

**ON THE QUESTION OF ORGANIZATION IN MEDICAL AND REHABILITATION INSTITUTIONS (FOR EXAMPLE, STUDIES OF PROFESSIONAL ADAPTATION OF PERSONS WITH DISABILITIES)**

*In the article the features of professional adaptation of persons with disabilities and their rehabilitation measures on the basis of medical and rehabilitation institutions. The data of the study levels of professional adaptation, as well as the degrees of severity of occupational maladjustment on separate parameters in patients with disabilities. Identified psychosocial and psychophysiological components of professional adaptation of persons with disabilities and their recovery on the basis of medical and rehabilitation institutions. It is shown that among the main aspects of the professional adaptation (psychophysiological, namely the adaptation of the individual to the physical conditions of the professional environment and the actual professional, that is, the adaptation of the subject activity to professional tasks, operational and professional information) is very important is the socio-psychological aspect, namely features the individual adaptation to the social components of the professional environment.*

**Key words:** *personality, limited opportunities, social integration, social exclusion, treatment and rehabilitation institutions.*

**Statement of the problem.** The process of social adaptation of adults with disorders of vision is closely related to the characteristics of their professional adaptation. The need to enhance professional adaptation of working age adults with visual impairments resulted topics. The main aspects of occupational adaptation (psychophysiological, namely individual adaptation to the physical environment professional environment and their own professional that is the subject of adapting to the professional tasks of the operations and professional information) is very significant socio-psychological characteristics such as adaptation to individual social components of the professional environment.

Analysis of recent research and publications. Human need for self-realization and improvement of professional skills in the professional adaptation studied V.A. Peter, A.K. Markov, L. Mitya. Occupational adaptation as one of the stages of socialization considered G.M. Andreev, A.K. Markov. The study of adaptation as a manifestation of the internal activity of the subject, defining continuous self-development both professionally and in personal terms involved, A.K. Markova, L.N. Mitin, V. Shadrikov, I.I. Chesnokov, V.I. Chirkov. Motivational personality dispositions in occupational adaptation process described in the works of B.G. Anan, V.G. Aseeva,

V.A. Petrovsky, B.A. Sosnowski. A creative approach to the problem of constructing personality of their own life and professional prospects by several authors is one of the characteristics of mental health (A.A. Bodalev, T. Azarnyh). The study of how a person carries their own line of development, including professional throughout the life course engaged S.L. Rubinstein, K.A. Abulkhanova-Slavskay, A.V. Brushlynsky. The process of occupational adaptation in the subjective approach outlined S. Rubinstein and actively developed by modern researchers A. Brushlynsky, K.A. Abulkhanova-Slavskay.

Objective: professional adaptation of adults with visual impairments.

Research objectives: to investigate the level of professional adaptation in adults with visual impairments; To study the severity of occupational exclusion for certain characteristics in adults with disorders of vision.

Methods: Theoretical methods: analysis, synthesis, generalization, classification and systematization of modern scientific and empirical research on social adaptation of adults with vision disorders, empirical methods: a questionnaire diagnosis of psychophysiological and vocational maladjustment A. Rodin (in adapting M.O. Dmitrieva), a method of psychological research "Oral History" profile "Features perception of social situations pathological view" (authoring) methods of mathematical data and their subsequent qualitative interpretation and meaningful generalization.

The main material and research results. The sample was submitted by employees of both sexes in the amount of 315 people (including 192 women and 123 men) with disorders of vision. Age subjects - from 28 to 54 years.

The process of social adaptation of adults with disorders of vision is closely related to the characteristics of their professional adaptation. As criteria of social and psychological adaptation considered professional attitude to industrial enterprises and organizations in general, attitudes toward small group, relationship to the head, satisfaction with relationships with employees. General terms of adaptation were satisfied and content conditions. Analysis of occupational maladjustment study was conducted on the basis of these criteria and their own somatic and psycho-emotional causes of occupational maladjustment according to the procedure "Evaluation of occupational maladjustment" A. Rodin (in adapting M.A. Dmitriev). Questionnaire psychophysiological diagnostics and professional exclusion A.M. Rodin (in adapting M.A. Dmitriev) indicates its diversity and ambiguity.

