries (Folkman, 2010). New directions include future-oriented coping, religious and spiritual coping, interpersonal coping, and a protective function of positive emotions to mental and physical health. Now researchers are turning their attention to actual coping processes that sustain positive well-being, promote recovery, and provide opportunity for growth (Folkman, 2009; Harrington, 2013; Ziegelmann, Lippke, 2009).

The coping process is initiated in response to a cognitive appraisal of a situation as stressful, which means it is personally significant and it taxes or exceeds the person's resources for coping (Lazarus, Folkman, 1984). Coping behavior is seen as a special form of realization of personality's activity, in which its general, specific, and individual characteristics are manifested in interaction with difficult life situations (Znakov, 2007). Traditionally, most coping behavior studies have focused on how respondents respond to stresses and difficult life situations that have already occurred in

their lives. Considering coping behavior as predominantly reactive inevitably leads to the question of what functions coping behavior performs. Kryukova emphasizes that coping behavior is connected with the system of goal-setting actions, forecasting of possible outcomes, creative generation of new solutions to difficult situations (Kryukova, 2008). A wide range of studies of this phenomenon conducted in recent years shows that the coping process reveals functional and dynamic characteristics of personality, the way it expresses itself, its attitude toward the world, and the functions of coping behavior go beyond minimizing distress, are implemented in transformational activities, anticipating the impact on stressors and planning coping behavior in a temporal perspective (Aspinwall, 2011; Starchenkova, 2009).

The current state of the problems of coping behavior is characterized by an increasing shift of the research emphasis from reactive behavior, that is, arising in response to the difficulties that have already arisen and have been realized by a person, in the direction of proactive, future-oriented coping behavior (Antoniou, Cooper, 2016; Aspinwall, 2005). The model of outrunning, future-oriented (proactive) coping can become a serious theoretical basis for researching the field of disease prevention and health promotion, the basis for creating a new generation of prevention programs (Yaltonsky, Sirota, 2008).

The term "proactivity" first appeared in V. Frankl's works. A proactive person, from his point of view, takes responsibility for his or her life and does not look for the reasons for what is happening to him or her in the surrounding people and circumstances (Frankl, 1990). In the sense of V. Frankl, proactivity is close to the concept of internality. Also, one of the first to oppose individual activity to the postulate of reactivity by introducing the notion of proactivity was G. Allport. He linked proactive behavior to the ability of the individual to consciously influence the environment in new, previously untried ways(Allport, 1961). A person, according to G. Allport, lives in a world of prospects, life aspirations, and generated goals.

Developing a resource-congruent stress model, P. T. P. Wong describes the evolution of coping strategies from reactive to proactive, collective, creative, existential, and spiritual coping strategies (Wong, 1993). The effectiveness of coping in this model depends on the availability of a sufficient number of appropriate coping resources and the application of coping strategies that correspond to the nature of stress, as well as the cultural context.

L. G. Aspinwall and S. E. Taylor suggested that proactive coping was a set of strategies that people use to prevent future stressors or minimize their effects (Aspinwall, Taylor, 1997). The model of proactive coping behavior suggested by them includes five interrelated stages of proactive self-regulation: accumulation of resources, monitoring of the environment and identification (recognition) of the stressor, primary assessment of the stressor, preliminary coping, and use of feedback on the effectiveness of the efforts undertaken. The advantage of proactive coping in this model is the early detection of stressors, which results in lower resource consumption for stress management, and therefore resources remain available for other activities.

The concept of proactive coping behavior is based on cognitive-transactional theory of stress (Lazarus, 1966; 1991) and introduces an additional temporal dimension. Coping, according to R. Schwarzer, among other things, depends on the time perspective and subjective certainty of stress events. He defines proactive coping as an effort to create shared resources conducive to meaningful goals and personal growth (Schwarzer, 2001). People are not reactive, but proactive in the sense that they initiate a constructive way of action and create opportunities for personal growth, quality of life, and overall functioning.

According to E. R. Greenglass, the three main characteristics of proactive coping behavior are that it: 1) integrates planning and prevention strategies with proactive self-regulation of goal achievement; 2) integrates proactive goal achievement with identification and use of social resources; 3) uses

proactive emotional coping for self-regulation in the process of goal achievement. An important feature of proactive coping behavior is the use of social environment resources (Greenglass, 2002).

Motivation in proactive coping behavior is more positive than in traditional coping behavior since it is based on the perception of situations as challenges and incentives, while reactive coping behavior is based on risk assessment, i.e., the requirements of the environment are assessed negatively as threats. Proactive individuals are therefore inclined to take a positive view of what is happening, accumulate personal resources and, if stressed, can mobilize them quickly. The differences between these dimensions of coping behavior are significant as they shift the focus of research to a wider range of goal and risk management issues, which include active personal growth opportunities and positive stress experiences (Greenglass et al., 1999; Greenglass, 2002; Schwarzer, Knoll, 2003; Greenglass, Fiksenbaum, 2009).

E. P. Belinskaya sees the differences in proactive coping in the following: 1) in the organization of time perspective: proactive coping is implemented at the very initial stage of interaction between an individual and a situation when a difficult situation has not even occurred yet, so a person's cognitive evaluation of his or her resources prevails over the evaluation of the situation itself; 2) proactive coping is a process of specific goal setting, in which a person evaluates a possibly difficult situation not as a threat, but as a challenge; 3) proactive coping is based on the specific perception of potentially difficult situations as fundamentally probabilistic events, which leads to the dynamics of coping motivation (Belinskaya, 2018; 2019).

In the literature, there are different classifications of coping in terms of its temporal organization. In our opinion, it is expedient from the point of view of a system approach to consider coping as a single process with the allocation of the following levels: reactive, anticipative-preventive, and proactive (Starchenkova, 2009). Based on the principle of systematicity and integrity of consideration of personality (Ananiev, 1968), coping must be considered as a single multidimensional process in which all types of coping strategies are consistent. However, depending on the combination of internal and external conditions of an individual, some coping processes will be more relevant at a particular time, which does not reduce the importance of the others. Despite the above-mentioned subordination and relative multi-directionality of the coping levels, they represent a single system, all levels of which complement each other, with qualitative characteristics of the underlying level being included as components of the higher level, and proactivity as an integral level. Thus, the concept of proactive coping behavior offers a strategic approach that considers coping behavior through a reactivity-activity-proactivity system.

