



Chronic fatigue syndrome: prevalence in human-to-human sphere workers, factors contributing to formation and its impact on health

Nadezhda N. Petrishcheva ^{1*}, Natalya B. Smirnova ², Olga V. Parfenova ²,
Irina M. Ryazantseva ², Alla V. Ivanova ², Olga A. Khoraskina ², Marina Yu. Deryabina ²,
Elena B. Pokaninova ³

¹ Ulyanovsk State Pedagogical University named after I.N. Ulyanov, Ulyanovsk, RUSSIA

² Chuvash State Pedagogical University named after I.Y. Yakovlev, Cheboksary, RUSSIA

³ I.M. Sechenov First Moscow State Medical University (Sechenov University), Moscow, RUSSIA

*Corresponding author: pi3nn@mail.ru

Abstract

The relevance of this article is to study such a social phenomenon as chronic fatigue syndrome in social work professionals. Any work activity in the man-man sphere has its own professional risks. The specificity of the social work specialist's activity leads to the appearance and formation of chronic fatigue syndrome, and the lack of effective means of its prevention contributes to its significant spread and perception by social service employees as an inevitable concomitant effect of their professional activity. It is easier to prevent the occurrence and development of chronic fatigue syndrome than to deal with its consequences. The aim of the article is to study the problem of prevention of chronic fatigue syndrome in social work professionals and identify means of prevention; to identify the relationship between the specifics of social work as a professional activity, professional requirements for a social work specialist and the risks that provoke chronic fatigue syndrome. As a research method, we used a questionnaire survey as a method of collecting primary information that allows us to quickly and effectively investigate the features of the manifestation of chronic fatigue syndrome. The article considers the essence and features of the manifestation of social work professionals' chronic fatigue syndrome. Means of prevention of chronic fatigue syndrome in social services are indicated: organization of consultations of specialists in social work with an independent psychologist, conducting psychological training; conducting preventive examinations in social sphere organizations, issuing sanatorium vouchers for treatment and rehabilitation; organization of cultural events outside the institution, visiting theaters, concerts; formation of corporate culture for team cohesion and creating a psychologically comfortable microclimate. It is shown that managers of social services underestimate the importance of the psychologist's work with the workforce as a means of preventing chronic fatigue syndrome. In addition, one need to take into account such a moment that the social work specialists themselves do not feel very comfortable in consultations with a psychologist, an employee of the organization. They would rather have individual sessions with an independent psychologist. They would be interested in group sessions with a psychologist who does not work with them in the same organization.

Keywords: chronic fatigue syndrome, social worker, prevention

Petrishcheva NN, Smirnova NB, Parfenova OV, Ryazantseva IM, Ivanova AV, Khoraskina OA, Deryabina MYu, Pokaninova EB (2020) Chronic fatigue syndrome: prevalence in human-to-human sphere workers, factors contributing to formation and its impact on health. Eurasia J Biosci 14: 581-586.

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INTRODUCTION

In recent years, special attention has been paid to the prevention of occupational diseases. A special risk group includes specialists whose activities are related to the sphere of *man-man*. This group also includes social work professionals who have specific professional risks that can provoke a number of changes that lead to the development of pathologies (Artsimovich and Galushina 2001, Kardis et al. 2019, Rosenblat 1983, Sokolova et

al. 1996). In this regard, one of the important directions in the study of social work as a special sphere of professional activity is the study and identification of problems related to ensuring healthy and safe conditions in which the activities of specialists take place; identification of the causes of professional deformation

Received: June 2019

Accepted: December 2019

Printed: March 2020

and its prevention (Orekhovskaya et al. 2019). One of the most common problems that lead specialists to professional dysfunction is chronic fatigue syndrome (Bryazgunov 2002, Temirov 2010). The lack of effective means of preventing chronic fatigue syndrome contributes to its significant spread and perception by social services employees of this syndrome as an inevitable concomitant effect of professional activity. However, in the presence of chronic fatigue syndrome, the specialist can no longer adequately assess the situation, make an important decision, and assist not only to the client, but also to him/herself. This is why the search for ways to prevent chronic fatigue syndrome is so important.