In professional psychological adaptation M.A. Dmitriev understand the process of establishing and maintaining a dynamic equilibrium in the system "man - a professional environment". Professional environment includes the subject and object of labor, means of labor, professional goals and objectives, working conditions and social environment. Adaptability as a person's ability to adapt is associated with the agreement of objectives and results of professional activity [2].

The balance between man and professional environment, achieved in the process of adaptation does not constitute a static condition. Changing the professional environment, such as those associated with changing technology, with the arrival of a

new manager, with getting a new career or taking up a new position, the transfer to another department or to another enterprise, and changing needs, capabilities and goals of the individual can lead to major changes in human attitudes to the profession and even the phenomenon of professional exclusion. Terms professional environment can be a serious factor in the process of social adaptation of adults with defective vision.

The criteria for psychophysiological adaptation are health, mood, anxiety, degree of fatigue, activity behavior. Exclusion could be due to short-term and severe effects on humans or the environment influenced less intense but prolonged factors. M. Dmitriev identifies three key aspects of professional adaptation: physiological aspect - the adaptation of the individual to the physical conditions of the professional environment; proper professional aspect - the adaptation of the subject to the professional tasks of the operations and professional information; socio-psychological aspect - the adaptation of the individual to the social components of the professional environment.

An important aspect of adaptation is to take professional man professional role . The effectiveness of occupational adaptation is largely dependent on how adequately a person perceives their professional role and their professional connections and relationships. The higher satisfaction with working conditions and studied their position in the team, the higher the efficiency of professional psychological adaptation and adaptive capacity display, and vice versa.

The overall rate of adaptation by M. Dmitriev, there is no evidence of exclusion. Exclusion could be due to short-term and severe effects on humans or the environment influenced less intense but prolonged exposure . Exclusion manifests itself in a variety of disorders : in lost productivity and their quality, in violation of labor discipline, to increase accidents and injuries.

Persistent violations of adaptation processes are clinically distinct psychopathological syndromes and (or) the refusal of activity. Exclusion is also reflected in the deterioration of health, somatovegetativnyh symptoms of various disorders of work and interaction. Instruction of the methods described above.

The level of labor exclusion is assessed according to the following rules: 96 or more points - high level of exclusion that requires the use of psychological and medical measures, from 65 to 95 points - pronounced level of exclusion, from 32 to 64 points - moderate level of exclusion, to 32 points - the lowest level.

It was found that the largest number of adults with disorders of belonging to groups with statistically distinct  $75 \pm 7$  points in 96 (30.5 %) subjects with moderate and  $43 \pm 9$  points level vocational maladjustment - 120 (38.1 %) patients ( $\varphi = 2,15$ ;  $p \leq 0,01$ ). Such visually impaired need help professionals conduct their rehabilitation and possibly changing profession. In polar poles , ie the low  $28 \pm 4$  points level exclusion identified 72 (22.8%) studied for which may be recommended advisory work professionals and high  $96 \pm 2$  points level occupational maladjustment - 27 ( 8.6%) respondents ( $\varphi = 2,06$ ;  $p \leq 0,01$ ), which require the use of primary medical and psycho - social activities for their adaptation.

As part of professional psychophysiological adaptation of people with visual impairments, it appears to reduce the deterioration of health, somatovegetativnyh symptoms of various disorders of work and interaction; high rates of occupational maladjustment due to: sleep disorders (93 persons - 29,5%,  $p \leq 0,01$ ), somatic disorders (78 persons - 24,8%,  $p \leq 0,01$ ), fatigue (75 persons - 23,8%,  $p \leq 0,01$ ); averages due to the exclusion of labor: somatic disorders (138 - 43,8%,  $p \leq 0,01$ ), sleep disturbances (114 people - 36,2%,  $p \leq 0,01$ ), fatigue (108 persons - 34,3%,  $p \leq 0,01$ ); attract attention and disorders associated with emotional changes (high and medium figures add up to 120 persons - 38,1%,  $p \leq 0,01$ ).