The confirmation of this "level" model of the formation of proactive coping behavior was obtained in the work of B. V. Biron. The use of hierarchical regression analysis has shown that the formation of proactive coping is consistently influenced first by reactive and then preventive-apperceptive coping strategies (Biron, 2013). Proactive coping behavior is a multidimensional structure that includes a set of different types of coping behavior (Greenglass et al., 1999). These include, first and foremost, goal-setting and proactive self-regulation to achieve the set goals, as well as the formation and accumulation of resources. Reflexive coping involves evaluating possible stressors, analyzing problems and available resources, generating a suggested action plan, predicting the likely outcome of an activity, and choosing how it should be performed. Strategic planning is important as a process of creating a well-defined, targeted action plan to achieve the objectives. Preventive coping is the anticipation of potential stressors and the preparation of actions to neutralize negative effects before a possible stress event occurs. Important aspects of proactive coping are the search for instrumental support (information, advice, feedback) and emotional support (empathy and understanding).

A. I. Erzin considers proactivity as a metaphenomenon based on personal factors (self-reflection, anticipation, internality, spontaneity, metamotivation) manifesting itself in a special behavioral style,

which includes predicting situations, willingness to take control of life circumstances, initiative and persistence in achieving time-distant goals (Erzin, 2016). The author distinguishes two types of proactivity: constructive and destructive (Erzin, 2014). Constructive proactivity reflects a person's tendency to consciously choose those models of behavior that are aimed at creating and maintaining interpersonal contacts, creative and cognitive activity. Destructive proactivity includes actions of a manipulative nature that involve using others for their purposes.

The rethinking of the concept of proactive coping behavior undertaken in the works by N. M. Voishcheva and V. Yu. Slabinsky from the perspective of theoretical constructions proposed by famous domestic psychologists at the beginning of the 20th century (Lazursky, 1922; Frank, 1990; Chizh, 2016) is promising (Voishcheva, 2018; Slabinsky, Voishcheva, 2016). Lazursky identified three levels of personality functioning: lowest, average, and highest. Each of these three levels corresponds to its basic type of coping behavior, the level of adaptation, the leading ethical imperative as per Frank, the leading motive for behavior as per Chizh (Table 1).

Table 1. Signs of different types of coping behavior (Voishcheva, 2018)

Parametrs	Type of coping behavior		
	Reactive	Active	Proactive
Level of adaptation	poorly adapted	well-adapted	hyperadapted
Level of functioning as per A. F. Lazursky	lowest	average	highest
Leading time parameter	past	present	future
Ethical imperative as per S. L. Frank	ethic of dislike	ethics of love to the neighbor	ethics of love to the distant one
Leading motive as per V. F. Chizh	motive of direct pleasure	benefit motives of utilitarians	motives of debt

Proactivity in this concept is understood as an integral meaning-centered property of a healthy individual, based on the ethics of "love to the distant one" and "motives of obligation", associated with the ability to operate in large strata of time, to accumulate and economically use any kind of resources needed to achieve time-distant life goals and implemented at the personal and/or human levels (Slabinsky, Voishcheva, 2016).

Proactivity, proactive behavior and proactive coping

In psychology, the operationalization of the "proactivity" concept follows two main directions (Erzin, 2016). The first is presented in the works by T. S. Bateman and J. M. Crant, which propose to consider proactivity as a personality trait, a stable characteristic that defines individual differences between people (Bateman, Crant, 1993). Proactivity refers to a relatively stable tendency to influence and change the environment (Bateman, Crant, 1993) and a predisposition to act proactively (Seibert, Crant, Kraimer, 1999). People with developed personal proactivity are characterized by greater independence from situational factors and the ability to consciously cause changes in their social environment. The second approach to understanding proactivity is used in the works by M. Frese and colleagues (Frese et al., 1996; 1997; Frese, Fay, 2001), S. K. Parker and colleagues (Parker et al., 2006; Parker, Collins, 2010), A. M. Grant and S. J. Ashford (Grant, Ashford, 2008), and others. According to this approach, proactivity is not just a personality trait, but a whole complex of behavioral patterns, combining such features as initiative, purposefulness, anticipation of the situation, planning, active influence on circumstances, and persistence in overcoming difficulties.

As literature analysis shows, proactivity is generally understood as a fundamental characteristic of the individual, which can manifest itself in a special style of behavior — proactive, including predicting situations, willingness to take control of life circumstances, initiative, and perseverance

in achieving time-distant goals. Proactive coping behavior is relevant in the event of potentially stressful events that threaten the individual's well-being and impede his or her growth and self-realization. There are many common points of contact that combine coping processes and proactive behavior. According to A. I. Erzin, both phenomena are based on personal characteristics such as long-term planning ability, stress resistance, and resilience, efforts made to solve everyday tasks and difficulties, and many others (Erzin, 2016). Proactive coping behavior can be considered as a special type of personality proactivity when the individual is forced to face potential stressors — obstacles to personal growth and self-actualization.

Research on proactivity and proactive behavior in organizational psychology

The problem of proactive behavior is presented in numerous studies of organizational psychology. Proactivity means active, priming behavior of a professional focused on change, prevention, and preparation for unwanted, problematic situations. Proactivity as a form of "healthy" and effective human behavior appears to be the desired behavioral strategy of an employee in organizational behavioral research (Crant, 2000; Parker et al., 2006; Seibert et al., 2001; Abramova, Tatarko, 2019).

Modern concepts of proactivity at work include proactive personality (Bateman, Crant, 1993), personal initiative (Frese et al., 1997; Frese et al., 1996; Frese, Fay, 2001), taking charge (Morrison, Phelps, 1999), the "voice" concept (Van Dyne, LePine, 1998; LePine, Van Dyne, 2001), active search for feedback (Ashford et al., 2003; Ashford, Cummings, 1983, 1985), issue-selling (Dutton, Ashford, 1993), expanding roles (Nicholson, 1984; Parker et al., 1997), role innovations (Van Maanen, Schein, 1979; Nicholson, 1984; West, 1987), job crafting (Wrzesniewski, Dutton, 2001), and others.

Tornau and Frese (2013) highlight the following general features of modern concepts of proactivity: 1) action orientation – active and independent activity instead of a passive response to current situations; 2) change orientation – direct influence on the course of current events to increase their effectiveness instead of waiting for any changes to occur, changes should be constructive for improving the organization and relevant; 3) future orientation — making decisions that prevent possible issues and focus on future opportunities.

