

Інститут психології імені Г.С. Костюка
Національної академії педагогічних наук України
Українська Асоціація організаційних психологів
та психологів праці

ОРГАНІЗАЦІЙНА ПСИХОЛОГІЯ ЕКОНОМІЧНА ПСИХОЛОГІЯ

Науковий журнал

№ 4 (24) / 2021

**СПЕЦІАЛЬНИЙ ВИПУСК
«ПСИХОЛОГІЧНЕ ЗДОРОВ'Я ПЕРСОНАЛУ ОРГАНІЗАЦІЙ»**

**За науковою редакцією
С.Д. Максименка та Л.М. Карамушки**

**Київ
2021**

DOI (Issue): <https://doi.org/10.31108/2.2021.4.24>

This special issue is published under the EAWOP Practitioner-Oriented Initiatives, 2nd Edition, 2020 (Workshop «Technologies for Promoting Staff Psychological Health in the Organization», Kyiv, Ukraine, September 30, 2021).

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*Друкується за ухвалою Вченої ради
Інституту психології імені Г.С. Костюка НАПН України
(Протокол № 12 від 28.10.2021 року)*

**За науковою редакцією
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*Свідоцтво про державну реєстрацію друкованого засобу масової інформації
серія КВ № 9340 від 15.11.2004 р.*

*Журнал внесено до Переліку наукових фахових видань України з психології (категорія Б)
(Наказ № 409 МОН України від 17 березня 2020 р.)*

Науковий журнал «Організаційна психологія. Економічна психологія» проіндексовано в міжнародних наукометричних базах: INDEX COPERNICUS (IC) (з 2015 р.), Academic Resource Index (Research Bib) (з 2016 р.), GOOGLE SCHOLAR (з 2016 р.), World Catalogue of Scientific Journals (since 2019)

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G. S. Kostiuk Institute of Psychology
of the National Academy of Educational Sciences of Ukraine
Ukrainian Association of Organizational and Work Psychologists

**ORGANIZATIONAL PSYCHOLOGY
ECONOMIC PSYCHOLOGY**

SCIENTIFIC JOURNAL

№ 4 (24) / 2021

**SPECIAL ISSUE
STAFF PSYCHOLOGICAL HEALTH IN THE ORGANIZATIONS**

**Scientific editors:
S. D. Maksymenko and L. M. Karamushka**

**Kyiv
2021**

DOI (Issue): <https://doi.org/10.31108/2.2021.4.24>

This special issue is published under the EAWOP Practitioner-Oriented Initiatives, 2nd Edition, 2020 (Workshop «Technologies for Promoting Staff Psychological Health in the Organization», Kyiv, Ukraine, September 30, 2021).

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Published by the decision of the Scientific Council of G.S. Kostiuk Institute of Psychology of the NAES of Ukraine (Proceedings № 12 of 28.10.2021)

Scientific editors: S. D. Maksymenko and L. M. Karamushka

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*Certificate of State Registration of the Mass Media Publication
KB № 9340 of 15.11.2004*

*The Journal is on the List of specialized scientific editions of Ukraine on psychology
(Order № 408 of the Ministry of Education and Science of Ukraine, 17 March, 2020)*

Scientific Journal «Organizational Psychology. Economic Psychology» is indexed in International scientometric bases: INDEX COPERNICUS (IC) (2015), Academic Resource Index (Research Bib) (2016), GOOGLE SCHOLAR (2016), World Catalogue of Scientific Journals (since 2019)

The Journal's website: <http://orgpsy-journal.in.ua/>

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<https://doi.org/10.31108/2.2021.4.24.1>
УДК 159.9

Petro Vlasov
Anna Kiseleva

COMPANY TOP-MANAGERS' IDEOLOGIES AS A MENTAL PROTECTION FROM ENVIRONMENTAL UNCERTAINTY

Vlasov, Petro, Kiseleva, Anna. Company top-managers' ideologies as a mental protection from environmental uncertainty.

Introduction. At the beginning, entrepreneur creates his own concept of organization – value-cognitive-actional pattern, which is socialized, coming into conflict with CEOs' individual interests. For this purpose, they use various distortion styles of organizational reality in their interpretations of values, cognitions and actions, thereby destroying organizational productivity.

Aim. We have aim to explore wide-spread distortion styles in interpretations of organizational reality (CEO).

Method. We obtained 95 organizational self-descriptions of companies (from 50-1500 individuals) and classified them (key topics, actors, intention). Then we discovered interpretation styles and have grouped them according to a specially developed hierarchical model of organizational self-descriptions on several levels (formal: procedures and rules of behavior; content (statics: objects, agents and their attributes; dynamics: processes, algorithms and technologies); sense-logical: purposes, causes, values and beliefs).

Results. We identified the following distortion styles of the entrepreneur's value- cognitive-actional pattern: procedural (formal) - formal following of rules, norms, and instructions; personnel follow formal rules. Authoritarian (static) – the power of guarantor, authority and enactor of rules; personnel are obedient and loyal; participative (dynamic) – interaction, rules and hierarchies are the result of negotiations; the head of organization is a moderator; personnel are a part in negotiations.

Conclusions. Destructive distortion styles lead organizations to: moral disengagement – avoidance of values in relationships, decisions and actions; guilt instead of responsibility – feeling guilt or self-justification; narrow-mindedness – insisting on one's own vision and ignoring feedback.

Key words: ideology, discourse, organizational culture, distortion style, initiator, concept.

Власов Петро, Кисельова Анна. Ідеології топ-менеджерів компаній як спосіб ментального захисту від невизначеності зовнішнього середовища.

Вступ. Підприємець створює власну концепцію організації – ціннісно когнітивно-дієвий патерн, який соціалізується, вступаючи в конфлікт з індивідуальними інтересами топ-менеджерів. З цієї метою вони використовують різні стилі викривлення організаційної реальності.

Мета дослідження полягала у вивченні процесу смислоутворення і способів викривлення реальності.

Метод. Отримано 95 організаційних самоописів компаній (чисельністю від 50 до 1500 чоловік), вони класифіковані по ключових темах агентам, інтенціям. Виявлено стилі інтерпретації та згруповано їх відповідно до спеціально розробленої ієрархічної моделі організаційних самоописів на кількох рівнях: формальний (процедури та правила поведінки); зміст (статика: об'єкти, агенти та їх атрибути; динаміка: процеси, алгоритми та технології); логічно-смысловий (цілі, причини, цінності та переконання).

Результати. Були виявлені наступні стилі спотворення ціннісно-когнітивно-дієвого паттерна підприємця: Процедурний (формальний) - формальне дотримання правил, норм, інструкцій, підпорядкування персоналу формальними правилами. Авторитарний (статичний) - сила гаранта, авторитету і виконавця правил; персонал послухний і лояльний. Партисипативне (динамічне) - взаємодія, правила і ієрархії є результатом переговорів; керівник організації - модератор; персонал бере участь в переговорах.

Висновки. Спотворення організаційної реальності призводить до уникнення топ-менеджерами ціннісного ставлення в рішеннях і діях, почуттю вини замість відповідальності, до закритості - наполягання на власному баченні та ігнорування зворотного зв'язку від зовнішнього середовища.

Ключові слова: ідеологія, дискурс, організаційна культура, стилі спотворення, ініціатор, задум.

Власов Петр, Киселева Анна. Идеологии топ-менеджеров компаний как способ ментальной защиты от неопределенности внешней среды.

Введение. Предприниматель создает собственную концепцию организации - ценностно-когнитивно-действенный паттерн, который социализируется, вступая в конфликт с индивидуальными интересами топ-менеджеров. С этой целью они используют различные стили искажения организационной реальности.

Цель исследования состояла в изучении процесса смыслопроизводства и способов искажения реальности.

Метод. Получено 95 организационных самоописаний компаний (численностью от 50 до 1500 человек), они классифицированы по ключевым темам агентам, интенциям). Затем мы обнаружили стили интерпретации и сгруппировали их в соответствии с специально разработанной иерархической моделью организационных самоописаний на нескольких уровнях (формальный: процедуры и правила поведения; содержательный (статика: объекты, агенты и их атрибуты; динамика: процессы, алгоритмы и технологий); логико-смысловой: цели, причины, ценности и убеждения).

Результаты. Были выявлены следующие стили искажения ценностно-когнитивно-действенного паттерна предпринимателя: *Процедурный (формальный)* - формальное следование правилам, нормам, инструкциям, подчинение персонала формальным правилам. *Авторитарный (статичный)* - сила гаранта, авторитета и исполнителя правил; персонал послушный и лояльный. *Партисипативное (динамическое)* - взаимодействие, правила и иерархии являются результатом переговоров; руководитель организации - модератор; персонал участвует в переговорах.

Выводы. Искажение организационной реальности приводит к избеганию топ-менеджерами ценностного отношения в решениях и действиях, чувству вину вместо ответственности, к закрытости - настаивание на собственном видении и игнорирование обратной связи от внешней среды.

Ключевые слова: идеология, дискурс, организационная культура, стили искажения, инициатор, замысел.

Introduction. Organizations constantly exist in a process of sense-making, interpretation and sense-transfer. This process is initiated by various centers – by top-managers, external organizational environment, clients. Thus the initial concept of organization is being distorted repeatedly. From the very beginning, the initiator, by creating the concept of organization, sets a certain amount of meanings that are significant, in his view, for the survival of organization. The meaning of organization changes depending on a stage in its life circle. Indeed, an organization at a stage of its very creation is characterized by flexibility, new way of thinking and dynamics. Then management and personnel «stabilize» the situation of development and create their own discourse/linguistic ideology which distorts (informational corruption) or maintains the concept and attaining organizational goals. That is why we have decided to analyze the top-managers' stylistic features in re-interpretation/corruption of a human-initiator's concept which lead to the conflicts in organizational culture.

The concept of organization is a «value-cognitive-action» pattern that organizes and initiates organizational performance. (Fig. 1).

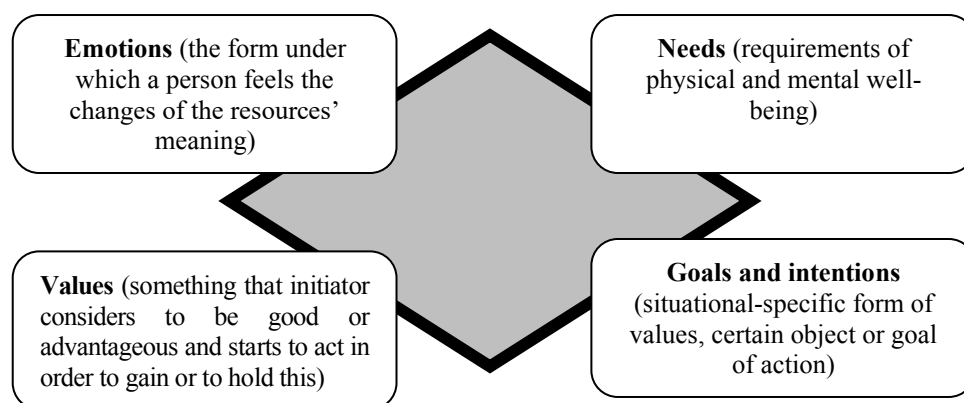


Fig. 1. The structure of organizational concept

The concept is an anticipated system of initiator's meanings. It passes through certain stages of objectification at all hierarchical levels – morphology, axiology, praxeology, ontology, gnosiology – through the resource relationships with consumers – with partners, suppliers, clients, technological possibilities. In such way it transforms into a conception, project and technology of organizational changes (Fig. 2).

In a transitional environment initiator and concept exert much greater influence upon the production of organizations that the environment does. The concept orders external environment, brings a certain meaning to it and, by virtue of this, creates its own environment – favorable conditions for the creation of organizations. So in a process of the realization of ideas people create *their own reality*. It literally implies that people *make* the ideas real.

Environment. «Man-initiator» is a system-forming factor of the external organizational environment, and he exerts an ultimate influence upon the initial choice of the environmental parameters. The process of subjective evaluation takes place in a meta-context of value-based, cultural norms that are determined by the chronology of the development of socio-economic system. They condition «conventional» structure of the surrounding world and individual descriptive thesaurus of a concept.

Uncertainty is an important characteristic of a transitional environment. Subjective uncertainty can be represented at the level of morphology – elements, links; at the level of ontology – in causes and effects; and praxeology – ways of coping, managing and reacting; and axiology – the level of meanings, goals and values; and gnosiology – ways of exploring, measuring and describing. Subjective uncertainty at these levels has different architectonics (the degree of representation and intensity). And this, in its turn, leads to a completely different reflection of subjective uncertainty in a subject activity.

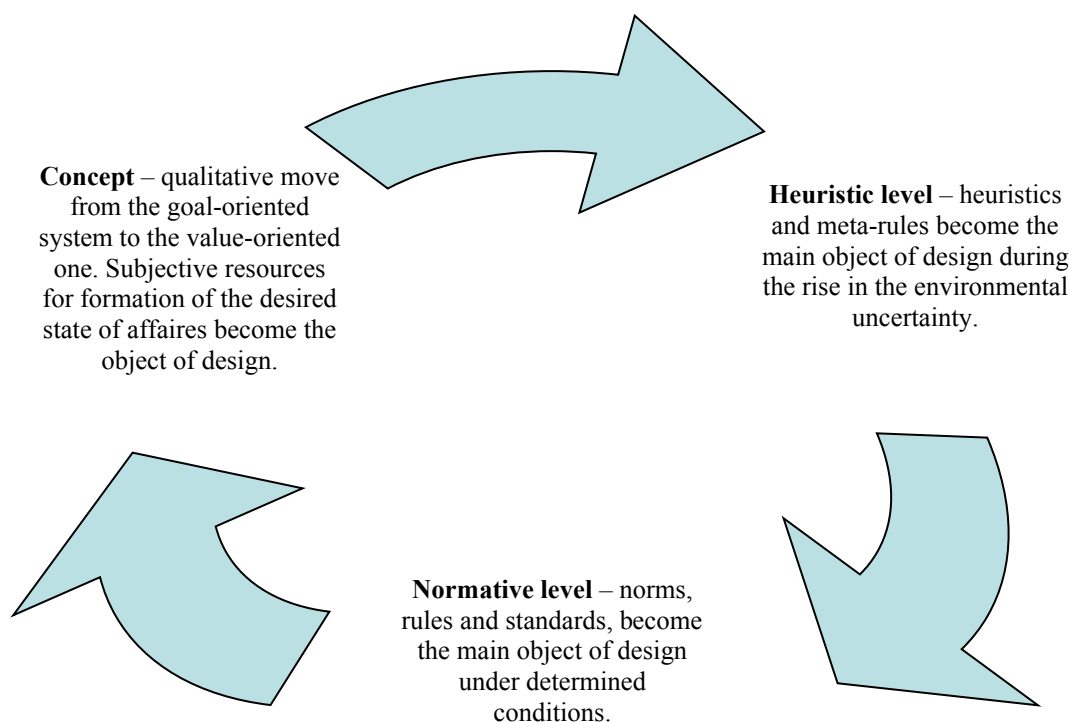


Fig. 2. Ontology of the concept in a context of environmental uncertainty

Systemic parametric conception of an environment overcomes objective and subjective specificity and includes parameters of meta-context, i.e. special environmental conditions that can't be reduced to a single cases, products and technologies. This is: *power-intensity* – potentiality (power) of influence of the meaningful environmental parameters. And, in general, it determines the essence of the process of formation of value-based relation (axiology) of environment, independently of modality; *changeability* – the degree of dispersion, the area of possible conditions of the environment that are meaningful for initiator or organization; *dynamism* – characterizes the speed of transitional processes from one environmental state into another.

Under the conditions of *transitional environment*, what was intended is being changed many times in interaction with environment. That is why the concept that has been formed can differ significantly during its implementation from the initial one.

In a situation of *transitional economy* external and internal organizational environment changes. Traditionally its basic differences are considered to be: *uncertainty* as a changeability and lack of predictability in conditions, tasks and demands of the work. It demands to regularly and radically change the participants' relations and actions.

The rise of environmental complexity (uncertainty) sets additional requirements towards organization's possibility to relevantly change external and internal processes and to maintain the goal at the same time. Under such conditions organizations feel much more pressure to additionally determine the conditions and to test their hypotheses directly in the process of changes, that is to solve open-ended tasks.

At the one hand, transitional environment possesses a redundant changeability of conditions (of the «old», «new» and «emergent» environment), high speed of transformation from one state into another. On the other hand, it changes both objective and subjective significance of the most important environmental segments which directly ensure the vital functions both of an individual person and the society as a whole. As a result, transitional environment frustrates the use of individual and organizational ways of vital activity that have been formed earlier. This implies that subjective conception of environment which is adequate today, may not fit the requirements of environment in a near-term outlook. Thus, uncertainty is an important characteristic of transitional environment.

Organization has to overcome the uncertainty (to produce clarity and exactness in the description of reality) of the external and internal environment. It must produce, interpret and transmit meanings in order to adequately secure its place in space, and takes actions to reduce the uncertainty.

We suppose that organization is a specific open socio-economic environment which is formed in order to attain certain complex effect (the realization of a concept) in the process of interaction between the initiator

and external environment (of a life cycle) through the continuous selection of the necessary elements (of various nature) and through the specific way of ordering the structure and relations between them in the process of interaction with external organizational environment.

Reducing uncertainty and producing of meanings mostly take place in «language» (linguistic) dimension. To use the language means to take part in a social process of constructing a specific reality. And we make it with the help of producing of meanings. Such «semantic vacuum» is a constant and natural man's «habitat» in which he manages to orient and adapt. The mechanisms of reducing the semantic vacuum are often called «coping strategies», strategies of reducing uncertainty (Vlasov, 2004), the process of sensemaking (Weik, 2001), and producing of inferences (Schank, 1982).

Discourse. There is a gap between the fact of reality and a person's ability to comprehend and to interpret it. In a process of sensemaking participants of organization choose the meanings from the alternatives. Thus, the most frequent ones become the most socially accepted and are fixed by certain segments of reality. As a result of a series choices of meanings, participants of organization form what is called «discourse» which eventually sets the meanings of reality and produces *social and organizational reality*.

Thus, internal discourse is being formed, it starts to set the content, its elements, to create the differences between the objects, to nominate and attribute meanings in organizational reality. Organizational communication may be compared with discourse – a complex of texts produced by the workers. This discourse constitutes the culture of the company, the rituals of interaction between participants, organizational climate (Jorgensen & Phillips, 2008). In everyday communication through the organizational discourse organizational changes take place. Their main instrument is description, attribution, evaluation and interpretation.

Discourse is a form of social practice which simultaneously creates social world and is *created* through other social practices. *Discourse is an important form of social practice which not only represents but changes knowledge, identities and social relationships including the power relations* (Jorgensen & Phillips, 2008).

Sediment discourses are the rules, norms, relations, power distribution, organization's image and taken for granted, implicit knowledge, symbolic capital of organization and organizational beliefs.

Various discourses – each of which represents a certain way of communication and understanding of social world – are involved into a constant struggle for gaining superiority. They «strive» to fix their meaning. The superiority of a discourse can be understood as a prevailing of one certain point of view. Thus an ideology forms in a company – the priority of a certain organizational group's point of view. Then free exchange of meanings and the process of sensemaking become closed, meanings are not renewed. Consequently, informational distortions take place, closedness towards external environment forms, the company loses its adaptation.

This leads to the situation where initially set meanings, especially the one of initiator, is diffused and loses the reality. Ideology, according to Fairclough, is a «meaning at the service of power» (Jorgensen & Phillips, 2008). To be more specific, he understands ideology as certain constructions of meanings which favors producing, reproducing and transforming of power relations.

Aim. The problem of meaning representation (or ideologization) arises: how representative and valid are the meanings which are created by the participants of organization as a descriptive instrument? What descriptive power do they possess? Do they describe the state of affairs which exists in organization? Does this description allow the initiator to realize his concept? These questions determine the main research problem.

We have aim to explore wide-spread distortion styles in interpretations of organizational reality as a mental protection from the environmental uncertainty. And the object of the research was to identify ways of ideologization used by top managers when interpreting organizational reality

Methods.

The sample included 92 top-managers of 9 manufacturing and commercial companies numbering 50-1500 workers.

We have offered to the group of top-managers to interpret the case «Sabotage of new orders». We have chosen interpretative approach since it allows to a maximum degree research the individual features in describing the reality. Interpretation reflects the author's personal position and his vision of the right order of affairs. All the narratives were fixed with the help of dictating machine. We have chosen discourse-analysis as a method of data processing because it is directly intended for the «disclosure» of the established ways of distribution of power, domination, ideology and roles. In order to process the narratives, we used the criteria that are conventional for discourse-analysis (Jorgensen & Phillips, 2008).

As a result, we have reconstructed general discourse out of the narratives of interpretations. And then, on the basis of semantic proximity, we have singled out several kinds of discourses that reflect discourse-order of behavior in organization.

For the evaluation of productivity or distortions we applied *hierarchical structure of sensemaking* resulted in a series of empirical researches (Kiseleva, 2008). We think that that this hierarchy describes the process of sensemaking in organization fully enough. We will apply it for processing an interpreting the results of our empirical research.

We have adapted the model of interaction «human-text» as a model of sensemaking. We have chosen narrative text about certain event (similar to a case). For the purpose of data gathering, we have adapted the method of intertextual questions: we stimulated the respondents to ask questions to each sentence so that they could exactly understand the meaning of the text. We supposed that the question is an activity targeted at reducing uncertainty and understanding of the meaning.

As a result, we have discovered hierarchical structure of sensemaking (Fig. 3):

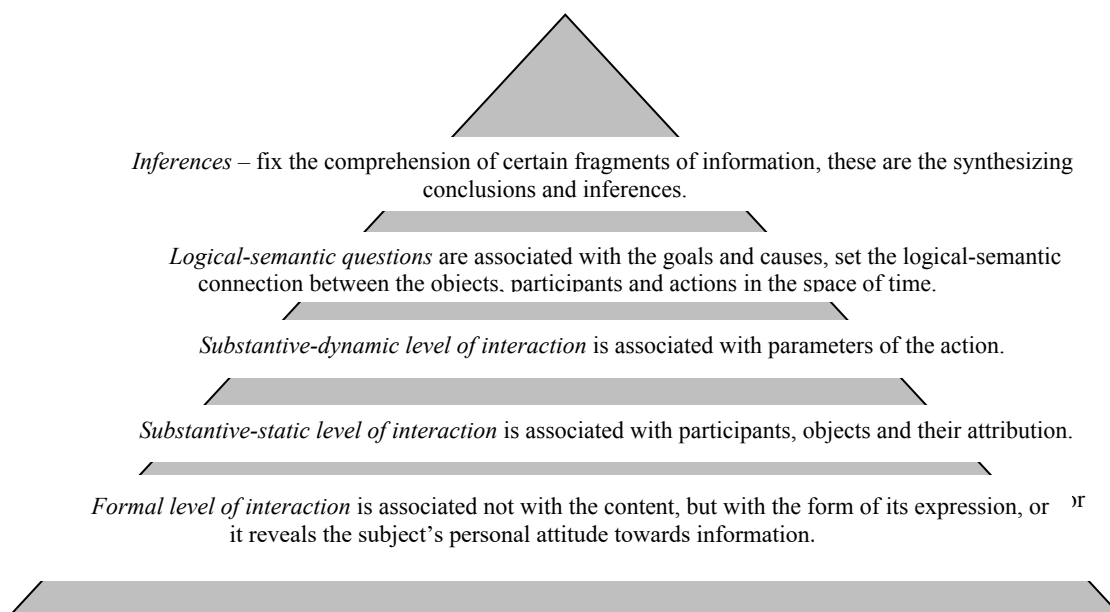


Fig. 3. Hierarchical structure of sensemaking

We have evaluated the ways of distortions by the following criteria: «objectification-subjectification», fullness of description, agency – non-agency (Kiseleva, 2004). The procedure of processing is briefly represented in the Table 1.