Low levels of interest exclusion because they reveal certain trends; the majority of adults with visual impairments are highly motivated enough to work (252 individuals - 80%), showing overall activity (219 persons - 69.5%) do not depend on the specific mental processes (228 persons - 72.4%). But even among those with low levels of labor exclusion deterioration of health associated with emotional changes (195 persons - 61.9%) and fatigue (132 persons - 41.9%). Minority group, subjects with low levels of exclusion are people with somatic disorders (99 people - 31.4%) and people with sleep disorders (108 persons - 34.2%). These data indicate that the impact of systemic factors on the level of vocational maladjustment in adults with disorders of sufficiently large. Emphasis is placed on performance-related features of social interaction. We found 204 (64.8%) studied who have difficulties with social interaction. Other 108 people (34.3%) have such difficulties.

According to some authors, such serious diseases (glaucoma, optic atrophy, total corneal opacity, mature cataract, high degrees of myopia, hyperopia and astigmatism), virtually eliminating human view, give rise to a complex system of experiences that lead to disruption of the usual life patterns. Personality traits of people due to refraction of the system of relations through the prism of chronic disease, which led to the restriction of their life. Previously, many of them have a stable social situation and the new situation of the disease makes them an actual request to drop some of their personal values, goals, and the usual "self-image". In practice, not all of these people in the presence of relatively favorable prognosis of medical and biological motivated by the process of rehabilitation. Patients with a poor prognosis sometimes insist on continuing work [1; 3 and so on].

Usually accompanied by a pathology of somatic disorders. Typical complaints in this case are weakness, fatigue, difficulty concentrating, irritability, intolerance to bright light, loud sounds. Sleep becomes superficial, disturbing. Patients with difficulty falling asleep and hard to wake up. Along with this there is emotional instability, resentment, vulnerability, coupled with unpleasant sensations in the body and all sorts of fears. For adults with ocular disorders characterized by depressed mood with different shades: anxiety, anguish, apathy, combined with frustration, burkotlyvisty, meticulousness, moodiness. Prolonged severe disease may outweigh the indifference with a tendency to ignore the disease. Much less often improve mood as complacency, euphoria. The emergence of euphoria usually accompanied by denial of their own

illness, poses a serious risk to the patient because it disregarded the severity of their condition and, consequently, improper behavior [1; 3, and so on].

The result of the survey based on the responses received, we received information that challenges the perception and orientation in space have surveyed only 32 (10 %) of 315, but only three of them do not feel the fear of the future and accept the disease as a given. Attention is drawn to the fact that high professional qualifications acquired the loss of a man of vision, allowing it to cope with the work even when visual function is almost completely lost. Adults with vision disorders may hold leadership positions and control healthy individuals subject to availability overcompensation.

According to a survey by questionnaire "Features perception of social situations pathological view" (authoring), difficulties in performance of duties with 48 people (15.2%) of respondents in relation to the workforce - 33 people (10.5%), with the performance of duties and the relationship with the team - 3 people (0.95%), with the performance of duties and Marriage - 3 (0.95%), with a focus on space, with employment and performance of duties - 3 (0.95%). Working adults with disorders of experiencing fear related: the deterioration of health - 102 people (32.4%), with a deteriorating financial situation - 78 people (24.8%), with a loss of - 36 people (11.4%). In a survey study by " Oral History " we have observed that a vicious circle is formed based on fear: The low abundance leads to poor health (no money for treatment) - 102 people (32.4%), poor health 'I leads to job losses - 36 people (11.4%), loss of further reduces income and hence the quality of life - 78 people (24.8%). Most subjects respond to frustruyuchi factors of social life will " work harder and better" - 84 persons (26.7%), thus further enhancing the state of exclusion.