Proactivity can take many forms, and employees use it to achieve a wide variety of objectives that are priorities for them. Prioritizing proactivity is important since proactive behaviors aimed at different objectives can be motivated in different ways and lead to different consequences. F. D. Belschak and D. N. Hartog define three levels of proactive behavior by employees: 1) pro-organizational (aimed at the organization, organizational goals); 2) pro-social (aimed at the working team/colleagues); 3) pro-personal (aimed at achieving personal or career goals) (Belschak, Hartog, 2010). A similar position is held by M. A. Griffin, dividing proactivity in the workplace into personal proactivity, the proactivity of an individual as a team member, and the proactivity of an individual as a representative of the organization (Griffin et al., 2007).

S. K. Parker and C. G. Collins distinguish three types of proactive work behavior: proactive work behavior (constructive efforts to improve the functioning of the organization, the search for new ideas, techniques, technologies, problem prevention), proactive strategic behavior (monitoring the external environment and the impact on the strategy of the organization in the time perspective) and proactive compliance behavior of the employee and the organizational environment (using feedback to change work efforts or situations to achieve greater compatibility between their capabilities and the organizational environment, career promotion / building in the organization) (Parker, Collins, 2010).

Various structural and procedural models of implementing proactive behavior in organizations are considered. For example, A. M. Grant and S. J. Ashfold describe three key phases of proactive behavior: counteraction to future outcomes, planning (which plays a key role in achieving behavioral

goals), and action to change the situation (Grant, Ashfold, 2008). According to S. K. Parker and colleagues, working proactive behavior consists of four stages: preventing problems, creating innovations, ability to declare oneself and one's plans, and taking responsibility for results (Parker et al., 2006; Parker, Collins, 2010).

The literature describes various personal and organizational factors of proactive behavior. Proactivity is linked to proactive problem solving (Parker et al., 2006), individual innovation, career initiative and promotion (Seibert et al., 2001; Starikova, Manichev, 2019). Proactive employees are more satisfied with their work (Strauss et al., 2015). Trust and autonomy in the workplace act as predictors of proactive behavior (Parker et al., 2006). Positive effects of the impact of transformational leadership, the extended role of self-efficacy and autonomy at work on proactive behavior have been revealed (Belschak, Hartog, 2010; Strauss et al., 2009). Proactivity is positively correlated with the distribution of tasks in the working network (Thompson, 2005), proactive socialization in the enterprise (Kammeyer-Mueller, Wanberg, 2003). Constructive perfectionism stimulates the manifestation of proactive working behavior (Kruglova et al., 2019). Rational thinking styles and rational work design are complementary factors in choosing proactive behavioral strategies of job crafting (Manichev, 2018). Proactivity is a positive factor for innovation in the organization (Abramova, Tatarko, 2019). The helpful activity and initiative of employees lead to new original solutions, while the long-term perspective and ability to overcome obstacles help to realize the plans (Escrig-Tena et al., 2018).

K. Tornau and M. Frese in a meta-analysis of the main concepts of proactivity (163 independent samples with a total number of 36,079 participants) found the following correlations of proactivity with personal and organizational characteristics (Tornau, Frese, 2013). Proactivity was positively correlated with such factors of the Big Five (Costa, McCrae, 1995) as "conscientiousness", "extraversion", "openness to experience", and negatively with "neuroticism" and "agreeableness". Self-efficacy, the breadth of role self-efficacy, responsibility for change, locus of control, innovation, working autonomy, social support, organizational commitment, and job satisfaction were positively correlated with all concepts of proactivity. Proactive behavior was also an important factor of job performance.

In general, proactive behavior leads to greater efficiency and success of the organization as proactive employees are motivated to achieve the goals of the organization, they set new goals and accelerate the growth of the company and its effectiveness (Crant, 2000; Parker, Bindl, Strauss, 2010). According to the study by O. Abramova and A. Tatarko (2019), innovative organizational culture contributes to the proactive behavior of a person at the level of the entire organization, provided that the high innovative self-efficacy of an individual — his or her belief in the ability to create innovations — is maintained (Abramova, Tatarko, 2019). However, future research should pay special attention to possible destructive individual, social, and organizational effects of antisocial proactive behavior, since proactive behavior includes additional efforts, challenging the existing situation, and violating or deviating from prescribed roles, customary practices, and task procedures. Pressure on employees to take initiative can lead to stress, role overload, work-family conflict, and reduced activity over time (Bolino, Turnley, 2005; Spector, Fox, 2010).

Research methods for proactivity, proactive behavior, and proactive coping

Currently, it can be stated that there are various methods aimed at measuring proactivity, proactive behavior at work, and proactive coping.

The Proactive Personality scale

A proactive personality scale was developed by T. S. Bateman and J. M. Crant. According to the authors, proactivity is seen as a personal disposition to change the environment. A proactive person identifies and acts following opportunities, takes initiative, and shows perseverance in achieving goals. The questionnaire consists of 17 statements, which are evaluated on a seven-point Likert scale (Bateman, Crant, 1993). There are shortened versions of the proactive personality scale with 10 items (Seibert et al., 1999) and six items (Claes et al., 2005).

Proactive Attitude scale

The Proactive Attitude scale was proposed by R. Schwarzer. A proactive attitude is seen as a personal characteristic, which is important for motivation and action. It is a belief in the rich potential of change that can be made to improve oneself and one's environment. Proactive attitude includes ingenuity, responsibility, values, and vision. The questionnaire consists of 15 statements, which are evaluated on a four-point Likert scale (Schwarzer, 1999).

Proactive Coping Inventory

The most well-known questionnaire for studying proactive coping behavior is the Proactive Coping Inventory developed by E. R. Greenglass. The inventory is based on an approach in which coping behavior is considered within a social context and integrates affective, cognitive, intentional, and social factors into a set of coping strategies that enable an individual to cope with challenges by constructing ways of action for personal growth and progress toward personal goals (Greenglass et al., 1999). Russian version of the inventory was adapted by E. V. Starchenkova. The inventory consists of 52 statements assessed on a four-point Likert scale and contains six subscales: 1) proactive coping, 2) reflexive coping, 3) strategic planning, 4) preventive coping, 5) search for instrumental support and 6) search for emotional support. To shorten the survey time, it is possible to use the first scale called "Proactive coping" (Starchenkova, 2017). E. P. Belinskaya and her colleagues created a short version of the proactive coping inventory, which included 27 items (Belinskaya et al., 2018).