Health is not only an individual category, but also a social one. Without it, the normal functioning of each individual and society as a whole is impossible (Artsimovich 1996, Larentsova et al. 2008, Suvorova 1975). In the view of most people, health is associated with a sense of joy in life, active activity in work and life (Makarova et al. 2019). That is why it is treated as the greatest value. A healthy person is characterized by a harmonious interaction of all body systems; a relatively easy adaptation to changing environmental conditions; and a high resistance to various stimuli.

LITERATURE REVIEW

Social work as a type of professional activity includes many components, such as pedagogical, psychological, sociological, rehabilitation, organizational, etc. Interdisciplinary nature of social work as a scientific and professional activity has led to the definition of social work. Social work is a professional assistance to people in the successful resolution of their life problems through the implementation of appropriate social changes, the release and resolution of human resources and their social environment (Melnikov and Kholostova 2006, Tetersky 2002).

The profession of a social worker refers to the *man-man* sphere; hence, the increased moral responsibility is the main characteristic of the working conditions of a social work specialist. That is why it is important to highlight the professional and ethical component in the structure of his/her professional activity (Danakin 1995). The specificity of social workers' activities implies the presence of humanistic-based personal qualities of its subject (moral responsibility, charity, empathy, tolerance, etc.). By its structure and essence social work is one of the most multifaceted and time-consuming types of professional activity in the field of the *man-man*. Its direct initial subject is a social worker who performs various functions of organization, provision, support (psychological and physical), legal and administrative protection, correction, etc. The activity of a social work specialist is a professional activity aimed at creating a situation of development of the client's personality as a

subject, maintaining his/her life activity, individual and social self, and mobilizing the protective mechanisms of the individual, taking into account the specific conditions of life. This activity is characterized by a strong expression of its moral aspect, since its motivational basis is the adoption of ethical standards based on the humanistic basis of the interactive side of communication (Leonova and Kuznetsova 1993, Narutto et al. 2019, Niks 2002, Novitsky 1993, Podvoisky 1997, Redina 2009). An essential basis for improving the effectiveness of social work in General is the personal aspect of the social worker, training in professional activities, and its effectiveness. Thus, the social worker in his/her work, in addition to professional knowledge and skills, undergoes serious emotional stress. (Baranov et al. 2019, Klebanova 1995, Putilina et al. 2019, Tsabolova et al. 2019).

The concept of prevention is not developed in theory and does not fit into the framework of a formal logical definition; the specific subject content of this concept has many meanings used to refer to different policy areas, social, collective and individual activities, and several types of medical activities, namely the concrete objective content of this concept is always an action, that is, an opportunity to promote or hinder the implementation of a particular public health trend that interests us. Chronic fatigue syndrome is spreading at an amazing rate in all civilized countries of the world, and scientists still cannot come to a consensus about this disease, which causes considerable concern to specialists in recent decades, especially since the chronic fatigue syndrome, as a rule, selects its victims from the most socially active segments of the population (Cherdymova et al. 2019, Formanyuk 1994, Kitaev-Smyk 1983, Novik et al. 2000, Shafranova 1925). In modern literature, there are several interpretations of the concept of prevention. The system of measures for disease prevention (health maintenance; the extension of human life; practical activities through which it is possible to achieve the preservation and improvement of health of population; education of healthy young generation; high working capacity and long active life), is prevention - system of government, social, psychological and medical measures aimed at ensuring a high level of health and disease prevention. Preventive activities are implemented through the social and preventive policies of society, the state and their institutions and are a subordinate hierarchical system (Filonenko 1998, Moskalenko 2011, Oganova and Khalfina 2007, Prokhorov 1991). In the special scientific literature, there is an idea about the levels of prevention, which is based on modern epidemiological views on the causality of human diseases. Subjects of application of preventive measures and effects are different stages of disease development, including a variety of preclinical conditions, and the objects are individuals, groups of individuals, individual populations and the population as

a whole. In reality, prevention covers purposeful, versatile activities in all spheres of life. It pursues a humanistic goal - a conscious active transformation of living conditions into a source of health promotion and active longevity, development of physical and spiritual forces of a person. Currently, important part of all preventive measures is the formation of the population's medical and social activity and attitudes to a healthy lifestyle. Social prevention is a science-based and timely action taken on a social object in order to preserve its functional state and prevent possible negative processes in his/her life. The effectiveness of its implementation is largely determined by the professionalism of the subject of influence and the complex nature of preventive use.