Table 1

The procedure of processing

Stages	Criteria
1st stage Discourse-analysis of the narratives of interpretations, reconstruction of the general discourse. Reconstruction (on the basis of semantic proximity) of the kinds of discourses that reflect discourse-order of the behavior in organization.	Organizational order (by the key words or phrases in interview). Acceptance/avoidance of responsibility (by the construction of the sentence, presence or absence of the agent of action). Categoricity/uncertainty about certain way of behavior (by the modality of utterances). Basic themes of the discourse (by the thematic proximity of the main topics of interview).
2nd stage Classification of the productivity of discourses according to the hierarchical model of sensemaking.	Formal – external forms of behavior. Static – elements and characteristics. Dynamic – ways of action and technologies. Logical-semantic – purposes, reasons, grounds. Inferences – values and beliefs.
3rd stage Evaluation of the way of distortions in discourses.	Objectification – subjectification. Fullness – reducedness. Agentivity – non-agentivity.

Results.

With the help of discourse-analysis and through applying hierarchical model of sensemaking we obtained 3 main kinds of discourse: formal discourses (20%), static discourses (60%) and dynamic discourses (20%). On the logical-semantic level and on the level of inferences we haven't discovered any kinds of discourse. In the Table 2 we have presented the kinds of discourses.

Table 2

The results of processing. Kinds of discourses

Kinds of discourses	Procedural style	Personal-authoritarian style	Participative style
Hierarchical levels	Formal level (20%)	Static level (60%)	Dynamic level (20%)
Parameters of classification			
Organizational order	1. «Job descriptions» are responsible for the organization's effectiveness. 2. Strict subordination. 3. Implementation practice towards the instructions.	1. Submission to the direct orders. 2. Discipline towards managers.	1. Mutual understanding and agreement between people. 2. Allocation of duties through negotiations. 3. Adherence to the unwritten laws of the team. 4. Agreements are responsible for the effectiveness of organization.
Manager	1. Is able to properly position himself, to affirm the power. 2. Protects the status of managers	1. Is the main guarantor and the reason for the effectiveness. 2. Strong, attractive personality. 3. Sets the goals alone, enjoys absolute authority and power. 4. Regulates relations and conflicts between the subordinates. 5. Sets the requirement to the personnel, achieves their realization, teaches.	1. Consultant, provides the subordinates with support. 2. Consults. when making decisions 3. Doesn't interfere with conflicts.
Personnel	1. Observe implementation standards. 2. Don't breach the instructions. 3. Don't violate the manager's status.	1. Submit to the orders, prove manager's significance and loyalty to him. 2. Demonstrate obedience, discipline, loyalty, fully accept manager's power (or compete with him). 3. Address to the manager to get the help or attention.	1. Negotiate with each other. 2. Solve the conflict without manager's involvement. 3. Respect the authority of the senior manager.
Intentions	1. Preserving the established order and manager's position. 2. Safety.	1. Preserving the manager's power. 2. Self-affirmation.	1. Affiliation, acceptance.

We have discovered several styles of distortions (informational corruption).

Procedural style (formal level).

Manager – protects formal status, not agentive.

Personnel – oriented towards discipline, not agentive.

Participants' basic motive – safety.

Organizational order – subordination and adherence to the instructions.

The reason for effectiveness in organization – correct instructions, formal adherence to the rules.

Authoritarian style (static level).

Manager – the main reason for the effectiveness in organization, manages the organization alone, requires submission, agentive.

Personnel – demonstrate loyalty, submission and respect towards manager, oriented towards discipline, not agentive.

Participants' basic motive – self-affirmation, power.

Organizational order – execution of management's orders, similar to the «army».

The reason for effectiveness in organization – the manager's personal qualities.

«Participative style» (dynamic level).

Manager is a consultant, advisor, not agentive.

Personnel follow internal arrangements, not agentive.

Participants' basic motive – affiliation, acceptance.

Organizational order – observance of the internal arrangements, allocation of duties through negotiations.

The reason for effectiveness in organization is the quality and adherence to the internal arrangements.

Discussion.

We have discovered the following phenomena – ways of distortions.

Value orientation. Discursive descriptions of organization don't include the goals, reasons, grounds (logical-semantic level) as well as mission, company's usefulness in the market, the desired ultimate condition in organization, beliefs, concept (the level of inferences). Hypothetically supposed logical-semantic discourse and the discourse of inferences were absolutely absent. Organization's value and usefulness were ignored.

Responsibility. Managers erroneously make themselves guilty for the existent situation or, on the contrary, deny the responsibility and their involvement with the problem. Real responsibility is usually reduced to the one element: either to certain formal rules, or to the manager, or to the personnel. In formal discourse we have discovered *non-personified agentivity* – formal rules are responsible for the people's behavior. Non-agentivity leads to self-justification, distancing from problems, failure avoidance, absence of initiative and real organizational changes.

Narrow-mindedness. Managers are concentrated on themselves and on the relationships «manager-personnel», they isolate themselves from the external environment (from the product, clients, market).

The styles of sensemaking reduce the amount of variables, discourses are reduced to the level that the participants can understand, observe and control by themselves. This decreases adaptational possibilities of organization.

Thus we have found evident distortions and transformations of meaning and the fact of producing *subjective ideology* that justifies the state of affairs by the ineffective people or relationships. Managers compete with the company's owner to produce the meaning of organization. This allows managers to avoid objective economic responsibility for their own actions and for the established state of affairs.

Conclusions. In a crisis transitional environment and ideology forms in organizations that reduces the morphology, distorts elements, emphases, initiator's concept defensive behavior of displacement arises.

The initiator's initial concept loses its symbolic value and can't be realized. Managers avoid to produce and transmit meanings, refuse to reduce uncertainty. They reduce the pressure of responsibility with the help of ideology, creating the discourse that justifies such behavior. The function of ideology is to simplify, depersonalize and to reduce the need for the productive tension. So they start to compete with initiator for the meaning, in such a way creating organizational myth.

In a transitional crisis environment the process of sensemaking is not normative, non-standard, it is rather individual, not mass one; it is fixed on the level of individual person, not on the level of the general principles in the society. In a situation of the rise of uncertainty, appearance of a great amount of parameters, dynamics and in the absence of economic culture this level of organizational discourse falls. Of course, all this prevents the survival of organization in a crisis uncertain environment.

In a situation of the uncertainty the producing of meanings is needed on a certain level of hierarchy (on the level of mission, goals). And we have empirically proved that the workers distort them. That is why during organizational changes there is a special pressure for the recovery of the sensemaking process.

Consequently, official organizational policy must first of all be oriented towards transformation of ideology into methodology of solving organizational problems.

Ideology is an unproductive way of sensemaking in uncertain situations that lack formalization. It arises where there is lack of formalization and control – on the highest level of organization.

References

1. Jorgensen, M. V., & Phillips, L. J. (2008). *Diskurs-analiz. Teoriia i metod [Discourse-analysis. Theory and method]*. Humanitarian Center. [In Ukrainian]
2. Kiseleva, A. A. (2004). *Kommunikatsiia v organizatsiakh [Communication in organizations]*. In P. K. Vlasov, S. A. Manichev & G. V. Sukhdolsky (Eds.) *Organizational psychology* (pp. 76-89). Publishing house of Saint-Petersburg State University & Humanitarian Center.
3. Vlasov, P. K. (2004). *Psihologiya zamysla organizatsii [Psychology of organizational concept]*. Humanitarian Center. [In Russian]
4. Schank, R. (1982). *Dynamic Memory*. Cambridge.
5. Weik, K. (2001). *Making sense in organisations*.

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Отримано 1 жовтня 2021 р.
Рецензовано 10 жовтня 2021 р.
Прийнято 17 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.2>
УДК 378.091.12.011.3-051:17.036.2:305

Tamara Grubi

FACTORS IN UNIVERSITY TEACHING STAFF PERFECTIONISM

Grubi, Tamara. Factors in university teaching staff perfectionism.

Introduction. The attention to the study of perfectionism in universities in Ukraine can be explained with modernization and development of Ukrainian higher education, as an access to the European educational research environment. The interest to the perfectionism in teaching staff of university can be explained by new requirements for professional activity and these factors demand from a teacher of higher school can be an achievement of new standards, obtaining successfully by focusing on avoiding failures. The study is conducted within the pedagogy field.

Aim. In this article, the author identifies and analyzes the impact of social-demographic factors (such as age, gender, place of residence), organizational and professional factors (such as job experience, academic degree, post, direction of teaching activity, number of students, university status, level of social-psychological climate etc.) on the manifestations of perfectionism.

Results. The four manifestations of perfectionism, which are: Absence of perfectionism (where normal and pathological perfectionism are represented at a low level); Perfectionism with negative orientation (consists of the respondents with pathological type of perfectionism); Ambivalent perfectionism (included the respondents in which the pathological and normal types of perfectionism are equally highly represented); Perfectionism with positive orientation (consists of the respondents with manifestations of normal type of perfectionism).

Conclusions. The findings of this investigation show the impact of social-demographic, organizational and professional factors on the manifestations of perfectionism.

Keywords: organizational and professional factors, perfectionism, university teaching staff, teachers; university.

Грубі Тамара. Фактори перфекціонізму викладачів вищої школи.

Вступ. Інтерес до вивчення перфекціонізму у вищій школі в Україні обумовлений модернізацією української вищої освіти, новими вимогами до професійної діяльності, доступом до європейського освітнього дослідницького середовища.

Мета. У статті автором аналізовано вплив соціально-демографічних (вік, стать, місце проживання), організаційних та професійних факторів (трудовай стаж, науковий ступінь, посада, напрямок педагогічної діяльності, кількість студентів, рівень популярності ВНЗ, рівень соціально-психологічного клімату та ін.) на прояви перфекціонізму.

Результати. Автором визначено чотири види перфекціонізму: відсутність перфекціонізму (де нормальний та патологічний перфекціонізм представлені на низькому рівні); перфекціонізм з негативною орієнтацією (представлений із респондентів із патологічним перфекціонізмом); амбівалентний перфекціонізм (респонденти, у яких однаково широко представлені патологічний та нормальний типи перфекціонізму); перфекціонізм із позитивною орієнтацією (характеризується проявами нормального типу перфекціонізму).

Висновки. Результати дослідження свідчать про вплив соціально-демографічних, організаційних та професійних факторів на прояви перфекціонізму.

Ключові слова: перфекціонізм, науково-педагогічні кадри вищої школи, викладачі, університети, організаційно-професійні фактори.

Груби Тамара. Факторы перфекционизма преподавателей высшей школы.

Вступление. Интерес к изучению перфекционизма в высшей школе в Украине обусловлен модернизацией украинского высшего образования, новыми требованиями к профессиональной деятельности, доступом к европейской образовательной исследовательской среде. Исследование проводится среди преподавателей высшей школы Украины.

Цель. В статье автором анализируется влияние социально-демографических (возраст, пол, место жительства), организационных и профессиональных факторов (трудовай стаж, ученая степень, занимаемая должность, направление педагогической деятельности, количество студентов, уровень популярности ВУЗа, уровень социально-психологического климата и др.) на проявления перфекционизма.

Результаты. Автором определено четыре вида перфекционизма: отсутствие перфекционизма (где нормальный и патологический перфекционизм представлены на низком уровне); перфекционизм с негативной ориентацией (представлен из респондентов с патологическим перфекционизмом); амбивалентный перфекционизм (респонденты, у которых одинаково широко представлены патологический и нормальный типы перфекционизма); перфекционизм с позитивной ориентацией (характеризуется проявлениями нормального типа перфекционизма).

Выводы. Результаты исследования показывают влияние социально-демографических, организационных и профессиональных факторов на проявления перфекционизма.

Ключевые слова: перфекционизм, научно-педагогические кадры высшей школы, преподаватели, университет, организационно-профессиональные факторы.

Introduction. Perfectionism of personality has been receiving attention in psychology for many years. Such interest to this concept can be explained by an increasing speed of life, a social development, a growing competition, a cult of rationality and a pursuit of excellence. These factors demand an aspiration of the personality towards self-improvement, a faultlessness in everything, an achievement of new heights and setting high performance standards. The perfectionism is quite complicated personal trait, which covers all spheres of human life, especially professional activity.

The interest to the study of perfectionism in teaching staff of university can be explained by factors such as modernization & development of higher education, access to the Bologna Process and access to European educational research environment, etc. New requirements & standards for professional activity arise before lecturers and professors, so these factors demand from university teaching staff an achievement of new heights, a desire to be the best, obtaining success by focusing on avoiding failure.

Hence, the **aim of the article** is to explore the factors of perfectionism, in university teaching staff. This will have a big influence on the formation of positive and negative perfectionism. The obtained results will allow creating a program to prevent negative forms of perfectionism and promote positive forms of perfectionism in university teaching staff in the future.

Methods. The research of the factors of perfectionism in university teaching staff was conducted during 2016-2019 within the pedagogy field. 1068 teachers of higher school from different cities and regions of Ukraine took part in our study.

In our investigation, ten different variables of university teaching staff were studied. For convenience, these variables were conventionally divided into two groups: socio-demographic characteristics (an age, a gender, a place of residence) and organizational and professional characteristics (a job experience, an academic degree, a post, a direction of teaching activity, a number of students, university status, a level of social-psychological climate).

As for the respondents' social-demographic characteristics, 24.1% of the respondents were younger than 35 years of age, 25.6% were 35 through 45 years old, 27.1% were 45 through 55 years old, and 23.2% were older than 55 years. 69.8% of the respondents were females and 30.2% were male; 18.2% of the respondents lived in the center of Ukraine and 81.8% in other regions of Ukraine.

As for the respondents' organizational and professional characteristics, 23.5% of the respondents had less than 5 years' job experience, 27.8% from 5 through 15 years' job experience, 24.0% from 15 through 25 years' job experience, and 24.6% had more than 25 years' job experience. 50.6% of the respondents did not have any academic degree, 45.5% were PhDs and 3.9% were Doctors of Science.

As to the positions, 27.1% of the respondents were department assistants (in Ukraine, it is the lowest position of university teaching staff), 32.5% were senior lecturers, 34.2% were associate professors, and 6.2% were professors.

According to the teaching specialty, 35.7% of the respondents taught social disciplines and humanities, while 64.3% and natural sciences and mathematics -. 21.8% of the respondents worked directly with less than 20 students, 26.3% with 20-50 students and 51.9% with more than 50 students. 6.3% of the respondents were from low status universities, 56.7% from middle-level status universities, and 36.9% from high-status universities. According to cluster analysis, there were three groups of teachers in relation to the level of university social-psychological climate (18.5% - low, 42.4 - medium, 39.1 - high). The findings are shown in Table 1.

In our study, we used the *Differential Test of Perfectionism* (Zolotareva, 2013) to determine the level of university teaching staff perfectionism. The test consists of 24 statements, which are equally distributed on two scales «normal perfectionism» and «pathological perfectionism».

«Normal perfectionism» implies a harmonious desire of the person to perfection, which does not conflict with other motives and is based on such parameters as: an ability to get pleasure, an ability to increase self-esteem based on achievements, a hope of success, a capability of light excitement, an easy entry into the activity, a focus on own resources.

«Pathological perfectionism» implies the desire of a person for an ideal, perfect result. It is based on the following parameters: inadequately overestimated assessment of one's capabilities, constant dissatisfaction of one's life, disappointment in one's life and oneself, complete rejection of achieving the intended ideal goal, inadequate testing of reality and oneself, feeling of fatigue.

The research data was processed using a parametric and non-parametric package of SPSS 21.0 and Microsoft Excel software.

Results and discussion. The analysis of the scientific literature indicates that there are many definitions of perfectionism, but despite multiple studies of this phenomenon, the definition of perfectionism is still open. Based on the analysis of the literature, the definitions of perfectionism should be classified into three approaches.

Respondents' socio-demographic and organizational-professional characteristics

Characteristics	Groups	Frequency in %
Socio-demographic characteristics		
Age	Up to 35 years old	24.1
	35-45 years old	25.6
	45-55 years old	27.1
	More than 55 years old	23.2
Gender	Male	30.2
	Female	69.8
Place of living	Center of Ukraine	18.2
	Regions of Ukraine	81.8
Organizational and professional characteristics		
Job experience	Up to 5 years	23.5
	5-15 years	27.8
	15-25 years	24.0
	Over 25 years	24.6
Academic degree	Without academic degree	50.6
	PhD (Candidate of Sciences)	45.5
	Dr. (Doctor of Science)	3.9
Post	Assistant department	27.1
	Senior lecturer	32.5
	Associate professor of the department	34.2
	Professor of the department	6.2
Direction of teaching activity	Social and humanities	35.7
	Natural sciences and mathematics	64.3
Number of students, the teacher directly works with	Up to 20 students	21.8
	20-50 students	26.3
	Over 50 students	51.9
University status	Low	6.3
	Average	56.7
	High	36.9
Level of social-psychological climate	Low	18.5
	Average	42.4
	High	39.1

Perfectionism as *a personality trait* characterized by striving for setting excessively high standards and requirements for performing duties and activities at a higher level than circumstances require, as well as in the pursuit of the impeccable performance of the task, accompanied by tendencies towards overly critical evaluations of one's behavior (Besharata, et al., 2010).

Perfectionism as *a personality disposition* is characterized by striving for flawlessness and setting exceedingly high standards, then needed, for performance accompanied by tendencies for overly critical evaluations (Flett, et al., 2003).

Perfectionism as *a tool of self-development* is inner knowing that there is more to life than the mundane, and a desire to create meaning of life by doing the best (Silverman, 2010).

An analysis of the scientific literature shows that the perfectionism has an impact on school settings (Damian, et al., 2016; Rice, et al., 2016; Stoeber, 2008) and it is emphasized that it has advantages in academic achievements, but disadvantages too. Teachers-perfectionists who combine high performance with flexible standards have more effective study habits and their self-determination is higher (Rice et al., 2016). At the same time, teachers-perfectionists with inflexible standards, striving for high performance, get decreased achievement motivation and decreased academic self-confidence (Rice et al., 2016). This decreasing achievement motivation can be explained that teachers interpret their high achievement negatively (Damian et al., 2016). They evaluate their work with all-time increasing standards, but at the same time, their achievements stay at the same level, so it is leading to decreased achievement motivation.

As we could see from literature review, there is any generally accepted conceptual basis of perfectionism. Using the authors' questionnaire, which included ending incomplete sentences we made a content analysis of the obtained results of our respondents (table 2.)

Table 2

The understanding of university teaching staff perfectionism

Definition of perfectionism	Frequency in %
Striving for ideal and perfection	41.3
Belief that an ideal can and should be achieved	23
The desire to perform every action perfectly	13.5
The belief that the imperfect result of work cannot be acceptable	8.17
Harmful desire for perfection	4.5
The need of self-improvement	3.83
A person's tendency to set high standards for others and for itself	3.16
Order and discipline	2.5

Using «Differential Test of Perfectionism» (Zolotareva, 2013) we divided respondents into 4 groups according to the levels and forms of perfectionism manifestation.

The first group, «Absence of perfectionism», consists of the respondents in which the normal and pathological perfectionism are represented at a low level.

The second group respondents with manifestations of pathological type of perfectionism, and we called it «Perfectionism with negative orientation». «Perfectionism with negative orientation» occurs when there is an incorrect ratio of perfectionistic tendencies and disproportionate development in which neither the result does not seem perfect to accept it. Outcomes of perfectionism with negative orientation can lead to procrastination, avoidance, slow decision making, stress, burnout, inflexibility, etc. Negative perfectionist is characterized by an irrational mindset, a penchant for self-criticism, a self-blame and accusation of others, reduced ability to search for help, and by the presence of interpersonal problems, maladaptive coping strategies, emotional inadaptation, etc. In addition, complete rejection from achieving the intended ideal goal, as well as inadequate testing of reality and yourself, chronic feeling of fatigue is possible.

The third group included the respondents in which the pathological and normal types of perfectionism are equally highly represented and conditionally we have called this group «Ambivalent perfectionism». An ambivalent perfectionist can be defined as person who is driven by fear of failure to strive compulsively toward goals beyond reach and reason but at the same time has an ability to increase self-esteem based on achievements, focus on own resources.

The fourth group respondents with manifestations of normal type of perfectionism, and we called it «Perfectionism with positive orientation». «Perfectionism with positive orientation» is characterized by a desire for constructive achievements and positive self-esteem. Positive perfectionist gets pleasure from the activity and strives to self-development and to improvement of the results, taking into account his own capabilities and he is capable to accept the boundaries (personal or situational) of his perfection. The findings are indicated in Table 3.

The findings of the manifestations of perfectionism in sample members indicate that group 1 (absence of perfectionism) includes 14.2% of respondents, group 2 (perfectionism with negative orientation) – 17.2%, group 3 (ambivalent perfectionism) – 49.4%, group 4 (perfectionism with positive orientation) – 19.1% of respondents.

Table 3

The distribution of university teachers by manifestations of perfectionism

Groups of respondents in relation to manifestations of perfectionism	Frequency in %
Absence of perfectionism	14.2
Perfectionism with negative orientation	17.2
Ambivalent perfectionism	49.4
Perfectionism with positive orientation	19.1

According to social-demographic characteristics, in our investigation, the manifestations of perfectionism correlates with the age of respondents ($p=0.1$). It is revealed that the number of teachers with

absence of perfectionism or ambivalent perfectionism is increasing with age, while the number of perfectionists with negative and positive orientation is smaller.

In our investigation, at a statistically significance level ($p < 0.01$), the relationship between manifestations of perfectionism and the place of respondents' residence was established. It was found that the number of teachers with perfectionism with negative orientation in the regions (17.6%) is higher than in the center (14.8%).