The Utrecht Proactive Coping Competence scale

The Utrecht Proactive Coping Competence scale was developed by C. Bode with colleagues. The scale is based on a proactive coping process model (Aspinwall, Taylor, 1997) and assesses four proactive competencies: 1) setting realistic goals, 2) using feedback, 3) evaluating the future, and 4) using resources. The scale consists of 21 statements; the answers are evaluated on a five-point scale (Bode et al., 2007).

«Proactive behavior» technique

«Proactive behavior» technique was developed by A. I. Erzin. The methodology is aimed at analyzing personal predictors of proactive behavior. The questionnaire consists of 56 statements, which are evaluated on a five-point scale, and includes seven scales: 1) awareness of actions, 2) redicting the consequences of behavior, 3) internal locus of control, 4) spontaneity, 5) autonomy in decision-making, 6) metamotivation, 7) internal determinacy. Additional indicators are «Constructive proactivity» and «Destructive proactivity» (Erzin, 2014; Erzin, Antokhin, 2015).

Proactive Decision-Making Scale

Among the new methods, one can highlight the Proactive Decision-Making Scale (PDM), aimed at studying the decision-making process in organizations. The scale was developed by J. Siebert and R. Kunzb. The PDM scale assesses four proactive cognitive skills: "systematic identification of objectives", "systematic search for information", "systematic identification of alternatives", "using a "decision radar", and two proactive personality traits: "showing initiative" and "striving for improvement". The scale contains 19 statements; the answers are evaluated on a seven-point Likert scale (Siebert, Kunzb, 2016).

Research on proactive coping in the context of occupational health psychology

Modern studies of proactive coping behavior in occupational health psychology show that there is an increasing tendency to consider coping strategies in terms of their positive impact on various areas of human life. The idea that coping has a positive impact on the individual is linked to the role of positive beliefs in maintaining and preserving their own physical and mental health. Psychological beliefs such as optimism, a sense of personal control, and a sense of meaning are important psychological resources that help people deal more effectively with a variety of challenges and threats (Taylor et al., 2000). Proactive coping behavior contains a positive sense of stress management as it focuses primarily on improving life quality, thereby responding to the demands of positive psychology (Seligman, 2008; Seligman, Csikszentmihalyi, 2000). There are several reasons to believe that positive personal perceptions have a significant impact on human well-being and health. For example, beliefs such as confidence in the future and an active desire for development are definitely psychological factors in good physical condition.

People with self-respect and a belief in their ability to control their destiny are more likely to adopt a healthy lifestyle (Greenglass, 2001, 2002). Positive emotional states of an individual are closely connected with favorable interpersonal relations. Confident and optimistic people have great social support from others and are better mobilized in stressful situations (Taylor, Brown, 1994). Besides, people with sufficiently developed psychological resources, including a sense of subjective control, high self-esteem, and optimism, are more likely to use proactive coping strategies that minimize psychological loss due to stress (Aspinwall, Taylor, 1997; Cruz, 2018). Developing proactive competencies and proactive attitude can improve people's quality of life or to increase their life satisfaction and decrease their level of depression (Stanojević et al., 2014).

In health psychology, the task of studying health-related behavior is central. The development of the problem of psychological and behavioral factors of healthy behavior inevitably involves addressing the category of attitude. Attitude toward health is a system of individual, selective connections of an individual with various phenomena of the surrounding reality that promote or, conversely, threaten human health, as well as a certain assessment of an individual's physical and mental condition (Berezovskaya, 2011; Berezovskaya, Nikiforov, 2003). Attitudes toward health are one of the main, but not yet sufficiently developed, issues of health psychology. The search for an answer boils down to one thing: how to ensure that health becomes a leading, organic need of a person throughout his or her life path. In the study, the main barriers that hinder the implementation of healthy behavior are discussed (Nikiforov et al., 2016).

In health psychology, there are three main groups of theoretical models aimed at explaining, understanding, and changing health-related behavior (Rasskazova, 2014a; 2014b; 2016b; Rasskazova, Ivanova, 2015): 1) motivational models of health-related behavior (continuum models) consider intention as the main cause of change; 2) stage models describe the dynamics of human behavior, the stages of its change; 3) self-regulation models, like stage models, are based on the identification of stages or links in the process of behavior change, but are based on the concept of regularities of self-regulation of activity and state.

From the perspective of proactive coping, the most interesting model is the temporal self-regulation of individual behavior concerning health by P. A. Hall and G. Y. Fong, since both concepts focus on the temporal factor. In the model of P. A. Hall and G. Y. Fong, behavior is supposed to be partially irrational and it is necessary to take into account unconscious and emotional processes (Hall and Fong, 2007). Behavioral adaptability/disadaptability is assessed from a time perspective. The intention is formed based on expected value components that change over time. The effect of

motivational factors that determine an individual's intention to change his or her behavior depends on whether the benefits or losses that the individual considers are long-term or short-term. However, the influence of the intent itself depends on the capacity for self-control and behavioral dominance. Feedback loops are also an important part of the model. The advantage of this model is its interdisciplinary nature — attempts to integrate data on the biological and neurocognitive basis of self-regulation, environmental and social variables (the role of the context of behavior), ideas about the temporality of the process of self-regulation (Rasskazova, 2014b). The regulatory role of the future in the process of activity is associated with such psychological concepts as anticipation (V. Wundt, B. F. Lomov, E. N. Surkov), attitude (D. N. Uznadze), acceptor of the results of the action (P. K. Anokhin), a model of the required future (N. A. Bernshtein), probable forecasting (I. M. Feigenberg), etc.

A person's view of his or her health as a value necessary for the implementation of the personal and professional life plans is largely determined by the individual's time perspective. Individual differences in time perspective are related to health decision-making processes (Orbell, Hagger, 2007; Orbell et al., 2004), risky driving behavior (Zimbardo et al., 1997), smoking (Fong, Hall, 2003; Adams, 2009; Adams, Nettle, 2009), substance use (Fieulaine, Martinez, 2010), healthy lifestyle (Joireman et al., 2012). In general, studies support the hypothesis that a more future-oriented time perspective (and to a lesser extent, present-oriented) is positively related to health-saving behavior and negatively related to risky behavior (Hall et al., 2015). Since health-saving behavior is characterized to a large extent by direct costs rather than immediate benefits, proactive coping behavior, by its focus on future goals and improving the quality of life in general, helps to maintain the necessary motivational tension in favor of delayed goals.

