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METHODOLOGICAL MATRIX FOR SOCIOLOGICAL STUDY OF SOCIAL WELL-BEING OF THE PROFESSIONAL MEDICAL COMMUNITY DURING A COMPLEX EPIDEMIOLOGICAL SITUATION

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Abstract: *The study examines the phenomenon of social well-being in modern sociology. The purpose of the study is to reassess the subject boundaries and methodological problems of sociological knowledge of the social well-being of the medical community as a special professional group during the COVID-19 pandemic. The novelty of the study is expressed in the definition of internal and external scientific factors that distinguish the methodology of sociological knowledge of social well-being of the professional medical community from psychological and other social and humanitarian research. The study consists of three main parts. The first part reveals the main approaches to the scientific definition of the concept of "social well-being". The second part analyzes the current research practices related to the definition of criteria for social well-being in the field of the professional activity of the medical community. In the third part, an integrative methodological construct is proposed for a sociological study of the social well-being of representatives of the medical community in a difficult epidemiological situation. The possibility of integrating objectivist and subjectivist methodological projections for a better sociological understanding of the essential characteristics of social well-being of medical workers in the context of the transformation of health care as a social institution against the backdrop of the coronavirus pandemic is argued. Social well-being is the object of research in social philosophy, economics, law, psychology, and other sciences, each of which, through a special methodology and methodological tools, studies its section of relations in the field of health care. Sociology, in contrast to other scientific systems, offers a wider set of cognitive methods that make it possible to study mechanisms of the formation of social well-being of the professional medical community at the micro and macrolevels. The authors conclude that there is a tendency to overcome the cognitive one-sidedness of various methodological approaches, as well as macro and microsociology, in an attempt to create a sociological concept of the middle level, taking into account the models of social adaptation of physicians to transformational processes in the health care sector.*

Keywords: *social well-being; medical community; institution of public health; social adaptation; microsociology; macrosociology; structural functionalism; phenomenology; COVID-19 pandemic.*

INTRODUCTION

The scientific category of social well-being has been in the field of vision of sociologists and social psychologists for a long time. To date, a significant amount of information has been accumulated about the essential characteristics of this phenomenon and the specifics of its manifestation in various groups and communities. However, the issue of the characteristics of the social well-being of the professional medical community remains unresolved. Due to the increasing complexity of the epidemiological situation in the world, the importance of social diagnostics of the consequences of the escalation of coronavirus infection COVID-19 for the medical community and regional health systems is becoming more important. The study offers a new look at the concept and indicators of the social well-being of the professional medical community as a special social-status group. The sociological toolkit will allow identifying and typologizing individual models of social adaptation of medical workers in the interest of indicating mechanisms for stimulating positive and leveling negative effects of their professional activities in a difficult epidemiological situation in modern society.

ISSUES OF CONCEPTUALIZING SOCIAL WELL-BEING OF MEDICAL WORKERS IN SOCIOLOGICAL DISCOURSE

A.P. Solovey and E.V. Shukhno note that in modern science, two basic traditions of the analysis of social well-being can be traced. The first tradition addresses the study of the existential and moral aspects of social well-being as a state of “physical and mental strength of a person as a whole”. The second one, as noted by sociologists, is associated with the consideration of social well-being as a system of “subjective sensations that indicate a particular degree of physiological and psychological comfort” (Solovey, Shukhno, 2018, p. 72-73). Y.I. Zhegusov explores the phenomenon of social well-being in the context of destructive social processes in the institutional system and the sphere of public consciousness in modern Russia. In his opinion, the formation of negative social well-being in a significant part of the population of Russia is associated “with the transformation of ways of thinking, the usual system of value orientations, stereotypes and motives of behavior” (Zhegusov, 2018, p. 18). This concerns the dialectic of social transformations in the economy, health care, education, and spiritual and moral sphere, on the one hand, and modification of mental programs and models of behavior of various social groups, on the other.