On the other hand, the number of teachers with ambivalence perfectionism is higher in the center (53.4%) than in regions (48.8%) and the perfectionists with a positive orientation in the center (23.8%) are higher than in regions (18.3%). In our opinion, this situation can be explained by the fact that there are more higher education institutions in the center than in different regional and district centers of Ukraine. That is why teachers have the choice; in addition, they can combine their work at the main working-place with similar work at other universities. In other words, teachers from the center are not so focused on their main work as teachers living in regions where there are fewer universities and these teachers, having fear to lose their jobs, make more requests to themselves for being retained in their workplaces.

According to the organizational and professional characteristics, statistically significant differences in manifestations of perfectionism with job experience were found ($p < 0.05$). In our investigation, teachers with perfectionism with positive orientation become less with the increasing of job experience. Teachers, with job experience 5-15 years, are 25.3%, while teachers who worked over 25 years – only 17.0%. Such data can be explained by exhaustion and burnout (Boswell et al., 2004; Stoeber, 2008). On the contrary, the number of teachers with absence of perfectionism is increasing: 9.3% of teachers with job experience up to 5 years and 14.7% of teachers, who have worked more than 25 years.

In our investigation, the manifestations of perfectionism correlate with the academic degree ($p = 0.1$). It was found that quantity of Doctor of Science with absence perfectionism (16.2%) prevalent, comparing to candidates of science (10.4%). The probable explanation for some Doctor of Science is the fact that, having reached certain scientific achievements, the Doctor of Science are resting on their «laurels», but this fact needs further investigation. On the other hand, perfectionism with a negative orientation prevails among teachers without academic degree (17.4%) comparing with PhDs (16.4%) and Doctor of Sciences (10.8%). Such data can be explained that teachers without an academic degree are not sure of the stability of the workplace and they start to put higher demands for themselves than circumstances require. In the case of perfectionism with a positive orientation, PhDs (21.9%) dominate than teachers without academic degree (19.1%) and Doctor of Sciences (18.9%).

In our study, at level of tendency ($p = 0.1$), there is a correlation between manifestations of perfectionism and the post of respondents. It is revealed that perfectionism with a negative orientation prevails among the assistant's department (17.9%), senior teachers (16.8%) and associate professors of the department (16.0%), unlike the professors of the department (10.3%). This may indicate that teachers without an academic degree, who take the post of assistant department and senior lecturer are unsure of the stability of the workplace and make higher requirements than the circumstances require, which in its turn generates perfectionism with negative orientation. In terms of perfectionism with positive orientation, it is dominated at the associate professors of the department (23.6%), senior lecturer (19.8%) and professors of the department (19.0%). Such situation can be explained by the fact that teachers who have worked for quite long time in higher school have scientific achievements and are more confident in the stability of the workplace.

At level of tendency ($p = 0.1$) there is a correlation between the manifestations of perfectionism and direction of teaching activity. It has been found out that quantity of natural sciences and mathematic teachers with positive orientation (21.8%) is bigger than social and humanities teachers (16.7%), but a perfectionism with negative orientation also dominates (17.5% - natural sciences and mathematics and 15.8% - social and humanities). On the other hand, absence of perfectionism at social and humanities teachers prevails (14.5% - social and humanities, 17.5% - natural sciences and mathematics) and ambivalent perfectionism prevails too (53.0% - social and humanities, 49.4% - natural sciences and mathematics). In our opinion, the obtained data can be explained by the specifics of the natural sciences and mathematics direction, which requires from teachers to be more accuracy and meticulousness in contrast to the social-humanitarian direction within which the paradigmatic multiplicity of scientific knowledge is presented.

In our study, statistically significant differences ($p < 0.05$) in the manifestations of perfectionism were found, depending on number of students, the teacher directly works with. It was found that the number of teachers with absence of perfectionism and teachers with perfectionism with negative orientation is increasing with the growing number of students. Thus, if the number of students with which the teacher communicates varies up to 20 people, the absence of perfectionism is found in 9.3%, while if the number is more than 50 students, the teacher with the absence of perfectionism is found 14.2%. A similar tendency is found for teachers with a negative orientation of perfectionism. The obtained data for perfectionism with negative orientation, in our opinion can be

explained by the fact that the teacher, who works with a large student audience, feels more pressure to satisfy all requirements, to keep the audience, to be interesting for students. The opposite situation there is with ambivalent perfectionism, where the number of teachers increases with the decreasing of student audience (up to 20 students - 58.5%, more than 50 students - 47.4%). It is interesting that the number of students, the teacher directly works with is not important to teachers with a positive orientation. Teachers with a positive orientation are looking for communication with students constructively and qualitatively, regardless of their number.

Our investigation also illustrates that the number of teachers with perfectionism with a negative orientation and ambivalence perfectionism depends on the subjective assessment of the university status where they work. It was found that the number of teachers with perfectionism with negative orientation is higher in the case of low evaluation of the university and is 27.1% of respondents. However, the number of teachers who rated the university status as high is only 12.8% ($p < 0.01$). This situation can be explained by the fact that teachers with perfectionism with a negative orientation, who rated the university status as low, are taken care of this situation, overextending themselves. For teachers with ambivalent perfectionism, the situation is opposite. The number of teachers who evaluate the university status as low is 33.9%, and high is 52.6% ($p < 0.01$).

The results of cluster analysis at level of tendency ($p = 0.1$) revealed that the number of teachers with absence of perfectionism decreases with the increasing of socio-psychological climate at the chair/department (15.9% - low level of climate, 9.7% - high level of climate). The number of teachers with perfectionism with a positive orientation increases with the increasing of socio-psychological climate at the chair/department (18.5% - low level of climate, 22.5% - high level of climate).

There is an expected tendency that in the case of a good social-psychological climate, there will be more teachers with perfectionism with a positive orientation and fewer with perfectionism with a negative orientation. But this fact was confirmed only for female teachers, where the highest level of perfectionism with positive orientation is fixed at high level of socio-psychological climate. For male teachers, a paradox picture was revealed. By the results of ANOVA, perfectionism with positive orientation is fixed at the lowest level of socio-psychological climate. Instead, it has been found that the highest level of climate correlates with perfectionism with negative orientation (fig.1).

Men are characterized by a «fear of failure» in their professional career, in the desire to be a «real» man, to assert themselves. The «fear of failure» is related to the «fear of success» in non-traditional spheres (such as education), especially for highly masculine men (Harvey et al., 2008; Peters et al., 1980). These findings were also confirmed in our study. In this case, fulfilling the gender role for men, will be difficult in all «non-traditional» spheres, is particularly dangerous in pedagogical activity to its specific goals.

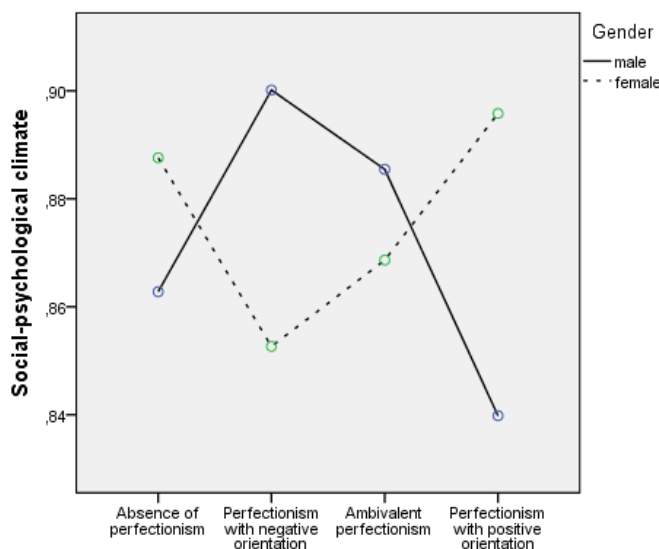


Figure 1. Manifestation of perfectionism in relation to the socio-psychological climate of the organization (based on the results of ANOVA)

These findings require further research and interpretation, and it is worth recalling the fact of gender inequality inherent in Ukrainian society, where the field of education is more typical for women. Accordingly, men in the non-male professional field are more prone to stress, which may affect the adequacy of perceiving reality.

Conclusions. The findings of this investigation show the impact of social-demographic factors on the manifestations of perfectionism: the number of teachers with absence of perfectionism or ambivalent perfectionism is increasing with age; the number of teachers with perfectionism with negative orientation in the regions is higher than in the center, on the other hand the number of teachers with perfectionism with a positive orientation in the center are higher than in regions.

According to organizational and professional factors, in our investigation it was found that teachers with perfectionism with a positive orientation become less with the increasing of their job experience. PhD teachers with positive orientation perfectionism dominate than teachers without academic degree. It was revealed that perfectionism with negative orientation prevails among the assistants, senior teachers and associate professors, unlike the professors of the department. Quantity of natural sciences and mathematic teachers with positive orientation, as well as perfectionism with negative orientation is bigger than social and humanities teachers. It was found that the number of teachers with absence of perfectionism and teachers with perfectionism with negative orientation is increasing with the growing number of students, at the same time the number of students is of not important to teachers with a positive orientation. Number of teachers with absence of perfectionism decreases with the increasing of socio-psychological climate and number of teachers with perfectionism with positive orientation increases with the increasing of socio-psychological climate at the chair/department.

The **prospects for further research** will be directed at developing a program for prevention the perfectionism with negative orientation, which are aimed to reduce the level of stress and prophylaxis measures of burnout.

The findings can be useful for developing and improving teacher's efficacy. The suggestions arising from this study are presented with the hope that other researchers will find them interesting enough to pursue in the future, as a research starts where another has ended and ends where another starts.

References

1. Besharata, M. A., Pourhoseina, R., Rostamia, R., & Bazzazianb, S., (2010). Perfectionism and fatigue in multiple sclerosis. *Psychology and Health*, 1(14), 25-38.
2. Boswell, W. R., Olson-Buchanan, J. B., & Lepine, M. A. (2004). Relations between stress and work outcomes: The role of felt challenge, job control, and psychological strain. *Journal of Vocational Behavior*, 64, 165-181. [https://doi.org/10.1016/S0001-8791\(03\)00049-6](https://doi.org/10.1016/S0001-8791(03)00049-6)
3. Damian, L. E., Stoeber, J., Negru-Subtirica, O., & Baban, A. (2016). On the development of perfectionism: The longitudinal role of academic achievement and academic efficacy. *Journal of Personality*. <https://doi.org/10.1111/jopy.12261>
4. Flett, G. L., Besser A., Davis, R. A., & Hewitt, P. L. (2003). Dimensions of Perfectionism, Unconditional Self-Acceptance, and Depression. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 21(2), 119-138. <https://doi.org/10.1023/A:1025051431957>
5. Harvey, N., & Leonard, N. H. (2008). Negative Perfectionism: Examining Negative Excessive Behavior in the Workplace. *Journal of Applied Social Psychology*, 38(3). <https://doi.org/10.1111/j.1559-1816.2007.00318.x>
6. Peters, L. H., O'Connor, E. J., & Rudolf, C. J. (1980). The behavioral and affective
7. consequences of performance-relevant situational variables. *Organizational Behavior and Human Performance*, 25, 79-96. [https://doi.org/10.1016/0030-5072\(80\)90026-4](https://doi.org/10.1016/0030-5072(80)90026-4).
8. Rice, K. G., Richardson, C. M., & Ray, M. E. (2016). *Perfectionism in academic settings*.
9. Sirois, M., & Molnar, D. S. (Eds.). *Perfectionism, health, and well-being*. Springer International Publishing.
10. Silverman, L. K. (2010). *Perfectionism is not a malady* [Data file]. <https://www.positivedisintegration.com/Silverman2010.pdf>
11. Stoeber, J., & Rennert, D. (2008). Perfectionism in school teachers: Relations with stress appraisals, coping styles, and burnout. *Anxiety, Stress, & Coping*, 21(1), 37-53. <https://doi.org/10.1080/10615800701742461>.
12. Zolotareva, A. (2013). Standartizacija metodiki «Diferencijalni test perfekcionizma» [Standardization of the Differential Test of Perfectionism]. *Izvestia Volgogradskogo Gosudarstvennogo Pedagogicheskogo Universiteta*, 10(85), 142-146. [In Russian]

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Отримано 4 жовтня 2021 р.
Рецензовано 15 жовтня 2021 р.
Прийнято 18 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.3>

УДК 159.923.2:331

Tetiana Dziuba

TEACHERS' OCCUPATIONAL HEALTH IN THE SPECTRUM OF LEVEL AND CRITERION APPROACHES

Dziuba Tetiana. Teachers' occupational health in the spectrum of level and criterion approaches.

Introduction. The latest perspective on understanding the nature of teachers' occupational health allows us to consider this phenomenon as a process, in which professional activity becomes consciously built and arbitrarily regulated.

Aim. To clarify the nature of teachers' occupational health by applying level and criteria approaches.

Results. In the level approach, teachers' occupational health is considered as a dynamic construct with a complex multi-level structure. Each level is formed by a number of complementary characteristics and features. Therefore, occupational health can be considered as: a multilevel construct; system property; movement to self-realization; system capable of self-development. The criterion approach structures occupational health in accordance with certain indicators (criteria): the optimal level of professional performance; three-element structure modules; a continuum of criteria; a set of structural and dynamic indicators.

Conclusions. Theoretical and methodological tools of level and criterion approaches open new opportunities for psychological analysis of the nature of teachers' occupational health in educational organizations. Teachers' occupational health can be considered as their ability to make optimal changes, function effectively, as well as develop professionally.

Key words: occupational health, educational organizations, teachers' professional activity, level approach, criterion approach

Дзюба Тетяна. Професійне здоров'я педагога в спектрі рівневого і критеріального підходів.

Вступ. Новітній ракурс осмислення природи професійного здоров'я педагогів дозволяє розглядати цей феномен як процес становлення свідомо вибудованої й доволно регульованої професійної діяльності.

Метою дослідження є з'ясування природи професійного здоров'я педагогів в спектрі рівневого й критеріального підходів.

Результати. У спектрі рівневого підходу професійне здоров'я педагога розглядається як динамічне утворення, що містить складну структуру рівнів. Кожен рівень утворений низкою взаємодоповнюючих характеристик і ознак. Тому професійне здоров'я можна розглянути як: багаторівневе утворення; системну властивість; рух до самоздійснення; систему здатну до саморозвитку. Критеріальний підхід структурує професійне здоров'я у відповідності до певних показників (критеріїв): оптимальний рівень професійної працездатності; трьохелементна структура, що поєднує модулі; континуум критеріїв; сукупність структурно-динамічних індикаторів.

Висновки. Теоретико-методологічний інструментарій рівневого і критеріального підходів відкриває нові можливості для психологічного аналізу природи професійного здоров'я педагогів в освітніх організаціях. Розуміння феномену «професійне здоров'я» дозволяє оцінювати його як здатність до оптимальних змін, ефективного функціонування, професійного розвитку та професійного довголіття працівника.

Ключові слова: професійне здоров'я, освітні організації, професійна діяльність педагогів, рівневий підхід, критеріальний підхід

Дзюба Татьяна. Профессиональное здоровье педагога в спектре уровневого и критериального подходов.

Введение. Новый взгляд на природу профессионального здоровья педагогов позволяет рассматривать этот феномен как процесс становления заведомо выстроенной и произвольно регулируемой профессиональной деятельности.

Целью исследования является установление природы профессионального здоровья педагогов в спектре уровневого и критериального подходов.

Результаты. В спектре уровневого подхода профессиональное здоровье педагога рассматривается как динамическое образование, содержащее сложную структуру уровней. Каждый уровень образован рядом взаимодополняющих характеристик и признаков. Поэтому с точки зрения уровневого подхода профессиональное здоровье можно рассмотреть как: многоуровневое образование; системное свойство; движение к самоосуществлению; систему способную к саморазвитию. Критериальный подход структурирует профессиональное здоровье в соответствии с определенными показателями (критериями): оптимальный уровень профессиональной работоспособности; трехэлементная структура, сочетающая модули; континуум критериев; совокупность структурно-динамических индикаторов.

Выводы. Теоретико-методологический инструментальный уровня и критериального подходов открывает новые возможности для психологического анализа природы профессионального здоровья педагогов в образовательных организациях. Понимание феномена «профессиональное здоровье» позволяет оценивать его как

способность к оптимальным изменениям, эффективному функционированию, профессиональному развитию и профессиональному долголетию работника.

Ключевые слова: профессиональное здоровье, организации образования, профессиональная деятельность педагогов, уровневый подход, критериальный подход

Introduction. Understanding the nature of teachers' occupational health allows us to consider this phenomenon as a process, in which professional activity becomes consciously constructed and arbitrarily regulated. The results of the state-of-the-art research in Ukraine and abroad let us compare the features of the real and the ideal states of teachers' health and choose the most adequate approach in studying this phenomenon.

The analysis of the nature of teachers' occupational health is based on the concepts formulated in the framework of general and organizational psychology research. These are the concepts of organizational development and change management in the organization in conditions of social tension (Karamushka, Kredentser, Tereshchenko, Lagodzinska, Kovalchuk, & Ivkin, 2020), the concept of «healthy organization» (Karamushka, 2021; Di Fabio, 2017; Lowe, 2020) and the concept of stress (Cooper, Ed. 1998; Peterson, & Wilson, 2002; Karamushka, 2017).

According to the provisions of these concepts, the essential characteristics of the activities in educational organizations in Ukraine today are as follows:

- educational organizations operate in conditions of prolonged social tension as a mental state of the organization. It is characterized by the exacerbation of internal and external organizational contradictions of objective and subjective nature and is manifested in the individual and group behavior of employees (Karamushka, 2017). From these theoretical positions, the social tension of an educational organization can be a subject of the analysis of potential threats to teachers' occupational health;

- pedagogical activity is characterized as an activity within which the employee is exposed to a number of different and intense stressors. They can provoke and determine the context of groups of threats (risk factors) to the health of all subjects of the educational space. An in-depth study of such threats involves the identification of the prevalence (epidemiology), causality (etiology), phenomenology (symptoms) and their pathogenic impact on teachers' occupational health in educational institutions (Dzuba, 2021).

One of the important aspects of the studied problem is its consideration within the level and criterion approaches.

Aim. To clarify the nature of teachers' occupational health by applying level and criteria approaches as well as to analyze teachers' occupational health in the spectrum of the level approach and to trace the differences of its structural and dynamic characteristics from the standpoint of the criterion approach.

Results. Psychological research traces two approaches to the structure of teachers' occupational health: level and criterion.

Within the level approach, teachers' occupational health can be considered as: multilevel formation; system property; movement to self-realization; a system capable of self-development (Fig. 1).

In the studies of L. M. Mitina, G. V. Mitina, O. A. Asmakovets (2005), teachers' occupational health consists of two levels: the level of self-regulation and the existential level. *The level of self-regulation of health* ensures the teacher's awareness of the physical level of «I» in the real conditions of the professional environment; forms the ability to vital and professional self-determination; creates a basis for independent design by the teacher of own future, including professional. According to the authors, violations of the mechanisms of self-regulation, deformation of the inner world of the individual become a prolonged cause of a large number of somatic psychological diseases. Confirmation of the connection between self-regulation and occupational health is reflected in the latest foreign studies. B. M. Smit, L. K. Barber (2016) distinguish two factors of attitudes that affect the level of occupational health: dispositional self-control as the ability to regulate thoughts and behavior and daily planning as the ability to self-organize in the space-time continuum. *The existential level of health* determines the semantic orientations of a teacher and the general meaning of his/her life; forms the teacher's attitude to others and himself/herself; stimulates the development of specific professional abilities (communicative, reflexive, gnostic, creative); provides opportunities for personal choice and autonomous development. This level is an objective condition for the development of the value-semantic attitude of a teacher to own health and the successful implementation of the important prognostic mission of education, which is associated with the creation of a child's spiritual health. Apart from the formation of value-semantic attitudes to one's own health, «the teacher remains the object of external influences, unable to become the subject of his own life» (Mitina, 2004: 223).

In M. G. Chesnokova's research, the levels of occupational health are structured according to the principle of individualization: *the physical level of health* is the preservation by an individual of his biological organization and the normal functioning of organs; *social level of health* – compliance with social norms, compliance with the basic requirements of the individual as a member of society; *mental level of health* – preservation of the function of reflection and regulatory function of the psyche, ensuring the adequacy of the

subject's behavior to the existing conditions; *spiritual level of health* – self-realization and self-actualization of the individual, growth of self-awareness, increasing the level of meaningfulness of life (Chesnokova, 2015). According to this principle, a teacher's health is not only a basic condition for effective professional activity (which is more characteristic of the first stages of professionalization) but also as a kind of product of development, as an individual life task of an employee (Chesnokova, 2015:32).

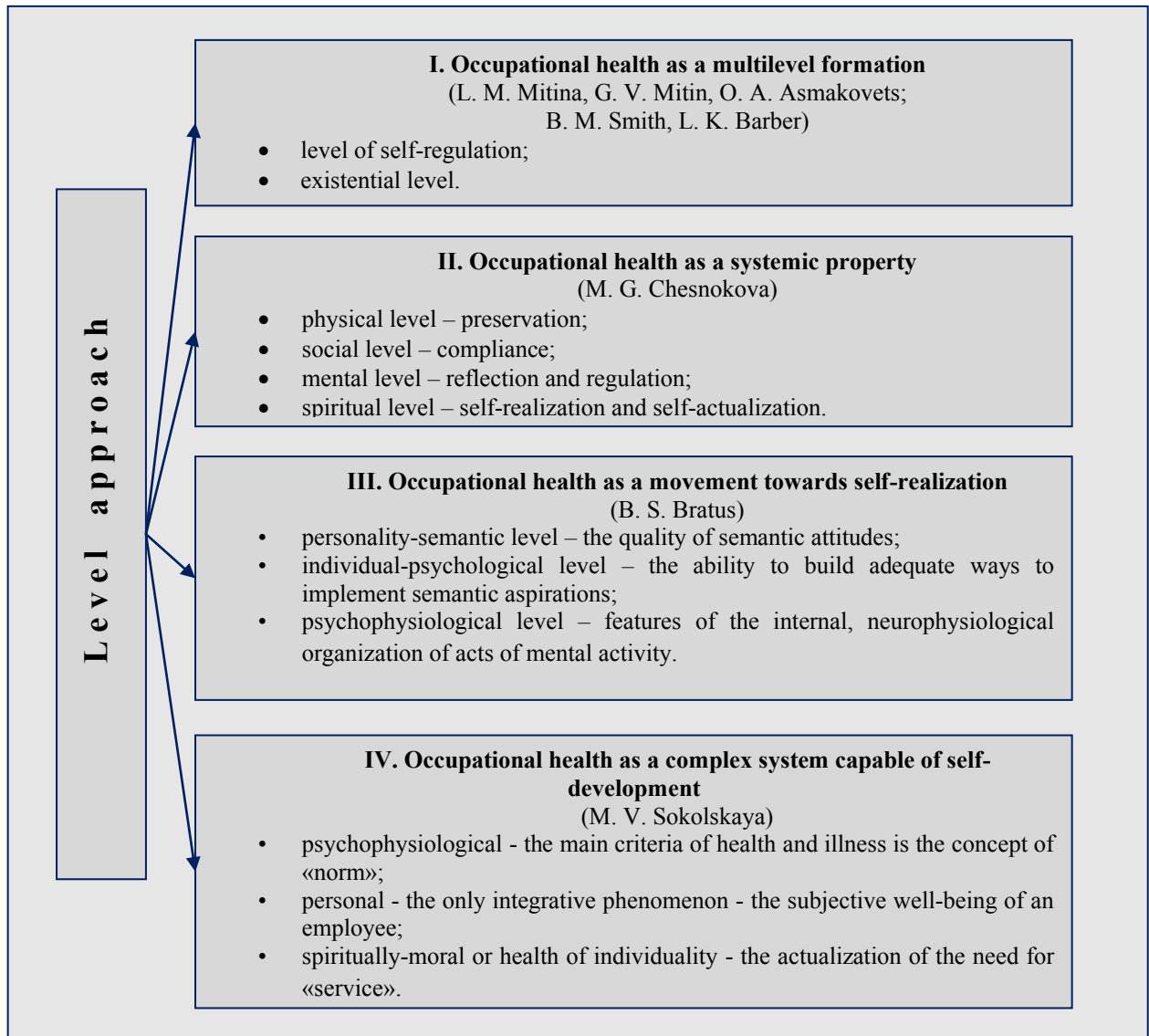


Fig. 1. The levels of teachers' occupational health (level approach)

B. S. Bratus (2019) builds a hierarchy of levels of health, which shows a movement to self-realization through inclusion in the «ensemble of social relations» through various mechanisms of adaptation and regulation of its relations with the world. The author considers three levels of health: *personality-semantic level* – is determined by the quality of semantic attitudes of a person; *individual-psychological level* – fixes a person's ability to build adequate ways to realize semantic aspirations; *psychophysiological level* – characterizes the features of the internal, neurophysiological organization of acts of mental activity of an individual. Personality-semantic level as a higher level of health, according to B. S. Bratus, relates to the core of personality, given by the system of general semantic formations. «The general semantic formations (in the case of their realization – personal values) are the forming units of consciousness of the individual, determine the main and relatively constant attitudes of a person to the main spheres of life» (Bratus, 2019:45). He further notes: «... a person can be completely mentally healthy (remember and think well, set complex goals, find the right ways to them, be active, successful, self-sufficient, etc.) and at the same time personally defective, sick: not coordinate, not direct own life to the achievement of human essence, to be satisfied with surrogate values» (Bratus, 2019:86).