For people with a proactive coping style, the future becomes relevant, has a strong motivational potential in the present, where activities are already determined by future events, important goals that the individual sets for him/herself, representing temporal continuity and integration of events Representation in the time perspective of the personality of distant goals actualizes proactive coping strategies. Orientations toward the present and past lead to a preference for avoidance and social support strategies over proactive coping (Starchenkova, 2007, 2012; Starchenkova et al., 2019). The study by M. Zambianchi and P. E. Ricci Bitti showed that social well-being was positively connected with proactive coping strategies, future-oriented time perspective, and expression of positive emotions and regulation of negative emotions (Zambianchi, Ricci Bitti, 2014). On the contrary, present-oriented time perspective contributes significantly but negatively to social well-being.

In a study of the relationship between the time perspective of the individual (Zimbardo, Boyd, 2010) and occupational health in socionomical professions (Starchenkova, Stolyarchuk, 2017), such temporal perspectives as "positive past", "negative past", and "fatalistic present" were associated with low occupational health indicators at physical and psychological levels. The "future" time perspective was associated with low occupational burnout and high occupational health indicators at the social level. A. Dwivedi and R. Rastogi concluded that proactive coping was a positive predictor of life satisfaction while "present fatalistic" time perspective was a negative one (Dwivedi, Rastogi (2017).

Considering the ways to take care of one's health, T. Yu. Rasskazova emphasizes that, despite their diversity, all of them are aimed at regulating a person's health and, consequently, should be considered in the structure of psychological self-regulation of activity and state. From the author's point of view, health care actions are related to coping behavior. Reactive and counter-cyclical coping strategies are a consequence of deteriorating health, and belief in their importance is a primary response to a health threat. Convinced of the importance of preventive ways of monitoring and preserving health, only those who follow them can better assess health. Proactive health care strategies (exercise, cold

training) are directly linked to a better assessment of one's health, regardless of beliefs in their importance (Rasskazova, 2016).

One of the determinants of maintaining and strengthening occupational health is a person's ability to constructively cope with various difficulties on the way to one's professional development. In the psychology of occupational health, among the most studied phenomena that lead to the need to use various strategies of coping behavior are professional difficult situations, organizational and professional stresses, their consequences in the form of the development of professional destructions, and others. The result of non-constructive coping with professional difficulties can be a frustration in achieving personal goals, dissatisfaction with personal and professional development, deterioration of quality of life and health, reduction of professional efficiency, development of professional deformations.

Several studies have confirmed that the selectivity of coping behavior depends on the cognitive appraisal of professionally difficult situations and the stage of professionalization. The selectivity of coping behavior was determined by the parameters of subjective representations of professionally difficult situations (Starchenkova, Yachanova, 2011). For example, such parameters of the cognitive assessment of the stressfulness of a situation such as importance and difficulty have more often led to the selectivity of proactive coping strategies, while incomprehension and uncertainty have led to the search for social support. As professional skill grows, the subjective image and interpretation of a situation are transformed into the differentiation of essential characteristics of professionally difficult situations from insignificant ones, increasing the controllability of a situation and decreasing the subjective assessment of its stressfulness (Vodopyanova, Starchenkova, 2008; Starchenkova, 2016). The research results obtained by E. S. Starchenkova and A. Yu. Yachanova (2011) showed that at the stage of professional adaptation, teachers more often chose coping strategies of avoidance, distancing, positive re-evaluation of the stress situation, and lacked control over the stressful situation. At the stage of professional skill, professionally difficult situations were more often overcome with the help of proactive coping behavior. At the stage of "pseudo professionalism", which is characterized by performing work according to professionally distorted norms against the background of personality deformation, teachers more often used such coping strategies as distance and avoidance and did not seek social support, which exacerbated the experience of professional burnout (Starchenkova, Yachanova, 2011).

In the study of professionally difficult situations for the employees of locomotive brigades it was shown that in the situations that could be anticipated, when certain actions could be taken in advance to prevent them (e.g., the danger of brake failure, possible descent of the locomotive from the track, occurrence of fire), more often proactive coping strategies were chosen, while hardly predictable, uncontrollable and independent of the driver's activity extreme situations (e.g., car displacement to the adjacent track, the threat of hitting people, animals, vehicles) led to the selectivity of reactive coping behavior due to the surprise factor of their occurrence (Starchenkova, Chernaus, 2009).

The others studies showed that in simulated test trials, train dispatchers with a high level of stress tolerance had a more adequate cognitive assessment of potential extreme situations, a higher assessment of their coping resources, and more often chose proactive coping strategies to address difficult situations, compared to dispatchers with a low level of stress tolerance (Vodopyanova and Starchenkova, 2008; 2009).

The study of professional and organizational stress and coping strategies of higher school teachers showed the prevalence of organizational stress factors in their activities over professional ones (Starchenkova et al., 2013). The use of constructive coping behavior in stressful situations was important for maintaining and improving the professional health of higher school teachers. The use of proactive coping strategies and problem-oriented coping reduced the probability of both

organizational and professional stress. T. J. Devonport also conclude that preventive and proactive coping strategies need to be mastered by higher school teachers to prevent organizational and professional stress (Devonport et al., 2008). In addition to reducing professional stress, proactive coping behavior contributed to the improvement of professional well-being (Kulikova, 2019).

The study of the features of overcoming professional stress in specialists in the field of medical rehabilitation analyzed the specifics of the application of proactive models of coping behavior in rehabilitation center specialists with varying degrees of severity of adverse chronic conditions. Specialists from the "risk group" were much less likely to use proactive stress coping strategies, which facilitated the transition of chronic conditions into signs of burnout syndrome (Kuznetsova et al., 2019). Representatives of the "trouble-free group" more often used proactive and preventive coping strategies, which is considered by the authors as an adequate response to the action of professional and organizational stressors specific to rehabilitation work.

The results of the positive impact of proactive coping behavior on the functional states arising in the course of professional activity are of interest. In studying the interrelationships of proactive coping and low-performance states using the technique of differential diagnosis of reduced working capacity states by A. B. Leonova and S. B. Velichkovskaya, the researchers received data that such coping strategies as proactive coping and strategic planning were negatively correlated with the states of fatigue, monotony, and mental satiety (Starchenkova, 2016). It can be said that this type of coping contributes to the regulation of a person's functional states by reducing the level of mental tension through the judicious use of resources; the person considers the events happening to him or her in a certain time perspective, so he or she is ready to delay, postpone the immediate satisfaction of their needs for the benefit of future goals.

