



HIGHER SCHOOL OF ECONOMICS
NATIONAL RESEARCH UNIVERSITY

SCIENTIFIC E-JOURNAL

ORGANIZATIONAL PSYCHOLOGY

ISSN 2312-5942

www.orgpsyjournal.hse.ru



2021. Vol. 11. No. 2.

2021. Vol. 11. No. 2.

Scientific e-journal

URL: www.orgpsyjournal.hse.ruE-mail: orgpsyjournal@hse.ru

Founder:

National research university

Higher School of Economics



Published 4 times per year

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Content

Editorial

- 6–7 We are glad to introduce our readers to new issue

Research in organizational psychology

- 8–24 Inconsistency of social-psychological effects of organizational social capital consolidation (in Russian)
L. G. Pochebut, V. A. Chiker, N. V. Volkova, S. D. Gurieva
- 25–40 Impact of emotional intelligence on organizational performance in health sector during COVID-19: mediating role of psychological resilience
S. Panigrahi, S. Mohanty
- 41–53 Effects of Acceptance and Commitment Training on the Reduction of Burnout in Clinical Specialist Residents
S. Klfni, P. Azadfallah, H. Oreyzi, R. Azizkhani, P. Adibi
- 53–75 Time management as a determinant of stress resistance among the modern secondary school teachers (in Russian)
T. Kulikova

Organizational psychology in practice

- 76–97 Worksite Wellness Programs as a Part of Corporate Culture: A Research on Attitudes of Employees in Russian Companies (in Russian)
O. Khoreva, E. Tarasenko, E. Ivanova

Reviews

- 98–123 Precarious employment psychology: formation of subject area, main problems and approaches to their study (in Russian)
A. Diomin

First steps

- 124–153 Resilience of a specialist in a helping profession in an organizational environment (in Russian)
O. A. Plyushcheva, A. V. Makhnach
- 154–168 Features of malevolent creativity and emotional intelligence in police officers depending on education and length of service (in Russian)
M. N. Bochkova, V. Shapovalova, N. V. Meshkova, S. N. Enikolopov

Organizational psychology in dialogues and discussions

- 169–193 The principle of “cyclicity” in career and personal selfdetermination (in Russian)
N. Karlovskaya, E. Kamneva, E. Morgunov, M. Polevaya, N. Pryazhnikov

Conferences

Literary guide



ORGANIZATIONAL PSYCHOLOGY

Editorial

We present our journal's new edition Issue #2, 2021.

The section «**Research in organizational psychology**» contains four articles. Theoretical and methodological problems of organizational psychology are raised in an article by St. Petersburg psychologists *L. G. Pochebut, V. A. Chiker, N. V. Volkova, S. D. Gurieva* «*Inconsistency of social-psychological effects of organizational social capital consolidation*». The results of the study of resources for overcoming professional stress in pedagogical activity are described in the article by *T. Kulikova* «*Time management as a determinant of stress resistance among the modern secondary school teachers*». The emotional aspects of the professional activity of doctors are discussed in two English-language articles by our foreign colleagues from India — «*Impact of emotional intelligence on organizational performance in the health sector during COVID-19: mediating role of psychological resilience*» by *S. Panigrahi, S. Mohanty* — and colleagues from Iran — «*Effects of Acceptance and Commitment Training on the Reduction of Burnout in Clinical Specialist Residents*» by *S. Kalani, P. Azadfallah, H. Oreyzi, R. Azizkhani, P. Adibi*.

The «**Organizational Psychology in Practice**» part contains an article by a team of authors from the Higher School of Economics, attracting the attention of readers to the effectiveness of corporate health-saving programs: «*Worksite Wellness Programs as a Part of Corporate Culture: A Research on Attitudes of Employees in Russian Companies*» by *O. Khoreva, E. Tarasenko, E. Ivanova*.

In the «**Reviews**» we discuss new trends in the labor market with profound psychological implications. This topic is raised in the article «*Precarious employment psychology: formation of subject area, main problems and approaches to their study*» by *A. Diomin*.

In the section «**First steps**» you will find two articles. Professional vitality became the focus of research in the article by *O. Plyushcheva and A. Makhnach* «*Resilience of a specialist in a helping profession in an organizational environment*». The problem of antisocial creativity is raised by the article «*Features of malevolent creativity and emotional intelligence in police officers depending on education and length of service*» by *M. Bochkova, V. Shapovalova, N. Meshkova, S. Enikolopov*.

New aspects in the process of career self-determination are offered in the «**Organizational psychology in dialogues and discussions**» part for consideration and discussion in the academic community by a team of authors consisting of *N. Karlovskaya, E. Kamneva, E. Morgunov, M. Poleyaya, N. Pryazhnikov* in their article «*The principle of cyclicity in career and personal self-determination*».

Please, enjoy the reading!



ORGANIZATIONAL PSYCHOLOGY

Inconsistency of social-psychological effects of organizational social capital consolidation

Ludmila G. POCHEBUT

Vera A. CHIKER

Saint-Petersburg State University, St.-Petersburg, Russian Federation

Natalia V. VOLKOVA

National Research University Higher School of Economics (HSE — Saint-Petersburg), St.-Petersburg, Russia

Svetlana D. GURIEVA

Saint-Petersburg State University, St.-Petersburg, Russian Federation

Abstract. The current paper continues a run of articles prepared by the authors regarding the theory and methodology of studying organizational social capital. *Purpose.* To analyze the inconsistency of social-psychological effects of consolidation of organizational social capital. Considering a social-psychological view, social capital might lead to both positive and negative social-psychological consequences. *Methodology.* The research methodology is based on a social-psychological model of cognitive organizational social capital developed by the authors and methodological evidence of studying organizational social capital. Social capital is a multidimensional construct. Its measurement must be conducted on the basis of the three dimensions, namely structural, cognitive, and relational. *Findings.* The findings of the methodological research conducted are the following: 1) positive and negative consequences of the consolidation of social capital are called in the literature as “light and dark sides” of social capital. A light side is a positive effect, namely creating a trust-based atmosphere, commitment to the goals, values and group norms, resource exchange, and opportunity for collective interactions. A dark side is negative consequences such as the probability for abuse of trust, enforcement of group norms, particularism, ostracism against non-conformists; 2) a social-psychological antecedent for consolidation of organizational social capital is ultimately ethical behavior of leaders and managers towards staff members; 3) social-psychological processes and effects are the utmost importance of consolidation of social capital. Exceeding the measure of the development of social-psychological processes such as either accelerated group dynamics or frozen statics might lead to negative consequences in their development. Overrunning group cohesion can start the effects of conformity and groupthink, while the high level of trust leads to authority compliance. Breaking down reciprocal norms and justice facilitates the effect of social loafing and reducing organizational identity. *Originality.* Finding inconsistency, which affects the effectiveness of the consolidation of organizational social capital.

Keywords: consolidation of the social capital of the organization, positive and negative consequences, socio-psychological effects.

Funding

The work was supported by a grant 19-013-00560\20 from the Russian Foundation for Basic Research.

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Received 10.09.2020



Impact of emotional intelligence on organizational performance in health sector during COVID-19: mediating role of psychological resilience

Suchitra PANIGRAHI

Sasmita MOHANTY

Siksha 'O' Anusandhan Deemed to be University, Odisha, India

Abstract. The emotional dimensions of health workers are emerging as a serious issue in academic discourse in the current decade. The World Health Organization (WHO) report underscores the significance of Emotional Stability among health workers as a factor affecting the performance of the health sector organization. *Purpose.* This study investigates the role of Emotional Intelligence on Performance through Psychological resilience in this pandemic situation of COVID19 in the Health sector Organization in Odisha, India. *Method.* Taking samples from public and private hospitals in Odisha 103 nurses' were administered Schutte's Self Report Emotional Intelligence Scale. The questionnaire has dimensions as Emotional Perception, Facilitating Cognition, Emotional Understanding, and Emotional Management. *Findings.* Regression analysis showed that the Emotional intelligence of health workers can be a predictive factor of Organization performance in the health industry. The nurses of different hospitals are proficient in taking on new challenges, they are also competent in adapting to any situation, they can recognize their strengths and weaknesses, and also they can treasure good humor during bad times. Principal component factor analysis showed that emotional perception and understanding as well as facilitating cognition used in regulating the overall performance of the hospital. *Value of results.* The amount of EI a nurse of a hospital has developed significantly impacts organization performance as a major part of the hospital nurses act as the central pillar of hospitals so they have a sense of understanding and can critically analyze patient behaviors and minimizes issues within the territory. This study going to help the hospital managers for managing the emotions of nurses who work under him / them.

Keywords: Emotional intelligence, emotional intelligence measures: Schutte measurement scale, psychological resilience, organization performance: subjective performance, hospital nurses, COVID-19, pandemic.

Introduction

The current COVID-19 pandemic has been weighing on since the end of December 2019 different societies worldwide. The affected population suffers directly from high infection numbers, which are associated with an increased mortality rate. Also, infection control measures such as social restrictions with indirect health outcomes as well with considerable psychological stress especially with Anxiety and depression linked (Wang, Pan, Wan et al., 2020). Various current comments have pointed to

the burden on mental health in the population (Chew et al., 2020). The mental health of medical staff (Chen, Liang, Li et al., 2020) and problematic care in psychiatric clinics and geropsychiatric institutions (Yao et al., 2020) are of particular importance. These requirements were presented not only in Asia but also in Europe (Greenberg et al., 2020; Petzold et al., 2020). COVID 19 or coronavirus disease 19 stood as the greatest pandemic that humankind has ever seen. The history of coronavirus defines how fatal this has been and has the power of questioning human existence. The fate and face of this pandemic in India are still unknown. The discovery of preventive vaccines or tablets for this life-threatening disease is yet a mystery. In India, it has become a difficult task to estimate the spread of this disease. In a nutshell, it can be said that till now India is at greater risk as compared to other countries wherever this virus has migrated. This virus is attacking almost all categories of humans without any discrimination. Still, due to the meticulous and selfless efforts of health workers like nurses, doctors have come to a phase where we can see some percentage of people getting healed out of this. Each day these healthy soldiers are risking their lives and working efficiently to save the life of the affected ones. Healthcare workers' emotional fatigue and burnout have been responsible for a crisis in the health sector even before the spread of the Covid-19 pandemic. Added to that, since March 2020, they are also battling with a lethal virus, risking their lives every day. The COVID-19 pandemic comes with a multi-prong increase in stress level and psychological distress. It is the first time that the entire health sector is fighting for scarce resources such as limited beds, PPEs, ventilators, and other medical apparatus. It is also the first time that there is no prior treatment available, no vaccine nor any available remedy. Adding to the woes is the scale and volume of patients admitted each day and the increasing number of deaths, infections, and easy spread. The psychological pressure is further intensified due to the human transmission of the virus in the face of no live-saving treatment. J. Mayer defined Emotional Intelligence as "an ability to recognize the meanings of emotions and their relationships and to reason and problem-solve based on them, EI involved in the capacity to perceive emotions, assimilate emotions, relate feelings, understand the information of those emotions and manage them (Mayer et al., 1999, p. 267). This is a corollary from E. Thorndike's concept of emotional intelligence which originated from its concept of social intelligence. He defined emotional intelligence as "the ability to understand and manage men and women, boys and girls — to act wisely in human relation" (Thorndike, 1920, p. 230).