Thus, prevention has two directions: public (social) and individual. It is divided into three types: primary, secondary, and tertiary. The priority of these levels is primary prevention, as it allows you to prevent the development of various diseases at an early stage. The effectiveness of prevention often depends on the use of all its types, and especially social.

RESULTS AND DISCUSSION

Study Tasks and Structure

To identify the spread of chronic fatigue syndrome in social work professionals and identify means of its prevention, a questionnaire was conducted. Fifty people from three social institutions participated in the study. Respondents were between twenty and sixty-five years old. The average age of the respondents was forty-one years. Of these, between the ages of twenty and forty was 56%; from 40 to 65 was 44%.

The results of the pilot survey shows that 64.4% of respondents have higher education, incomplete higher education-6.7%; secondary special education-26.7 %; secondary school-2.2%. The vast majority of employees have higher education. The majority of responses to the question whether chronic fatigue syndrome is common in social work specialists are positive-73.3%, 11.1% do not respond, and 15.6% of social work specialists find it difficult to answer. The experts themselves confirm and acknowledge the fact that chronic fatigue syndrome is common among social workers.

The questionnaire questions were as follows:

Have you ever heard of chronic fatigue syndrome?

If so, do you think that chronic fatigue syndrome is common among social work professionals?

Whether the presence of chronic fatigue syndrome depends on: work experience; working conditions; introduction of a healthy lifestyle and professional competence; counseling of psychologists.

Please list the symptoms of chronic fatigue syndrome.

Does it happen (often) that you come home tired after work?

Do you think that the work process in your center is well organized (a comfortable workplace, a recreation room, and catering)?

Is there a consultation, testing with a psychologist for center's employees?

How often do medical professional examinations take place in your center?

Do you get trips to the sanatorium from your organization?

Do staff relaxations and visualizations take place and how often?

How often do you have to work overtime, take homework?

Do you easily cope with tasks at work?

Whether or not you have had the following symptoms over the past few months: chest pain; pain in the lymph nodes, their increase, increased sensitivity; pain, sore throat; headaches (recurring and increasing); joint pain, usually in the chest and spine; muscle pain; problems with the digestive system, intestinal disorders; frequent nausea; loss of appetite; a sharp change in weight (increase or decrease); dizziness?

What methods do you think can prevent chronic fatigue syndrome?

Study of Chronic Fatigue Syndrome in Workers of Human-To-Human Sphere

At the first stage of the study, respondents were asked: what do you think determines the presence of chronic fatigue syndrome in a social worker? The responses were distributed as follows: depends on work experience-24.4%, experience does not affect the presence of chronic fatigue syndrome-11.1%; depends on working conditions - 82.2%; depends on maintaining a healthy lifestyle - 44.4%, maintaining a healthy lifestyle does not affect the presence of chronic fatigue syndrome-4.4%; from professional competence-24.4% professional competence does not affect the presence of chronic fatigue syndrome-4.4%.

Next, we found out the degree of fatigue from the work done during the day. Tired after work, they come home-75.6% do not get tired - 8.8% of social work specialists, 15.5% of employees are moderately tired. To make recommendations for the prevention of chronic fatigue syndrome, in addition to the questionnaire, we conducted four interviews with the heads of three social institutions. The following question was asked: "have you heard about chronic fatigue syndrome?" The following responses were received: "Yes, I have heard about chronic fatigue syndrome. Constant fatigue, sleep disorders, insomnia, depression..." "Yes, I read something about this syndrome. Symptoms such as fatigue, unwillingness to work, depression..." In interviews, respondents said that they had heard about chronic fatigue syndrome, but not all were able to list the symptoms, only 67% of respondents could do it. There were difficulties in listing reliable symptoms of chronic