In occupational health psychology, burnout is considered as an indicator of professional maladaptation and a typical symptom of occupational ill health, manifesting its negative impact at all levels: physical, psychological, and social. In some countries burnout syndrome is considered as an occupational disease (Canu et al., 2019). In this connection, the search for psychological factors that prevent its development is an urgent task of psychological ensuring of professional activity.

The important role of proactive coping behavior in reducing the severity of professional burnout and in its prevention has been confirmed in numerous studies. Proactive coping strategies influence the reduction of professional burnout mainly through improving the self-assessment of professional achievements and reducing the level of emotional exhaustion (Ângelo, Chambel, 2014; Greenglass, 2001, 2005; Schwarzer, Taubert, 2002; Evdokimov et al., 2009; Starchenkova, Yachanova, 2011; Nikiforov et al., 2015; Starchenkova et al., 2017; Albulescu et al., 2018; Kovaleva, 2018; Voischeva, 2018). In a study of nurses, proactive coping strategies, as well as optimism, were associated with low occupational burnout. Individuals with appropriate psychological resources (e.g., proactive coping and optimism) can maintain a positive view of professionally difficult situations even under severe stress (Chang, Chan, 2015).

In a study health care workers with a low degree of professional burnout had more psychological resources of health (existential fulfillment and proactive coping) than their colleagues with a high degree of burnout. The authors conclude that psychological resources of health can act as a factor of protection against burnout syndrome, and psychological diagnostics of these resources can serve as an additional tool for assessing the potential of health and will allow predicting changes in the current state of specialists in the course of their professional activity (Anisimov et al., 2018). The other study has shown that the use of proactive coping strategies, favorable family relationships, and satisfaction with the quality of life prevent the development of professional burnout among nurses (Dorokhina, 2018).

The researchers showed that strategies of job crafting as proactive coping strategies initiated by employees effectively reduced role stress and occupational burnout while increasing psychological resources and productivity (Singh, Singh, 2018). Proactive job-crafting strategies such as increasing work requirements, restructuring work, and attracting social resources have hampered the development of chronic fatigue at work for guides accompanying tourist groups (Zimina, 2020).

Z. F. Dudchenko and S. V. Firsova studied the relationship between professional burnout and proactive coping behavior and individual self-regulation style in Russian and Kazakh top managers of small businesses. Coping strategies such as strategic planning and prevention reduced the level of emotional exhaustion. Proactive coping and self-regulation "modeling" style contributed to the increase in the self-assessment of professional accomplishments (Dudchenko, Firsova, 2019).

E. B. Petrushikhina (2015) studied the features of coping strategies of managers at different levels. Implementation of management activities requires such coping strategies as proactive coping, reflexive coping, planning, and problem-oriented coping for managers at all levels of management compared to employees. Top managers are characterized by proactive, transformative coping strategies. Mid-level managers are more likely to apply strategies to find social support, while passive and emotionally oriented coping strategies are more pronounced among lower-level managers (Petrushikhina, 2015).

A study of personal predictors of stress resilience found that top managers with high levels of hardiness were more likely to use coping strategies such as proactive coping, strategic planning, positive refocusing, and seeking emotional support, while top managers with low levels of hardiness were more likely to use reflection and catastrophizing strategies. Technologies of psychological interventions and support for professional activity of top managers should focus on the development of an active and optimistic life position, as well as the formation of proactive coping behavior ((Vodopyanova et al., 2017).

In recent decades, interest in organizational culture has increased dramatically due to the awareness of the impact that culture has on the success and effectiveness of an organization. Modern research shows that thriving companies are characterized by a high level of culture, which is formed as a result of thoughtful efforts by management to develop the spirit of the organization. Culture determines the goals, values, and standards of behavior of the personnel, as well as the quality of working life. The quality of working life affects not only the external performance of the organization but also the stability of the staff, their performance, health, and organizational loyalty. Stress response and stress syndromes at work develop when elements of organizational culture cause a large number of stressful situations (Vodopyanova, Starchenkova, 2008). The results of the research on coping strategies among employees of organizations with different types of organizational culture showed that employees of budgetary organizations with clan culture were not inclined to be aggressive in resolving difficult situations and were more inclined to act cautiously. Employees of commercial organizations with a market culture that requires customer orientation were more likely to use proactive coping, assertive behavior, and social interaction.

The some study has shown that proactive coping facilitates professional adaptation of new employees, primarily by reducing emotional costs. Employees who use proactive coping accumulate more personal and work-specific resources and can effectively invest them to improve their well-being at work (Ślebarska, 2017).

Proactive coping strategies were positively correlated with organizational characteristics such as job performance, job satisfaction, and civic organizational behavior (Ersen, Bilgiç, 2018). The other study concerning retailers working for a leading Italian supermarket company has shown that emotional demands are crucial in professions that involve direct relationships with customers and, if poorly managed, can negatively affect the professional health and productivity of employees.

Employees' proactivity acts as a protective factor, preventing the development of conflicts with clients and positively influencing the company's image and subjective well-being of employees themselves (Mazzetti et al., 2019).

The one study brought together 2 433 Korean company employees. Employees of the companies had considerably worse health status and low indicators of healthy behavior compared to the general population. Regular exercise, smoking cessation, work / life balance, proactive lifestyle, religious practices, and good physical health were associated with low levels of absenteeism (Yun et al., 2016).

The psychological study of a working person's rest is a new direction of research of professional labor, the expediency of which is due to the fact that modern forms of interaction between the organization and the employee allow a high degree of autonomy of employees in planning and execution of work. Recreation is considered as an activity planned for resource recovery, health preservation, and successful self-realization in the workplace. The type of attitude toward rest determines different approaches to its organization: proactive (based on advanced recreation planning) and reactive (manifested in the recognition of the recreational value of rest without special activity in its organization) (Kuznetsova, Luzyanina, 2014).

O. A. Kondrashikhina, L. G. Kondrashevskaya consider the full rest of the employee as an important resource for coping with professional stresses, which contributes to the restoration of physical strength and mental activity, emotional balance, and motivational optimality (Kondrashikhina, Kondrashevskaya, 2016) . People's lack of awareness of the importance and need for rest harms their occupational health. In their research, those using a proactive approach to recreation management had a greater set of constructive coping strategies than those who preferred a reactive approach to recreation management. Thus, it is possible to see that within the framework of professional activity, proactive coping behavior has many positive effects both on individual and organizational levels.