Scholars are making attempts to conceptualize social well-being by defining its attributive features. In the opinion of O.N. Suniaikina, the integral criteria of social well-being are: “1) standard of living: income, financial position, security; employment and unemployment; guaranteed social protection; quality of free time; 2) emotional and psychological state; 3) social sense of self: identification; state of comfort; social values; 4) life and adaptation strategies; 5) self-assessment of potential: professional, social experience, personal qualities” (Suniaikina, 2011, p. 100-101). Each professional cohort has its specific life world and “rules of the game”, however, proposed by Suniaikina, universal indicators are optimal for sociological diagnostics of the social well-being of medical workers. Cognitive mode today is the tendency to study the social well-being of various groups and communities by referring to related terms or by listing the characteristics of “conditionally good” and “conditionally bad” well-being. Such studies

are of scientific interest, but there is a risk of substitution of concepts and distortion of the subject field.

The unsatisfactory level of the social well-being of doctors in scientific periodicals is often associated with the syndrome of emotional burnout, which begins to progress, according to experts, after 11 years of work experience (Sysoev, 2011, p. 13). I.I. Osinsky and Z.A. Butueva consider the phenomenon of social well-being in health care through another integral concept – “quality of life” (Osinsky, Butueva, 2015, p. 39). Life satisfaction indicators are considered to be an appropriate alternative to indicators of economic growth, because “in general, they have more in common with the life of real people than abstract economic theories” (Osinsky, Butueva, 2015, p. 42). E.V. Shlykova suggests considering the phenomenon of social well-being as an indicator of the adaptation of an individual and social groups to everyday risks. This perspective is promising for assessing the consequences of the professional activity of medical workers in a difficult epidemiological situation. In the opinion of Shlykova, the indicator “subjective sense of the security of the environment” allows identifying threats that are perceived as real sources of risk; “Willingness to accept/not accept the risk” indicates the types of damage in respect of which the respondents feel unprotected (Shlykova, 2018).

The basic criterion for the social well-being of doctors is social capital, which is determined by the presence of stable professional ties between people. The professional world of a doctor “is formed in the presence or absence of constant professional interaction with colleagues, which requires intellectual efforts, reduces professional loneliness, expands the range of professional tasks and interests, makes it possible to gain recognition from professional colleagues, and prevents burnout and formation of a professional identity crisis of doctors” (Nor-Arevyan, 2018, p. 105). In modern sociological discourse, social well-being is considered a subjective perception by representatives of the professional medical community (doctors with higher medical education and medical staff with secondary vocational education, working in health care institutions of various types and levels) of their present life, in the context of the past, present, and expected future. It is expedient to include the following in the structure of criteria for assessing social well-being: the attitude of medical workers to their social status and level of satisfaction with their professional and existential needs and interests; the attitude of medical workers to their position in the professional structure; expectations and perceptions having both functional and destructive effects that determine the choice of a particular model of social adaptation.

In addition to the parameters indicated above, sociopsychological context of the professional activity of medical workers should be taken into account: nature of the relationship with the management, colleagues, and patients (willingness to provide assistance in the work, attitude of the administration to comments and suggestions, the cultural and intellectual atmosphere in the team); attitude to the substantive aspects of labor activity (rationality of the use of the employee’s forces and time, material and technical equipment of the working area, level of labor discipline); satisfaction with wages and degree of fairness of the existing system of remuneration in health care; possibility and motives of combining work duties in various medical organizations; workload and leisure practices; self-assessment and characteristics of the financial situation of a medical worker and their family; emotional mood, fears, and expectations from professional activities; degree of involvement in political and public-civil

associations; perceptions of the prestige of the medical profession (before and during the COVID-19 pandemic).

SOCIAL WELL-BEING OF THE PROFESSIONAL MEDICAL COMMUNITY IN A DIFFICULT EPIDEMIOLOGICAL SITUATION: METHODOLOGICAL BOUNDARIES OF SOCIOLOGICAL RESEARCH