The personal and semantic level of a teacher's health is determined by the quality of his value and semantic attitudes, which mediate the adequacy of perception, the effectiveness of teacher interaction in a

professional environment, the constructive adaptability to professional activity in a situation of rapid change and educational reconstruction. According to the authors of numerous studies, the value-semantic level is a central component of personal adaptive potential and resources of occupational health (Sinyakova, Pecherkina, & Churakova, 2021; Karamushka, 2021; Pravdina, Vasilieva, & Gauss, 2015). For example, in the research of L. M. Karamushka and T. V. Zaichikova (2001) it is shown that pedagogical workers in the conditions of their professional activity gradually form a stage of «resistance» of the general adaptation syndrome, personality is characterized by inadequate selective emotional response, emotional deficit, personal alienation or depersonalization, emotional and moral disorientation, reduction of professional responsibilities. The data obtained in the research of L. A. Martinova, indicate that the greatest degree of expression of mental burnout in the phase of «resistance» is characteristic of teachers aged 28-32 years. Among the teachers of this age group, the symptoms of mental burnout are more regular, protracted and more difficult to correct. This situation, according to the researcher, is explained by the coincidence of two crises: the regulatory crisis of 30 years and the crisis of professional career (according to the periodization of professional development by E. E. Symanyuk) (Martynova, 2015; Symanyuk, 2004). Therefore, the teacher's loss of professional sense of self, the feeling of psychological numbness (personal alienation, depersonalization) and the futility of professional activity become real threats to his/her professional well-being. Depersonalization as a symptom of professional burnout reflects deep deformations of the moral and ethical sphere of the teacher's personality (change of the system of values and meanings, formation of negative professional and life stereotypes and guidelines). This situation is directly related to the deterioration of the subjective neuropsychological status of the teacher, the unresolved problem of effective prevention of professional deformities and professional destruction, crises of professional development and professional growth, shortcomings in the system of prevention of burnout.

M. V. Sokolskaya (2008), based on the understanding of a person as a complex system capable of self-development, offers a three-tier structure of professional health: the first level – *psycho-physiological*, i.e., the health of body and individual, where the main criterion of health is the concept of «norm»; the second level – *personal* covers the characteristics of a person as a personality (historical socio-cultural space) and as a subject of activity (professional environment). At this level, occupational health is not a separate element, but as a single integrative phenomenon – the subjective well-being of an employee; the third level – *spiritually-moral* or *health of individuality* provides the actualization of the need for «service», which is realized in love for those around, in involvement, interdependence, existential content, which allows an employee to go beyond own actual, available opportunities in the realm of hidden potentials (Sokolskaya, 2008).

Thus, occupational health in the level approach is considered as a formation that contains a complex structure of levels. Each level is formed of complementary characteristics and features. This approach allows us to consider the phenomenon of health as a transition from one level to another, more complex and qualitatively different. Developing the idea of level changes of mental formations, S. L. Rubinstein (2005) remarked: «Each step, being qualitatively different from all others, represents a relative whole, as its psychological characteristic as a certain specific whole is possible. Any previous stage is a preparatory step to the next; within it, those forces and attitudes which, becoming leading, give rise to a new stage of development, grow first as subordinate motives» (Rubinstein, 2005). The level approach makes it possible to clearly distinguish indicators of occupational health development, and the transition from one level to another reflects the dynamics of development of each level in their holistic interaction, becoming a condition or result of the same development. However, we agree with the point of view of M. V. Sokolskaya, who argues that «... achieving a top, higher level of health in the hierarchical development of a person is not sudden – it is a gradual process, which is preceded by a number of stages, levels, in which development is nonlinear and not always consistent: both stops at any stage of development and retrogression are possible, but it is not fatal, because under the active position of personality – its subjectivity – further personal development will not only not suffer but also, perhaps, will be more accurate, «purified», conscious, moral» (Sokolskaya, 2008:21). This thesis suggests that such a synergistic phenomenon as «nonlinearity» is an important sign of occupational health. Nonlinearity is the unpredictability of the future state of any system (health as a system, *author's note*) based on existing ones because any minimal impact (threat) of the environment can cause great consequences («butterfly effect»), and large, on the contrary, may be purely insignificant («a mountain gave birth to a mouse»). The butterfly effect is a term that metaphorically reflects the property of complex interactive nonlinear systems (including those related to the psyche, behavior and social interactions) to change in another dimension and time due to minor and unpredictable events. At the heart of the statement of the American meteorologist Edward Lorenz that the flutter of the butterfly's wings symbolizes small changes in the initial state of the system, which cause a chain of events leading to large-scale changes. Therefore, such systems, on the one hand, are extremely stable in a situation of large-scale adverse effects, and on the other – extremely sensitive in the case of minor fluctuations in the environment (Shapoval, & Turanosova, 2016). In addition, nonlinear systems contain a wide variety of complex feedbacks that determine the possibility of different types of behavior and states and are therefore able to «restructure» from one state to another when the former becomes unfavorable, and therefore nonlinear systems are adaptable.

The *criterion* approach (Fig. 2) structures occupational health in accordance with certain indicators (criteria).

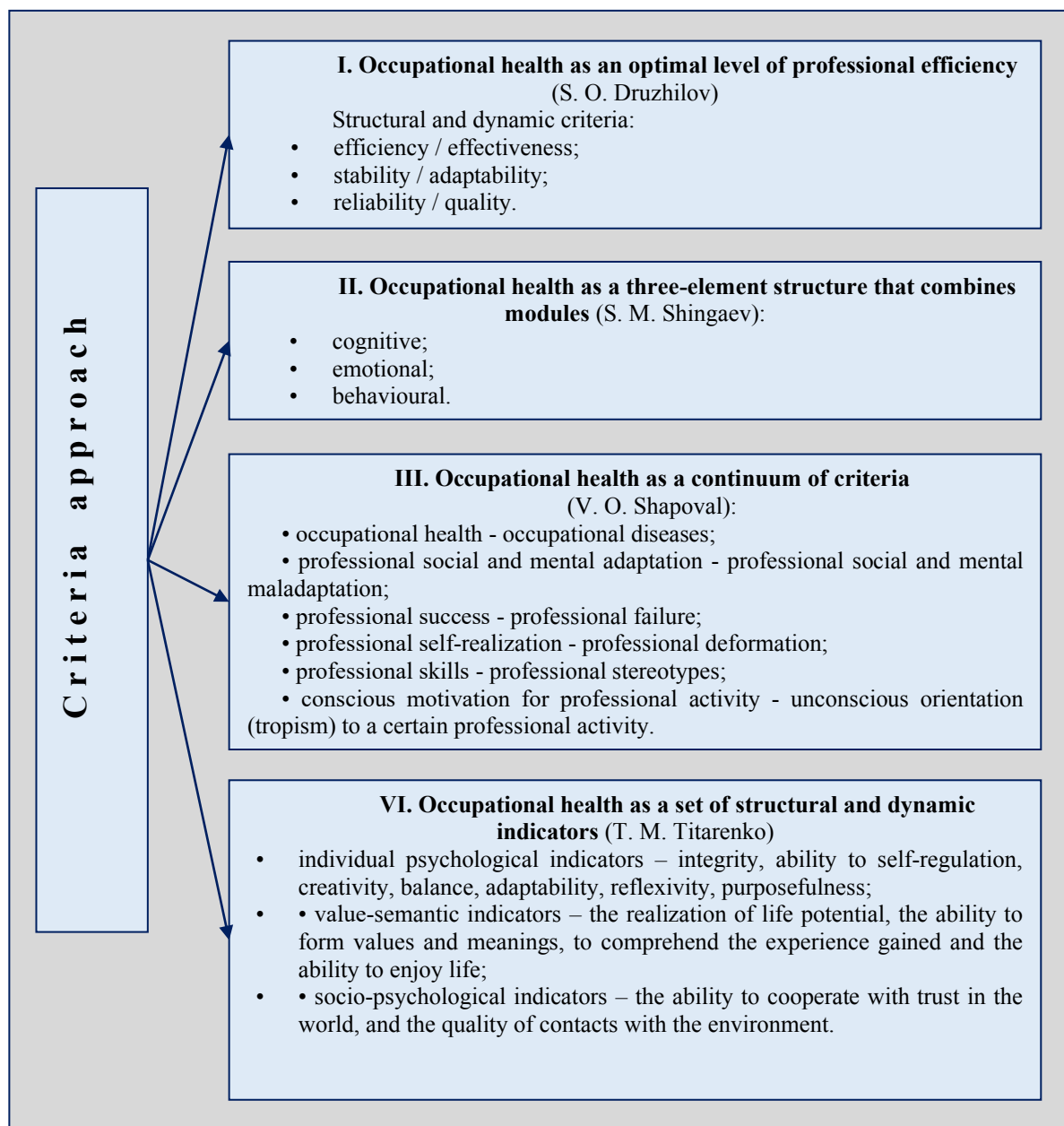


Fig. 2. The levels of indicators of teachers' occupational health (criterion approach)

It is important to emphasize that, like any system, the «occupational health» system must be characterized by a structure that consists of a system-forming factor (or core) and elements (in our case, criteria). The essence (core) of this system is the optimal level of professional efficiency, and its elements are as follows: *efficiency / effectiveness, stability / adaptability, reliability / quality* (Druzhilov, 2012). According to S. O. Druzhilov, the effectiveness of professional activity involves comparing the result (effect) with the psychophysiological costs («price of activity»), which are required to obtain this effect (Druzhilov, 2012:17). *The effectiveness of professional activity of a teacher* is manifested in *objective* (labour intensity, level of qualification, norms and values of educational organization, formal and informal status of a teacher in the team) and *subjective* (specific features of professional motivation, level of mental stress, ability to organize their own activities, ease of communication, creativity, the formation of cognitive processes that ensure the successful performance of professional activities, professional self-esteem) *indicators* (Markova, 1996).

Another pair of criteria – *adaptability / stability* is determined by the activity of an employee, the ability to adapt own behavior to the changing conditions of the professional environment by modifying motivations, emotions and attitudes. Professional adaptability or the dynamic balance in the system «individual - professional environment», is reflected in the subjective personality traits of an employee, which are dominant in determining the effectiveness of professional activities. However, the dynamic balance of professional and personal development of teachers is quite contradictory and ambiguous. Stressful negative occupational events and prolonged negative occupational influences (such as traumatic occupational experiences and pathogenic

occupational relationships in a mobbing situation) can both contribute to the development of occupational diseases and mitigate their expression (Popov, Shirenkova, & Serazetdinov, 2007). If there are stable unfavorable conditions for the professionalization of a teacher, then there is a real threat of maladaptation, or a temporary violation of professional and personal development. For example, excessive unfair and constant criticism, devaluation of a teacher on various vectors of professional interaction can lead to vulnerability; the formation of low self-esteem, which in combination with factors of chronic fatigue, information overload can cause exacerbation of chronic diseases or disease in general. It is also important to consider the fact that each person has a certain barrier to mental adaptation, which seems to absorb all the features of mental composition and the ability to respond. Therefore, as long as a person's behavioral responses are within acceptable limits and do not go beyond the barrier of mental adaptation, the person successfully adapts. However, in the case of its «breakthrough» or «destruction», there is a mental breakdown, which can lead to the development of the disease (Popov, Shirenkova, & Serazetdinov, 2007).

Thus, *adaptability/stability* as one of the important indicators of teachers' occupational health is determined by the level of functional strength of the body, resistance to pathological influences (threats) of the professional environment, or how easily and reliably the protective forces compensate for these influences. If a teacher does not have enough internal and external resources to master the tasks of professional and personal development, then for the duration of aggravating processes there is a risk of mental imbalance, which can lead to the development of health disorders in general. Insufficient mastery causes either direct losses in the professional and personal development of a teacher, or increases vulnerability, or possibly increases susceptibility to various pathogenic influences of the organizational educational environment.

The next pair of *reliability/quality* is determined by the acquisition of professional maturity – individual psychological characteristics of a teacher, which ensures the harmonization of relations in the professional environment, expands and deepens the teacher's ability to correlate their own professional capabilities and needs with professional requirements.

Professional maturity is considered as the highest level of achievements of the subject of activity, as the highest level of manifestation of «high professionalism, qualification and competence» (Chuiko, 2011:187). F. Perls argues that maturity, or mental health, is the ability of an individual to move from reliance on the environment, and from the regulation by the environment to self-reliance and self-regulation. It is about the formation of autonomy as the ability of a mature person not just to rely on oneself, but to trust own inner experience (Perls, 1992). If in the inner experience knowledge and being are completely identical, if for such an experience to be means to know oneself, and to know oneself means to be oneself, then the knowledge that gives the inner experience is knowledge «in essence» (Chuiko, 2011).

Professional maturity as the highest stage of professional development of a teacher involves not only adaptation to rapidly changing conditions of professional activity, but also willingness to realize unique relationships with the world and people through the professional activities. The establishment of professional maturity is associated with the adoption of the mentality of the profession, the emergence of a sense of service to the world through professional activities, when the profession becomes a means of self-realization for a teacher.

On the other hand, the logic of the formation of professional maturity of a teacher creates threats of professional deformities, which are manifested in emotional burnout, alexithymia, excessive deformation of teaching style, daily disorders, personal and professional maladaptation and more. In addition, professional and pedagogical activity is recognized as a profession characterized by a high level of neuroticism - a state of emotional instability, which can lead to neurosis and the manifestation of neurotic tendencies in employee behaviour. The main difference between neurotic disorders is that they affect only certain areas of the mental health of a teacher: they create negative emotional states, limit opportunities for professional realization, significantly impair the quality of professional activities in general.

To reach professional maturity and take responsibility for oneself and one's professional health, a teacher needs to work with the so-called «neurotic levels» in a timely and thorough manner (Perls, 1992). In particular, *the level of professional cliché*, when a teacher overcomes stereotypes and conformity of behaviour. According to F. Perls, this level determines the playing of non-human roles, as well as controlling games between top-dog and under-dog. *The level of professional phobia* or *artificiality*, when professional roles and various professional games dominate, and a teacher seeks support by manipulating others (students, colleagues, parents, supervisor). Awareness of the «falsity» of behaviour and manipulation creates in an employee a sense of fear of being who he/she really is. *The level of hopelessness* or *deadlock* is characterized as a situation when the teacher is unable to use the support of the environment and is professionally unprepared to rely on one-self. *The level of an internal explosion* is when an employee shows the ability to take risks to overcome a level of hopelessness. Willingness not to take on the protective role of the victim (for example in a mobbing situation, etc.). *The level of an external explosion* or *explosion* as a deep and intense emotional experience, characterized by the relief and return of emotional balance. This level means the formation of an authentic personality capable of experiencing and expressing their emotions (Perls, 1992).

Thus, maturity occurs when the teacher mobilizes all resources to overcome the frustration and fear that arise from a lack of support from others.

Within the criteria approach, S. M. Shingayev (2018) defines psychological factors of occupational health as a three-element structure that combines cognitive, emotional, and behavioural modules. The cognitive module of occupational health is manifested in such indicators as an adequate understanding of the level of one's health, awareness of the role of health and its impact on life in general, as well as an understanding of the main risk factors of the profession and ways to maintain and strengthen health. The emotional module covers the whole range of experiences of the state of «health/illness» that arises in an employee in a particular professional situation and is characterized by such a criterion as an adequate emotional response. The criteria of the behavioural module are the characteristics of professional behaviour, which contribute to adaptation to changing conditions of the professional environment, behavioural strategies due to changes in the health of the employee and readiness for a healthy way of organizing professional activities (Shingayev, 2018).

Criteria for occupational psychological health, according to V. O. Shapoval, lie in such continuums as: occupational health – occupational diseases; professional social and mental adaptation – professional social and mental maladaptation; professional success (efficiency, reliability) – professional failure (unreliability, futility); professional self-realization (constructive development, professional transformation) – professional deformation (professional degradation); professional skill (flexibility, creativity, innovation) – professional stereotypes (rigidity, conservatism, dogmatism); conscious motivation for professional activity is an unconscious orientation (tropism) to a certain professional activity (Shapoval, & Turanosova, 2016).

T. M. Tytarenko analyzes three groups of structural and dynamic characteristics of occupational health: socio-psychological, individual-psychological and value-semantic. The author refers to the *individual psychological indicators of teachers' occupational health*: integrity, ability to self-regulation, creativity, balance, adaptability, reflexivity, purposefulness. Among the basic *value-semantic indicators*, which are the second most common, there are four: the realization of life potential, the ability to form values and meanings, to comprehend the experience and the ability to enjoy life. The least common *socio-psychological indicators* were two integral indicators: the ability to cooperate with trust in the world, and the quality of contacts with the environment, which implies the presence of intimacy, humanity, care (Tytarenko, 2016).

Thus, scientific sources present a wide range of recurring criteria for the occupational health of organizational personnel. Analysis of different points of view on this issue shows that there is no clear, generalized structure, although within the selected criteria there is some semantic identity. Nevertheless, reduction to any one universal criterion is also unproductive.

Conclusions. The analysis of the level and criterion approaches to studying the nature of teachers' occupational health allows us to see the advantages and disadvantages of each approach. *The level approach*, which is suitable for studying the general health of an individual, somewhat loses its adequacy in the transition to a much more complex phenomenon of occupational health. *The criterion approach* represents a wide list of repetitive criteria without any classification of features. Therefore, it is appropriate, in our opinion, to apply an integrative approach to the problem. An integrative approach in the study of the phenomenon of teachers' occupational health contains more advantages in the analysis of its structural and dynamic characteristics. *This is a promising area for further scientific research and publications.*

References

1. Bratus, B. S. (2019). *Anomalii lichnosti. Psihologicheskij podhod. [Personality anomalies. Psychological approach]*. ООО ТД «Nikeya». [In Russian]
2. Dzuba, T. M. (2021). Vnutrishnij zmist i strukturno-dinamichni xarakterystyky profesijnogo zdorovya pedagogiv: integratyvnyj pidxid. [Internal content and structural-dynamic characteristics of occupational health of teachers: integrative approach]. *Zbirnyk naukovykh prats «Visnyk pishlyadyplomnoi osvity». Seriya «Socialni ta povedinkovi nauky»*, 17(46), 40-56. [https://doi.org/10.32405/2522-9931-2021-17\(46\)-40-56](https://doi.org/10.32405/2522-9931-2021-17(46)-40-56). [In Ukrainian]
3. Druzhilov, S. A. (2012). Ekologiya cheloveka i professional'noe zdorov'e trudyashchihsya: psihologicheskij podhod. [Human ecology and occupational health of workers: a psychological approach]. *Mezhdunarodnyj zhurnal eksperimental'nogo obrazovaniya*, 12(2), 15-18. [In Russian]
4. Karamushka, L. M. (2017). Socialna napruzhenist v organizaciyi: sutnist, pidhody do vyvchennya, metodyky doslidzhennya. [Social tension in the organization: essence, approaches to studying, research methods]. *Naukove zabezpechennya rozvytku osvity v Ukrayini: aktualni problemy teorii i praktyky*, VD «Sam», 119-126. [In Ukrainian]
5. Karamushka, L. M. (2021). Psykholohichne zdorov'ya personalu orhanizatsiy v umovakh pandemiyi COVID-19: ohlyad zarubizhnykh doslidzhen'. [Staff's psychological health in the context of the COVID-19 pandemic: a review of foreign studies]. *Orhanizatsiyna psykholohiya. Ekonomichna psykholohia*, 1(22), 69-78. [In Ukrainian]
6. Karamushka, L. M., & Zaychukova, T. V. (2001). Problema syndromu «profesijnoho vyhorannya» v pedahohichnij diyal'nosti v zarubizhnyy ta vitchyznyanyy psykholohiyi. [The problem of the syndrome of «professional burnout» in teaching in foreign and domestic psychology]. *Aktualni problemy psykholohii: Naukovi zapysky Instytutu psykholohii im. H.S. Kostuka APN Ukrainy*. Nora Druk, 210-217. [In Ukrainian]
7. Karamushka, L. M., Kredentser, O. V., Tereshchenko, K. V., Lahodzinska, V. I., Kovalchuk, O. S., & Ivkin, V. M.