As per social intelligence, it is the origin of emotional intelligence and it's among seven intelligence domains comprised of an individual's interpersonal and intrapersonal bits of intelligence (Gardner, 1983) whereas interpersonal intelligence relates to social intelligence, intrapersonal intelligence, or understanding of self about others in emotional intelligence. It symbolizes the complex and differentiates sets of feelings". From the definition it is clear that Emotional Intelligence is different from personality traits and constructs are self-emotional appraisal, another emotional appraisal, use of emotions, and regulating emotion. Firm performance as an outcome it's not a visible farce but can be observed in its manifestation. It can be observed through competency and performance indicators such as individual employee output, individual share in revenue generation, product marketing, innovation, organizational expansion, and diversification. In the health care sector for success and competitive advantage, it is important that the Emotional Intelligence of doctors, cleaning staff, nurses, support staff, ward boys, etc. are all adapting to external and internal changes in the environment. Individual employees' psychological mess up in facilitating, regulating, controlling, and actuating their own and others' emotions grow a long way in contributing to the effectiveness of an organization at a personal and organizational level. Effective employees are those who are effective in regulating and controlling their own and other emotional experiences.

EI is becoming a crucial skill across intelligent and highly skilled work teams. People need to work collaboratively and their communication skills become as important, if not more essential as

professional skills and abilities. They need to work together. “Careful explanations on what EI predicts are expected,” according to J. Mayer, P. Salovey, and D. Caruso (2004, p. 206). Many studies were conducted in college environments to assess school grades and the analytical solution to EI issues. Within the context of leadership and organizational behavior, the results showed that the lower participants of a company regarding EI as their subordinates; there is also a positive relationship between their organizational engagement and the EI of their superiors.

Emotional Intelligence in Organizations

As the idea of IT is easily attracted to companies, is it necessary, as some authors claim, more than cognitive ability or technical expertise? Or does it improve a person or an organization’s internal coherence and balance? “There are any disparities between the values that an emotionally intelligent organization proclaims and those it lives to deal with. Clarity about the principles, ethos, and purpose of an organization contributes to a fundamental trust in the decision-making the process of the business” (Goleman 1998, p. 281). Organizations are organizations that lead to flexibilization, transition, improving performance, and progress by positive engagement. As companies strive to achieve more with less, their so-called emotionally based “soft skills” are linked to the effectiveness of leadership and organizational success. Therefore, it is important to further investigate the interaction between EI and other abilities and intelligence. The interplay of emotional and practical intelligence and everyone’s relative contribution to our understanding of organizations is particularly interesting.

There has been a lot of research work conducted on health sector employees and their coping mechanisms in a busy hospital, their leadership qualities, work team behavior, and the impact on organizational development and effectiveness. Researches mainly focus on the social / psychological makeup of the changing health sector environment, little research has emphasized the role of Emotional Intelligence in affecting the organizational outcome in terms of productivity, profitability, innovation, etc.

The objectives of the study

This work has three main objectives:

- to study EI in health sector organization and brings out the constructs that are particularly useful in measuring EI of health care staff;
to study the predictability of EI as a factor for the enhancement of employee performance leading to increased contribution to firm performance.
- to establish the relationship between Emotional intelligence and organization performance through Psychological resilience.

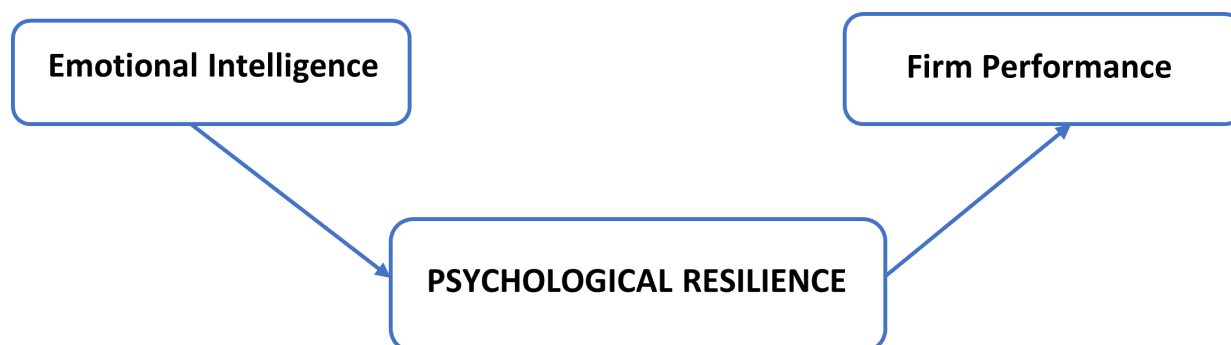


Figure 1. Conceptual model of the study

Literature review and Hypothesis

Emotional intelligence

The previous researches in related areas are mainly focused on organizational behavior and firm performance in the health sector. EI have been researched upon in other sectors as manufacturing and services. Most often than not EI has been researched as a part of the social intelligence of individual employees and constructs used are dynamic.

Since it is possible to understand the principle of emotional intelligence, the definition of intellect and empathy must be explored first of all. Aristotle was the first to use the idea of intellect. In 1920, Thorndike created the first security designation. Throughout his dissertation called "Permanent Mistakes throughout Cognitive Assessment," E. Thorndike explored knowledge in three ways. Includes the capacity to understand and manage people. Abstract awareness is an aspect of intelligence that is correlated with and makes the use of principles in problem-solving. Mechanical intelligence is described by abilities and behaviors linked to the use of tools and objects (Yaşlıoğlu et al., 2013). The Latin word 'motere' is the expression of Emotion. This means moving. This implies moving away if the suffix "-e" is applied to this term. It refers to a movement in every emotion (Goleman, 2013). According to Daniel Goleman, emotion is "a reaction to a certain feeling, to particular thoughts and mental and biological conditions and a variety of movements" (Goleman, 2013, p. 373). In 1990, Dr. Peter Salovey of Yale University and Dr. John D. Mayer of New Hampshire University described their concept of emotional intelligence. According to these scholars, emotional intelligence has arisen as the awareness of thoughts, desires, power, and ability to reason. The three aspects of emotional intelligence, P. Salovey and J. Mayer's claim, are the evaluation of the mental state, control of emotion, and the capacity to use feelings as intelligence.

The emotional intelligence definition has been used to define emotional qualities, such as "regulated personality, the ability to adjust and adumbrated, interpersonal conflicts overcome, perseverance, sensitivity, and respect" (Mayer, Salovey, 1997). Psychology and sociology are two different approaches in the case of measuring emotions where every discipline evaluated and varied their preferences. Mostly emotional intelligence consists of two words emotions and intelligence. Emotion refers to the cognitive thought associated with human psychology which is assessed and has a serious effect on an individual's psychology which can be shown physically through facial expression, gestures, postures, etc. and the reaction may result in specific action to match with the emotion, which implies on individual own emotion (Bagozzi et al., 1999). Emotions are a combination of physiological perception, incitement, and experimental systems (Salovey, Mayer, 1990) some examples of emotions are fear, anxiety, happiness, anger, surprise, and frustration (Voola et al., 2004) provides an insight into the effect of EI on firm performance in terms of its competitive advantage.

Taking the Resource-based View (RBV) as the framework in which this correlation has been found out they view that leadership capability is related to strategic change and competitive advantage. Leadership capability in turn affected by the core constructs of EI such as individual Employees' emotional behavioral and cognitive elements. The study found out that the reasons for differences in competitive advantage gained by the company are indirectly related to its employee's leadership capability developed through the dimensions of EI (Salovey, Mayer, 1989) developed a framework for understanding EI, a set of constructs that represent the expression of emotion in oneself another, regulation, and control of the same. They defined social intelligence and differentiate between social and emotional intelligence. Conceptualizing EI in the form of appraisal and expression, regulation, and utilization of emotion in oneself and others, P. Salovey and J. Mayer bring out the skills that represent high EI at these levels. Measures such as AST (*Affect Sensitive Test*), CARAT (*Communication*

of Affect Receiving Test), and PONS (*Profile Of Nonverbal Sensitivity Test*) are used for understanding the criteria under each construct. This study has been a pioneer in the understanding of EI as a method of research that has been conducted by researchers based on this study. Many principles and practices of Organizational Behavior and Human resources are based on this EI concept. C. S. Wong and K. S. Law developed a scale called (WLEIS) with 16 items on a Likert scale that measures expression, recognition, regulation, and application of Emotional intelligence in performance. It is based on the Ability model of EI. The item strongly correlates to constructs of EI and evaluated by different researchers as per validity in EI measuring. C. S. Wong and K. S. Law construct the validity of EI and its potential utility for management studies, review the differential aspect of Emotional intelligence in the scale and argue that to establish the construct validity of EI (Wong, Law, 2002).