Sociological objectivity in the study of social well-being is, as it were, bifurcated: at the macrolevel, social well-being is linked with the effective functioning of the institutional environment (in our case, with the functioning of the health care system), at the microlevel – with satisfaction with various aspects of practical professional and extraprofessional everyday life (sociocultural context). At the same time, the influence of the school of psychological research is great and scientifically justified, since social well-being is always associated with the emotional-evaluative attitude of people to the surrounding reality, themselves, and other people (Suniaikina, 2011, p. 98). The mental health component of health care professionals is critically important to consider during a pandemic due to increasing risks, anxiety, and fears (Sockalingam et al., 2020). I.A. Gareeva, after analyzing materials of specialized Internet forums for medical workers, concluded “about low level of the social well-being of doctors, which is primarily due to the organization of the health care system and not the level of salary in the system”, since the motive for the professional choice of future doctors is not so much the expected income (after all, in general, the salaries of state employees are not high and this is well known), but symbolic capital and symbolic benefits (recognition, prestige, respect), according to P. Bourdieu’s concept of social space (Gareeva, 2014, p. 299).

Although the social well-being of physicians is inherently always individual and subjective, it is at the same time rigidly determined by institutional frames and sociocultural context. The value of sociological methodology in the study of this phenomenon reveals itself in the possibility of typologizing mental programs and models of social behavior (Vyalykh & Bepalova, 2020, p. 437), which form the character of the social well-being of the professional medical community, which, in turn, is heterogeneous in composition and to a large extent stratified. The social well-being of physicians is not constituted autonomously or autopoietically (as in N. Luhmann’s theory of society), but depends on the nature and direction of social interaction with actors within the institution of health care (in the course of performing the professional role of a doctor or nurse) and outside institutional context, because in addition to integral status (which is usually associated with an adult self-sufficient person with a profession, position, and place of work), each person is endowed with other status-role obligations: family, friend, neighbor, civil, and economic.

Thus, social well-being is determined by the environment and contacts of the health worker’s personality with other people (not only in the field of clinical practice). That’s why it is *social*. Therefore, much attention in modern scientific literature is paid to methods of emotional recovery of doctors and the need to develop telemedicine technologies to support their decisions, since medical workers themselves are subject to fears of infection, which leads to a decrease in the quality of treatment of patient pathologies (Álvarez et al., 2020, p. 64). Scholars from Romania have concluded that there is a more pronounced nature of emotional burnout and physical exhaustion of specialists from emergency departments, radiology, intensive care, as well as from areas providing surgical, obstetric, orthopedic, and neurosurgical emergencies. The use of

personal protective equipment that creates significant physical discomfort and requires additional time is becoming a powerful stress factor. Researchers also address the problem of depersonalization of professional activity, because protective masks impede reading facial expressions, recognizing people, which reduces the quality of interpersonal interactions with colleagues and patients (Dimitriu et al., 2020).

Subjective feelings of comfort and safety in the work area are critical indicators of health workers' well-being (Dennerlein et al., 2020). In the course of sociological diagnostics, it is important to determine the degree of satisfaction of medical workers with external organizational conditions and not only to typify their emotions and moods, formed by the mass media. No less important in the current conditions is the target group of students and applicants of a medical profile. Foreign researchers (Sani et al., 2020; Dowd, McKenney, & Elkbuli, 2021) note a paradoxical situation in the field of medical education in the United States and the United Kingdom: despite the increased need for medical workers, admission of students to medical colleges has become significantly more difficult due to restrictions, associated with the COVID-19 pandemic (changing the deadlines for accepting documents, conducting exam tests and interviews). Great difficulties in the transfer of experience and formation of professional competencies have arisen in the work with already enrolled students at medical universities and colleges. Before outlining the methodological prerequisites for a sociological analysis of the social well-being of physicians in a complex epidemiological situation, it is necessary to compare the specifics of the objectivist and subjectivist paradigms from the point of view of the possibilities of social cognition of such multifactorial objectivity (Table 1).