fatigue syndrome in 45% of respondents. Some respondents were inclined to confuse emotional burnout syndrome with chronic fatigue syndrome (36%). These syndromes have a lot in common. The symptoms at the initial stage are similar, and the same factors provoke these syndromes. However, in the further development of the disease, the syndrome of emotional burnout has more psychotherapeutic problems, while the syndrome of chronic fatigue adds physiological ailments to psychological problems. If the emotional burnout syndrome requires corrective work with a psychologist, the treatment of chronic fatigue syndrome requires the help of different specialists and psychologists, and doctors of General and narrow specialization. It happens that the emotional burnout syndrome leads to chronic fatigue syndrome. It is not surprising that our respondents confuse these syndromes. Respondents (89%) emphasize that the specifics of social work activities provoke the development of chronic fatigue syndrome in social work professionals. "Our work contributes to the development of this disease. There are many directions in the activities of social service specialists: work with refugees, disabled people, risk groups, as medical social worker, social work in extreme situations, when you have to go with patronage to dysfunctional families, work with families where there are drug addicts. This is stress, and not every specialist can cope with this psychological stress him/herself." Many respondents (76%) in their interviews talk about how they are trying to reduce the factors of chronic Fatigue syndrome in their institution. The organization of leisure programs helps to relieve tension in the labor collective: holding festive evenings of the working group, joint cultural and mass campaigns.

To the question: "What do you think are the means of prevention needed to prevent chronic fatigue syndrome?" the following responses were received. "The wage increase contributes to the prevention of chronic fatigue syndrome. This is the most painful issue"; "you need to change the working conditions. Clearer division of responsibilities. Interchangeability is an extra strain. The salary increase. To equip more workplaces that are comfortable. To maintain the corporate spirit: to conduct all kinds of events outside the organization, so to speak, away from work and from home", "to change the structure of the institution so that the work done by specialists would cause a sense of satisfaction."

Thus, we can offer the following recommendations to managers: systematically organize training courses for employees, since professional competence is directly related to reducing anxiety, uncertainty, and fear, and consequently increases stress resistance; systematically conduct psychological training and counseling of specialists in social work with an independent psychologist; develop programs for improving the health of specialists working in social

services, including preventive examinations, Spa treatment, and other activities that contribute to maintaining a healthy lifestyle; organize cultural events in social work institutions (visiting theaters, concerts, etc.); create rest rooms and psychological relief rooms; and create a positive corporate culture of the organization.

CONCLUSIONS

The professional activity of a social worker, regardless of the type of work performed, belongs to a group of professions with increased moral responsibility for the health and life of individuals, groups of the population and society as a whole. Negative mental experiences and States can affect different facets of the work process - professional activity, professional personality, and professional communication. These stresses have a negative impact on the professional development of the individual.

A social worker in the process of complex social interaction with the client, trying to get to the core of the client's social problems, often finds him/herself in stressful situations. Personal insecurity and other moral and psychological factors have a negative impact on the health of the social worker. Social workers who are involved in long-term intense communication with other people are characterized by the so-called chronic fatigue syndrome, as well as other specialists of the *man-man* system. It manifests as a state of physical and mental exhaustion caused by intense interpersonal interactions when working with people. It is accompanied by emotional saturation and cognitive complexity.

The peculiarities of this type of work are the bright expression of ethical and moral aspects, which assume an organic combination of personal and professional qualities and are accompanied by emotional saturation and cognitive complexity.

In social work, the role of unforeseen circumstances and side effects is great, and accidents play a significant role, which can significantly deform the proposed means and goals. All psychological conditions and behavioral characteristics of clients are caused, on the one hand, by external social (or natural) causes, in particular socio-economic difficulties, poverty, unemployment, retirement and its low standard of living, abuse of power and violence by other people and groups (including those related to crime), failures in personal and family life (divorce or family discord, etc.), national and racial conflicts, the consequences of participation in military operations, being in extreme situations (severe illness, disability, natural disasters, etc.); on the other hand, psychological problems of clients are caused by the peculiarities of the personal structure itself.

Therefore, it becomes clear that the social worker I his/her work with clients is obliged to provide them with not only social and organizational assistance within

his/her capabilities, but also to be able to correctly solve the psychological and emotional problems of the client, actively using psychological corrective methods and tools.

Each profession carries its own labor risks; there is a constant search for optimization of the workflow. It has become increasingly evident that the modern pace of life; new conditions adversely affecting health, reduce not only the person's working capacity, but also provoke

a number of diseases, one of which is the most common one - chronic fatigue syndrome; specificity of activity of the social worker is to provide assistance to people in difficult life-span, which causes emotional stress and impact on General health of professionals; it is a favorable ground for the development of chronic fatigue syndrome, therefore its prevention is the key factor in avoiding chronic fatigue syndrome.

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