It is needed to segregate and demonstrate its independence from other similar concepts that are analogs to the concepts of EI. The construct validity was established through factor analysis of EI related measures that included personality and social intelligence. Secondly, it was also established through a multi-trait method matrix (MTMM) with self and other ratings of EI. The two studies conducted in Singapore and Belgium earlier provided the database for evidence against the convergence of EI and personality dimensions. They proved that EI is directly related to job performance at the workplace despite similar personality traits. K. M. Ng with colleagues (2008) evaluated Wong and Law's scale of EI by applying it to a sample of international college students through a web-based survey making a confirmatory factor analysis they examined the factorial invariance of *Wang and Law EI scale* (WLEIS) the study supported the psychometric property of the scale as a measurement of EI an international college student. More recently N. Libbrecht with colleagues studied the measurement invariance of the WLEIS across Singapore and Belgium it was established that explains that the scalar invariance model was fully supported for both the countries and examined factor correlation for expression, recognition, regulation of emotion (Libbrecht et al., 2014). However, the use of emotion was shown to be non-variance across cultures. A. Mehrabian (2000) made a broad-based measurement of individual success potential which he named Emotional intelligence conducting a factor analysis of 31 individuals of different measures and concluded that EI is a segment of IQ and is devoid of certain personality factor as well as 10 factors.

Akgün with colleagues studied the impact of EI capability along with learning capability influencing firm performance through product innovation they concluded that the organization level of emotional capability includes freedom to display experience and identifying emotions (Akgün et al., 2007). This affects organizational outcomes in terms of product innovation. Secondly, the level of emotional capability in the firm will also influence the firm's learning capability comprising of managerial learning capacity that influences firm performance through product innovation. P. Qualter, J. I. Ireland, K. J. Gardner (2010) the scale that has been used in this paper is Schutte self-report EI scale (SSREI) developed by N. S. Schutte, J. M. Malouff, N. Bhullar (1998) is the most widely used measure of EI and is based on the ability model of EI. It has low inter-correlation with personality factors and social intelligence factors demonstrated in its discriminate validity checks done by a plethora of researchers assessed the (SSREI) scale through confirmatory factor analysis and exploratory factor analysis on a group of male offenders (Bastian et al., 2015; Ke et al., 2020; Qualter et al., 2010). They demonstrated the four factors of EI such as expression, awareness, and optimism, and understanding the emotions of others can be an alternative to the original factors after their modification for a group of male offenders. This is because the population taken here does not belong to the normal distribution.

H1: *Positive relationship between the construct of EI on overall Organizational Performance.*

Table 1. Summary of Empirical study of EI and Organizational Performance

Author (year)	Variables	Method	Findings
P. Salovey and J. Mayer, 1989	Organization performance	Conceptual model	Nonverbal Sensitivity Test are used for understanding the criteria under each construct. This study has been a pioneer in the understanding of EI was a method of research that has been conducted by researchers based on this study
C. S. Wong and K. S. Law, 2002	Measurement of EI	(WLEIS) scale developed	Four constructs are evolved like expression, recognition, regulation, and application of Emotional intelligence in the performance
Wong, Law, Song, 2004	Utility for management study	Construct validity used Multi trait matrix method (MTMM)	They proved that EI directly related to job performance at the workplace despite similar personality traits.
K. M. Ng et al., 2008	Performance	The WLIES scale was used to predict students' EI level and used confirmatory factor analysis	The study supported the psychometric property of the scale as a measurement of EI in international college students
Libbrecht, de Buckeleir, and Lievens, 2014	EI and performance	WLIES scale used for survey used correlation	Fully supported for both the countries and examined factor correlation for expression, recognition, regulation of emotion. However, the use of emotion was shown to be no variance across cultures.
A. Mehrabian, 2000	Intelligence Quotients	The survey method used factor analysis and correlation	All the factors positively correlated except emotional empathy, emotional thinking, and affiliative tendency with a relationship, physical, work, and overall success.
Akgun et al., 2007	Learning capability, product innovativeness, firm performance	Personally administered Questionnaire used in 250 industrial firms in turkey	Emotional intelligence has a positive impact on the willingness to learn securely, and emotional skill has a positive impact on productivity growth through a mediating influence of learning power.
Qualter, Ireland et al(2010)	Schute self-report Emotional intelligence Questionnaire used and exploratory and confirmatory factor analysis	Questionnaire method used by taking 225 male offenders to measure the emotional functioning	Social environments and experiences that trigger emotions that vary, and that an EI measure unique offenders and known offenders.

Firm Performance

K. Ghalandari with colleagues (2012) demonstrated the effect of EI on job performance and organizational commitment using the simple linear equation and multiple hierarchical regressions they demonstrated that Emotional labor strategies influence job performance of individual outcome and organizational outcome leads to an organizational outcome. M. Ng with colleagues (2014) demonstrated the mediating role of work locus of control among nurses, using a cross-sectional design to investigate the relationship among EI and OCB concluded that EI correlated positively with OCB and negatively with mental health in nurses. Al-Azzam (2015) demonstrated the relationship between EI and the transformational leadership style to enhance the effectiveness of decision making in the public health sector. They concluded that those five types of transformational leadership were not found to be correlated with decision-making effectiveness EI correlated with enhancing decision-making. A. Choudhry and A. Usma (2012) investigated the role of EI in employees and their performance. They used a scale to measure performance consisting of 16 items through a five point

Likert scale. The study was used Pearson correlation and linear regression analysis for the valuation of data. They found that an employee's job performance can be judged through their EI scores.

H2: *Emotional intelligence has a positive and direct impact on and organizational performance.*

Psychological Resilience

Resilience represents the special attributes that make it competitive against future adversity. Research on the last 20 years has shown that longevity is a multidimensional feature that varies according to context, place, age, gender, and cultural experience, as well as within an individual subject to different circumstances of life (Garmezy and Rutter, 1985; Rutter et al., 1985; Seligman and Csikszentmihalyi, 1985; 2000; Werner and Smith, 1992). One hypothesis established the variation, and the model (Richardson et al., 1990; Richardson, 2002) may have been proposed by longevity-seeking colleagues. It starts with a bio-psychological psychological equilibrium ("homeostasis"), an adaptation of body, mind, and spirit to present conditions that last a lifetime. External and inside stressors are often present, and the ability to cope with these events is affected by both positive and poor adaptation to previous disturbances. Creation as per D. Jackson with colleagues starting in the 1800s, the idea of resilience continues today (Jackson et al., 2007). However, most of the resilience studies conducted up to now has focused on children and youth (Bonanno, 2004).

An understanding of the role of corporate resilience and workers in organizational research has recently emerged from analyzes of successful settlements (Example: Harvey, Blouin, Stout, 2006), showing that this concept is applicable and relates to workforce performance (Youssef, Luthans, 2005). Resilience is described as the capacity to restore, heal, and improve socially, academically, and despite being subject to extreme physiological abilities Condition 5 (Csikszentmihalyi, 1999). Taken as one of its dimensions resilience has been verified to systems such as Hope, Trust, or Optimism as a separate but linked psychological capital component (Luthans, Avey, Patera, 2008) (Luthans et al., 2006). A feeling of hope and endurance is associated with coming back from failure or transition (Earvolino-Ramirez, 2007), indicating that it is not only the ability to deal with a traumatic or challenging circumstance but the potential to recover. Tamera with colleagues (2013) aimed at the investigation of the relationship between EI and Psychological Resilience in which the study majorly highlighted the influence of ability-based EI on the stress process. Authors also examined EI ability model to find out the challenge as a result which increases positive and decreases negative effects and evoked psychology. 126 numbers participants were included in the study for the determination of result regression and correlation analysis used. The study provides predictive validity that EI facilitate psychological Resilience.

The resilience of the society at large

News is alarming about the coronavirus pandemic, with an overwhelming number of new cases and fatalities every day. Governments have imposed intense social distancing, quarantine, and lockout initiatives, and businesses are closing down, exposing the pressure and likely long-term adverse consequences on the economy and safety. Moreover, even if precise estimates of the financial damage determined by COVID-19 in Europe, preliminary analyzes show that the continental GDP will fall substantially (Fernandes, 2020). Those are certainly stressful times, particularly when the stressor is fresh, the lack of notice currently precludes planning and pre-adaptation, the absence of antidotes or vaccines, and the uncertain long-term health and social consequences of the virus. It's unclear how the pandemic will impact our future lifestyle, and when and if we will resume our normal lives. Such omnipresent uncertainty makes it difficult to plan for the future and therefore creates greater psychosocial stress.

H3: *Emotional Intelligence has a positive and direct on organizational performance through Psychological Resilience.*

Methods

Sample

The study identified a group of 103 nurses from different six private as well as public hospital respondents from India. Only female nurses are included in the sample. The majority of those interviewed were 25–31 age groups.

Measures

Firstly reliability was tested for all the variables and the Cronbach α -value was found out. The α -coefficient for all the variables taken together is found to be 0.97 for 48 variables which are way above the threshold of 0.70. That number is well above the threshold of 0.700. The result is demonstrations that the questionnaire items are clearly understood by the staff and are logically coherent (Nakip, 2013). For this study, though, each element has been used along its way to move to the exploratory component, the research that would be the next step of statistical analysis with no space for uncertainty.

Table 2. The output of factors Reliability

Factors	Questions	Cronbach Alpha value (α)
Organization Performance	08	.956
Emotional intelligence	25	.98
Psychological Resilience	15	.702

1. Emotional Intelligence measured using SSREI (*Schutte Self Report EI*) constructed by Schutte, Malouff, Hall, et al. (1998). There are four dimensions in the Questionnaire for EQ measurement they are Search for positive emotions (10 items), Emotion-consciousness (five items), Determine other's emotion (four items), and Concern for other people's emotions (six items). A total of 25 items were taken to measure EI with a Cronbach α -value of 0.98. this is well above the threshold value of 0.7. Such a high Cronbach alpha value denotes a high internal consistency of the items in the Questionnaire (Kirk, Shutte, Hine, 2008).

2. Organizational performance measured by eighth items developed through taken from different scholars (Guest, 1997; Paauwe and Boselie, 2005; Bartuseviciene and Sakalyte, 2013). Cronbach α value for eight items is determined at 0.841. All variable measured using five points Likert scale which range from "1" (Strongly disagree) to "5" (strongly agree).

3. Psychological Resilience is measured by 15 items developed by K. M. Connor and J. R. Davidson, (2003). Reliability of scale is found to be at Cronbach α 0.702 used five points Likert scale starts from "0" (not true at all) to "4" (true nearly all of the time).