Psychological resources of proactive coping

From the perspective of occupational health, it is important to understand the role of psychological resources for coping with professional difficulties. Resources are the internal and external capacities and tools of individuals, whose mobilization enables them to implement programs and behavior strategies to anticipate and overcome difficult life and professional situations. Studies show that the experience of resource loss is negatively related to proactive coping behavior and positively related to occupational burnout symptoms (Starchenkova, 2012). The importance for proactive coping of such resources as preventive coping cognitive resources (Khazova, Korshikov, 2010), personality traits (sociability, emotional stability) and qualities that ensure the sustainability of motivation and ability to organize the future (Starchenkova, 2012), ability to anticipate (Starchenkova, Gushchina, 2011; Danilenko, 2016; Starchenkova, 2016), meaningful in life (Miao, Gan, 2020; Sougleris, Ranzijn, 2011), and meaningful life orientations of a person (Starchenkova, 2012) is shown. Gender differences in proactive coping are not clear. Although one study showed that women were more likely than men to seek emotional and instrumental support (Greenglass et al., 1999), gender does not seem to affect proactive coping in general.

Conflicting empirical data were obtained by establishing a link between proactive coping and the level of subjective well-being. Several studies confirm a positive connection between proactive coping behavior and psychological well-being (Uskul, Greenglass, 2005; Sohl, Moyer, 2009; Pauhl, 2012; Yurevich, 2018; Lapkina, Monakhov, 2017). In another study (Starchenkova, 2012), the proactive coping strategy was not correlated with subjective well-being, while reflexive and preventive coping was negatively correlated with a sense of subjective well-being. This can be explained by the effect of

"deferred well-being" (Shamionov, 2006) when a person overestimates over time what caused stress and discomfort in the process of achieving a personal goal: negative (difficulties in achieving) into a positive (satisfaction with the result of achievement).

In examining the structure of personal coping resources (proactive attitude, general self-efficacy, authentic life, rejection of external influences, a sense of coherence, and trained resourcefulness), it was found that they are closely related to each other, being different aspects of general personal salutogenic functioning (Biron, 2013).

Many studies consider health to be an integrative characteristic of a person, where higher levels of health are distinguished along with the physical and mental components (Anisimov, Kireeva, 2016). Examination of the phenomenon of "spiritual health" in contemporary research shows that many resources at this level are beyond the scope of research attention and practical study (Danilenko, 2014). Veselova (2006) believes that it is appropriate to consider manifestations of "professional health — ill-health" at four levels — somatic (biological), mental, social, and existential (or spiritual, eschatological). At the latter level, the manifestation of professional ill health can be the moral unreliability of a specialist and the formation of the opposite professional identity of quality — professional marginalism. Professional marginalization represents a loss of professional identity, indifference to professional duties and norms, replacement of professional values and morality with values and goals of another environment (Ermolaeva, 2001).

In the study of spiritual resources of health, Anisimov and Kireeva (2016) conclude that individuals with conscious value and meaning orientations have great spiritual resources (proactivity, existential fulfillment, reflexivity) for constructively overcoming difficult life situations, maintaining individual health, and professional self-realization.

N. M. Voishcheva in the study of ecologists developed a typology of coping behavior depending on the combination of different coping styles ("proactive", "prosocial", and "asocial"). The typology included three main types of coping behavior, which were named: 1) "Reactive", 2) "Active", and 3) "Proactive". The selectivity of the type of coping behavior depended on the individual psychological characteristics of ecologists (Voishcheva, 2018; Voishcheva et al., 2018). Using the "Proactive" coping type takes place at the late stages of the professionalization of ecologists with a long experience in the profession. The application of the "Proactive" coping type of behavior was related to its prosocial orientation, low professional burnout, and positive professional identity.

The results of studies of occupational health of specialists of different professions show that proactive coping is an important condition for its formation and maintenance (Nikiforov et al., 2015; Starchenkova, Zakharova, 2016; Starchenkova, Stolyarchuk, 2017; Vodopyanova et al., 2018). Nikiforov et al. (2015) developed a comprehensive methodology for assessing occupational health at physical, psychological, and social levels.

The summary of the results showed that high occupational health indicators at all three levels were associated with proactive coping strategies (proactive coping, reflexive coping, strategic planning, and preventive coping). For psychological and social levels, strategies of seeking of social support (emotional and instrumental) were additionally important. Maintaining a healthy lifestyle was positively related to a high level of physical health, emotional well-being, and experiencing professional demand. It can be concluded that while being proactive a person looks at life's events from a certain time perspective, and future-oriented people usually make more efforts to prevent negative changes in their lives (Ouwehand, 2007). Through future-oriented and preventive coping with difficulties, proactive coping behavior orients people to preserve and promote their health as an important resource for personal growth and professional development.

Analysis of a number of studies shows the possibility of the formation and development of proactive coping behavior in training programs. C. Bode with colleagues developed a short-

term educational program for middle-aged and elderly people aimed at developing proactive competencies: 1) setting realistic goals, 2) using feedback, 3) evaluating the future, and 4) using resources following the procedural model of proactive coping (Aspinwall, Taylor, 1997). At the end of the program, all proactive competencies in the experimental group were strengthened compared to the control group at a statistically significant level, and results remained stable three months after the end of the program (Bode et al., 2007).

Starchenkova proposed a training program for constructive coping behavior in professional difficult situations (Starchenkova, 2016), an important element of which was the training of proactive coping behavior. Training included following parts: analysis of typical professional difficult situations, the role of subjective characteristics for coping with professionally difficult situations, working with professional identity and professional activity meanings, resources of coping behavior, barriers to self-change and mastering constructive coping behavior, training in proactive competencies. At the end of the program in the experimental group, compared with the control group, the indicators of professional burnout (emotional exhaustion and reduced professional accomplishments) decreased at a statically significant level, assessments of the general stressfulness of professional difficult situations decreased, and proactive competencies increased.

N. A. Romanof and A. O. Svirina developed a program aimed at forming productive coping mechanisms of coping behavior among medical stuff. The main stage of the program consisted of three components (motivational, cognitive, and behavioral). Motivational component: acquaintance with the participants, familiarization with the work procedure and tasks of the program, motivation to work, creation of a trusting and favorable atmosphere. The cognitive component includes the analysis and updating of the participants' existing knowledge about coping behavior and coping strategies, expanding the range of knowledge about the problem. Behavioral component: expansion of communication abilities and range of productive coping strategies, development of skills to apply them in various stressful situations. As a result of the program, coping behavior has become more productive. The frequency of accessing proactive coping strategies has increased. Participation in the program has also had a positive impact on team relationships (Romanof, Svirina, 2019).