Table 1. Comparative analysis of objectivist and subjectivist methodological projections to the study of the social well-being of the professional medical community in a pandemic

Comparison criteria	Objectivism	Subjectivism
Subject area of research	Impact of the transformation of the institution of health care, social policy of the state on social well-being; social stratification structure of the medical community	Individual practices (formal and informal) of social adaptation of physicians; mental programs and features of the perception of everyday reality; motivational factors and microsocial context of professional activity
Methodological guidelines	Identification of trends and contradictions in the transformation of the institute of health care in a difficult epidemiological situation; holism in the study of the structure and functionality of health care; focus on the use of quantitative methods of data collection and analysis	Understanding of deep motives, values, and attitudes of medical workers; dense analytical description of the normative-symbolic context of transformations in the field of the professional activity of physicians; reliance on qualitative methods of collecting and analyzing social information
Advantages of the approach	Makes it possible to investigate the behavioral, cultural, and social determinants of the social well-being of physicians in their integrity and interconnection to explain dysfunctional processes in the health care system in a pandemic	Opens the way for the reconstruction of individual practices (formal and informal) of social adaptation of medical workers
Cognitive limitations	The appeal to the stability and normativity of the system and the desire to indicate objective conditions	The risk of phenomenological reduction in understanding the social well-being of physicians as a result of a multitude of

	limiting this stability make it difficult to analyze situational and extra-institutional factors of social well-being at the microlevel	situational everyday practices; underestimation of macrosocial factors of differentiation of the professional medical community and imperfections of social policy in the health care sector
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The classical model of scientific rationality in health sociology focuses on the cognition of macrosocial phenomena, such as social threats to public health, problems of social health policy, and institutional traps of its transformation. The nonclassical model of sociological cognition is addressed to a greater extent to the life world of society, the microsocial context of interactions between actors in the health care sector, and the everyday practices of constructing the social health of physicians. If for adherents of the classical model of scientific knowledge it is important to *know* what is happening with the social well-being of the professional medical community as a supra-individual social reality, then for the supporters of the nonclassical model of scientific rationality it is important to *understand* what happens to the personality of a health worker and various professional strata in the health care system in a difficult epidemiological situation. Sociology, unlike psychology, does not study the unique inner world of the personality of an individual medical worker, the peculiarities of their professional development and thinking. The object of health sociology is representatives of the professional medical community as subjects of the system of institutional relations; therefore, sociology deals with typical models of social behavior and factors (internal and external) that form a subjectively perceived level of social well-being. The model of social behavior in the context of social well-being as an attainable state (and not given to a person a priori) is a cognitive analog of a complex of behavioral reactions and practices of a person, conditioned by reflexive and nonreflective ideas, values, and attitudes, which are actualized in the process of a medical worker performing their professional role (Lubsky & Vyalykh, 2017). Physicians occupying similar social positions and possessing similar social concepts can perform similar behavioral practices in the health care space and, as a result, experience similar emotional states.

This is both greatness and flawedness of sociology as a science since it constantly strives to be more realistic and seeks to be closer to a person and their everyday life and needs and, at the same time, moves away from them, studying typical forms of sociality and social models, which exist only in the minds of a researcher, research team, or scientific school, but not “outside the window” of the academic space (Vyalykh, 2020, p. 160). Ideological and theoretical rushes of sociologists from radical constructivism to pan-systematics in attempts to explain social reality only reveal a complex of cognitive inferiority and epistemological ambivalence that is deeply embedded in the subconscious of the scientific community. The optimal methodological basis is the integrative (neoclassical) strategy of scientific research of the social well-being of the professional medical community, including structural and functional methodology and phenomenological direction. Structural functionalism makes it possible to consider medical workers, on the one hand, as an element of the stratification and institutional structures of Russian society and a carrier of certain role functions in the system of public life and, on the other hand, as a carrier of collective social subjectivity. Within the framework of the phenomenological approach, the social well-being of the professional medical community is studied not only as an objective indicator of the position of a given professional group in the social structure of society but also as its subjective perception.

From a sociological point of view, it is methodologically important to take into account the activity aspect, since social well-being depends on a person's behavior and their everyday life world. At the same time, one should realize that it is unrealistic to take into account all the factors of social well-being in a single scientific study; therefore, the integrative methodological matrix, based on the neoclassical model of scientific research and notorious "complexity", has serious epistemological limitations. To study the social well-being of physicians, it is necessary to select only sociologically measurable indicators that will allow the sociologist-analyst themselves to answer the scientific questions of interest, but not the respondent. It is a common mistake that the designer of sociological tools shifts the burden of responsibility to the interviewee. This is equivalent to asking the patient to independently formulate a primary diagnostic hypothesis regarding their condition. Structural-functional analysis recognizes dysfunctions and latent functions in the health care system. An explicit, i.e. manifested, function of health care in a difficult epidemiological situation is to preserve public health, stimulate the professional growth of medical workers, and increase their level of satisfaction with their chosen profession. The latent function of health care (not openly declared and unrecognized by actors), which activates spontaneously like a virus, is an intensification of social inequality in the professional medical community, including in terms of various indicators of social well-being and differentiation of consumers of health care according to social criteria (Craig & Robinson, 2019; Braveman & Gottlieb, 2014).