Results

This study was aimed at identifying and predicting the relationship between EI and OP with the mediating effect of psychological resilience through correlation analysis and regression analysis. The survey was conducted by distributing Questionnaires to nurses of different public and private hospitals located at Bhubaneswar in Odisha through various means like the internet, goggle form and via email, some of them given personally. A total of 150 numbers of the questionnaire was distributed out of which 74 were returned and 103 have come valid. Pearson's correlation applied to identify the relationship between different sub construct of EI like to try and use positive thinking, constructive thought and knowledge of the emotions, motivation, and acceptance of other people's

emotions and knowing others' emotions with organization performance, psychological resilience, and EI as a whole. Table 3 demonstrates the coefficient correlation of respective variables below.

Table 3. Correlations analysis of variables

Variables	SUPE	PCAE	ODEO	UEO	OP	EI	PR
Seeking and using positive emotion	1.000	.735**	.799**	.676**	.670**	.711**	.781**
Good thought and emotional perception	.735**	1.000	.804**	.834**	.813**	.832**	.732**
Optimism and how others' feelings are determined	.799**	.804**	1.000	.745**	.780**	.821**	.734**
Understanding the emotion of others	.676**	.834**	.745**	1.000	.822**	.858**	.633**
Organization Performance	.670**	.813**	.780**	.822**	1.000	.803**	.638**
Emotional Intelligence	.711**	.832**	.821**	.858**	.803**	1.000	.685**
Psychological Resilience	.781**	.732**	.734**	.633**	.638**	.685**	1.000

Note: ** — Correlation is significant at the 0.01 level (2-tailed).

The result of the study shows in table 3 that all the sub construct of EI i.e. seeking and using positive emotions, constructive thought and knowledge of other people's emotions, motivation, and deciding emotions, and, lastly, knowing others' emotions are correlated with another variable like organization performance, psychological resilience and emotional intelligence as a whole.

Firstly seeking and using positive emotion has a high correlation coefficient value of 0.799 with determining the emotion of others, the next highest value appeared with psychological resilience which is 0.781. The second sub-constructs positive consideration and awareness of emotion has a high value of 0.834 with understanding the emotion of others. Optimism and determining the emotion of others have a high coefficient value of 0.821 which surprisingly came out with EI. Understanding the emotion of others also has a high impact on the same variable that is EI with a coefficient value of 0.858. Organizational performance has a high impacted correlation with positive consideration and awareness of emotion with a value of 0.813 and understanding the emotion of others 0.822. EI has the highest coefficient value of 0.858 which is correlated with understanding the emotion of others. Psychological resilience has a high coefficient value of 0.781 which is seeking and using positive emotion.

Table 4. Regression analysis of Models 2^a

Model	Unstandardized Coefficients		Standardized Coefficients		<i>t</i>	Sig.
	<i>B</i>	Std. Error	β			
(Constant)	-.214	.206			-1.041	.301
Resilience	.017	.087	.018		.196	.845
1 Seeking and using positive emotions	-.017	.116	-.016		-.148	.883
Awareness of Emotions	.296	.124	.263		2.383	.019
Determining the emotion of others	.307	.103	.291		2.992	.004
concern for Emotion for others	.414	.096	.396		4.304	.000
<i>R</i> ²	.795	Corrected <i>R</i> ²	.784		<i>F</i>	75.066

Note: a. Dependent Variable: OP.

In the above regression model 1 table 4, all the sub-factors of EI and psychological resilience, and organization performance have been investigated. This analysis includes five sub-independent variables that affect the dependent variable: seeking and using positive emotions, awareness of emotions, determining the emotion of others, concern for the emotion of others, and psychological resilience. The result arising from the predictor and dependent variable indicated that concern for other emotion, determining the emotion of others, and awareness of emotional factors are influences organization performance by the value of 79.5% of changes in organization performance which three individual variables described in the result. Seeking and using positive emotions and psychological

resilience is deficient as a significant factor in affecting organizational efficiency. So unless analysts focus on beta levels, the highest value is found to be .396 for the emotions of others. In the model, which is the F value 75.06, the error rate of relevant predictor variables is below 5%.

Table 5. Regression analysis Model 2^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	β		
(Constant)	-.230	.189		-1.216	.227
2 Awareness of Emotions	.300	.114	.266	2.632	.010
Determining the Emotions of others	.306	.088	.290	3.467	.001
Concern for the emotions of others	.411	.094	.394	4.369	.000
R^2	0.891	Corrected R^2	.788	F	127.620

Note: a. Dependent Variable: OP

In the above-stated table, the sub-factors on the constructs of EI are tested in this Regression analysis model. Findings in the analysis included a total of three independent variables and one dependent variable. Emerging factors have shown that concern for the emotion of others, determining the emotion of others, and awareness of emotional factors also has an impactful influence on organization performance. Such three independent factors describe 89% of shifts in organizational performance. In this model, the beta value obtained a maximum value of 0.394 for the emotion of others and the F value consists of 127.620, less than 5% is the standard percent error of a substantial independent variable.

Table 6. Regression Analysis Model 3^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	β		
(Constant)	-.062	.192		-.324	.747
3 Emotional Intelligence	1.007	.090	.945	11.196	.000
Resilience	-.075	.081	-.078	-.927	.356
R^2	.777	Corrected R^2	.772	F	173.876

Note: a. Dependent Variable: OP.

To interpret the findings obtained from the research in a literal and correct manner, some additional study is considered required. An appropriate regression analysis was carried out such that considers potential shading results. All variables with all of their sub-factors previously included in the latest analysis the regression analysis took its place as a single top element in the report. Or bring things another way, EI, and psychological resilience were supplemented without subdividing into sub-factors in the report. The result of this analysis shows that two factors are EI and psychological resilience strongly impact organization performance without any subdivision of factors.

The explanation factor ratio of two predictor variables for predicted organization performance was specified as 77.7%. the explanation for the rate of decrease appears to have been more important for staff according to the previous chart as sub-factors of EI and psychological resilience have been explored in-depth separately when we move through the study more thoroughly the finding would be more positive. When performing a superficial analysis the coefficient of determination decreases. Even if in the study the psychological resilience has an effect on Organization Performance with a beta coefficient -0.078. the main influence arises from EI from a beta value of 0.945. Shutte EI scale five sub-constructs has been used for prediction of EI in which three come out relevant for predicting organization performance those variable are i.e. awareness of emotions, determination of emotions of others and concern for others emotions are proved to be strong and natural where organization performance affected directly or indirectly through employee performance where EI

is given priority and staff is conscious about the circumstances. The result is confirmed true by the analysis of correlation and multiple regression.

Principal component factor Analysis

Principal component factor analysis is used to identify the EI and psychological resilience factors that have an impact on organization performance for employees or nurses who work in hospitals. This will help the senior manager and human resource management to manage the employees with less conflict based on the factors which are high factor loadings in this study.

Emotional Intelligence

The KMO value is 0.802 which means the correlation between the pairs of variables and the factor analysis as the methodology for data reduction is recommended. The Bartlett sphericity test is used to assess the null hypothesis with no substantial difference between the two matrices and the identity matrix observed for the co-relations. Eigen values reflect the number of variances referred to as the factor. The findings suggested that three components are capable of explain the difference at 57.167 percent.

Table 7. Principal component factor Analysis

Questionnaire item	Component					
	1	2	3	4	5	6
When I'm in a good mood I find it easy to solve the problem	.86					
I use a good mood to help myself deal with problems/obstacles	.82					
I'm looking for activities that will make me happy when I'm in a positive mood.	.85					
I identify my emotions quickly, as I feel them	.56					
When I change my emotion I seem to change my views about important issues		.79				
When someone else asks me about an important event in his / her life, I almost feel like I witnessed the event myself		.76				
I find it hard to comprehend other people's nonverbal messages.			.72			
I have a hard time knowing why people behave the way they do			.66			
I know when to talk to someone about my issues				.69		
I learn the feelings people feel from looking at their facial expressions				.73		
I know of non-verbal messages which I send to others				.78		
Management is encouraging me to put effort to increase productivity					.69	
I am confident that my organization is providing all facilities to deliver the best level of service quality to patient					.84	
My superior encourages me to introduce a lot of innovative ideas					.75	
My organization has a formal system of communication that reduces conflicts					.71	
I can adapt to change						.85
I have a close and secure relationship with others.						.82
I can cope with anything that comes up to me						.82
I assume that past achievement confides in new challenges						.85
I believe coping with this strengthens my confidence						.88
I always put in the best effort no matter what may be the situation						.88
When things look hopeless, I give up						.82
I know where to seek help						.88
I like to take the lead in tackling problems						.88
I can handle unpleasant feelings						.82
Feel proud of my achievement						.87

The various EI factors are loaded into four groups they can be named as factor 1 i.e. search for positive emotion, factor 2 i.e. change of emotions, factor 3 i.e. obtaining others emotion, factor 4 i.e. Accepting others emotion. This indicates in the study that the hospital nurses are seeking

positive emotions from others i.e. superiors, subordinates, patients, etc. change in emotion appears as because they are facing a different kind of patient from a different state of mind, a culture so it is quite obvious that change of emotion is another important factor for hospital nurses. Acquiring and understanding others emotion can be said to be foremost duty of nurses here others refers to main patients.

Organization Performance

In the case of organization performance, the KMO value lies at 0.81 which shows factor analysis as a technique for data reduction is appropriate. Eigenvalue indicates that one part can clarify the difference of 58.67%. It indicates that eight variables of Organization performance that are somehow directly or indirectly are not recognized by a procedural system. The factor which is included in principal factor analysis can be named Organization Facilities.

Psychological Resilience

All the eigenvalue of each item are higher than 0.60 which is an acceptable form of every item, namely the item coming highest eigenvalue in the category of resilience, like quick in adapting to change, good interpersonal relationship, always ready for new challenges, and also believes in fate others are mentioned in the below Table 7. Almost every item has above 0.80 eigenvalues of each item of psychological resilience. Thus it can be termed as the factor as highly resilient for the pandemic COVID19. It shows that the nurses of different hospitals are proficient in taking on new challenges, they are also competent in adapting to any situation, they can recognize their strengths and weaknesses, and also they can treasure good humor during bad times.

Conclusion

The findings are very important for managers of hospitals, head nurses, nurses, and also for researchers in this study of research, which has been investigated that EI and PR have significant influence over organization performance. The amount of EI a nurse of a hospital has developed significantly impacts organization performance as a major part of the hospital nurses act as the central pillar of hospitals so they have a sense of understanding and can critically analyze patient behaviors and minimizes issues within the territory. As discussed earlier this study going to help the hospital managers for managing the emotions of nurses who work under him / them. So the manager regulates the development of further coordination and collaboration between workers and the formation of a teamwork spirit. Employees work without bringing effort and stress into corporate where there is low conflict, a moderate atmosphere is felt gathers momentum through their popularity, as well as their company results. If managers consider employee feelings, remind workers that emotions are a resource for management, not an element of company error that does not pose a deficit in moments of crisis, they increase the quality of work of employees, allowing them to succeed in their professional competence fields.