A. A. Bekhetr has developed a reflexive training program for the development of proactive coping among first-year students. The program of proactive coping development included exercises and techniques focused on the development of reflection, forecasting, goal setting, and anticipation consistency, developing the skills of proactive coping during the modeling of difficult life situations and situations of professional development. After the training in the experimental group compared to the control group, at a statistically significant level, the anticipation consistency has increased (Bekhetr, 2019).

N. M. Voishcheva developed a training course on proactive coping behavior to prevent professional burnout among ecologists. The program consisted of several blocks: proactive coping, reflexive coping, strategic planning (developing a plan to achieve the goal), preventive coping (anticipating opportunities and threats), and pro-social coping strategies. There was an increase in the indicators of proactive coping and sense of time in the experimental group compared to the control group after the training (Voishcheva, 2018). When assessing the effectiveness of similar training of proactive behavior and individual psychotherapy in individuals with different degrees of professional burnout (Slabinsky et al., 2019), improvements in the use of proactive strategies were observed, as well as a decrease in the symptoms of professional burnout.

Conclusions and future directions

Proactive coping, directed at an upcoming as opposed to an ongoing stressor, is a new focus in positive psychology research. It refers to the efforts aimed at building general forces to facilitate the path toward challenging goals and personal growth. In many studies proactive coping is seen as the mediator between psychological resources (perceived self-efficacy, personality traits, optimism, social support) and outcomes (life satisfaction, fair treatment, burnout, depression, anger) (Stanojević et al., 2014).

A separate issue consists of the relationship between the concepts of proactivity, proactive behavior and proactive coping. Proactivity is generally understood as a personality characteristic, which can manifest itself in a special style of behavior — proactive, aimed to predicting situations, willingness to take control of life circumstances, initiative, and perseverance in achieving time-distant goals. Proactive coping behavior is actualized in potentially stressful events that threaten a person's well-being and impede personal and professional growth and self-realization.

It can be concluded that proactive coping behavior is considered as an important positive predictor of the employee's optimal functioning at both individual and organizational levels. The analysis of modern research shows that proactive coping has a positive effect on the occupational health of specialists of various professions by reducing the subjective assessment of the stressfulness of professionally difficult situations by considering them as situations of a challenge to one's abilities. The use of proactive coping has a positive effect on the state of reduced work capacity in professional activity, reduces the levels of organizational and professional stresses, reduces the degree of chronic fatigue at work, and contributes to the prevention of professional burnout. It generally increases stress resistance and is an important psychological resource for coping with professional difficulties. The separation of this type of coping shifts the focus of research to a wider range of goals and risk management issues, which includes the active creation of opportunities for personal and professional growth and positive stress experiences.

Proactive behavior leads to greater efficiency and success of the organization as proactive employees are motivated to achieve the goals of the organization; they set new goals and accelerate the growth of the company and its effectiveness. Proactive coping behavior is positively connected with the experience of psychological well-being in professional activity, promotes professional adaptation, positively influences on job performance and professional efficiency, increases job satisfaction, contributes to career development, promotes innovations in the organization, reduces the level of absenteeism.

The positive results of the training programs show the possibility of developing proactive coping behavior. Trainings of proactive behavior can find their application in stress management, burnout prevention, and occupational health programs.

However, future research should pay special attention not only to the benefits but also to the possible costs of proactive behavior, both at the individual and organizational levels. Possible destructive individual, social, and organizational effects of antisocial proactive behavior should be highlighted, since proactive behavior includes additional efforts, challenging the existing situation, and changing routine procedures. Pressure on employees to take proactive efforts can lead to stress, role overload, work-family conflict, and reduced productivity over time.

Further research should also pay attention to the problem of the genesis and formation of proactive coping on the path of person's professional development in order to ensure professional longevity. Occupational health is now seen as a strategic resource necessary at all stages of the professional path of labor subjects, which ensures the effectiveness of their activities and professional well-being.

The subject-resource approach (Vodopyanova et al., 2019) is promising from the perspective of the psychological support for the professional activity and occupational health of specialists of different professions. The psychological support of working people is considered as a cross-cutting process of a variety of psychological activities and healthy organizational environments that promote health, professional well-being and professional longevity, and counteract professional and personal deformations at all stages of the professional development.

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Феномен проактивного совладающего поведения в психологии профессионального здоровья

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Аннотация. Статья посвящена обзору современных исследований феномена проактивного совладающего поведения в психологии профессионального здоровья. Профессиональное здоровье рассматривается как стратегический ресурс, связанный с обеспечением эффективности, безопасности и надёжности профессиональной деятельности субъектов труда, повышением качества их профессиональной и личной жизни, а также с обеспечением профессионального долголетия. Представлена история развития концепции проактивного совладающего поведения с позиции когнитивно-транзактной теории стресса. Рассмотрено соотношение понятий проактивности, проактивного поведения и проактивного копинга. Представлена структура проактивного совладающего поведения и методы его изучения. Освещается роль темпоральных факторов в формировании и изменения поведения, связанного со здоровьем, а также барьеры здорового поведения. Обсуждаются основные теоретические модели, направленные на объяснение, понимание и изменение поведения, связанного со здоровьем. Анализируются результаты исследований проактивности и проактивного совладающего поведения в организационной психологии и психологии профессионального здоровья. Представлены личностные, профессиональные и организационные факторы проактивного совладающего поведения. Показаны взаимосвязи проактивного совладающего поведения с особенностями субъективных репрезентаций профессионально трудных ситуаций, организационными, профессиональными стрессами, состояниями сниженной работоспособности, выгоранием и показателями профессионального здоровья. Делается вывод о том, что проактивное совладающее поведение может быть рассмотрено в качестве важного позитивного предиктора оптимального функционирования работника как на индивидуальном, так и организационном уровнях. Рассматривается проблема формирования и развития проактивного совладающего поведения, представлен обзор программ обучения проактивному совладающему поведению. Обсуждаются направления и перспективы дальнейших исследований.

Ключевые слова: проактивное совладающее поведение, профессиональное здоровье, отношение к здоровью, временная саморегуляция поведения, здоровьесберегающие технологии, организационный стресс, профессиональный стресс, выгорание.