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THE PSYCHOLOGICAL DIMENSIONS OF MULTIDISCIPLINARY INTERACTION IN THE REHABILITATION OF INDIVIDUALS WITH MUSCULOSKELETAL DISORDERS

The article presents a theoretical justification of the psychological content of multidisciplinary interaction in the rehabilitation of individuals with musculoskeletal disorders. Within the framework of the biopsychosocial approach, the psychologist's role is conceptualized not only as a provider of psychocorrective support but also as a full-fledged member of the professional team who ensures comprehensive attention to the client's somatic, cognitive-emotional, and social needs. It is emphasized that the psychologist functions as a diagnostician, therapeutic agent, communication facilitator, supervisor, consultant, and strategic coordinator of the team's psycho-emotional dynamics. The main functional domains of the psychologist's activity are identified, including psychological assessment, motivation management, emotional support of the team, and burnout prevention among professionals.

Key psychological conditions of effective team collaboration are analyzed: interprofessional trust, clear role differentiation, emotional competence, professional identity, psychological safety, and the team's collective subjectivity. Special attention is given to the psychologist's system-forming role as a moderator of interpersonal relations and facilitator of collaborative climate. The article outlines current challenges in the field: lack of empirically grounded models of interprofessional interaction with a psychological focus, insufficient supervisory support for teams, and the absence of adapted educational programs for training psychologists to work in multidisciplinary settings

The findings have practical value for the development of integrated psychological rehabilitation models, the institutionalization of team-based support, and further empirical studies on the psychological mechanisms of multidisciplinary effectiveness.

Keywords: multidisciplinary team, psychological rehabilitation, psychologist's functional roles, psychological interaction, interprofessional collaboration, emotional competence, psychological safety, team effectiveness, individuals with musculoskeletal disorders.

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ПСИХОЛОГІЧНИЙ ЗМІСТ МУЛЬТИДИСЦИПЛІНАРНОЇ ВЗАЄМОДІЇ В РЕАБІЛІТАЦІЇ ОСІБ ІЗ ПОРУШЕННЯМИ ОПОРНО-РУХОВОГО АПАРАТУ

У статті здійснено теоретичне обґрунтування психологічного змісту мультидисциплінарної взаємодії в процесі реабілітації осіб із порушеннями опорно-рухового апарату. З позиції біопсихосоціального підходу розкрито роль психолога як повноцінного члена міжпрофесійної команди, що забезпечує цілісне охоплення потреб реабілітанта не лише в соматичній, а й у когнітивно-емоційній та соціальній площинах. Підкреслено, що психолог у структурі команди виконує не лише психокорекційну функцію, але й виступає як діагност, комунікативний фасилітатор, супервізор, консультант і стратегічний координатор психоемоційної взаємодії. Виокремлено основні напрями функціонального навантаження психолога: оцінка психоемоційного стану та когнітивних змін, супровід мотиваційної динаміки, участь у створенні командного клімату, профілактика професійного вигорання фахівців.

Проаналізовано основні психологічні умови ефективної командної взаємодії: міжпрофесійна довіра, чітка рольова структура, емоційна компетентність, наявність професійної ідентичності, відчуття психологічної безпеки, здатність команди до колективної суб'єктності. Наголошено, що саме психолог є тією фігурою, яка здатна підтримувати динамічну рівновагу між особистісним і професійним вимірами взаємодії. Окреслено актуальні проблеми: недостатня розробленість теоретичних моделей міжпрофесійної взаємодії з психологічним фокусом, відсутність супервізійного супроводу командної діяльності та брак адаптованих навчальних програм для підготовки психологів до командної форми роботи.

Показано, що результати дослідження мають значний практичний потенціал для вдосконалення системи психологічної реабілітації в Україні, розвитку міждисциплінарної культури та побудови інтегрованих моделей допомоги, орієнтованих на людину як активного суб'єкта відновлення.

Ключові слова: мультидисциплінарна команда, психологічна реабілітація, функціональні ролі психолога, психологічна взаємодія, міжпрофесійна співпраця, емоційна компетентність, психологічна безпека, командна ефективність, особистість із порушеннями опорно-рухового апарату.