Similarly, if employees understand their emotions as they obtain more information, and even if they think differently, it can have a huge impact on the success of their working lives. In their ability to confirm the rules and procedures of the company, we are parallel to our emotional wisdom to be able to handle the new tasks offered, to be able to stay in contact with other people who work properly. It was identified within the framework of the study that only variables of organizational success in which nurses think positively and about individuals and make full choices with their emotions were ineffective. In other words, nurses or staff are not focused on purely other emotions rather they act logically at the time of decision making. Emotions are merely a tool of assistance used for organization, particularly they require optimum decision making at a time of crisis.

Another independent variable used in this study is psychological resilience. EI is connected directly to resilience according to A. R. Armstrong, R. F. Galligan, and C. R. Chichley (2016). In tough situations in life, we view resistance as a defensive attribute. The emotionally aware actions in critical situations may be resilient, stronger dealing with the cognitive demands of traumatic experiences. Thus in context to my research, it can be concluded that enhancing a person's resilience would rely on a person's EI. In relevance to my research work findings, this can be assumed that these nurses are making use of EI in their work platform for performing their best. They are attending their duty in such a podium where any time a small mistake can contaminate them with this viral disease. They are self-motivating them, keeping a positive mindset, and serving selflessly to the contaminated ones. Indirectly the use of emotional intelligence has contributed to the best possible service that could have been provided to human life during such a pandemic situation.

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Received 07.02.2021



Effects of Acceptance and Commitment Training on the Reduction of Burnout in Clinical Specialist Residents

Simin dokht KALANI

University of Isfahan, Isfahan, Iran

Parviz AZADFALLAH

Tarbiat Modares University, Tehran, Iran

Hamid reza OREYZI

University of Isfahan, Isfahan, Iran

Reza AZIZKHANI

Peyman ADIBI

Isfahan University of Medical Sciences, Isfahan, Iran

Abstract. *Purpose.* This research has pursued aims at evaluating the effects of acceptance and commitment training on reducing burnout in Clinical Specialist Residents, considering the moderating role of personality traits. *Design.* 202 residents studying emergency medicine, obstetrics and gynecology completed the Neuroticism (N) and Extraversion (E) subscales of the Big Five Personality Inventory. Then, they were assigned into two experimental and control groups (four groups, each composed of 18 participants). The E+N- and E-N+ experimental groups received Acceptance and Commitment Training, while the E+N- and E-N+ control groups remained on the waiting list. *Findings.* The results showed that acceptance and commitment training was effective on reduction of burnout in medical residents. In addition, E+N- residents benefit more from acceptance and commitment training than E-N+ residents. *Research limitations.* This study needs to be reproduced by other groups of residents to demonstrate the efficacy of this intervention in anything other than this population. We also only examined the effect of Acceptance and Commitment Training on the two combinations E & N (E-N+ & E+N-). *Practical implications.* The findings of this study indicated that acceptance and commitment training was effective in decreasing the rate of burnout among residents considering the moderating role of their personality traits. *Originality.* None of the existing studies have examined the effect of acceptance and commitment training on burnout in physicians, in addition most research on burnout reduction among residents has only reported the effects of one or several types of intervention, without examining the role of the moderator variables.

Keywords: Physicians, Burnout, Neuroticism, Extraversion, Acceptance and Commitment Training.

Introduction

Research has shown that burnout among residents is more common than among general medicine students (Dyrbye et al., 2014). Medical residency courses are challenging and demand high levels of physical and mental energy (Prins et al., 2007). Emergency medicine, obstetrics and gynecology,

and internal medicine residents are high risk groups (Mareiniss, 2018; Peckham, Grisham, 2017; Sheikhmoonesi, Khani, Khademloo, Saravi, 2017). Burnout syndrome is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach, 1982). Stress, tension and the other factors that cause burnout among physicians are often unavoidable and cannot be eliminated. For example, physicians are faced with demands and expectations of their patients on the one hand, and lack of time, resources, and the sense of responsibility on the other hand.

Therefore, we should develop some strategies that enable residents to accept and face job difficulties and pressures. It seems that *Acceptance and Commitment Training* (herein referred to as ACT) can provide such an opportunity. Many researchers have used ACT in healthcare systems and find it is an effective intervention in such workplaces (McConachie, McKenzie, Morris, Walley, 2014; Waters, Frude, Flaxman, Boyd, 2018). Some researchers have examined the effect of ACT on burnout, and their results have shown that ACT has a significant effect on reducing burnout (Hayes et al., 2004; Hofer et al., 2018; Lloyd, Bond, Flaxman, 2013).

ACT is behavioral treatment / training which core is the enhancement of psychological flexibility (Herbert, Forman, 2011). From the perspective of ACT, human suffering is rooted in psychological inflexibility. ACT aims at establishing psychological flexibility through six main processes: acceptance, cognitive diffusion, contact with the present moment, the observing of self (self as a context), values, and committed action (Hayes, 2004). These processes are interconnected and affect each other to enhance psychological flexibility. ACT defines psychological flexibility as the ability of individuals to connect with their experiences in the present, making decisions according to what is possible at the moment, and acting in a way that matches their chosen values (Hayes, Strosahl, Wilson, 2011).

The goal of ACT is to create a rich and meaningful life, while accepting the inevitable pains therein. Interventions based on ACT focus on two main processes: developing acceptance of unwanted private experiences which are out of personal control, commitment, and action towards living a valuable life (Harris, 2006). In other words, ACT enhances people's willingness to experience difficult internal states by persisting with and pursuing actions guided by personal values.

Based upon the mechanisms described in ACT and the components of burnout, the logical prediction of this study was that acceptance and commitment training can reduce burnout among medical residents. By explaining and highlighting work values (for example, the desire to maintain and improve patient's health), ACT is likely to be effective both in enhancing the sense of personal accomplishment and in reducing burnout. It also helps medical residents to reduce their experiential avoidance and boost their ability so that cognitive fusion can be weakened. Thus, it may lead to a reduction in the depersonalization and emotional exhaustion. Also, by increasing psychological acceptance, ACT allows physicians to accept the difficulties of their work, feelings, emotions, and the associated physical sensations, and to invest their energy on professional values and objectives, rather than surrender and avoidance.

Finally, psychological flexibility can be defined as the general mechanism through which ACT reduces mental stress (Bond, Bunce, 2000). Since the emotional exhaustion is often considered synonymous with psychological stress (Maslach, 2003; Maslach, Schaufeli, Leiter, 2001), ACT is expected to reduce this component. But it seems the effectiveness of ACT could be mediated by different variables, which are not controllable in all cases. Some of these factors are shaped as personality traits and considering them is a useful strategy before applying the ACT interventions.

Studies and meta-analyses have shown that extraversion (E) and neuroticism (N) are among the strongest personality variables predicting burnout in a variety of professions, including medical professions (Alarcon, Eschleman, Bowling, 2009; Iorga, Saponaru, Hanganu, Ioan, 2016; McManus, Keeling, Paice, 2004; Myhren, Ekeberg, Stokland, 2013; Taycan, Taycan SE, Çelik, 2014). Evidence

also suggests that these two personality variables affect the level of an individual's ability to utilize ACT's various skills and techniques. For example, Neuroticism has a significant negative relationship with mindfulness and the willingness to acquire this skill (Baer, Smith, Hopkins, Krietemeyer, Toney, 2006; Giluk, 2009; Menon, Doddoli, Singh, Bhogal, 2014). Moreover, Neuroticism has a significant positive relationship with worry, rumination, meta-worries (worries about worries) (Matthews, Derryberry, Siegle, 2000; Muris, Roelofs, Rassin, Franken, Mayer, 2005) and psychological inflexibility (Latzman, Masuda, 2013). While all efforts in ACT are focused on increasing mindfulness (i.e., relating to events without implementing judgment and bias, here and now), acceptance, cognitive diffusion, and flexibility of individuals. This means that we want to teach the skills to people with Neuroticism that are in contrast with their personality traits. Therefore, it seems logical that individuals with less flexibility due to neurotic personality traits will be benefited less by ACT.

Some researchers reported that there was a positive relationship between extraversion and mindfulness (Baer, Smith, Allen, 2004) while there was a negative relationship between extraversion and inflexibility (Gloster, Klotsche, Chaker, Hummel, Hoyer, 2011). Therefore, it can be assumed that high levels of extraversion have a moderate impact in effectiveness of ACT.

Therefore, we cannot expect all individuals to benefit equally from ACT, and individual differences can probably induce some moderating roles. We need to know who benefits the most from a particular intervention. The present research regards personality traits as moderator variables. Another important point is that, in assessment of E and N dimensions, we should consider the presence of both dimensions in the subjects. A great deal of researches have explored neuroticism and extraversion separately (Robinson, 2001). Crowe, Andel, Pedersen, Fratiglioni, Gatz (2006) have regretted the lack of research investigating the combination of these two traits, because, as Robinson (2001) states, studying neuroticism and extraversion separately is look like trying to find a location on a map using only one of its coordinates. According to Gary, the combination of high neuroticism and low extroversion is associated with a higher psychological risk factor (Gray, 1981). Therefore, the present study has taken the combination of these traits into account. More specifically, we have compared the effect of ACT on burnout in E+N- and E-N+ residents.

Method

The proposal of present research, with No. 62d/2052, was approved based on the National Code of Biological Ethics.

Participants

Participants were medical residents of emergency medicine ($N = 56$), obstetrics and gynecology ($N = 50$) and internal medicine ($N = 96$) in Isfahan University of Medical Sciences in the 2018 academic year. All people with informed consent participated in the research.

Procedure

All participants completed the Neuroticism (N) and Extraversion (E) subscales of the Big Five Personality Inventory. Then to achieve a pure sample, we regard participant in the top and bottom of E and N distribution. A group of 36 subjects with E+N- (high extraversion — low neuroticism), and another group of 36 subjects with E-N+ (low extraversion — high neuroticism), were selected based on their distribution of the E & N dimensions scores. Then, each group were randomly assigned into two experimental and control groups (four groups, each composed of 18 participants). The E+N- and E-N+ experimental groups received ACT, while the E+N- and E-N+ control groups remained on the waiting list (see Figure. 1 Study flow diagram).