The concept of social well-being is closely related to the phenomenon of social adaptation. R. Merton identified five types of social adaptation of the individual: conformism, innovation, ritualism, retreatism, and rebellion. The last four types are more or less forms of deviant behavior. It is advisable to apply Merton's conceptual scheme of social adaptation (with a slight change in the sequence of types with an emphasis on the constructiveness of behavior models, rather than their anomalousness) to study the types of behavior of medical workers in a complex epidemiological situation (Table 2). The meaning that we put into the characteristics of the behavior of "innovators", "conformists", "ritualists", "retreatists", and "rebels" differs from the meaning that Merton put in since we borrow only names from Merton's theory types and their basic parameters.

Table 2. Models of social adaptation of medical workers

Model type	Main characteristics of the behavior model
Innovative	Striving to maximize personal benefits from professional activities and capital gain (economic, social, cultural, and symbolic) despite internal and external restrictions
Conformist	Purposeful but, at the same time, passive adaptation to the structural parameters of the functioning of the health care system
Ritualistic	Weakly reflexive adherence to behavioral patterns of medical activity, fixed in the cultural tradition of the reference professional group
Retreat	Conscious (motivated) or irrational (affective) evasion from solving significant professional tasks and achieving social success
Rebellious	Desire to replace the existing formal and informal norms of social interaction of actors in the field of clinical practice (at the micro and macro levels) with other regulators

The theoretical significance of the typologization of social adaptation models is to reduce the conglomerate of behavioral acts and individual life worlds of medical

workers to simplified scientific constructs for the correct understanding of the current situation and development of tools for social work with the professional medical community if there is a real need for them. The concept of social adaptation allows us to consider social well-being not as some kind of artificial objective reality, but as a dynamic characteristic of the actor's professional thinking. A functional interpretation of the processes occurring against the background of a pandemic in the health care system is not enough, because one must take into account the sociocultural, regional, and local contexts of social interactions. People interact in real life, endowed with consciousness, will, interests, and life principles and not just social masks. Moreover, we are talking about medical workers who, due to their education and profession, have an increased ability for self-reflection and empathy and great potential for social criticism of the surrounding reality. Therefore, to understand the drama of the social well-being of the professional medical community, it is necessary to use a complex of concepts of a phenomenological (constructivist) sense.

For example, C.L. Cox, from the standpoint of the phenomenological approach, expresses the idea of the need for the careful use of the term "heroism" in the media discourse regarding the professional activities of doctors. In the opinion of the expert, such praise has a destructive effect on the boundaries of the work of medical workers, their mental health, and social well-being, since such rhetoric implies that all doctors and nurses should be heroes. Instead, Cox proposes to conceptualize the mutual obligations and expectations of society and health during the coronavirus pandemic. As an example of everyday risks that are an integral part of the medical role and existed before the onset of a difficult epidemiological situation in 2019, the scholar cites the possibility of infecting medical personnel with hepatitis, tuberculosis, and HIV infection. Cox generally warns against using militaristic semantics when describing professional health care actions ("headquarters", "frontline", "front", etc.), because it distorts the true meaning of medical work (Cox, 2020).

Thus, one of the indicators of the social well-being of the medical community is their willingness and ability to take more risks than is regulated by their job responsibilities and the code of ethics. The combination of seemingly incompatible paradigms entails the need to triangulate strategies of quantitative and qualitative sociology in the implementation of an empirical analysis of the specifics of social well-being of medical workers in a difficult epidemiological situation (for example, conducting a series of in-depth interviews at the first stage of the study and a mass questionnaire survey of doctors at the second). However, the idea of the duality of the objective structure and social action of the subject prevents the analytical study of the internal and external contexts of social well-being, which means that a methodological bias is inevitable either towards the study of supra-individual structures (social facts) or the preparation of everyday reality, which is why there is a risk of psychologization of the problem of social well-being.