ANALYSIS OF RECENT RESEARCH AND PUBLICATIONS ADDRESSING THE PROBLEM

Within the context of modern rehabilitation practices, there is an increasing need for a holistic interdisciplinary approach to restoring individuals with musculoskeletal disorders (MSDs), based on the biopsychosocial model of health proposed by G. Engel. This model initiated an integrative view of illness as an interaction of biological, psychological, and social factors, thereby justifying the involvement of psychologists in the rehabilitation process. In the works of D. Wade, the psychologist's role is

conceptualized as one of the key members of a multidisciplinary team. He argues that psychological support is an essential component of recovery, as it facilitates adaptation to physical loss, the formation of a new identity, and the maintenance of motivation. D. Wade also emphasizes the importance of early psychological involvement in developing individualized rehabilitation programs.

In the framework of evidence-based medicine, the effectiveness of multidisciplinary approaches is highlighted by Strasser et al., who demonstrated a direct link between coordinated specialist actions and rehabilitation outcomes in stroke and spinal injury patients. Similar findings are presented in the studies by Tyson et al., who underscored the importance of team meetings in shaping a shared vision of the recovery process. Choi and Pak clarify the terminological differences between multidisciplinary, interdisciplinary, and transdisciplinary interaction, which is fundamental in delineating the functional responsibilities of each professional. D. Kissane analyzes the psychologist's role within the team as a crisis counselor, facilitator, psychoeducational agent, and regulator of group dynamics.

Ukrainian researchers have also contributed significantly to this field. In his work, V. Korniyenko examines the psychological mechanisms involved in body image and identity formation in children with musculoskeletal pathology, which is essential for planning psychocorrective interventions. O. Melnykova's dissertation analyzes the psychological support of athletes with musculoskeletal injuries, emphasizing the need to individualize rehabilitation programs with consideration of emotional and motivational factors. I. Saranchia's research focuses on the social-psychological adaptation of individuals with MSDs in rehabilitation centers, highlighting the psychologist's role as a mediator between the personality of the rehabilitant and the social environment.

Thus, the analysis of both foreign and Ukrainian academic literature confirms the relevance of exploring the psychological dimensions of multidisciplinary interaction. The existing publications provide a strong conceptual foundation for further clarification of the psychologist's functional role in the team, mechanisms of interprofessional cooperation, and the psychological conditions for effective rehabilitation within the biopsychosocial paradigm.

IDENTIFICATION OF PREVIOUSLY UNRESOLVED ASPECTS OF THE OVERALL PROBLEM

Although multidisciplinary interaction in the rehabilitation of individuals with musculoskeletal disorders is gaining increasing importance, its psychological dimension remains insufficiently explored in scientific

literature. Most studies focus on general models of teamwork or clinical outcomes, while the psycho-pedagogical content of interaction among professionals within the rehabilitation process remains fragmented.

In particular, scientific discourse lacks a systematic understanding of the psychological mechanisms of coordination in interprofessional collaboration, which ensure effective joint problem-solving in rehabilitation tasks; a clear differentiation and integration of the psychologist's roles within the multidisciplinary team, especially in relation to other rehabilitation specialists; and the psychosocial conditions that promote team cohesion, reduce conflicts, and prevent professional burnout. Moreover, there are no established criteria for assessing the quality of the psychological component in the rehabilitation process that could enhance the practical effectiveness of multidisciplinary work. Additionally, Ukrainian research lacks adapted models that would consider national specificities in the organization of rehabilitation, the specifics of psychologist training, and the legal aspects of their participation in team work [3; 6; 8].

Therefore, it remains relevant to develop a comprehensive conceptual model of the psychological dimensions of multidisciplinary interaction in the rehabilitation of individuals with musculoskeletal disorders, which would include theoretical justification, descriptions of the psychologist's functional roles, conditions for effective interprofessional cooperation, and ways to strengthen the team's psycho-emotional stability.

THE PURPOSE OF THE ARTICLE

The purpose of the article is to provide a theoretical justification and conceptualization of the psychological dimensions of multidisciplinary interaction in the process of rehabilitating individuals with musculoskeletal disorders, with an emphasis on defining the psychologist's functional roles, the conditions for effective interprofessional cooperation, and the psychosocial factors that ensure the quality of psychological support within team-based rehabilitation.

PRESENTATION OF THE MAIN RESEARCH MATERIAL

The analysis of the psychological content of multidisciplinary interaction in the rehabilitation of individuals with musculoskeletal disorders necessitates an appeal to a number of conceptual approaches reflecting modern views on personality within the context of complex interprofessional collaboration. Central to this research is the issue of integrating the psychologist into rehabilitation teams, their functional contributions, and the factors ensuring effective team interaction at the levels of psychological communication, emotional exchange, and subject-to-subject cooperation.