Intervention

The experimental group received nine hours of acceptance and commitment training based on a protocol developed by Flaxman, Bond, and Livheim (2013) through three sessions, while the other group remained in the waiting list. All sessions were conducted by a clinical psychologist having four years of ACT experience. No intervention was conducted for the control group, whose was placed on the waiting list. The Maslach Burnout Inventory was employed to conduct pretest and posttest in both groups. After the completion of the study, ACT intervention was conducted for the waiting list.

Measures

The Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) (Maslach, Jackson, Leiter, Schaufeli, Schwab, 1986) was used to assess burnout for pre-test and post-test. This Inventory measures emotional exhaustion, depersonalization, and reduced sense of personal accomplishment in a 7-point Likert scale from zero to six (insignificant to very high). A higher score on the MBI indicates higher burnout levels. The same is true for the MBI dimension; Higher scores in all three dimensions (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment) indicate high levels and a more unfavorable situation. Cronbach's alpha coefficients of 0.90, 0.79, and 0.71 in three dimensions, and test-retest reliability coefficients of 0.82, 0.60 and 0.80 have been reported by Maslach, Jackson, Leiter (1997). In addition, they have confirmed the convergent and divergent validity of the MBI. Also, in a research that includes physicians, the reliability and validity of this measure have been confirmed (Rafferty, Lemkau, Purdy, Rudisill, 1986). The reliability and validity of MBI has been confirmed by Filian in Farsi language as well (1991). Other researchers (in Farsi) also confirmed content validity and reported Cronbach's alpha coefficients as satisfactory (Taei, Safi zadeh, Divsalar, 2010). Some of these studies included physicians in their samples. In the present study, Cronbach's alpha coefficient was 0.65. In the present study, Cronbach's alpha coefficient obtained 0.91, 0.80, and 0.74 for emotional exhaustion, depersonalization, and sense of personal accomplishment.

Revised NEO Personality Inventory

Revised NEO Personality Inventory (NEO PI-R): to measure the personality variables of the present study, two scales of Neuroticism and Extraversion of NEO PI-R were used. Validity and reliability of NEO PI-R have been confirmed by P. T. Costa and R. R. McCrae (1992). Also, in standardization of NEO Personality Inventory which was performed by T. Grusi farshi (2002) on a sample out of 2000 Iranian students. Correlation coefficients for five dimensions were reported 0.56 to 0.87 and Cronbach's alpha coefficients for the main factors of neuroticism and extraversion were obtained 0.86 and 0.73 respectively. In order to analyze the content validity of this inventory, the authors used the correlation between self-reported and observer-evaluation formats who have reported the maximum correlation of 0.66 for extraversion and the minimum of 0.45 for agreeableness. The validity of this inventory has also been examined and confirmed by Fathi-Ashtiani in Farsi (2015). In the present study, Cronbach's alpha coefficients obtained 0.87 and 0.86 for neuroticism and extraversion.

Statistical Analysis

We used either Student's *t*-test or Pearson's χ^2 -analysis to compare the baseline characteristics of participants. The Two-Way Analysis of Covariance method (ANCOVA) was implemented to investigate the effectiveness of ACT in reducing burnout by considering the moderating role of personality traits.

Whereas residents in the experimental group were aware of the allocated group, the outcome assessors and data analysts were kept blinded to the allocation.

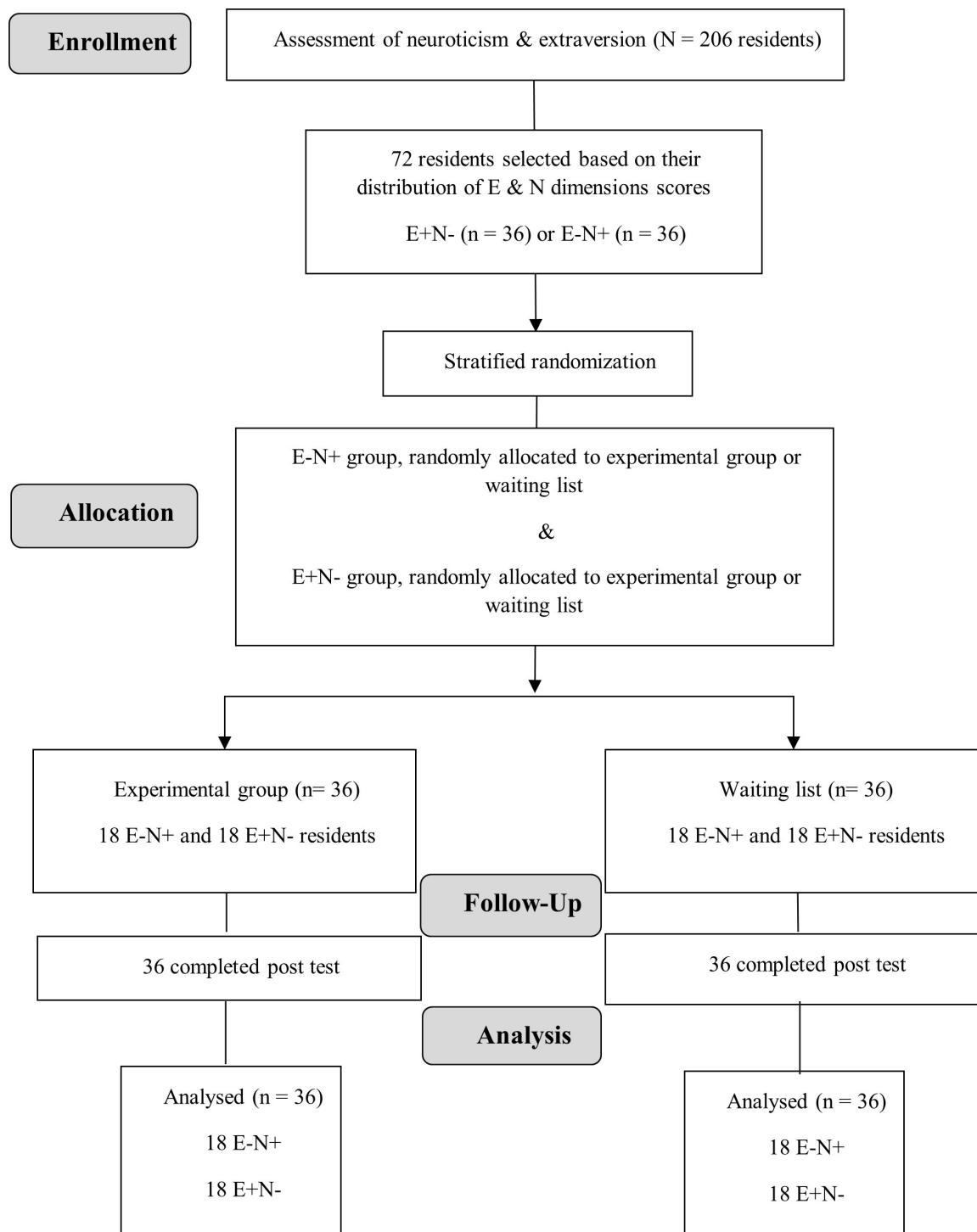


Figure. 1 Study flow diagram

Therefore, ACT intervention was the independent variable; Personality dimensions were the moderating variable; Pre-test of burnout was the covariate variable and Post-test of the burnout was dependent variable.

Results

A total of 72 emergency medicine, internal medicine, and obstetrics and gynecology residents, whose demographic characteristics are presented in Table 1, participated in this research.

Table 1. Baseline characteristics of participants in the study

Variable	Intervention	Waiting list	P value	Effect size	
				Cramer's V	Cohen's d
Gender: male / female	19 / 17	16 / 20	.24	.13	.28
Age (years, mean \pm SD)	34.41 \pm 5.06	36.12 \pm 7.74	.28	-	.26
Marital status: Single/Married	7/29	7/29		.00	.00
Specialty:			.24	.14	.29
Emergency Medicine	25	21			
Obstetrics and Gynecology	6	6			
Internal Medicine	5	9			
Residence year:			.06	.52	1.26
First year	6	22			
Second year	19	6			
Third year	8	2			
Fourth year	3	6			

Table 1 shows that there was no significance difference in the age means between the intervention group and the waiting list ($t = 1.08$, $p = 0.28$). Also, the number of women and men in intervention group and waiting list was not significantly different ($\chi^2 = 1.39$, $p = 0.23$). The number of various specialties in the intervention and the waiting list was not significantly different. The effect size (Cohen's d) for these comparisons between intervention group and waiting list, were small (from 0.00 to 0.29). The small effect size indicates that the differences between groups were negligible.

The number of residents of first to fourth years, in the intervention and the waiting list is not significantly different. But its effect size is large (1.26). This means the number of residents of different years in intervention group and the waiting list is significantly different.

Table 2 presents present the mean and the Std Error scores of burnout syndrome in pre-test and post-test.

Table2. Comparing the burnout in pre-test & post-test

Group	Personality	Dependent variable	Pre-test		Post-test		95% confidence interval	
			Mean	Std. Error	Mean (adjusted-mean)	Std. Error	Lower bound	Upper bound
Intervention	E-N+	Burnout	50.83	3.54	48.90	1.90	45.10	52.71
		Exhaustion	19.77	1.96	19.61	1.31	16.99	22.23
		Depersonalization	11.22	1.18	9.93	.77	8.39	11.48
		Reduced sense of personal accomplishment	19.83	1.01	19.65	.83	17.98	21.33
	E+N-	Burnout	54.33	4.12	29.54	1.92	25.69	33.39
		Exhaustion	25.11	2.81	1.22	1.33	7.56	12.89
		Depersonalization	9.22	1.04	5.29	.73	3.81	6.76
		Reduced sense of personal accomplishment	20.00	1.44	14.46	.84	12.79	16.14
Waiting list	E-N+	Burnout	41.00	4.94	56.93	1.95	53.04	60.82
		Exhaustion	18.16	2.52	24.21	1.32	21.57	26.86
		Depersonalization	6.22	1.14	9.26	.75	7.75	10.77
		Reduced sense of personal accomplishment	16.66	2.12	23.02	.83	21.34	24.69
	E+N-	Burnout	48.33	3.62	55.39	1.90	51.59	59.18
		Exhaustion	21.88	1.83	23.38	1.30	2.77	25.99
		Depersonalization	6.72	.89	8.78	.74	7.29	10.28
		Reduced sense of personal accomplishment	19.72	2.16	22.90	.85	21.21	24.60

A baseline comparison on MBI means between four groups (intervention E-N+, intervention E+N-, control E-N+ and control E+N-) showed that these groups did not have a significant difference ($F = 1.89$, $p = 0.13$).