- (2020). Empiryczne doslidzhennya strukturykh komponentiv psykhologichnoho zdorov'ya personalu osvitych orhanizatsiy. [An empirical study on the structural components of the psychological health of the staff of educational organizations]. *Aktualni problemy psykhohiyyi. Orhanizatsiyna psykhohiyya. Ekonomichna psykhohiyya. Sotsialna psykhohiyya*, 57(1), 22-31. [In Ukrainian]
8. Markova, A. K. (1996). Psihologiya professionalizma. [Psychology of professionalism]. [In Russian]
9. Martynova, L. A. (2015). Sindrom emotsionalnogo vygoraniya kak faktor, iniciiruyushchij professionalnye krizisy pedagoga. [Burnout syndrome as a factor initiating professional crises of a teacher]. In *Gorizonty zrelosti. Sbornik tezisov uchastnikov Pyatoy vsrossijskoj na-uchno-prakticheskoy konferencii po psihologii razvitiya*, (pp. 433-445) GBOU VPO. [In Russian]
10. Mitina, L. M. (2004). *Psihologiya truda i professionalnogo razvitiya uchitelya. [Psychology of work and professional development of the teacher]. Akademiya. [In Russian]*
11. Mitina, L. M., Mitin, G. V., & Anisimova, O. A. (2005). Professionalnaya deyatel'nost' i zdorove pedagoga. [Professional activity and health of the teacher]. [In Russian]
12. Popov, G. N., Shirenkova, E. V., & Serazetdinov, O. Z. (2007). Kriterii zdorovya: adaptatsiya, socializatsiya, individualizatsiya. [Health criteria: adaptation, socialization, individualization]. *Vestnik Tomskogo gosudarstvennogo pedagogicheskogo universiteta*, 5. [In Russian]
13. Pravdina, L. R., Vasileva, O. S., & Gaus, E. V. (2015). Ekzistentsial'naya ispolnennost' kak faktor professionalnogo zdorovya. [Existential performance as a factor in occupational health]. *Inzhenernyj vestnik Dona*, 37(3). [In Russian]
14. Rubinshtejn, S. L. (2005). Osnovy obshchej psihologii. [Fundamentals of General Psychology]. [In Russian]
15. Sinyakova, M., Pecherkina, A., & Churakova, N. (2021). Professionalnoe zdorove pedagoga. [Occupational health of the teacher]. Litres. [In Russian]
16. Sokolskaya, M. V. (2008). *Lichnostnoe zdorove professionala. [Personal health professional]. Izd-vo DVGUPS. [In Russian]*
17. Symanyuk, E. E. (2004). *Psihologiya professionalno obuslovlennykh krizisov. [Psychology of professionally conditioned crises]. Izd-vo Mosk. psihologo-soc. in-ta. [In Russian]*
18. Tytarenko, T. M. (2016). Indykatory psykhologichnoho zdorovya osobystosti. [Individual psychological health indicators]. *Psihologichni nauky: problemy i zdobutky*, 9, 196-215. [In Ukrainian]
19. Chesnokova, M. G. (2015). Ponyatie zdorovya v kontekste klyuchevykh kategorij kulturno-deyatelnostnogo podhoda. [The concept of health in the context of key categories of the cultural activity approach]. *Vestnik Moskovskogo universiteta. Seriya 14. Psihologiya*, 2. [In Russian]
20. Chuyko, O. V. (2011). Osobystisna i profesiyna zrilist: spivvidnoshennya ponyat. [Personal and professional maturity: the relationship of concepts]. *Aktualni problemy sotsiologiyi, psykhohiyyi, pedahohiky*, 13, 184-190. [In Ukrainian]
21. Shapoval, V. A., & Turanosova, V. V. (2016). Professionalno-psihologicheskoe zdorove sotrudnikov policii, perezhivshih psihicheskuyu travmu. [Professional and psychological health of police officers who survived mental trauma]. *Zdorovye – osnova chelovecheskogo potentsiala: problemy i puti ih resheniya*, 11(2). [In Russian]
22. Shingaev, S. M. (2018). Psihologicheskoe obespechenie professionalnogo zdorovya vypusknikov vuzov pri adaptatsii k professionalnoj deyatel'nosti. [Psychological support of occupational health of university graduates in adaptation to professional activity]. *Vestnik Omskogo universiteta. Seriya «Psihologiya»*, 3. [In Russian]
23. Cooper, C. L. (Ed.). (1998). *Theories of organizational stress*. Oup oxford.
24. Di Fabio, A. (2017). Positive Healthy Organizations: Promoting well-being, meaningfulness, and sustainability in organizations. *Frontiers in psychology*, 8, 1938.
25. Di Fabio, A., Cheung, F. M., & Peiró, J. M. (2020). Editorial to special issue «Personality and individual differences and healthy organizations». *Personality and Individual Differences*, 166, 110-196.
26. Lowe, G. (2020). *Creating healthy organizations*. University of Toronto Press.
27. Perls, L. (1992). Concepts and misconceptions of Gestalt therapy. *Journal of Humanistic Psychology*, 32(3), 50-56.
28. Peterson, M., & Wilson, J. F. (2002). The culture-work-health model and work stress. *American Journal of Health Behavior*, 26(1), 16-24.
29. Smit, B. W., & Barber, L. K. (2016). Psychologically detaching despite high workloads: the role of attentional processes. *Journal of Occupational Health Psychology*, 21(4), 432.

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Отримано 11 жовтня 2021 р.
Рецензовано 22 жовтня 2021 р.
Прийнято 25 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.4>

УДК 159.922:316.6

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TOLERANCE OF UNCERTAINTY AS A DETERMINANT OF EDUCATORS' PSYCHOLOGICAL HEALTH IN CONDITIONS OF SOCIAL TENSION

Karamushka, Liudmyla, Tereshchenko, Kira, Kredentser, Oksana, Ivkin, Volodymyr, Lagodzinska, Valentyna, Kovalchuk, Oleksandr, Vozniuk, Alla. Tolerance of uncertainty as a determinant of educators' psychological health in conditions of social tension.

Introduction. Social instability increases the importance of tolerance of uncertainty among representatives of different social and professional groups. In the context of the COVID-19 pandemic, educators' tolerance of uncertainty as a probable determinant of their psychological health is of particular interest for researchers.

Aim: to study tolerance of uncertainty as a determinant of educational staff's psychological health in conditions of social tension.

Methods: D. McLain's MSTAT-II (adapted by E.M. Osin), T. Galkina & N. Artemtseva's Attitude to Psychological Health Scale, Scale of Positive Mental Health by J. Lukat et al., and Locus of Health Control questionnaire.

Results. It was found that the most pronounced components of tolerance of uncertainty were the attitude to novelty and preference of uncertainty. Uncertainty tolerance components affected most aspects of educators' psychological health.

Conclusion. Tolerance of uncertainty should be seen as a determinant of educators' psychological health.

Key words: tolerance of uncertainty, indicators of uncertainty tolerance, psychological health, psychological health components, psychological health determinant, educators

Карамушка Людмила, Терещенко Кіра, Креденцер Оксана, Івкін Володимир, Лагодзінська Валентина, Ковальчук Олександр, Вознюк Алла. Толерантність до невизначеності як детермінанта забезпечення психологічного здоров'я освітнього персоналу в умовах соціальної напруженості.

Вступ. В ситуації соціальної нестабільності актуалізується значущість толерантності до невизначеності, що стосується представників різних соціальних та професійних груп. В умовах пандемії COVID-19 особливу увагу привертає толерантність до невизначеності освітнього персоналу як ймовірна детермінанта його психологічного здоров'я.

Мета: дослідити толерантність до невизначеності як детермінанту забезпечення психологічного здоров'я освітнього персоналу в умовах соціальної напруженості.

Методи: «Опитувальник толерантності до невизначеності» Д. Маклейна (адаптація Є.М. Осіна), «Шкала ставлення до психологічного здоров'я» Т. Галкіної, Н. Артемцевої, «Шкала позитивного психічного здоров'я» J. Lukat et al., «Опитувальник для вимірювання локус контролю здоров'я».

Результати. Встановлено, що найбільш вираженими складовими толерантності до невизначеності є ставлення до новизни та надання переваги невизначеності. Виявлено, що показники толерантності до невизначеності впливають на більшість компонентів психологічного здоров'я освітнього персоналу.

Висновки. Толерантність до невизначеності слід розглядати як детермінанту психологічного здоров'я персоналу освітніх організацій.

Ключові слова: толерантність до невизначеності, показники толерантності до невизначеності, психологічне здоров'я, компоненти психологічного здоров'я, детермінанта психологічного здоров'я, освітній персонал.

Карамушка Людмила, Терещенко Кира, Креденцер Оксана, Ивкин Владимир, Лагодзинская Валентина, Ковальчук Александр, Вознюк Алла. Толерантность к неопределенности как детерминанта обеспечения психологического здоровья образовательного персонала в условиях социальной напряженности.

Вступление. В ситуации социальной нестабильности актуализируется значимость толерантности к неопределенности, касающейся представителей различных социальных и профессиональных групп. В условиях пандемии COVID-19 особое внимание привлекает толерантность к неопределенности образовательного персонала как вероятная детерминанта его психологического здоровья.

Цель: исследовать толерантность к неопределенности как детерминанту обеспечения психологического здоровья образовательного персонала в условиях социальной напряженности.

Методы: «Опросник толерантности к неопределенности» Д. Маклейна (адаптация Е.М. Осина), «Шкала отношения к психологическому здоровью» Т. Галкиной, Н. Артемцевой, «Шкала позитивного психического здоровья» J. Lukat et al., «Опросник для измерения локус контроля здоровья».

Результаты. Установлено, что наиболее выраженными составляющими толерантности к неопределенности является отношение к новизне и предпочтение неопределенности. Выявлено, что показатели толерантности к неопределенности влияют на большинство компонентов психологического здоровья образовательного персонала.

Выводы. Толерантность к неопределенности следует рассматривать как детерминанту психологического здоровья персонала образовательных организаций.

Ключевые слова: толерантность к неопределенности, показатели толерантности к неопределенности, психологическое здоровье, компоненты психологического здоровья, детерминанта психологического здоровья, образовательный персонал.

Introduction. Social instability increases the role of tolerance of uncertainty among representatives of different social and professional groups. In the context of the COVID-19 pandemic, educators' tolerance of uncertainty as a probable determinant of their psychological health is of particular interest for researchers.

The phenomenon of tolerance of uncertainty is considered as an individual tendency (Budner, 1962), emotional-perceptual personal quality (Frenkel-Brunswik, 1949), the range of reactions (McLain, Kefallonitis & Armani, 2015). Tolerance of uncertainty is understood as a personal quality, which determines a person's ability to respond positively to situations of uncertainty and to act in conditions of vaguely defined goals and lack of information (Semichenko & Artyushina, 2019).

Today, researchers agree that tolerance of uncertainty is not only associated with certain traits or behavioral symptoms, but also plays a role in the processes associated with overcoming or generating uncertainty primarily at the cognitive level (Tomarzhevskaya, 2018). Thus, tolerance of uncertainty is an integral characteristic of a person as well as a multilevel and multidimensional personality construct (Gusev, 2007; Semichenko & Artyushina, 2019; Tomarzhevskaya, 2018).

Scientific literature analyzes both tolerance of uncertainty and intolerance of uncertainty as the opposite manifestations of one personal attribute: on one pole is the acceptance of uncertainty and willingness to function productively in appropriate situations, while on the opposite pole is avoidance and fear of uncertain situations and stress caused by new and unusual situations (Semichenko & Artyushina, 2019). Intolerance of uncertainty is seen as an individual's tendency to make decisions using the «black-and-white» principle and to jump to conclusions without taking into account complex realities and the interests of other people (Tomarzhevskaya, 2018).

Some aspects of tolerance of uncertainty in the educational environment have been analyzed by O. Bryukhovetska (2015), T. Kornilova & S. Smirnov (2012), O. Myloslavskaya, O. Gulyaeva & Ye.O. Sapyan (2020), G.V. Pavlenko (2019), V. Semichenko & K. Artyushina (2019), S.O. Hilko (2018) and others. Thus, studying tolerance of uncertainty among secondary school principals, O. Bryukhovetska (2015) notes that uncertainty-tolerant secondary school principals search for situations of uncertainty, take comfort while in situations of uncertainty, perceive uncertain situations as desirable, try to solve problems, even if not all the facts and possible consequences of the decision are known, face conflicts and tension that arise in an ambiguous situation, keep self-control when receiving inconsistent or contradicting information, accept the unknown, withstand the stress of critical situations, perceive new, unfamiliar, or risky situations as stimulating, and readily adapt to obviously ambiguous situations or ideas. If a school principal is intolerant of uncertainty in management, they tend to perceive unusual and complex situations as threatening rather than offering new opportunities (Bryukhovetska, 2015).

A number of studies have highlighted the role of tolerance of uncertainty in promoting an individual's psychological health. In particular, there is evidence of an association between tolerance / intolerance of uncertainty and stress and anxiety disorders in employees (Carleton, 2012; Iannello et al., 2017).

According to the findings obtained by M. Mykolaichuk & K. Troyanovska (2019), there are links between some components of tolerance of uncertainty and psychological well-being of married couples. Satisfaction with marriage is associated with all three components of tolerance of uncertainty: attitude to novelty, attitude to complex tasks, and attitude to ambiguous situations. Besides, spouses' inability to accept uncertainty is associated with their high levels of anxiety, guilt and tension.

According to research conducted by G.V. Pavlenko (2019), students' psychological well-being is achieved through their high-level tolerance of uncertainty. A person with developed tolerance of uncertainty is able to transform themselves and meet their needs in changing conditions as well as are open to new experiences. However, correlation and regression analysis, as noted by the researcher, showed no effect of students' tolerance of uncertainty on their psychological well-being, so psychological distress did not associate with intolerance to uncertainty, but associated with interpersonal intolerance (Pavlenko, 2019). Thus, the analysis of the relevant scientific literature revealed that tolerance of uncertainty in the context of psychological health of representatives of different social and professional groups needed further in-depth studies. At the same time, tolerance of uncertainty can be considered as a probable determinant of educators' psychological health.

Aim: to study tolerance of uncertainty as a determinant of educators' psychological health in conditions of social tension.

Methods. In our study we used: E. Osin's adaptation of D. McLain's MSTAT (Leontiev, Osin & Lukovitskaya, 2016) to measure the attitude to novelty, attitude to complex tasks, attitude to ambiguous situations, preference for uncertainty, and tolerance / avoidance of uncertainty as well as the general index of tolerance of uncertainty; T. Galkina and N. Artemtseva's Scale of Attitudes to Psychological Health (SAPH) (Galkina & Artemtseva, 2018) to measure the cognitive-emotional component of psychological health; J. Lukat, J. Margraf, R. Lutz, W.M. van der Veld, & E.S. Becker's Positive Mental Health Scale (PMH-scale) (Lukat et al., 2016) to measure the reflexive-personal component of mental health; the Multidimensional Locus-of-Control Health Scales (Greenberg, 2002) to measure the operative-functional component using the Internal Locus of Control scale (reflects the degree to which respondents feel in control of their health), the Powerful Others' Control scale (shows the degree of respondents' confidence that «the powerful others» (e.g., doctors, relatives) are responsible for their health, and the Case Control scale (shows how convinced the respondents are that their health depends on chance, luck or fate).

The results were processed using mathematical statistics (descriptive statistics, correlation analysis, analysis of variance (ANOVA)) using SPSS (version 22).

The study was part of the research topic of the laboratory of organizational and social psychology of the G.S. Kostiuk Institute of Psychology of the NAES of Ukraine called «Psychological and Organizational Determinants of Psychological Health of Staff of Educational Organizations in Conditions of Social Tension» (2019-2021) and supervised by prof. L.M. Karamushka.

Sample. The study was conducted in 2020 and used a sample of 473 respondents who worked in secondary education institutions from different regions of Ukraine. The respondents were distributed as follows: 20.8% primary school teachers, 29.6% secondary school teachers, 24.5% high school teachers, 14.4% administrative staff, and 10.2% social workers and psychologists; 11.4% younger than 30 years, 27.7% 31 through 40 years of age, 34.3% 41 through 50 years of age, and 26.6% older than 50 years; 12.0% men, 88.0% women; 76.0% married, 24.0% unmarried.

Results and discussion. *The first stage of our empirical study* analyzed the components of educators' tolerance of uncertainty (Table 1). The highest-scored components of tolerance of uncertainty were the attitude to novelty ($M = 3.95$, $SD = 1.02$) and preference for uncertainty ($M = 4.01$, $SD = 0.93$). The attitude to complex tasks and the attitude to ambiguous situations scored less ($M = 3.90$, $SD = 0.86$ and $M = 3.77$, $SD = 0.70$ respectively). The tolerance to uncertainty index was at an average level ($M = 3.83$, $SD = 0.67$).

It was found that 40.6% of the respondents (Table 2) had a high level of attitude to novelty and 37.4% preferred uncertainty, 28.3% of the respondents had a high level of attitude to complex tasks, and every fourth respondent had a high level of attitude to ambiguous situations (24.7%). The results of the study showed that about 70% of the respondents had an average or high levels of tolerance components and less than a third of the respondents had them at low levels. These results are higher than those obtained by S. Khilko (2018) in relation to future psychologists, in which low tolerance of uncertainty index was found in every third respondent, average-level tolerance of uncertainty index in every second respondent, and high-level tolerance of uncertainty index in less than 1% of the respondents.

Table 1

Components and index of educators' tolerance of uncertainty (descriptive statistics)

Tolerance of uncertainty	Min	Max	M	SD
Attitude to novelty	1.00	7.00	3.95	1.02
Attitude to complex tasks	1.00	7.00	3.90	0.86
Attitude to ambiguous situations	1.00	6.33	3.77	0.70
Preference for uncertainty	1.00	6.90	4.01	0.93
<i>Tolerance of uncertainty index</i>	1.00	7.00	3.83	0.67

Table 2

Levels of educators' tolerance of uncertainty (% of the total sample)

Tolerance of uncertainty	High level	Middle level	Low level
Attitude to novelty	40.6	30.9	28.5
Attitude to complex tasks	28.3	45.2	26.5
Attitude to ambiguous situations	24.7	44.2	31.1
Preference for uncertainty	37.4	32.5	30.1
<i>Tolerance of uncertainty index</i>	27.4	42.4	30.2

It should be noted that according to literary sources those with high tolerance of uncertainty tend to perceive themselves in control of their own lives, are rather optimistic in assessing their successes and failures as well as their future (Leontiev, Osin, & Lukovitskaya, 2016). At the same time, those people are less reflective and anxious, more likely to move from plans to actions and to take risks than those with low tolerance of uncertainty.

At the next stage of the empirical study, we analyzed the relationship between the components of educators' tolerance of uncertainty and the components of educators' psychological health in conditions of social tension. At the next stage of the empirical study, we analyzed the relationship between the components of educators' tolerance of uncertainty and the components of educators' psychological health in conditions of social tension. (Table 3).

It was shown that educators' attitude to novelty positively correlated with their reflective-personal health component ($r = 0.102$; $p < 0.05$) and «internal control» health component ($r = 0.133$; $p < 0.01$) (Table 3) and negatively correlated with «case control» component ($r = -0.125$; $p < 0.01$).

One-factor dispersion analysis (ANOVA) found (see Fig. 1) that educators' attitude to novelty positively correlated with reflective-personal ($p < 0.05$) and operational («internal control») ($p < 0.001$) components of their psychological health.

Also, there was a negative correlation between educators' attitude to novelty and «case control» component of their psychological health ($p < 0.001$).

Besides, educators' attitude to complex tasks negatively correlated with «powerful others' control» ($r = -0.103$; $p < 0.05$) and «case control» ($r = -0.188$; $p < 0.001$) health components (see Table 3). In other words, the more positive a person is about complex tasks, the less they rely on luck or «powerful others» (doctors, relatives, friends) in controlling their health.

Relationships between types and index of educators' tolerance of uncertainty and components of educators' psychological health (r)

Psychological health components	Attitude to novelty	Attitude to complex situations	Attitude to ambiguous situations	Preference for uncertainty	Tolerance of uncertainty index
Cognitive-emotional	-0.032	-0.059	-0.050	0.053	-0.072
Reflective-personal	0.102*	0.082	0.304***	0.290***	0.219***
Operational:					
a) internal control	0.133**	0.047	0.095*	0.220***	0.100*
б) powerful others' control	-0.020	-0.103*	0.095*	0.118*	-0.005
В) case control	-0.125**	-0.188***	-0.028	0.058	-0.140**

*p<0.05; **p<0.01; ***p<0.001

Indeed, the results of one-way analysis of variance (ANOVA) showed (see Fig. 2) that educators' positive attitudes to complex tasks inversely affected «case control» component of their psychological health (p <0.001).

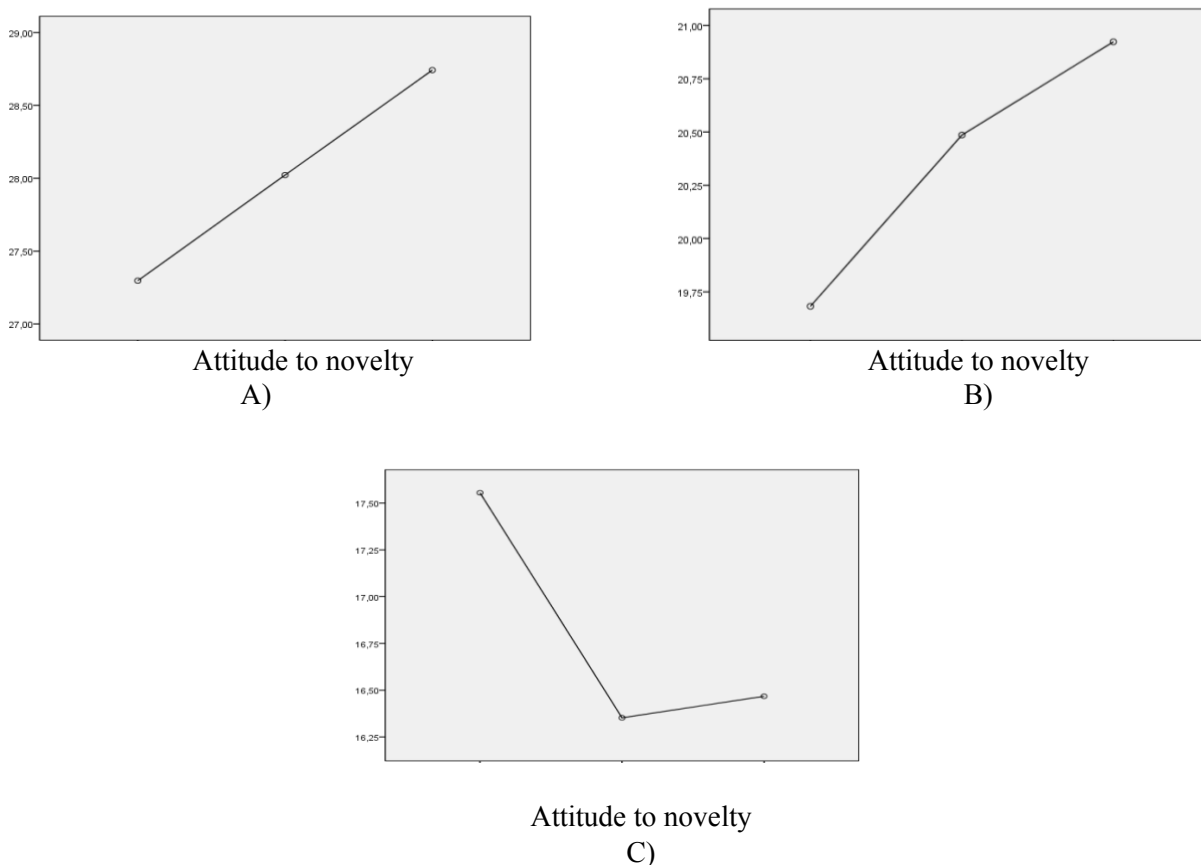


Fig. 1. Effects of educators' attitude to novelty on their psychological health components: reflective-personal (A); operational («internal control») (B); operational («case control») (C)

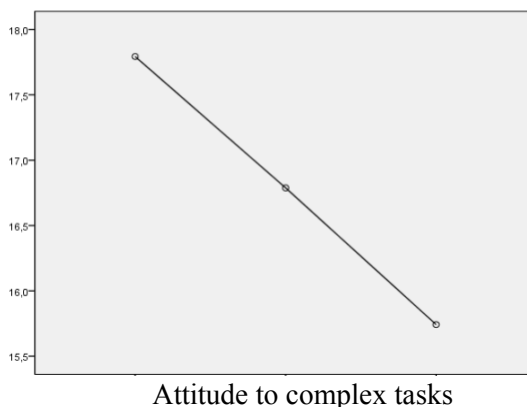


Fig. 2. Effects of educators' attitude to complex tasks on the operational component of their psychological health («case control»)

Educators' attitude to ambiguous situations positively correlated with the reflective-personal component ($r = 0.304$; $p < 0.001$) of their psychological health. Also, there was a positive correlation ($r = 0.095$; $p < 0.05$) between educators' attitude to ambiguous situations and «internal control» and «powerful others' control» operational components of their psychological health (see Table 3).