In connection with those obtained by us are of interest to study the quality of life of patients with primary open-angle glaucoma. Thus, the survey found that 28.3% of patients ( total surveyed 310 people) , difficulties with the state of his own while trying to clean up, get dressed, 36.6% - in cleaning apartments, 34.4% - in the preparation of dinner, breakfast or dinner. 87.8% of the subjects drew attention to the difficulties in reading books and periodicals ( in the optimal spectacle correction ), of which 55% of the subjects mentioned significant challenges. The survey found that 73.3% of the subjects experiencing restrictions when watching television, especially while reading captions on the screen. Implementation of small domestic work (women - weaving, knitting, sewing buttons, etc., for men - fine furniture repair , home appliances or equipment ) causes difficulties in 87.8%, and almost half of patients ( 43.6% ) - very difficult. In the study of quality of life survey outside the home (in a maximum optical correction ) revealed that more than half of patients (59.5%) have difficulty in lowering the stairs, 66.4% - when crossing the road. 49.6% of the subjects reported the existence of difficulties in reading the names of stores, 56.4% of the subjects - while counting money in the recognition of notes and coins, 82.4% have difficulty in reading price tags in stores. Independently the signature on the form (such as a pension or salary) is difficult for 53.5% of the subjects, of whom 17.6% are experiencing great difficulties. 68.7% of the subjects having difficulties when traveling on the subway, 75.6% - using ground modes. In the study, 55% of respondents indicated that

they have the disease because of difficulties in carrying out their work or other regular daily activities as a result: 52.7 % of the subjects had to increase the amount of time spent on work or other things, the same number of subjects indicated that they were unable to do anything like [3].

On the basis of these studies one can say that the level of occupational maladjustment in adults with vision disorders affect both physical and psycho-emotional factors. Sleep disorders, in our opinion, caused not only psychosomatic disorders, and fatigue, and as, on the one hand, and various fears - on the other. Fears that feel adults with vision disorders associated with the performance of duties, orientation in space, to employment, to marry. These fears, in our opinion, cause all sorts of emotional disturbances. High social activity adults with vision disorders are the result of social instability in Ukraine and uncertainty in the future of the contingent of people who are also contributing to emotional disturbances. Thus, somatic disorders in adults with pathological increase of psycho-emotional instability and violation of psycho-emotional sphere enhances existing physical disorders.

Thus, the level of vocational maladjustment in adults with vision disorders affect both physical and psychoyemotsiyni factors. The reasons for exclusion of labor in adults with disorders of vision are: physical abuse (206 people - 69 %), sleep disturbances (207 people - 66 %), fatigue (183 persons - 58 %), emotional abuse (120 people - 38 %). It can be argued that the process of social adaptation of adults with vision disorders are closely correlated with the characteristics of their professional adaptation.

**Conclusions.** The process of social adaptation in adults with disorders of vision is closely related to features professional adaptation. Study of socio-psychological component of professional adaptation of visually impaired aimed at clarifying the features of their adaptation to the social components of the social environment has shown that the criteria of decline is a negative attitude towards industrial enterprises and organizations (large group), to leadership, relationships with staff dissatisfaction as well as the contents and conditions. As part of professional psychophysiological adaptation of people with visual impairments, it appears to reduce the deterioration of health, somatovegetativnyh symptoms of various disorders of work and interaction.

#### Literature

1. Гозман Л. Я. Психология эмоциональных отношений / Л. Я. Гозман – М. : Наука, 1988. – 289 с.
2. Дмитриева М. С. Управление процессами адаптации студентов к обучению в высшей школе / М. С. Дмитриева // Научная организация труда студентов : Сб. научных трудов. – М. : МГУ, 1971. – № 3. – С. 15 –21.
3. Кириллова О. А. Психические расстройства и качество жизни больных первичной открытоугольной глаукомой / О. А. Кириллова, М. В. Коркина, М. С. Артемьева. – М. : Изд-во ВОС, 2006. – С. 16.

#### References

1. Gozman L. Ja. Psihologija jemocional'nyh otnoshenij / L. Ja. Gozman – M. : Nauka, 1988. – 289 s.
2. Dmitrieva M. S. Upravlenie processami adaptacii studentov k obucheniju v vysshej shkole / M. S. Dmitrieva // Nauchnaja organizacija truda studentov : Sb. nauchnyh trudov. – M. : MGU, 1971. – № 3. – S. 15 –21.
3. Kirillova O. A. Psihicheskie rasstrojstva i kachestvo zhizni bol'nyh pervichnoj otkrytougol'noj glaukomoj / O. A. Kirillova, M. V. Korkina, M. S. Artem'eva. – M. : Izd-vo VOS, 2006. – S. 16.