The results of the two-way covariance analysis showed the interaction between the two variables of group membership (intervention and waiting list) and personality traits (E-N+ and E+N-) is significant ($F = 21.88, p < 0.001$). In addition, each of the main effects was significant ($F_{\text{group}} = 75.16, P < 0.001$ & $F_{\text{personality trait}} = 29.44, p < 0.001$). Therefore, considering the significance of the interactive effect, we can conclude that the personality traits of the subjects have a moderating role in the effectiveness of Acceptance and Commitment Training. The results of tables 2 and 3 show that both research hypotheses have been confirmed. A Figure 2 shows the means of burnout in post-test for each of the four groups (experimental vs control and E-N+ vs E+N-).

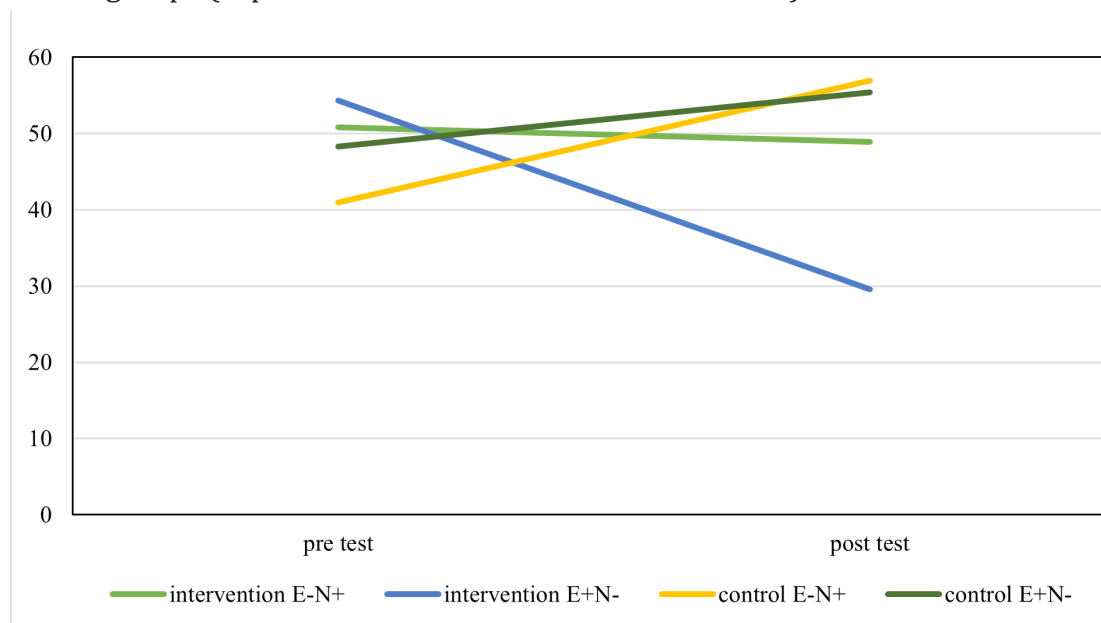


Figure 2. Interaction effect

Discussion

Burnout was thought to have major negative consequences for physicians, patients, and healthcare systems. Among physicians, this syndrome is associated with lower job satisfaction, disruption of work and personal relationships, drug abuse, a decline in the quality of patient care, turnover, depression and even suicide (Chang, Carter, Ng, Flynn, Tan, 2018; Dewa, Loong, Bonato, Thanh, Jacobs, 2014; Dyrbye et al., 2013; Ratanawongsa et al., 2008; Shanafelt et al., 2010; Shanafelt et al., 2016; Shanafelt et al., 2010; Van der Heijden, Dillingh, Bakker, Prins, 2008; Wurm et al., 2016).

The results of the study indicated that E+N- residents with low neuroticism-high extraversion benefit more from ACT than those who with high neuroticism — low extraversion. ACT always puts emphasis on the fact that behavioural, cognitive, and emotional avoidances as well as control of behaviour, emotions and physical senses will make the situation worse. Some studies have revealed that people who have a high neuroticism have tendency to be anxious, egocentric, moody and insecure. In comparison to other people, this group of people was more susceptible to psychological stress and acts weakly when getting along with stress (Nagel, Speed, van der Sluis, Østergaard, 2020) in that they often use passive and inefficient coping styles such as idealistic thoughts, blaming oneself, or avoidance and denial (Widiger, 2017; Leszko, Iwański, Jarzębińska, 2020; Elfaoumy, 2018). Also, the results of a review show that neuroticism are positively related to avoiding conflict resolution style (Tehrani, Yamini, 2020). Evidence shows that anxiety and rumination as well as meta-worry (worry about worry) in people with high neuroticism is more than people with low neuroticism (Spada, Gay, Nikčević, Fernie, Caselli, 2016).

Extroverted people rarely use passive coping styles when encountering unpleasant events and conversely, they want excitement (they might have less experiential avoidance) (Melendez, Satorres, Delhom, 2020; Alacreu-Crespo, Fuentes, Abad-Tortosa, Cano-Lopez, González, 2019). They have positive attitudes, and can focus on both positive and negative experiences (Smillie, Kern, Uljarevic, 2019) (in line with observing thoughts, emotions, physical senses, and accepting the same in ACT); therefore, it may be logical to imagine that individuals who have a combination of E+N-, tend to show less experiential avoidance and they can realize acceptance and diffusion processes in themselves in a more difficult way and slower procedure.

Another important mechanism of ACT is mindfulness. Research has shown that people with high neuroticism pay more attention to the information with emotional load rather than to the information with neutral load in cognitive processing and they have negative bias toward emotional information. In comparison to the people with low neuroticism, they pay more attention to negative or threatening information and comparing them with people who have mindfulness, they show different emotional adjustment patterns (Hanley, 2016; Hanley, Garland, 2017). People with high extraversion have positive attitudes and tend to experience positive states in interactions with other people and their environment. They also have a feeling of high self-efficacy (Wilt, Revelle, 2017; Şahin, Çetin, 2017); therefore, they have a higher motivation to adhere to commitments (Arora, Rangnekar, 2016). Those who have this trait tend to enjoy and participate in social activities, share their feelings and they can think about different things rather than only focusing on negative experiences (Wilt, Revelle, 2017). Alinasab, Shahgholian, Farahani (2017) have reported a positive relation of extraversion with mindfulness. Accordingly, it seems that people who have a combination of E+N- have probably been more successful in the process of acquiring the skill of mindfulness.

At the end, the important point is that ACT makes its all attempts to focus on increase of individuals' flexibility whereas mental inflexibility is one of the features of neuroticism (Latzman, Masuda, 2013). Therefore, it is logical to come to this conclusion that N+ has worked as an obstacle to increase of flexibility skills in physicians.

Given the above and knowing about the negative relation of neuroticism with burnout and positive relation of extraversion with burnout, we can conclude that the effect of ACT on reduction of burnout is adjusted by the combinations of these two personality traits.

Conclusion

The findings of this study indicate the effectiveness of Acceptance and Commitment Training in decreasing the rate of burnout among residents and the moderating role of their personality traits in this effect.

Suggestions and Limitations

1. The beneficial effect of this intervention may be more related to the skill of the practitioner and may not be replicated by other practitioners.
2. This study needs to be reproduced by other practitioners and in other groups of residents (e.g., from other cultures) to demonstrate the efficacy of this intervention in anything other than this population.
3. We also only examined the effect of ACT on the two combinations E & N (E-N+ & E+N-) and suggest that the effect of the independent variable be examined for other variants of the combination of the two personality variables (E+N+ & E-N-).

According to the results of this study, it is suggested that acceptance and commitment training courses be designed to prevent or improve occupational burnout of residents.

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Received 15.02.2021



ORGANIZATIONAL PSYCHOLOGY

Time management as a determinant of stress resistance among the modern secondary school teachers

Tatyana KULIKOVA

Tula State Lev Tolstoy Pedagogical University, Tula, Russian Federation

Abstract. *Purpose.* The article presents the results of the study of the relationship between the ability to manage the time and stress resistance of the modern teacher. The relevance of the study is determined by the fact that the professional activity of the teacher is one of the most intense included in the group of professions with large number of stress factors. *Problem.* On the one hand, the teacher profession, requires emotional sustainability in the process of working with children, colleagues, and parents. On the other hand, the teacher does not know how to manage its working and personal time, which often creates stressful situations and constant tension. *Methods.* The study involved 67 women teachers at the secondary schools of the city of Tula. The average work experience amounted to 15.64 ± 8.7 years, and the median experience of 17 years. The criterion for dividing teachers into two equal parts was the median experience of the experience: first group with work experience less than 17 years and second group with work experience more than 17 years. The diagnostic material used the procedure for diagnosing the state of stress by A. Prokhorov; S. Maddie's "Residence test" (translation and adaptation by D. Leontiev and E. Rasskazova); Test "Self-assessment of stress resistance" by S. Cohen and G. Williamson; S. Kalinin's questionnaire "Personal competence in time"; questionnaire "Self-organization of activity" by E. Mandrikova. Statistical data processing was carried out in the SPSS Statistics 27 (IBM) program. To establish the tightness of the connection between the test parameters, the Pearson correlation coefficient was used. To reduce the dimension of the original space of the signs and detection of the main factors, the method of the main component was used. *Results.* The correlation analysis revealed the presence of a positive connection between the following indicators studied: "competence in time"; "planned"; "dedication"; "self-organization"; "stress resistance"; "involvement"; "control"; "risk taking"; "humanity". As a result of factor analysis, three factors were extracted: 1) the ability to control the time, 2) the resistance and 3) stress resistance. The greatest differences between the groups with the experience less than 17 years and more than 17 years were detected by the factors of resistance and stress resistance ($p < 0.01$). On the factor of the ability to manage the time there is a tendency to difference. *Implications for practice.* The research materials can be used in the work of the psychological service of the educational organization and promote the optimization of working hours of teachers, an increase in the effectiveness of pedagogical activities, as well as serve as a basis for developing additional education programs and advanced training programs.