The results of one-way analysis of variance (ANOVA) showed that educators' attitude to ambiguous situations had a positive effect (see Fig. 3) on the reflective-personal component of their psychological health ($p < 0.001$). In other words, the more favorable educators were to ambiguous situations, the better was their psychological health, which relates to the reflexive-personal component of psychological health. However, the results of the analysis of variance did not reveal the effects of educators' attitude to ambiguous situations on «internal control» and «powerful others' control» operational components of their psychological health.

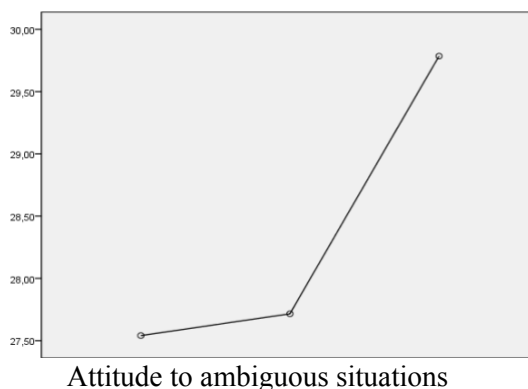


Fig. 3. Effects of educators' attitude to ambiguous situations on the reflective-personal component of their psychological health

It should be noted that there was a positive correlation between educators' preference for uncertainty and the reflective-personal component ($r = 0.290$; $p < 0.001$) and «internal control» ($r = 0.220$; $p < 0.001$) and «powerful others' control» ($r = 0.118$; $p < 0.05$) operational components of their psychological health (see Table. 3).

The results of one-way analysis of variance (ANOVA) showed (see Fig. 4) that educators' preference for uncertainty had a positive effect on the reflective-personal component ($p < 0.001$) and «internal control» operational component of their psychological health ($p < 0.001$).

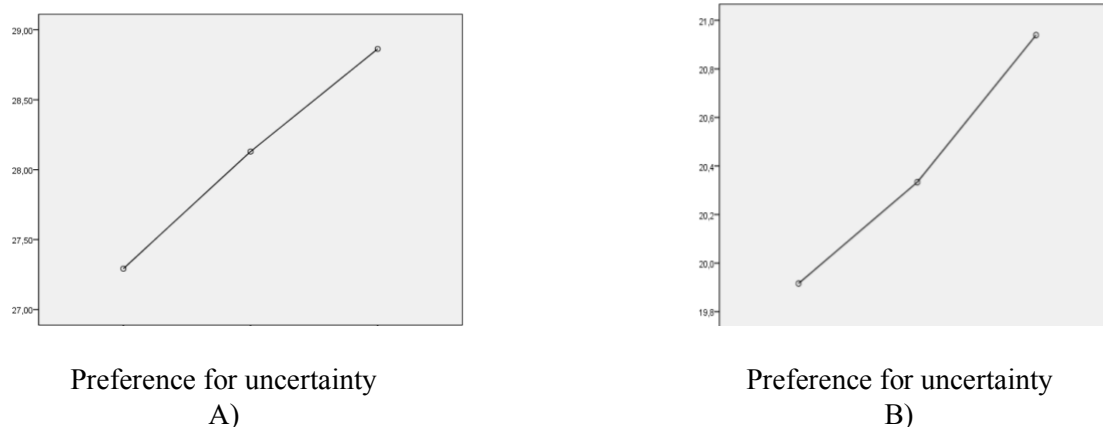


Fig. 4. Effects of educators' preference for uncertainty on their psychological health components: reflective-personal (A); operational («internal control») (B)

Educators' tolerance of uncertainty index had a positive correlation with the reflective-personal component ($r = 0.219$; $p < 0.001$) and «internal control» operational component ($r = 0.100$; $p < 0.05$) of their psychological health (see Table 3). Also, there was a negative relationship between educators' tolerance of uncertainty index and «case control» operational component of their psychological health ($r = -0.140$; $p < 0.01$).

The results of one-way analysis of variance (ANOVA) showed that educators' tolerance of uncertainty index had a positive effect (see Fig. 5) on the reflexive-personal component of their psychological health ($p < 0.001$).

At the same time, educators' tolerance of uncertainty index was found to have a negative impact on «case control» operational component of their psychological health ($p < 0.001$). In other words, educators with a high tolerance of uncertainty did not rely on luck or chance in controlling their health.

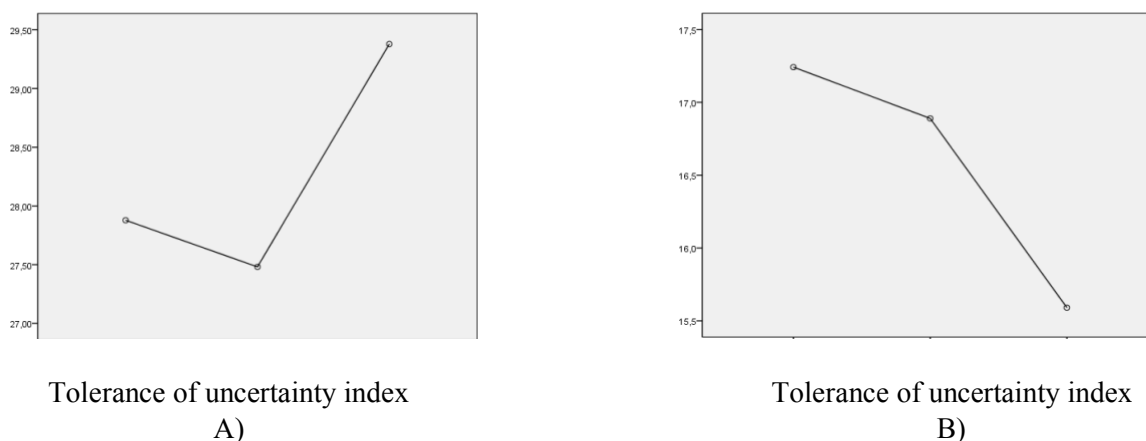


Fig. 5. Effects of educators' tolerance of uncertainty index on their psychological health components: reflective-personal (A); operational («case control») (B)

The reflective-personal and operational («internal control») components of educators' psychological health were affected by tolerance of uncertainty components the most. It should be noted that tolerance of uncertainty components did not affect the cognitive and emotional components of educators' psychological health.

In general, it can be concluded that the tolerance of uncertainty components affected most components of educators' psychological health, so they can be considered as determinants of educators' psychological health.

Conclusions.

1. Tolerance of uncertainty is seen as an integral personal characteristic and a multidimensional and multilevel construct that determines a person's ability to positively perceive situations of uncertainty and act in conditions of vaguely defined goals and objectives.

2. The highest-scoring components of educators' tolerance of uncertainty are the attitude to novelty and preference for uncertainty. Attitudes to complex tasks and ambiguous situations are less developed. More than two thirds of educators have tolerance of uncertainty at a medium or high level, while almost every third educator has it at a low level.

3. Educators' tolerance of uncertainty index as well as the most developed components of tolerance of uncertainty (attitude to novelty and preference for uncertainty) affect most components of educators' psychological health, therefore tolerance of uncertainty should be considered as a determinant of educators' psychological health.

4. Among the components of educators' psychological health, the reflective-personal and operational («internal control») components are affected by tolerance of uncertainty the most.

Further research may focus on the analysis of the relationship between educators' psychological health and tolerance of uncertainty in different types of educational organizations.

References

1. Bryukhovetska, O. V. (2015). Psykhologichni osoblyvosti tolerantnosti do nevyznachenosti v upravlinskii dialnosti yak odniyeyi zi skladovykh profesiinoi tolerantnosti kerivnykiv zagalnoosvitnikh navchalnykh zakladiv [Psychological features of tolerance of uncertainty in management as a component of secondary school principals' professional tolerance]. *Problemy suchasnoi psykhologii*, 27, 70-81. [in Ukrainian]
2. Galkina, T. V., & Artemtseva, N. G. (2018). Vzaimosvyaz mezhdru otnosheniem k psikhologicheskomu zdorovyu i samoosenkoi lichnosti [The relationship between attitudes toward psychological health and self-esteem]. *Psikhologia cheloveka kak subekta poznania, obschenia i deyatelnosti*. Institut psikhologii RAN. [in Russian]
3. Grinberg, Dzh. (2002). *Upravlenie stressom [Stress management]*. Piter. [in Russian]
4. Gusyev, A. I. (2007). Do problemy formuvannya ta rozvytku tolerantnosti do nevyznachenosti [The problem of formation and development of tolerance of uncertainty revisited]. *Naukovyi chasopys Natsionalnogo pedagogichnogo universytetu imeni M. P. Dragomanova*, 17(41), 101-113. [in Ukrainian]
5. Kornilova, T. V., & Smirnov, S. D. (2012). Tolerantnost k neopredelennosti i kreativnost u prepodavatelei i studentov [Tolerance of uncertainty and creativity of teachers and students]. *Voprosy psikhologii*, 2, 1-10. [in Russian]
6. Leontev, D. A., Osin, E. N., & Lukovitskaya, E. G. (2016). *Diagnostika tolerantnosti k neopredelennosti: Skaly D Makleina [Diagnosis of tolerance of uncertainty: D. Mclain Scales]*. Smysl. [in Russian]
7. Mykolaichuk, M. I., & Troyanovska, K. B. (2019). Zdatnist do toleruvannya nevyznachenosti yak chynnyk psikhologichnogo blagopoluchchya u podruzhnikh stosunkakh [Ability to tolerate uncertainty as a psychological well-being factor in marital relations]. *Naukovyi visnyk Khersonskogo derzhavnogo universytetu*, 2, 128-134. <https://doi.org/10.32999/ksu2312-3206/2019-2-18> [in Ukrainian]
8. Myloslavska, O. V., Gulyayeva, O. V., & Sapyan, Ye. O. (2020). Osoblyvosti tolerantnosti do nevyznachenosti pratsyuyuchykh studentiv [Features of tolerance of uncertainty among working students]. *Visnyk Kharkivskogo natsionalnogo universytetu imeni V. N. Karazina. Seria «Psikhologia»*, 69, 16-22. <https://doi.org/10.26565/2225-7756-2020-69-02> [in Ukrainian]
9. Pavlenko, G. V. (2019). Tolerantnist do nevyznachenosti yak resurs psikhologichnogo blagopoluchchya studentiv [Tolerance of uncertainty as a source of students' psychological well-being]. *Aktualni problemy psikhologii*, 7(47), 208-219. [in Ukrainian]
10. Semichenko, V. & Artyushyna, K. (2019). Problema nevyznachenosti u teorii ta praktytsi vyschoi shkoly [The problem of uncertainty in the theory and practice of higher education]. *Visnyk Natsionalnogo aviatsiinogo universytetu, Seria: Pedagogika. Psikhologia*, 2(15), 141-152. <https://er.nau.edu.ua/handle/NAU/41847> [in Ukrainian]
11. Tomarzhavska I. V. (2018). Fenomen «tolerantnist do nevyznachenosti» i iogo psikhologichniy analiz [The phenomenon of tolerance of uncertainty and its psychological analysis]. *Psikhologichniy zhurnal*, 1. <http://psyj.udpu.edu.ua/article/view/152564> [in Ukrainian]
12. Khilko S.O. (2018). Psykhologichni umovy formuvannya tolerantnosti do nevyznachenosti u maibutnikh psikhologiv [Psychological conditions for the formation of tolerance of uncertainty in future psychologists]. *Dys. kand. psikhol. nauk*. Kyiv. [in Ukrainian]
13. Budner, S. (1962). Intolerance of Ambiguity as a Personality Variable. *Journal of Personality*, 30, 29–50. <https://doi.org/10.1111/j.1467-6494.1962.tb02303.x>
14. Carleton, R. N. (2012). The intolerance of uncertainty construct in the context of anxiety disorders: theoretical and practical perspectives. *Expert Review of Neurotherapeutics*, 8(12), 937-947. <https://doi.org/10.1586/ern.12.82>
15. Frenkel-Brunswik, E. (1949). Intolerance of ambiguity as an emotional and perceptual personality variable. *Journal of Personality*, 18, 108-143. <https://doi.org/10.1111/j.1467-6494.1949.tb01236.x>
16. Iannello, P., Mottini, A., Tirelli, S., Riva, S., & Antonietti, A. (2017). Ambiguity and uncertainty tolerance, need for cognition, and their association with stress. A study among Italian practicing physicians. *Medical Education Online*, 1(22). <https://doi.org/10.1080/10872981.2016.1270009>

17. Lukat, J, Margraf, J., Lutz, R., VanderVeld, W. M., & Becker, E S. (2016). Psychometric properties of the Positive Mental Health Scale (PMH-scale). *BMC Psychology*, 4(8). <https://doi.org/10.1186/s40359-016-0111-x>
18. McLain D.L., Kefallonitis E., & Armani K. (2015). Ambiguity tolerance in organizations: definitional clarification and perspectives on future research. *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2015.00344>

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Отримано 11 жовтня 2021 р.

Рецензовано 22 жовтня 2021 р.

Прийнято 25 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.5>

УДК 159.923:37.07

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PSYCHOLOGICAL FEATURES OF IMPROVEMENT OF EDUCATIONAL ORGANIZATION MANAGERS' SUBJECTIVE WELL-BEING INDICATORS

Klochko, Alla. Psychological features of improvement of educational organization managers' subjective well-being indicators.

Introduction. Educational organization managers' subjective well-being is especially important in the context of social transformations and social tensions in Ukraine.

Aim: to analyze the psychological features of improvement of the indicators of educational organization managers' subjective well-being.

Methods. G. Perrudet-Badoux Subjective Well-Being Scale (adapted by M. Sokolova).

Results. It was found that more than half of the respondents had low values of the subjective well-being indicator called «satisfaction with daily activities». More than half of the respondents underestimated the importance of the social environment, while a significant part of the respondents had negative emotional experiences and were not positive about their health. It was also found that a small number of respondents had a high level of the subjective well-being index.

Conclusions. A special healthy educational organization development program can promote educational organization managers' subjective well-being.

Key words: educational organizations, educational organizations managers, subjective well-being, indicators

Клочко Алла. Психологічні особливості розвитку показників суб'єктивного благополуччя менеджерів освітніх організацій.

Вступ. Суб'єктивне благополуччя менеджерів освітніх організацій набуває особливої ваги в умовах соціальних трансформацій і соціальної напруженості в державі.

Мета: проаналізувати психологічні особливості розвитку показників суб'єктивного благополуччя менеджерів освітніх організацій.

Методи. Методика «Шкала суб'єктивного благополуччя G. Perrudet-Badoux» (адаптована М. Соколовою).

Результати дослідження. Встановлено, що більше половини респондентів мають низький рівень вираженості показника «ступінь задоволеності повсякденною діяльністю». Більше половина опитаних достатньо низько оцінюють для себе значущість соціального оточення. У значної частини опитаних зафіксовано негативні емоційні переживання. Досить значна опитаних не можуть дуже позитивно відгукнутися про стан свого здоров'я. Констатовано, що високий рівень вираженості загального показника суб'єктивного благополуччя характерний для невеликої кількості опитаних.

Висновки. Впровадження спеціальної програми, спрямованої на розвиток здорової освітньої організації може сприяти підвищенню суб'єктивного благополуччя менеджерів освітніх організацій

Ключові слова: освітні організації; менеджери освітніх організацій; суб'єктивне благополуччя, показники

Клочко Алла. Психологические особенности развития показателей субъективного благополучия менеджеров образовательных организаций.

Вступление. Субъективное благополучие менеджеров образовательных организаций приобретает особый вес в условиях социальных трансформаций и социальной напряженности в государстве.

Цель: проанализировать психологические особенности развития показателей субъективного благополучия менеджеров образовательных организаций.

Методы. Методика «Шкала субъективного благополучия G. Perrudet-Badoux» (адаптирована М. Соколовой).

Результаты. Установлено, что более половины респондентов обладают низким уровнем выраженности показателя «степень удовлетворенности повседневной деятельностью». Более половины опрошенных достаточно низко оценивают для себя значимость социального окружения. У значимой части опрошенных зафиксированы отрицательные эмоциональные переживания. Достаточно опрошенных не могут очень положительно отзываться о состоянии своего здоровья. Констатировано, что высокий уровень выраженности общего показателя субъективного благополучия характерен для небольшого количества опрошенных.

Выводы. Внедрение специальной программы, направленной на развитие здоровой образовательной организации, может способствовать повышению субъективного благополучия менеджеров образовательных организаций.

Ключевые слова: образовательные организации; менеджеры образовательных организаций; субъективное благополучие, показатели

Introduction. The ongoing social transformations and social tension in Ukraine, increase the importance of a person's subjective well-being as a measure of their life success in the difficult situations of today. This is especially important for the staff of educational organizations and educational organization managers, whose responsibility is to organize the educational process in a way that would contribute to the successful socialization of future generations.

Radical changes in the society have changed social beliefs, aspirations, and public consciousness, because the norms and values previously supported by social institutions disagree with the actualities of life, while new beliefs and values directing people's social behaviors have not yet been established (Lukasevich, 2017). No doubt, this affects people's satisfaction with life, as well as their behavior and ability to make independent decisions, work creatively, generate unique ideas, use non-traditional patterns of thinking, and quickly solve arising problems. As a result, people's well-being, including educators, becomes extremely important, especially in the Covid-19 environment (Kuhfeld et al., 2020).

Subjective well-being, as noted by E. Diener (Diener, 2013), is a broad category of phenomena that indicate people's emotional reactions, satisfaction with certain aspects of life, as well as their judgments about the quality of life in general.

Satisfaction and well-being are very important for managers of educational organizations, because the more managers experience positive emotions, the more satisfied they are with their work and the higher their level of subjective well-being. It should be noted that subjective well-being includes not only individuals' emotional assessment but also their ideas about their own and other people's well-being. (Lukasevich, 2017).

O. Bondarchuk (Bondarchuk, 2018) emphasizes the direct link between educational organization staff's subjective well-being and their psychological health.

According to L. Karamushka and T. Dzuba (Karamushka & Dzuba, 2019), the promotion of the idea of a healthy educational organization can promote the educational organization as a whole, as the ability to create and effectively interact with a positive social environment is an important psychological resource for organizing educational organization managers' professional lives.

It is clear that when managers of educational organizations are satisfied with their work, they more readily widen their views, generate new ideas, use non-standard thinking, as well as are capable of creative activity, and vice versa.

The problem of subjective well-being is reflected in the works of Ukrainian and foreign scientists, which relate primarily to the content of subjective well-being (Argyle, 2003; Diener & Lucas, 1999; Dukhnovsky, 2010; Maksimenko, 2018; Shamionov, 2008), its structure (Bradburn, 1969; Ryff, & Keyes, 1995), and role in life satisfaction (Kashlyuk, 2017; Kulikov, 2000; Kurova, 2013). Researchers also pay attention to objective (Danilchenko, 2014) and individual psychological factors (Arshava, & Nosenko, 2012; Gupalovskaya, 2009; Pavlenko, 2019), which affect subjective well-being.

However, according to the scientific literature, the role of subjective well-being in the context of organizations, in particular, the ways to improve educational organization managers' subjective well-being have not been studied in detail. In addition, the area of organizational psychology called the psychology of health in the organization, which addresses psychological factors in and promotion of employees' psychological health and well-being, is just emerging. In our previous research (Klochko, 2019) we outlined the main tasks and objectives of the psychology of health in the organization.

Thus, the significance of the problem and the lack of relevant in-depth studies led us to formulate the aim of the article, which is to analyze the psychological features of improvement of indicators of educational organization managers' subjective well-being.

Methods and research design. We used G. Perrudet-Badoux Scale of Subjective Well-Being (adapted by M. Sokolova) (Dukhnovsky, 2010) to study the following indicators of educational organization managers' subjective well-being: the degree of satisfaction with daily activities, the significance of the social environment, the main psycho-emotional symptoms, tension and sensitivity, positive mood, and subjective health.

The obtained data were processed using the statistical software package SSPS (version 22), in particular descriptive statistics and correlation analysis.

Sample. The sample included 1219 managers of educational organizations from different regions of Ukraine. According to their locations, the educational organizations were distributed as follows: 6.9% of the educational organizations were located in villages or small towns, 53.8% in district centers, 18.0% in regional centers, and 7.8% in the capital city of Ukraine (Kyiv). According to their age, the educational organizations were distributed as follows: 10.8% of them were younger than 10 years, 13.5% from 11 to 20 years old, and 75.6% were over 20 years old. Regarding the number of the organization's staff, 22.5% of the educational organizations employed less than 50 people, while 77.5% more than 50 people. According to the number of students studying in the educational organizations, 18.2% of the educational organizations had less than 500 students, 24.1% from 500 to 1000 students, and 57.7% over 1000 students.

According to their positions, the respondents were distributed as follows: 74.3% of the sample were deputy heads of educational institutions and 25.7% heads of educational institutions. According to their work experience, the respondents were distributed as follows: 16.5% of the respondents had less than 5 years' work experience, 20.2% from 6 to 15 years' work experience, 23.5% from 16 to 25 years' work experience, and 39.9% had over 25 years' work experience.