Fundamental to this is the premise of the biopsychosocial model of health, which offers a systematic understanding of human conditions as a result of the interaction of biological, psychological, and social factors. Within this model, a person with a disability is not regarded as an object of rehabilitation but as an active subject of life creation, requiring support not only for somatic but also for cognitive, emotional, and social functioning. The biopsychosocial approach, later adapted in WHO documents, laid the groundwork for forming interdisciplinary models of medical and psychological support, which particularly include the integration of the psychologist into the team structure.

From a psychological perspective, the interaction of professionals within a multidisciplinary team is viewed through the lens of the subject-to-subject paradigm, which presupposes respect for each participant's personal autonomy, professional empathy, and partnership-based forms of communication. This paradigm emphasizes the necessity of creating a psychologically safe space where the professional "Self" of each team member is recognized and valued. Such conditions are critically important for effective team collaboration under circumstances of high emotional tension and complex life situations characteristic of rehabilitation processes.

The systems approach, represented in the works of B. Ananyev and L. Ukhtomsky, allows one to conceptualize the multidisciplinary team as a functional whole in which each specialist fulfills a specific role, not autonomously but in correlation with the activities of other team members. Accordingly, the effectiveness of rehabilitation work largely depends on the integration of efforts, well-established interaction mechanisms, and the system's capacity for self-regulation [1; 4; 9].

The integrative approach emphasizes cross-sectoral unification of methods and knowledge to create a single rehabilitation space. Within this system, the psychologist serves as a linking element between the somatic, psycho-emotional, and social dimensions of individual functioning. This involves competencies in psychodiagnostics and correction, as well as skills in facilitating interprofessional dialogue and coordinating the expectations of clients, families, and the professional team.

Given the humanistic orientation of modern psychology, it is also appropriate to incorporate the axiological approach (V. Frankl, A. Maslow, the Ukrainian humanistic school), within which the psychologist acts not only as a therapist but also as a facilitator in the search for meaning, internal resources, and subjective motivation for recovery. In multidisciplinary collaboration, this entails value-based alignment among professionals, harmonizing professional ethics and moral principles, which are important prerequisites for the effective functioning of the team [2; 5; 7].

Thus, based on the analyzed approaches, it can be asserted that multidisciplinary interaction in the field of rehabilitation for individuals with musculoskeletal disorders has a complex psychological structure that requires systematic reflection, methodological coherence, and conceptual reevaluation of the psychologist's role as a system-forming agent.

Within the framework of the modern biopsychosocial approach to rehabilitation, special attention is given to integrating the psychologist as a full-fledged subject of interprofessional collaboration into the multidisciplinary team. The psychologist's role is not limited to traditional psychocorrective support but encompasses a range of functional areas that ensure psychological adaptation, preservation of motivational resources, harmonization of interpersonal communication within the team, and strategic management of the psycho-emotional climate throughout the rehabilitation process [4; 9].

Based on the synthesis of current scientific sources, the following key functions of the psychologist can be identified:

1. **Diagnostic Function.** The psychologist assesses the psycho-emotional state of the rehabilitant, levels of anxiety, depressive symptoms, cognitive deficits, and the presence of crisis reactions. The results of psychodiagnostics form the basis for developing a personalized rehabilitation program. As D. Wade notes, considering psychological factors at the early intervention stage helps prevent secondary disability.

2. **Psychocorrective and Psychotherapeutic Functions.** The psychologist is involved in overcoming crisis conditions, restoring motivation for rehabilitation, and forming a realistic vision of the future. Additionally, they conduct psychoeducational interventions for patients and their family members. In this context, Kissane's approaches are important, emphasizing the psychologist's role in reducing distress levels that hinder effective participation in recovery.

3. **Communicative and Mediation Function.** Given the complex structure of team interaction, the psychologist acts as a facilitator: coordinating professional communication, helping to avoid conflicts, and ensuring interprofessional integration within shared goals. This is particularly significant in the context of diverse professional cultures, where the psychologist serves as an interpreter of patient needs for other specialists.

4. **Psychoeducational and Supervisory Functions.** Establishing effective interaction is impossible without psychological awareness among all team members. The psychologist serves as a consultant, conducts intervention meetings and educational sessions for colleagues, and trains them in basic skills for emotional self-regulation and support. This aspect is

reflected in rehabilitation clinic practices in the USA and Canada, where intervision groups are a standard component of the workflow.