CONCLUSION

The interests, values, identity, and attitudes of doctors as a special professional group need to be harmonized with the interests of other agents, taking into account the vector of the transformation of the health care institution. The modernization of health care should be systematic and include not only the technological equipment of medical organizations and an increase in the professional culture of medical workers but also

socially oriented methods of working with doctors, managers, and nurses. Despite the formation of new identities in innovative sectors of the economy in the context of the pandemic, including the health care system, today, the matrix of professional thinking of medical workers is deformed and the risks of the precarity of labor relations are increasing (Posukhova et al., 2016).

Among factors of positive social well-being, an important role is played by institutional support of professional medical dynasties, since family realizes the functions of transferring social and professional experience, providing a protected social space for a family member and maintaining a certain cultural pattern, becoming a kind of social immunomodulator in relation to the objective costs of medical activity (Nor-Arevyan, 2020, p. 125). However, restructuring of the Russian economy, destruction of the material and technical base of the health care sector, and high turnover of personnel became driving factors for the development of the crisis of professional continuity of the medical profession and led to the fact that professional dynasties noticeably slowed down their reproduction (Nor-Arevyan, 2019, p. 244; Volchik, Posukhova, 2019). However, social success and positive social well-being of future medical workers in conditions of increased riskiness of the production environment depends on the effectiveness of the transmission of “tacit knowledge” in professional dynasties (Posukhova, Maskaev, 2016). For the correct understanding of the essence and real state of the social well-being of medical workers, a system of both internal and external control is required. Internal control is a key task of state health policy at the federal, regional, and municipal levels. External control is the prerogative of third-party public and scientific organizations capable of representing the quantitative and qualitative characteristics of social processes in the health care sector, giving them a neutral and objective assessment. A rational form of external control is the sociological diagnosis of the effects of a pandemic, both for public health and for the social and mental health of certain professional groups (Kelly, 2019).

Every subject scholar should study their area of expertise. The analysis of modern scientific literature has shown that the greatest attention of researchers is focused on the factors of mental health of health workers during the coronavirus pandemic. It is the field of research for social and clinical psychologists, psychoanalysts, and psychotherapists. Sociologists can hardly compete for the correct representation of this part of reality. According to sociologists and other humanitarians, all kinds of diagnoses and conditions (for example, depression, emotional burnout, distress, etc.) are hung on medical workers. Such judgments are often made based on mass questionnaires. Only a specialist, based on a deep, focused study of personality, has the moral right to assess mental health reserves and deviations from the norm. A significant body of scientific research is concentrated around the problem of protecting health care workers and their families from coronavirus infection (Chang et al., 2020; Dewey et al., 2020). However, the physical health and well-being of physicians is the sphere of scientific interests of physicians themselves. Health care, like any other social system, is capable of maintaining its stability, autonomy, and self-reproduction. Consequently, the morbidity of doctors and nurses should also remain outside the brackets of sociological research. The mental health of medical workers is the subject of philosophical, psychological, and religious teachings and the result of self-knowledge and self-reflection of a person.

What is left for sociologists to study? Where does the objectivity of sociological research of processes in health care in the context of the coronavirus pandemic begin and end? After the World Health Organization recognized the situation with the spread

of the new coronavirus infection as critical, a huge array of a wide variety of studies, mainly of applied value, appeared. Many of these studies are devoid of a methodological basis and semantic grounds because not enough time has passed for a fundamental understanding of what and how to study. The task of modern sociology is to quantitatively and qualitatively measure components of social health of the professional medical community, the integral criterion of which is social well-being as a subjective perception and assessment by an individual medical worker of the level of their achievements, degree of realization of their needs, and the effectiveness of their life strategy, taking into account sociocultural context (at the micro and macrolevel) and objective factors (vectors of social policy of the state, situation in health care and public health, rhetoric of the mass media, and level of education in society).

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