Keywords: pedagogical activity, modern teacher, stress factors, stress resistance, time management, correlation analysis, factor analysis.

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Received 31.01.2021



ORGANIZATIONAL PSYCHOLOGY

Worksite Wellness Programs as a Part of Corporate Culture: A Research on Attitudes of Employees in Russian Companies

Olga KHOREVA

Elena TARASENKO

Ekaterina IVANOVA

HSE University, Moscow, Russian Federation

Abstract. The *purpose* of the paper is to identify the attitudes towards corporate health promotion programs in workplace as part of corporate culture of employees in companies operating in the territory of Russia, as well as to give an idea of the changes required for design and further development of corporate wellness programs to increase its relevance. *Methodology.* The article is based on a quantitative sociological study conducted in November 2019 — April 2020. The respondents in which were 5,178 full-time employees of eight Russian medium and large companies of following branches of the Russian economy: energy, industry, pharmaceuticals, light and food industries, telecommunications, and IT. All respondents had access to corporate wellness programs. *Findings.* Respondents are interested in health maintaining. Even though there are pronounced branches' differences in preferences in corporate health programs assessment, employees in companies of all branches highly appreciate sports events and voluntary health insurance programs provision. Respondents are less satisfied with educational, awareness-raising activities, measures to prevent harmful habits and injuries. However, with a low level of satisfaction, they are not interested in this part of corporate health promotion programs and do not propose to strengthen existing corporate health promotion programs with educational and educational activities. This fact may indicate an insufficient level of preparation and implementation of such events. *The value of results.* As part of the research, the authors for the first time have introduced the comparative analysis of employees' proposals to supplement the existing corporate health promotion practices in companies by branches. This analysis identifies areas for the further development of corporate health promotion programs in the workplace.

Keywords: worksite wellness programs, corporate culture, health, healthy lifestyle promotion, chronic diseases prevention, employees of Russian companies.

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ORGANIZATIONAL PSYCHOLOGY

Precarious employment psychology: formation of subject area, main problems and approaches to their study

Andrey DIOMIN

Kuban State University, Krasnodar, Russian Federation

Abstract. *Purpose.* The problem of precarious employment, the scope of which is steadily expanding in different countries of the world, is discussed. The purpose of this paper is to determine the content of precarious employment, identify problems and approaches to their psychological study. The review actively uses interdisciplinary knowledge. *Findings.* Multidimensional interpretations of precarious employment are analyzed, which include not only the type of employment (non-standard), but also the conditions of employment and its subjective components. The main subject area is considered: the influence of precarious employment on the health and psychological well-being of a person. The transition from the study of precarious employment to the study of careers in conditions of precarious employment is recorded, the concepts of “career complexity”, “discontinuous occupational trajectory”, “employment strain” are revealed. The necessity of analyzing the social contexts of precarious employment is justified. *Conclusions.* The analysis of the literature made it possible to identify the directions of the evolution of ideas about precarious employment and ways of studying it. It is necessary to develop a definition and concept of precarious employment which more fully presents its psychological components. The progress in this direction will allow taking into account the interaction between manifest and latent precarity in the development of complex psychodiagnostic tools. It is concluded that it is necessary to study the psychological prerequisites and mechanisms of adaptation to unstable forms of employment. *The value of the results.* In Russian science, the psychology of precarious employment is clearly insufficiently studied. The review will contribute to the development of organizational psychology and labor market psychology, as well as increase the importance of psychological research on employment in Russia, especially in the context of the global threat of COVID-19, which is rapidly transforming labor relations.

Keywords: social instability, precarious employment, non-standard employment, job insecurity, health, psychological well-being, career.

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Received 15.03.2021



ORGANIZATIONAL PSYCHOLOGY

Resilience of a specialist in a helping profession in an organizational environment

Olga A. PLYUSHCHEVA

Moscow State University of Psychology and Education, Moscow, Russian Federation

Alexander V. MAKHNACH

Institute of Psychology of the Russian Academy of Sciences, Moscow, Russian Federation

Abstract. Professional resilience is a multi-component construct that can change under one or another influence, and the study of its structure (levels, factors, individual and organizational characteristics) will make it possible to choose the most accurate tools that contribute to its maintenance and development. *The purpose of the study:* to study the features and characteristics of the resilience of a specialist in the organizational environment on the example of specialists of a socially-oriented organization. *Research design.* As part of the study of the resilience of specialists, we performed an empirical study conducted in three stages. The total sample of the study was 217 people. The article presents the results of a factor analysis conducted at the second and third stages of the study on a sample of 166 people who are specialists and interns of an organization that provides information and psychological support on issues related to cancer, stroke, palliative care and child prematurity: specialists ($N = 106$, men — 7.5%, women — 92.5%, average age — 36.7), interns ($N = 60$, men — 8.3%, women — 91.7%, average age — 36.0). To implement the tasks set, we used the methods of questionnaires, testing, and written surveys. *The results of the study* showed the relationship between general and professional resilience of a person, as well as the fact that subjective assessments of the resilience of labor subjects do not have a direct connection with objective indicators of resilience and, to a greater extent, are related to the socio-psychological atmosphere in the team and the duration of work in the organization. In different groups of specialists of the organization, there are noticeable differences in how the system of assessments of the resilience, socio-psychological well-being of the organizational environment is built, as well as what supports the motivation to work in it. It was also found that the external locus of control, emotionally-oriented and avoiding coping strategies indicate a reduced level of resilience, which can be taken into account when selecting specialists for places with difficult working conditions. *Research perspective.* The conducted research can be used to study the characteristics of the specialist's resilience in the organizational environment and to choose the directions of its support, correction or development. We plan to use the results obtained in the development of programs aimed at forming the resilience of labor subjects who carry out their professional activities within the framework of socially-oriented organizations.

Keywords: professional resilience, socio-psychological climate in the team, career motivation, self-efficacy, perseverance, locus of control, coping behavior.

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Received 27.01.2021



ORGANIZATIONAL PSYCHOLOGY

Features of malevolent creativity and emotional intelligence in police officers depending on education and length of service

Margarita N. BOCHKOVA

Psychologist, free lancer, Moscow, Russian Federation

Valentin SHAPOVAL

St. Petersburg University of the Ministry of Interior of Russia, St. Petersburg, Russian Federation

Natalya V. MESHKOVA

Moscow State University of Psychology & Education, Moscow, Russian Federation

Sergei N. ENIKOLOPOV

Mental Health Research Centre, Moscow, Russian Federation

Abstract. The problem of deviant behavior of internal affairs officers remains relevant, and its causes are explained by many authors by professional deformation related to the specifics and service life. Studies of adolescent deviant behavior and aggressive communication between employees in business show that malevolent creativity and low emotional intelligence can play an important role in this case. *Purpose.* The aim of the study was to study the features of malevolent creativity and emotional intelligence of police officers of different levels of education and service experience. *Methodology.* The sample consisted of students of the St. Petersburg University of the Ministry of Internal Affairs of Russia ($N = 59$; 34 of them are men; 48 with higher education; with service experience up to five years ($n = 35$) and over five years inclusive ($n = 18$) and cadets of second and third year of study ($n = 26$). We used the aggression questionnaires of A. Bass and M. Perry, the self-assessment questionnaires "EmIn", "Mac-IV", "NEO-FFI" and the questionnaire "Behavioral features of malevolent creativity" adapted from the Russian sample. Hypotheses about differences in the levels of malevolent creativity and emotional intelligence were tested: 1. between police officers with higher education and cadets; 2 between police officers with different service experience. *Findings.* The results obtained partially confirmed the hypotheses: there were no significant differences in the level of malevolent creativity between all subsamples; samples of police officers (both with higher education and with different service experience) significantly differed from cadets with higher values of understanding emotions. Also, the sub-sample of ATS employees with more than years of service experience significantly differed in low values of the Big Five "Cooperation" trait compared to those who served for less than five years, and ATS employees with secondary education are less hostile compared to employees with higher education. The following features of malevolent creativity were identified: hostility was the predictor for the cadets, and "Cooperation" was the predictor for the rest of the subsamples. Conclusions are drawn that the Big Five trait "Cooperation" is important in the deviant behavior of police officers, and "professional five aggression", detected in the framework of the diagnosis of professional personal deformity of police officers, may have a more complex nature: it may be a consequence of personal traits and hostility (the cognitive component of aggression). *The values of the results.* The revealed contribution of predictors to the behavior that characterizes professional aggression should be taken

into account when professional psychological selection and monitoring of psychological characteristics of cadets of higher education institutions of the Ministry of Internal Affairs and employees of internal affairs bodies.

Keywords: internal affairs officers, deviant behavior, antisocial creativity, emotional intelligence, big five traits, hostility.

Funding

The reported study was funded by RFBR according to the research project № 19-013-00240-A.

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Received 03.09.2020



ORGANIZATIONAL PSYCHOLOGY

The principle of “cyclicity” in career and personal self-determination

Natalia KARLOVSKAYA

Dostoevsky Omsk State University, Omsk, Russian Federation

Elena KAMNEVA

Financial University under the Government of the Russian Federation, Moscow, Russian Federation

Evgeny MORGUNOV

Moscow Higher School of Social and Economic Sciences, Moscow, Russian Federation

Marina POLEVAYA

Nikolay PRJAZHNIKOV

Financial University under the Government of the Russian Federation, Moscow, Russian Federation

Annotation. In the context of career (personal, life and professional) self-determination “cycles” understood as repetitive actions oriented towards their completeness (success, efficiency). and — the ordering of the activities of specialists (psychologists, teachers, coaches), helping a person in solving the problems of life, professional and personal self-determination. The relationship between the content and procedural aspects of the cycles is analysed and their relationship is shown. The specifics of cycles at different stages of personal career development are highlighted, as well as — the specifics of the principle of cyclicity, in relation to different tasks of professional orientation (information-reference, psychodiagnostic, moral-emotional support of the client, assistance in specific elections and career planning). The possibilities of «cycles» are considered as «units of analysis» of certain aspects of personal and professional self-determination.

Keywords: the principle of cyclicity, career and life cycles, professional and personal self-determination.

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Received 10.02.2021