5. Institutional and Organizational Function. Psychologists are increasingly involved in developing the strategies of rehabilitation institutions, participating in the creation of protocols, standardizing psychological assistance, and designing patient management pathways. In the Ukrainian context, such processes are described in the works of O. Melnyk, who explored the managerial involvement of psychologists in comprehensive rehabilitation.

Thus, the psychologist's work in a multidisciplinary team is multifaceted, encompassing not only direct engagement with individuals with musculoskeletal disorders but also systemic support for the entire team. This functionality requires integral interdisciplinary competence, emotional maturity, ethical prudence, and a conceptual vision of the rehabilitation process as a space for personal growth [2; 6; 9; 10].

The effectiveness of a multidisciplinary team operating in the rehabilitation of individuals with musculoskeletal disorders is largely determined by a complex of psychological factors. These factors ensure not only the coordination of professional actions but also the stability of interactions, trust among specialists, willingness to cooperate, and a focus on common goals. At the same time, the psychologist, as a team member, plays a leading role in establishing and maintaining these conditions.

First and foremost, a key factor is interprofessional trust. It forms the basis for open communication, collaborative decision-making, and adherence to professional ethics. When trust levels are high, the likelihood of internal conflicts decreases, team cohesion strengthens, and the quality of interactions among team members improves.

Another significant component of effective interaction is the awareness and acceptance of professional roles. Clear delineation of functions and responsibilities helps prevent duplication of tasks, ensures prompt decision-making, and reinforces each specialist's personal accountability. For psychologists, this entails not only performing specialized tasks but also actively defining the boundaries and possibilities of their role within the team.

Closely connected with this is the emotional competence of team members. Working in the rehabilitation field requires the ability to self-regulate, emotional stability, empathy, and skills for constructive communication. The psychologist, in turn, bears responsibility for maintaining a resourceful team climate, preventing emotional burnout among professionals, and providing opportunities for emotional relief [1; 3; 6].

In this context, professional identity also gains significant importance. It ensures the stability of a professional's position, fosters confidence within their area of expertise, and readiness for mutual learning. Team effectiveness increases when each participant recognizes the value of their own work and perceives themselves as part of a unified professional whole.

Special attention should be paid to the fundamental element of psychological safety within professional interaction. This entails the possibility of expressing thoughts, feelings, and suggestions freely, without fear of judgment or discreditation. The psychologist within the team fulfills an important facilitative function aimed at creating a space for dialogue, preventing tension, and strengthening an atmosphere of mutual support.

In summary, attention should be drawn to the team's capacity for collective subjectivity – that is, its functioning as a coordinated and unified organism focused on achieving shared goals. This capacity, under conditions of effective psychological support, ensures the harmonization of strategies, understanding of individual and collective resources, and the formation of effective rehabilitation trajectories [2; 8].

Thus, the psychological effectiveness of multidisciplinary interaction is grounded not only in administrative and organizational principles but also in deep psychosocial mechanisms. The leading role in ensuring these mechanisms belongs precisely to the psychologist, who acts as a system-forming agent of the team, a facilitator of professional dynamics, and a guarantor of the psychological resilience of the entire rehabilitation structure.

CONCLUSIONS AND PROSPECTS FOR FURTHER RESEARCH

The theoretical study conducted has made it possible to outline the psychological dimensions of multidisciplinary interaction as an essential condition for the effective rehabilitation of individuals with musculoskeletal disorders. It has been established that the psychologist is not only a specialist in psychocorrective support but also a key agent of team cohesion, communicative mediation, emotional regulation, and professional guidance within the team. The system-forming role of the psychologist in a multidisciplinary team lies in combining diagnostic, therapeutic, facilitative, and institutional-organizational functions aimed both at supporting the individual undergoing rehabilitation and at ensuring the integrity of the team process.

Psychological factors – in particular, interprofessional trust, clear awareness of professional roles, emotional competence, a well-established professional identity, and a sense of psychological safety – are of crucial

importance for ensuring the effectiveness of interprofessional collaboration. Despite the growing interest in the issue of psychological rehabilitation, there remains a need for further research into empirical models of team interaction under Ukrainian conditions, as well as the development of specialized educational programs for preparing psychologists to work in a multidisciplinary format. It is also deemed appropriate to study processes of team dynamics, mechanisms of supervisory support, and the influence of psychological factors on long-term rehabilitation outcomes.

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