**Лицоева Н.В., Завацкий Ю.А.**

**До питання організації діяльності у лікувально-реабілітаційних закладах (на прикладі дослідження професійної адаптації осіб з обмеженими можливостями)**

*У статті досліджено особливості професійної адаптації у осіб з обмеженими можливостями та заходи щодо їх реадaptaції на базі лікувально-реабілітаційних закладів. Надано дані дослідження рівнів професійної адаптації, а також ступенів вираженості професійної дезадаптації за окремими ознаками у осіб з обмеженими можливостями. Визначено соціально-психологічну та психофізіологічну складові професійної адаптації осіб з обмеженими можливостями та їх відновлення на базі лікувально-реабілітаційних закладів. Показано, що серед основних аспектів професійної адаптації (психофізіологічного, а саме адаптації індивіда до фізичних умов професійного середовища та власне професійного, тобто адаптації суб'єкта діяльності до професійних завдань, виконуваних операцій, професійної інформації) вельми значущим є соціально-психологічний аспект, а саме особливості адаптації особистості до соціальних компонентів професійного середовища.*

**Ключові слова:** особистість, обмежені можливості, соціальна адаптація, соціальна дезадаптація, лікувально-реабілітаційні заклади. .

**Лицоева Н.В., Завацкий Ю.А.**

**К вопросу организации деятельности в лечебно-реабилитационных учреждениях (на примере исследования профессиональной адаптации лиц с ограниченными возможностями)**

*В статье исследованы особенности профессиональной адаптации у лиц с ограниченными возможностями и меры по их реадaptaции на базе лечебно-реабилитационных учреждений. Представлены данные исследования уровней профессиональной адаптации, а также степеней выраженности профессиональной дезадаптации по отдельным показателям у лиц с ограниченными возможностями. Определены социально-психологическая и психофизиологическая составляющие профессиональной адаптации лиц с ограниченными возможностями и их восстановления на базе лечебно-*

реабилитационных учреждений. Показано, что среди основных аспектов профессиональной адаптации (психофизиологического, а именно адаптации индивида к физическим условиям профессиональной среды и собственно профессионального, то есть адаптации субъекта деятельности к профессиональным задачам, выполняемым операциям, профессиональной информации) весьма значимым является социально-психологический аспект, а именно особенности адаптации личности к социальным компонентам профессиональной среды.

**Ключевые слова:** личность, ограниченные возможности, социальная адаптация, социальная дезадаптация, лечебно-реабилитационные учреждения.

**Ліцосва Наталія Володимирівна** – кандидат біологічних наук, доцент, доцент кафедри здоров'я людини і фізичного виховання Східноукраїнського національного університету імені Володимира Даля, м. Северодонецьк;

**Завацький Юрій Анатолійович** – кандидат психологічних наук, завідувач кафедри здоров'я людини і фізичного виховання Східноукраїнського національного університету імені Володимира Даля, м. Северодонецьк.

UDC 159.9

*Mykhaylyshyn U.B.*

### **SOCIO-PSYCHOLOGICAL ASPECTS OF THE VALUE-PERSONAL FORMATION OF THE STUDENT YOUTH**

*The article defines the problem of formation of values and the formation of personal identity, which is relevant both in science and in social practice. The urgency of this problem is caused by several types of factors: firstly, today's young people committed to the fullest to identify and implement their capacity as it seeks to "conform" to the modern world as an "equal partner"; secondly, for the modern man the problem of realization of all its features is associated with a sufficiently influential social trends of today, due to the "need for self-actualization," which received the status of socially-valuable need in today's society. Modern approaches to value-personal formation of youth. It presents the idea of an integrated approach to nature and mechanisms of personal values and formation of youth. It is shown that socio-psychological content of the concept of values and personal formation of students is the process of implementing its cognitive-intellectual, sensory, emotional, volitional, creative potential, to implement progressive qualitative and quantitative changes in its value orientations and actions that result in the achievement of mental integrity and harmony. It was found that this process can be interpreted as a kind of art, because it is an individual, by the*

140