According to their age the respondents were distributed as follows: 9.7% of the respondents were younger than 30 years, 23.9% were aged 31 through 40 years, 32.8% were aged 41 through 50 years, and 22.3% were older than 50 years. Among the respondents 3.8% were men and 93.4% women, of whom 27.9% were single/divorced and 71.7% married. 78.8% of the respondents had children, while 21.2% had no children.

Results and discussion. The levels and four groups of the main indicators of educational organization managers' subjective well-being are presented in Table 1.

Table 1

**Levels of educational organization managers' subjective well-being indicators
(% of the total number of respondents)**

Subjective well-being indicators	Levels		
	High	Medium	Low
<i>Work-relevant indicators</i>			
Satisfaction with daily activities	16.3	58.2	25.5
<i>Interpersonal-interaction-relevant indicators</i>			
Significance of social environment	11.8	36.3	51.8
<i>Emotional-sphere-relevant indicators</i>			
Psycho-emotional symptoms	38.1	45.4	16.6
Tension and sensitivity	41.4	52.8	5.7
Positive mood	12.6	34.0	53.3
<i>Health-relevant indicators</i>			
Subjective health	24.9	41.1	34.0
<i>Subjective well-being index</i>	<i>14.2</i>	<i>57.5</i>	<i>28.3</i>

As seen in the table, Group 1 was formed by the indicators of educational organization managers' subjective well-being that relate to managers' work.

As for the subjective well-being indicator called «*satisfaction with daily activities*» («I rarely feel sadness in my daily activities», «I find it difficult to get up and work in the morning», «I like my daily activities»), we found that only 16.3% of the respondents had this indicator's manifestation at a high level, 58.2% at an average level, and 25.5% at a low level.

The obtained results agree with the findings by S. Lester, B. Meglino, and M. Korsgaard (Lester et al., 2002) that show that the level of individuals' job satisfaction directly correlates with their work performance and desire to succeed. The importance of job satisfaction, which is a complex concept, has been demonstrated in the studies done by O. Kokun (Kokun, 2015), J. Shermerorn, J. Hunt, R. Osborne (Shermerorn et al., 2010). Research also shows that the significance of job satisfaction is due to its positive relationship with individuals' well-being and performance indicators (Schreurs et al., 2014; Van den Broeck et al., 2008).

Thus, the data obtained indicate a fairly severe tension experienced by educational organization managers in their work, which suggests, in our opinion, that a significant number of educational organization managers feel unhappy. Given that educational organization managers should be a sort of model of an effective professional for the people who are involved in educational activities on a daily basis (teachers, students, their parents, representatives of other educational organizations, etc.), we can conclude that the our findings evidence the presence of a significant problem area in educational organization managers' work. In other words, from outside the managers' work looks effective and safe, but actually it has certain psychological contradictions.

Group 2 was formed by the indicators of educational organization managers' subjective well-being that related to managers' interaction with other people and included the indicator called «*significance of the social environment*» («If I have problems, I can turn to someone for help», «I often feel lonely», «I feel great pleasure being with family or friends»).

As can be seen from Table 1, only 11.8% of the respondents had this indicator at a high manifestation level, 36.3% at a medium level and 51.8% at a low level. That is, more than half of the respondents underestimated the importance of their social environment. This may be because of the respondents' high social status (they occupy top positions in educational institutions and, therefore, can make independent managerial decisions) and/or their poor involvement in social interaction because of their heavy work load. But given the

current trends in organizational management (the focus on teamwork, harmonious work-life balance), the obtained findings suggest, in our opinion, the presence of a problem in educational organization managers' subjective well-being, because managers' ability to create a positive social environment and interact effectively with employees is an important psychological prerequisite of their effective life organization.

Group 3 was formed by the indicators of educational organization managers' subjective well-being that related to managers' emotional sphere.

According to the data shown in Table 1, 38.1% of the respondents had a high level, 45.4% an average level, and only 16.6% a low level of manifestation of the subjective well-being indicator called «psycho-emotional symptoms» («Sometimes I become restless for an unknown reason», «Lately, I have been overreacting to minor obstacles and failures», «Lately, I have been very inattentive»), which means that a significant part of the respondents had negative emotional experiences.

As for the subjective well-being indicator called «*tension and sensitivity*» («Work puts pressure on me»; «I would gladly ask others for something»; «I increasingly feel the need to be alone»), 41.4% of the respondents had a high level, 52.8% a medium level, and 5.7% a low level of manifestation of this indicator.

The last but not the least Group 3 subjective well-being indicator, which was called «*positive mood*» («I have been in a good mood lately»; «I'm looking to the future with optimism») was found in 12.6% of the respondents at a high level, in 34.4% at a middle level, and in 53.3% a low level of manifestation. In other words, a significant number of the respondents were quite rare in a good mood and looked to the future without much optimism. Thus, the findings relevant to Group 3 of subjective well-being indicators evidenced that a significant number of educational organization managers experienced negative emotions more or less regularly and were quite pessimistic, which can obviously lead to their emotional burnout and, consequently, negatively affect their work-relevant interpersonal interactions (causing tension, conflicts, and distress, etc.). This can be seen as another problem area in the work of educational organization managers.

And, finally, the Group 4 subjective well-being indicator, which related to the educational organization managers' perception of their health and was called «*subjective health*» («I feel healthy and cheerful», «Lately, I have been in a beautiful shape»), was found in 24.9% of the respondents at a high level, in 41.1% at a middle level, and in 34.0% at a low level of manifestation. In other words, a significant number of the respondents did not perceive their health status as positive.

Regarding the educational organization managers' *subjective well-being index*, it was found at a high level only in 14.2%, at a middle level in 57.5%, and at a low level in 28.3% of the respondents.

Thus, the obtained data suggest, in our opinion, the presence of serious problems in educational organization managers' subjective well-being, which need to be solved using special techniques (relaxation exercises, work-recreation balance, physical exercises, socio-psychological trainings) as well as through the development of a positive organizational culture in educational organizations and the use of a special healthy educational organization program (Karamushka & Dzuba, 2019).

We can conclude that a prerequisite of educational organizations' successful functioning is, at least, a middle-level educational organization managers' subjective well-being, which is a condition of their professional and personal self-realization, as well as positive interpersonal relationships.

Conclusions. The results of the study allow making the following conclusions:

1. Managers of educational organizations generally have low levels of the main subjective well-being indicators, which relate to work, interpersonal interaction, emotional sphere, and health, as well as the subjective well-being index.
2. The use of a special program to promote a healthy educational organization can help improve educational organization managers' subjective well-being.
3. The research findings can be used by organizational psychologists and managers in promoting educational staff's psychological health and well-being as well as educational organizations' performance.

Further research. Further research may focus on psychological conditions of the development of educational organization managers' subjective well-being and on a creation of a special managers' training program to promote it.

References

1. Argail, M. (2003). *Psikhologia schastya [Psychology of happiness]*. Sankt-Peterburg. [in Russian]
2. Arshava, I. F., & Nosenko, D. V. (2012). Subyektivne blagopoluchchya i iogo individualno-psykhologichni ta osobystisni korelyaty [Subjective well-being and its psychological and personal correlates]. *Visnyk DNU: Seria: Pedagogika i psykholgia*. 9(1), 3-10. [in Ukrainian]
3. Bondarchuk, O. I. (2018) Subyektivne blagopoluchchya yak indyikator uspishnogo zhyttyevogo shlyakhu kerivnykiv osvitykh organizatsii [Subjective well-being as an indicator of the successful life path of heads of educational organizations]. *Teoretychni i prykladni problemy psykholgiyi: zb. nauk. pr. Skhidnoukr. nats. un-t im. Volodymyra Dalya*, 3(3), 37-46. [in Ukrainian]

4. Gupalovska, V. A. (2009). Genderni osoblyvosti zadovolnosti zhyttyam cholovikiv [Gender features of men's life satisfaction]. *Problemy suchasnoi psykhologii: zbirnyk naukovykh prats Kamyanskykh Podilskoho natsionalnogo universytetu imeni I. Ogiyenka, Instytutu psykhologii im. G. S. Kostyuka APN Ukrainy*, 4, 67-86. Aksioma. [in Ukrainian]
5. Danylchenko, T. V. (2014). Obyektyvni faktory subyektivnogo blagopoluchchya [Objective factors in subjective well-being]. *Aktualni problemy psykhologii. Psykhologia osobystosti. Psykholoichna dopomoga osobystosti*, 13, 165-176. [in Ukrainian]
6. Dukhnovskii, S. V. (2010). *Diagnostika mezhlichnostnykh otnoshenii [Assessment of interpersonal relationships]*. Sankt-Peterburg. [in Russian]
7. Karamushka, L. M., & Dzuba, T. M. (2019). Fenomen «zdorovya» yak aktualnyi napryam doslidzhen v organizatsiini psykhologii [The phenomenon of health as an important research area in organizational psychology]. *Organizatsiina psykhologia. Ekonomichna psykhologia*, 1(16), 22-33. [in Ukrainian]
8. Kashlyuk, Yu. I. (2017). Psykholoichne zdorovya i psykholoichne blagopoluchchya osobystosti yak skladovi zadovolnosti zhyttyam [Psychological health and psychological well-being of the individual as components of life satisfaction]. *Psykholoichnyi chasopys*. 3, 47-58. [in Ukrainian]
9. Klochko, A. O. (2019). Rozvytok emotsiinoogo intelektu u menedzheriv osvityvnykh organizatsii: zvyazok iz sotsialno-demografichnyimi ta organizatsiino-profesiinymi chynnykamy [Development of educational organization managers' emotional intelligence: the relationship with socio-demographic and organizational-professional factors]. *Organizatsiina psykhologia. Ekonomichna psykhologia : naukovyi zhurnal*, 1(16), 54–63. [in Ukrainian]
10. Kokun, O. M. (2015). *Psykhoфизиологични закони професиіного самоздійснення особистості [Psychophysiological features of professional self-realization of the individual]*. Pedagogichna dumka. [in Ukrainian]
11. Kulikov, L. V. (2000). *Determinanty udovletvorennosti zhiznyu [Determinants of life satisfaction]*. *Obschestvo i politika*. Sankt-Peterburg. [in Russian]
12. Kurova, A. V. (2013). Subyektivne blagopoluchchya yak skladova chastyna zadovolnosti zhyttyam [Subjective well-being as an integral part of life satisfaction]. *Visnyk Odeskogo natsionalnogo universytetu. Seria «Psykhologia»*, 23, 158-164. [in Ukrainian]
13. Lukasevych, O. A. (2017). Subyektivne blagopoluchchya yak psykholoichnyi fenomen [Subjective well-being as a psychological phenomenon]. *Problemy suchasnoi psykhologiyi*, 2, 109-114. [in Ukrainian]
14. Maksymenko, S. D., & Maksymenko, K. S. (2018). Psykholoichne zdorovya ta yogo porushennya [Mental health and its dysfunctions]. *Problemy suchasnoi psykhologii*, 2, 1-13. [in Ukrainian]
15. Pavlenko, G. V. (2019). Tolerantnist do nevyznachenosti yak resurs psykholoichnogo blagopoluchchya studentiv [Tolerance of uncertainty as a source for students' psychological well-being]. *Aktualni problemy psykhologii*, 47, 208-219. [in Ukrainian]
16. Shamionov, R. M. (2008). *Subektivnoe blagopoluchie lichnosti: psikhologicheskaya kartina i faktory [Subjective well-being: psychological picture and factors]*. Izd-vo Saratovskogo un-ta. [in Russian]
17. Shermerorn, Dzh., Khant, Dzh., & Osborn, R. (2010). *Organizatsionnoe povedenie [Organizational behavior]*. Klassika MVA. [in Russian]
18. Bradburn, N. M. (1969). *The Structure of Psychological Well-being*. Aldine.
19. Cartwright, D., & Zander, A. (2013). *Group Dynamics: Research and Theory*. Tavistock.
20. Diener, E., & Lucas, R. E. (1999). Subjective emotional well-being. In M. Lewis & J. M. Haviland (Eds.), *Handbook of emotions* (pp. 405-415). Guilford.
21. Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Liu, J. (2020). Projecting the Potential Impact of COVID-19 School Closures on Academic Achievement. *Educational Researcher*. <https://doi.org/10.3102/0013189X2096591>
22. Lester, S. W., Meglino, B. M., & Korsgaard, M. A. (2002). The antecedents and consequences of group potency: A longitudinal investigation of newly formed work groups. *Academy of Management Journal*, 45, 352-368.
23. Ryff, C. C., & Keyes, L. M. (1995). The Structure of Psychological Well-Being Revisited. *Journal of Personality and Social Psychology*, 69, 719-727.
24. Schreurs, B., Van Emmerik, J. H., Van den Broeck, A., & Guenter, H. (2014). Work Values and Work Engagement Within Teams: The Mediating Role of Need Satisfaction. *Group Dynamics: Theory, Research, and Practice*, 18(4), 267-281.
25. Van den Broeck, A., Vansteenkiste, M., & De Witte, H. (2008). Self-determination theory: A theoretical and empirical overview in occupational health psychology. *Occupational health psychology: European perspectives on research, education, and practice*, 3, 63-88.

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Отримано 4 жовтня 2021 р.
Рецензовано 15 жовтня 2021 р.
Прийнято 18 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.6>
УДК 159.944+316.4

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CHANGES IN THE UKRAINIAN EXPEDITIONERS' PSYCHOLOGICAL STATES DURING LONG ANTARCTIC STAY

Kokun, Oleg, Bakhmutova, Larysa. Changes in the Ukrainian expeditioners' psychological states during long Antarctic stay.

Introduction. Extreme conditions of Antarctica and socio-spatial isolation of a small group of expeditioners' significantly affect their physiological and psychological state.

Aim. To empirically investigate the changes in the expeditioners' psychological state indicators during a year-long Antarctic expedition.

Methods. For statistical analysis were used Descriptive statistics (mean, standard deviation); One-Sample Kolmogorov-Smirnov Test; and Paired Sample T-Test.

Results. The self-assessed indicators of expeditioners' psychological states rise significantly during the first four months of the year-long expedition. Then their average self-esteem begins to decline gradually, reaching the lowest values in the last two months of stay at the Antarctic station.

Conclusions. This study confirms that the long stay and work within an isolated group of people is a factor that affects the expeditioners' psychological health at the first place.

Key words: Antarctic station, Antarctic expedition, expeditioners, socio-spatial isolation, psychological states.

Кокун Олег, Бахмутова Лариса. Зміни психологічного стану українських експедиційників під час тривалого перебування в Антарктиці.

Вступ. Екстремальні умови Антарктики та соціально-просторова ізоляція невеликої групи експедиційників істотно впливають на їх фізіологічний та психологічний стан.

Мета. Емпірично дослідити зміни показників психологічного стану експедиційників під час річної антарктичної експедиції.

Методи. Для статистичного аналізу були використані описові статистичні дані (середнє значення, стандартне відхилення); одновибірковий критерій Колмогорова-Смірнова; та парний Т-тест.

Результати. Було виявлено, що показники психологічного стану суб'єктивної самооцінки експедиційників Української антарктичної станції «Академік Вернадський» значно зростають протягом перших чотирьох місяців річної експедиції. Потім їхня середня самооцінка починає поступово падати, досягаючи найнижчих значень за останні два місяці перебування на антарктичній станції.

Висновки. Це дослідження підтверджує, що тривале перебування та робота в ізольованій групі людей є чинником, які впливають, перш за все, на зміни психофізіологічного та соціально-психологічного стану експедиційників.

Ключові слова: антарктична станція, антарктична експедиція, експедиційники, соціально-просторова ізоляція, психологічні стани.

Кокун Олег, Бахмутова Лариса. Изменение психологического состояния украинских экспедиционеров за время длительного пребывания в Антарктике.

Вступление. Экстремальные условия Антарктиды и социально-пространственная изоляция небольшой группы экспедиционеров существенно влияют на их физиологическое и психологическое состояние.

Цель. Эмпирически исследовать изменение показателей психологического состояния экспедиционеров в течение годичной антарктической экспедиции.

Методы. Для статистического анализа использовалась описательная статистика (среднее значение, стандартное отклонение); одновыборочный критерий Колмогорова-Смирнова; и парный выборочный Т-тест.

Результаты. Выявлено, что показатели самооценки психологического состояния участников экспедиции значительно повышаются в течение первых четырех месяцев годичной экспедиции. Затем их средняя самооценка начинает постепенно снижаться, достигая самых низких значений в последние два месяца пребывания экспедиции на антарктической станции.

Выводы. Это исследование подтверждает, что длительное пребывание и работа в изолированной группе людей является фактором, влияющим в первую очередь на психологическое здоровье экспедиционеров.

Ключевые слова: антарктическая станция, антарктическая экспедиция, экспедиционеры, социально-пространственная изоляция, психологические состояния.

Introduction. Over the past decades, the activities of people in polar regions have significantly intensified, diversified and expanded. In the permanent research polar stations, people stay throughout the year. There are specialists both of scientific (biologists, geologists, physicists, geophysicists etc) and engineering profiles which maintain the monitoring investigations and life support of the station. These groups of people during a long time have been working in extreme environmental conditions and socio-spatial isolation. Preserving the physical and psychological health of expedition members requires monitoring of their psychophysiological and social-psychological state.

Analysis of recent publications. Adaptation, physical symptoms, biomarkers of stress, psychological effects and mental health during prolonged exposure to Antarctica's extreme environment has been repeatedly investigated by many authors: Alfano et al. (2021); Bhargava, Mukerji, & Sachdeva (2000); Chen, Wu, Li, Zhang, & Xu (2016); Chengli et al. (2003); Palinkas (2002); Palinkas, Reed, & Do (1997); Palinkas, & Suedfeld (2008); Rothblum (1990); Steinach, & Gunga (2021); Tortello, Barbarito, Cuiuli, Golomber, Vigo, & Plano (2018); Weiss, Suedfeld, Steel, & Tanaka (2000); Zimmer, Cabral, Borges, Côco, & Hameister (2013) etc.

Extreme conditions of Antarctica and socio-spatial isolation of a small group of expeditioners' significantly affect their physiological and psychological state. This characterized by psycho-physiological and psychoemotional instability such as: anxiety, reduced performance, grumps and depression, low activity and normative behaviour, fatigue, loss of self-control, relationship tension, self-isolation, formation of micro groups which affects to health, discomfort level, personalities interaction in isolated group (Bakhmutova, 2021; Belkin, Dyurgerov, Finaev, & Soroko, 2016; Kokun, & Bakhmutova, 2021; Nicolas, Suedfeld, Weiss, & Gaudino, 2016; Wood, Lugg, Hysong & Harm, 1999).

The impact of Antarctic climatic conditions on human bodies is exacerbated by living conditions at polar stations. These are monochrome and monotony of the environment, the effects of polar night and polar day, the monotony of the landscape, communication with the same people etc. According to Khandelwal, Bhatia, & Mishra (2017); Mullin (2006); Palinkas, & Suedfeld (2008); Roberts (2011) and other researchers this significantly affects to behavior, well-being and mental health.

The main stress factors for the crew members of well equipped polar stations, submarines and cosmic orbital stations are individual adaptation to the group, lack of confidentiality, sufficient personal space and interpersonal distance, habitual sources of emotional and physical pleasure (Mullin, 2006; Suedfeld, & Steel, 2000; Stuster, 1996; Weiss, Suedfeld, Steel, & Tanaka 2000). Prolonged socio-spatial isolation from the general public within a small group of people, lack of habitual external stimuli, comfortable living conditions, isolation from families and disruption of contact with relatives and friends are the main causes of emotional stress (Sandal, Leo, & Palinkas, 2006; Suedfeld, 1998). This can have a more significant effect on their physical and psychological condition than natural extreme conditions (Pagel, & Choukèr, 2016; Palinkas, & Suedfeld, 2021; Temp, Lee, & Bak, 2017).

During a long stay at the Antarctic station the people often have symptoms such as: deterioration in health, activity, mood, uneasiness, headaches, loss of sleep and performance (Collet et al., 2015; Folgueira et al., 2019; Kokun & Bakhmutova, 2020; Sandal, van deVijver, & Smith 2018), increased anxiety, tension, irritability, aggression, anger, and confusion (Chen, Wu, Li, Zhang, & Xu, 2016; Zimmer, Cabral, Borges, Côco, & Hameister, 2013). Sometimes the mood disorders of people are progressed to a generalized and social anxiety, panic disorders, phobias, neurotic or depressed state, obsessive-compulsive disorders. Anxiety and tension increase the most at the end of the Antarctic expedition (Bhargava, Mukerji, & Sachdeva, 2000; Khandelwal, Bhatia, & Mishra, 2017; Palinkas & Suedfeld, 2008; Roberts, 2011).

Expeditionary teams are characterized by the formation of micro groups and the emergence of intergroup and interpersonal conflicts on this basis (Chen, Wu, Li, Zhang, and Xu, 2016; Wood, Lugg, Hysong, and Harm, 1999). This negatively affects interpersonal relationships and efficiency of crew members. Therefore it is important to conduct careful psychological selection, training and psychological support of expeditioners' during the all period of activity (Grant et al., 2007; Leon, Sandal, & Larsen, 2011; Temp, Lee, & Bak, 2017).

Improving the ability to work, maintaining the psychological and physical health of expeditioners can be ensured by monitoring the subjective indicators of self-assessment of their psychological state. Such monitoring provides to increase the efficiency of people activities, because the information in real time allows to determine the nature and capability of psychological care and carry out the corrective actions if required (Karpoukhina, Kokun, & Zeltser, 2008; Kokun, Korobeynikov, Mytskan, Cynarski, & Korobeynikova, 2019).

Thus, the **aim** of our study is to examine the changes in the psychological state indicators of people during a one-year Antarctic expedition.

Methods. We used the modified method of scaled self-assessment of psychological states of people based on the Scaled Self-Assessment of Psycho-physiological State (Kokun, Korobeynikov, Mytskan, Cynarski, & Korobeynikova, 2019). This method allows fast and precisely assessing the various components of psychological states and allow to study the psychological condition of people when working in extreme conditions environments (Karpoukhina, Kokun, & Zeltser, 2008; Kokun & Shamich, 2016).

Our study was conducted on two types of subjective psychological indicators: 1 – Indicators of psychophysiological state; 2 – Indicators of social-psychological state. According to these indicators (Table 1), *thirteen series of monthly surveys of twelve expeditioners* (all men aged from 29 to 60 years) of Ukrainian Antarctic station *Akademik Vernadsky* was carried out. The poll was conducted with voluntary consent.

Table 1

Indicators of the changes psychological states

1– Indicators of psychophysiological state	2 – Indicators of social-psychological state
• well-being	• satisfaction with relations with colleagues
• activity	• satisfaction with the environment
• mood	• satisfaction work performed
• performance	• life satisfaction
• health status	

For statistical analysis (programming package SPSS 22.0.0) we used Descriptive statistics (mean, standard deviation); One-Sample Kolmogorov-Smirnov Test; Paired Sample T-Test ($p \leq 0.05$).

Sample. The research was done by support of the State Institution National Antarctic Scientific Center of the Ministry of Education and Science of Ukraine (NASC) which organize the annual scientific expeditions to the Ukrainian Antarctic station «Akademik Vernadsky» located on Galindez Island, Argentine Islands (65°15'S, 64°16'W). This is main operator in Ukraine for coordination of logistic operation and scientific research in Antarctica according to State Special-Purpose Research Program in Antarctica for 2011-2023.

Results and discussion. The analysis of subjective indicators of self-assessment of psychophysiological state of expeditioners of Ukrainian Antarctic station «Akademik Vernadsky» allows to considering the change of its components (well-being, activity, mood, performance, health status) in dynamics for 13 months. Figure 1 shows that all five indicators of subjective self-assessment of the psychophysiological component of the psychological state significantly increase during the first four months of expedition (April–July) compared to the result obtained during team training before departure to Antarctica (March 2018).

The highest self-esteem indicators of psychophysiological state are «mood» and «health status» (April, May, June, August, September, December, January, February – Fig. 1). These display a quality medical and psychophysiological selection of expedition members. All five indicators of psycho-physiological components are group approximately on the same level in July and the highest is well-being. It shows that despite of polar night time when the strongest negative impact of the environment on the human body is felt, the feeling of well-being of the expeditioners' is achieved through the mobilization of their mental and physical resources.

Then from August the average self-esteem of all indicators begins to decrease gradually (Fig. 1). They reach the lowest values in the last two months of expedition. The largest decreases were self-assessments of performance, mood, and health status.

The deterioration of these indicators are conforming to the laws of nature due to the gradual depletion of mental and physical resources of the body, oversaturation of communication with the same people, scarcity and monotony of perceptual stimuli, long-term exposure to extreme environmental condition and other life and work factors mentioned in Introduction.

The dynamics of the four indicators of the social-psychological component are presented in the Figure 2. They are similar to psychophysiological state indicators presented above, but not identical. These indicators are: «satisfaction with relations with colleagues», «satisfaction with the environment», «satisfaction work performed», «life satisfaction».

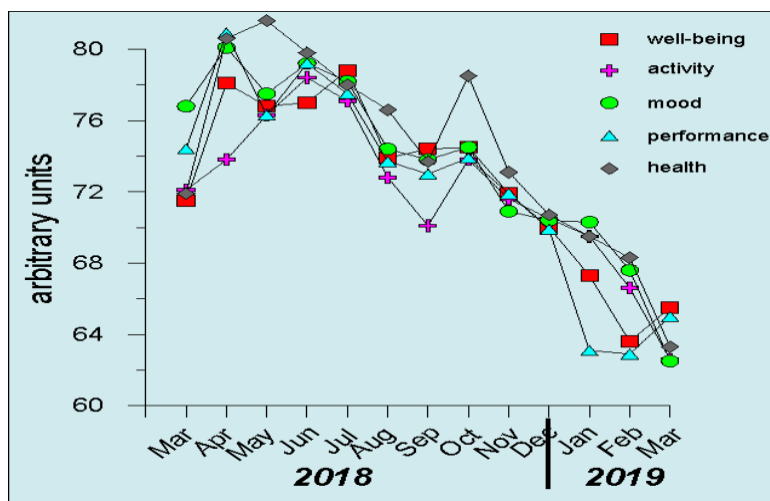


Fig. 1. Indicators of psycho-physiological components of the expeditioners' UAS *Academik Vernadsky*

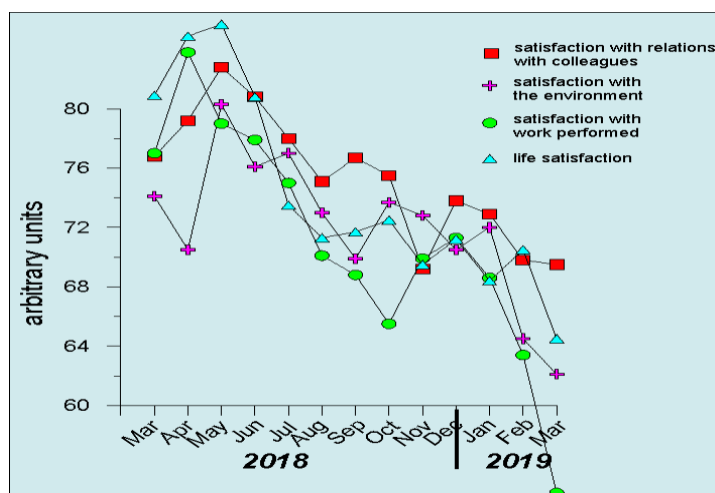


Fig. 2. Indicators of the social-psychological component of the expeditioners' UAS *Academik Vernadsky*

During the first part of expedition (April–July) there is an increase of three indicators: «satisfaction with relations with colleagues», «satisfaction work performed», «life satisfaction». These confirm the interpersonal compatibility of the expedition team, social cohesion and professional interaction of team members.

Upon arrival at the Antarctic station in April the «satisfaction with the environment» factor is decrease probably due to the fact that the environment in reality was much stricter than expected, causing some psychological stress. In the next three months (May–July) this factor increased which indicate a psychological adaptation to the extreme environment condition of Antarctica. From August until the end expedition all indicators are demonstrate a gradual decrease which confirms the difficulties of a long stay in the Antarctic station. Euphoria from being in the «new» conditions of Antarctica for recently arrived expeditioners' is quickly subsided. The place gradually became habitual and eventually even boring.

In the last month of the expedition the indicator «satisfaction work performed» was lowest. Probably this is due to routine performance of expeditioners' work in almost uninspired conditions with limited choice of transition to other activities, as well as limited choice of recreation, depletion of psychophysiological resources, fatigue and growing desire to return home.

It should be noted that the indicator «life satisfaction» began to fall rapidly not in August, like all other factors, but two months before, starting in June. This indicator is most sensitive to increased physical activity,

mental fatigue and psychological stress from experiencing unusual for routine life impressions and emotions at the beginning of the expedition.

We have to mention about indicator «satisfaction with relations with colleagues» in 8 series of studies out of 13 remained the highest compared to the other three indicators. This is observed even in the last month of expedition which confirms the importance of interpersonal relationships and significant role of healthy «psychological climate» in the expedition team.

Conclusions.

In our opinion stable and optimal level of subjective self-assessment of the psychophysiological component of the psychological state of expeditioners' during the first third of expedition can be explained by the mobilization of their psychological, mental and physical resources and quality selection of team. Further deterioration of these indicators is quite natural due to the gradual depletion of mental and physical resources, the onset of the polar night and the impact of other negative environmental factors, life and work conditions at the Antarctic station.

Our results are consistent with the results of other studies related to activities in extreme polar expeditions. The gradual deterioration of the physiological and psychological condition of people was recorded in monitoring studies in all-year expeditions conducted by Alfano, et al (2021); Kuwabara, et al (2021); Sandal, Van de Vijver, & Smith (2018); Wencheng, Wen, & Yongzhong (1995). In these articles also noted about deterioration in the psychological state of people after six months of the expedition. In the last phase of the Antarctic all-year expeditions some authors (Bhargava, Mukerji, & Sachdeva, 2000; Khandelwal, Bhatia, & Mishra, 2017) note a marked increase in anxiety and stress.

In our study the «Indicators of psychophysiological state» and «Indicators of social-psychological state» in the final monitoring session did not acquire values that would indicate a critical psychological state of individual members of team or the whole group. Naturally the polar conditions and socio-spatial isolation cause changes in the psychophysiological and social-psychological state of a person to deterioration, however, may not cause a systematic reduction. This is confirmed by some indicators of our study. They show the often alternations of decreasing and increasing during next months. This suggests that in polar awful environmental the expeditioners' can feel quite good during long stay in an Antarctic station and cope with the challenges of the environment with positive results. This is preceded by a qualitative selection of team members taking into account interpersonal compatibility and psychological training of the expedition group. It should be noted that in some articles namely, for example Weiss, Suedfeld, Steel, & Tanaka (2000); Suedfeld (1998) authors urge not to ignore the attractive features of work in Antarctica noting the salutogenic effects.

Further research. The prospect of further research in small groups of expeditioners' by «Indicators of psychophysiological state» and «Indicators of social-psychological state» is a identification of subjective positive effects such as «salutogenic results» arising from successful adaptation to environmental adversities.

References

1. Alfano, C. A., Bower, J. L., Connaboy, C., Agha, N. H., Baker, F. L., Smith, K. A., & Simpson, R. J. (2021). Mental health, physical symptoms and biomarkers of stress during prolonged exposure to Antarctica's extreme environment. *Acta Astronautica*, 181, 405-413. <https://doi.org/10.1016/j.actaastro.2021.01.051>
2. Bakhmutova, L. (2021). Socio-spatial isolation and psychological state of Ukrainian Antarctic expedition participants. In *X International Antarctic conference dedicated to the 25th anniversary of raising of the national flag of Ukraine at the Ukrainian Antarctic Akademik Vernadsky station*, (pp. 203–204). <http://uac.gov.ua/wp-content/uploads/2021/05/Abstracts-X-IAC-2021.pdf>
3. Belkin, V. S., Dyurgerov, M. B., Finaev, A. F., & Soroko, S. I. (2016). Bioclimatic evaluation of the human discomfort level for several Antarctic regions. *Human Physiology*, 42, 119-127. <https://doi.org/10.1134/S0362119716020043>
4. Bhargava, R., Mukerji, S., & Sachdeva, U. (2000). Psychological Impact of the Antarctic Winter on Indian Expeditioners. *Environment and Behavior*, 32, 111-127. <https://doi.org/10.1177/00139160021972450>
5. Chen, N., Wu, Q., Li, H., Zhang, T., & Xu, C. (2016). Different Adaptations of Chinese Winter-Over Expeditioners During Prolonged Antarctic and Sub-Antarctic Residence. *International Journal of Biometeorology*, 60, 737-747. <https://doi.org/10.1007/s00484-015-1069-8>
6. Chengli, X., Guangjin, Z., Quanfu, X., Shandong, Z., Guoyuan, D., Yanzhen, X., & Palinkas, LA. (2003) Effect of the Antarctic environment on hormone levels and mood of Chinese expeditioners, *International Journal of Circumpolar Health*, 62(3), 255-267. <https://doi.org/10.3402/ijch.v62i3.17562>
7. Collet, G., Mairesse, O., Cortoos, A., Tellez, H. F., Neyt, X., Peigneux, Ph., & Pattyn, N. (2015). Altitude and seasonality impact on sleep in Antarctica. *Aerospace Medicine and Human Performance*, 86(4), 392-396. <https://doi.org/10.3357/AMHP.4159.2015>

8. Folgueira, A., Simonelli, G., Plano, S., Tortello, C., Cuiuli, J. M., Blanchard, A., & Vigo, D. E. (2019). Sleep, napping and alertness during an overwintering mission at Belgrano II Argentine Antarctic station. *Scientific Reports*, 9. <https://doi.org/10.1038/s41598-019-46900-7>
9. Grant, I., Eriksen, H., Marquis, P., Orre, I., Palinkas, L., Suedfeld, P., Svensen, E., & Ursin, H. (2007). Psychological Selection of Antarctic Personnel: *The «SOAP» Instrument. Aviation, Space, and Environmental Medicine*, 78, 793-800.
10. Karpoukhina, A. M., Kokun, O. M., & Zeltser, M. L. (2008). Monitoring of Human Psychophysiological Condition as A Method of Increasing of Activity's Efficiency. *Conference Proceedings AHFE International Conference 14-17 July 2008* (pp. 254–264).
11. Khandelwal, S. K., Bhatia, A., & Mishra, A. K. (2017). Psychological Adaptation of Indian Expeditioners During Prolonged Residence in Antarctica. *Indian Journal of Psychiatry*, 59(3), 313-319. <http://www.indianjpsychiatry.org/article.asp?issn=0019-5545;year=2017;volume=59;issue=3;spage=313;epage=319;aulast=Khandelwal>
12. Kokun, O., & Bakhmutova, L. (2020). Dynamics of Indicators of Expeditioners' Psychological States During Long Antarctic Stay. *International Journal of Psychology and Psychological Therapy*, 20(1), 5-12. <https://www.ijpsy.com/volumen20/num1/530.html>
13. Kokun, O., & Bakhmutova, L. (2021). The impact of expeditioners' personality traits on their interpersonal interactions during long-term Antarctic expeditions. *Polish Polar Research*, 42(1), 59-76, <https://doi.org/10.24425/PPR.2021.136512>
14. Kokun, O., Korobeynikov, G., Mytskan, B., Cynarski, W. J., & Korobeynikova, L. (2019). Applied aspects of improving pupils' and students' adaptive capacity. *Ido Movement for Culture. Journal of Martial Arts Anthropology*, 19, 38-45. <https://doi.org/10.14589/ido.19.3.5>
15. Kokun, O. M., & Shamich, O. M. (2016). Psychological characteristics of Paralympic athletes' self-realisation. *Social Welfare. Interdisciplinary Approach*, 6, 138-147. <https://doi.org/10.21277/sw.v2i6.273>
16. Kuwabara, T., Naruiwa, N., Kawabe, T., Kato, N., Sasaki, A., Ikeda, A., & Ohno, G. (2021). Human change and adaptation in Antarctica: Psychological research on Antarctic wintering-over at Syowa station. *International Journal of Circumpolar Health*, 80(1), <https://doi.org/10.1080/22423982.2021.1886704>
17. Leon, G. R., Sandal, G. M., & Larsen, E. (2011). Human Performance in Polar Environments. *Journal of Environmental Psychology*, 31, 353-360. <https://doi.org/10.1016/j.jenvp.2011.08.001>
18. Mullin, J. R. (2006). Some Psychological Aspects of Isolated Antarctic Living. *American Journal of Psychiatry*, 117, 323-325. <https://doi.org/10.1176/ajp.117.4.323>
19. Nicolas, M., Suedfeld, P., Weiss, K., & Gaudino, M. (2016). Affective, Social and Cognitive Outcomes During a 1-year Wintering in Concordia. *Environment and Behavior*, 48, 1073-1091. Doi: 10.1177/0013916515583551
20. Pagel, J. I., & Choukèr, A. (2016). Effects of isolation and confinement on humans-implications for manned space explorations. *Journal of Applied Physiology*, 120(12), 1449-1457. <https://journals.physiology.org/doi/pdf/10.1152/jappphysiol.00928.2015>
21. Palinkas, L. A. (2002). On the ice: Individual and group adaptation in Antarctica. *Online Articals*. https://web.archive.org/web/20120623024832/http://www.sscnet.ucla.edu/anthro/bec/papers/Palinkas_On_The_Ice.pdf
22. Palinkas, L. A., Reed, H. L., & Do, N. V. (1997). Association between the Polar T3 Syndrome and the Winter-Over Syndrome in Antarctica. *Antarctic Journal of the United States Review*, 32, 112-114. <https://www.nsf.gov/pubs/1999/nsf98106/98106htm/nsf98106h2.html>
23. Palinkas, L. A. & Suedfeld, P. (2008). Psychological Effects of Polar Expeditions. *Lancet* 371(9607), 153-163. [https://doi.org/10.1016/S0140-6736\(07\)61056-3](https://doi.org/10.1016/S0140-6736(07)61056-3)
24. Palinkas, L. A., & Suedfeld, P. (2021). Psychosocial issues in isolated and confined extreme environments. *Neuroscience & Biobehavioral Reviews*, 126, 413–429. <https://doi.org/10.1016/j.neubiorev.2021.03.032>
25. Roberts, R. (2011). Psychology at the End of the World. *Psychologist*, 24, 22–25.
26. Rothblum, E. (1990). Psychological Factors in the Antarctic. *The Journal of Psychology*, 124, 253–273. Doi:10.1080/00223980.1990.10543221
27. Palinkas, L. A., & Suedfeld, P. (2008). Psychological Effects of Polar Expeditions. *Lancet*, 371(9607), 153-163. [https://doi.org/10.1016/S0140-6736\(07\)61056-3](https://doi.org/10.1016/S0140-6736(07)61056-3)
28. Sandal, G. M., Leon, G., & Palinkas, L. (2006). Human Challenges in Polar and Space Environments. *Environmental Science and Biotechnology*, 5, 281-296. Doi: 10.1007/s11157-006-9000-8
29. Sandal, G. M., Van de Vijver, F. JR., & Smith, N. (2018). Psychological Hibernation in Antarctica. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.02235>
30. Steinach, M., & Gunga, H. C. (2021). *Cold environments. Human Physiology in Extreme Environments (second edition)* (pp. 223–284). Academic Press. <https://doi.org/10.1016/B978-0-12-815942-2.00006-7>
31. Stuster, J. (1996). *Bold endeavors: Lessons from space and polar exploration*. Naval Institute Press.
32. Suedfeld, P. (1998). What can abnormal environments tell us about normal people? Polar stations as natural psychology laboratories. *Journal of Environmental Psychology*, 18(1), 95-102.
33. Suedfeld, P., & Steel, G. D. (2000). The environmental psychology of capsule habitats. *Annual Review of Psychology*, 51, 227-253. <https://doi.org/10.1146/annurev.psych.51.1.227>

34. Temp, A. G. M., Lee, B., & Bak, T. H. (2017). Well-Being at the Polish Polar Station, Svalbard: Adaptation to Extreme Environments. In Latola K. & Savela H. (Eds.) *The Interconnected Arctic — UArctic Congress 2016. Springer Polar Sciences. Springer, Cham*. https://doi.org/10.1007/978-3-319-57532-2_21
35. Tortello, C., Barbarito, M., Cuiuli, J. M., Golombek, D., Vigo, D. E., & Plano, S. (2018). Psychological Adaptation to Extreme Environments: Antarctica as a Space Analogue. *Psychology and Behavioral Science, 9*, 555768. <https://doi.org/10.19080/PBSIJ.2018.09.555768.004>
36. Weiss, K., Suedfeld, P., Steel, G. D., & Tanaka, M. (2000). Psychological adjustment during three Japanese Antarctic research expeditions. *Environment and Behavior, 32*(1), 142-156. <https://doi.org/10.1177/00139160021972478>
37. Wencheng, Z., Wen, W., & Yongzhong, Y. (1995). Analyses on the Physio-Psychological State of the Expeditioners in Antarctica. *Chinese Journal of Polar Science, 6*, 72-75.
38. Wood, J., Lugg, D. J., Hysong, S. J., & Harm, D. L. (1999). Psychological Changes in Hundred-Day Remote Antarctic Field Groups. *Environment and Behavior, 31*, 299-337. <https://doi.org/10.1177/00139169921972128>
39. Zimmer, M., Cabral, J., Borges, F. C., Côco, K. G., & Hameister, B. R. (2013). Psychological changes arising from an Antarctic stay: systematic overview. *Estudos de Psicologia (Campinas), 30*, 415-423. <https://doi.org/10.1590/S0103-166X2013000300011>

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Отримано 12 жовтня 2021 р.
Рецензовано 20 жовтня 2021 р.
Прийнято 22 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.7>

УДК 159.9

Gelena Lazos

THE MODEL OF PSYCHOTHERAPEUTIC ASSISTANCE TO MENTAL HEALTH SPECIALISTS TO DEVELOP RESILIENCE

Lazos, Gelena. The model of psychotherapeutic assistance to mental health specialists to develop resilience

Introduction. Today's crisis and stress conditions increase the number of cases of PTSD diagnosis and associated symptoms. Since mental health specialists are key workers in providing assistance in this context, they are now experiencing more intense mental work load than ever before. The personal characteristics of specialists and the occupational risks associated with empathic contact with patients who have experienced a traumatic event pose a certain danger to specialists and require special research attention. In this context, the need to prepare appropriate protocols, psychotechnologies and models of psychotherapeutic work to restore and develop resilience is highlighted.

Aim. The purpose of the article is to describe the main standpoints of the created psychotechnology of the development of resilience of mental health specialists and operationalization of its practical part, namely a model of psychotherapeutic assistance to mental health specialists for the development of resilience.

Results. The created psychotechnology for the development of resilience of mental health specialists contains developed theoretical, diagnostic and psychotherapeutic stages. The psychotherapeutic stage of psychotechnology of resilience of mental health specialists is created taking into account specific intervention strategies, principles of process organization and means (methods and techniques) that ensure the process of resilience development and is presented as a model of psychotherapeutic assistance to mental health specialists to develop resilience. The operationalization of the model allowed one to form the following scheme of strategic direction of psychotherapeutic assistance: resource vector \Leftrightarrow in-depth vector \Rightarrow behavioral vector. Each vector is provided with appropriate methods and techniques that help solve the problem of resilience development, as well as improve post-traumatic growth.

Conclusions. The model of psychotherapeutic work for the development of resilience of mental health specialists, based on an integrative approach using multimodal interventions, is proposed. The initial approbation of the model allowed to determine the scheme of strategic direction of psychotherapeutic interventions, «portrait of a resilient specialist», as well as important aspects for its further improvement.

Key words: resilience of a therapist, occupational risks, psychotechnology, model of psychotherapeutic work, vectors of psychotherapeutic intervention.

Лазос Гелена. Модель психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності

Вступ. Кризові, стресові умови сьогодення підвищують збільшення випадків діагностики ПТСР та асоційованої з нею симптоматики серед населення. Оскільки фахівці сфери ментального здоров'я є ключовими працівниками у наданні допомоги в цьому контексті, вони зараз, як ніколи відчують інтенсивне психічне навантаження. Особистісні характеристики фахівців та професійні ризики, пов'язані із емпатійною взаємодією з пацієнтами, які пережили травматичну подію, несуть в собі певну небезпеку для фахівців і потребують особливої дослідницької уваги. В цьому контексті унаочнюється необхідність підготовки відповідних протоколів, психотехнологій та моделей психотерапевтичної роботи з відновлення та розвитку резильєнтності.

Мета. Опис основних позицій побудованої психотехнології розвитку резильєнтності фахівців ментального здоров'я та операціоналізація практичної її частини – моделі психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності.

Результати. Створена психотехнологія розвитку резильєнтності фахівців сфери ментального здоров'я містить розроблені теоретичні, діагностичні та психотерапевтичні етапи. Психотерапевтичний етап психотехнології резильєнтності фахівців сфери ментального здоров'я побудовано із урахуванням специфічних стратегій втручання, принципів організації процесу та засобів (методів та прийомів), які забезпечують процес розвитку резильєнтності і представлено у вигляді моделі психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності. Операціоналізація моделі дозволила сформувати наступну схему стратегічного спрямування психотерапевтичної роботи: ресурсний вектор \Leftrightarrow глибинний вектор \Rightarrow поведінковий вектор. Кожний вектор забезпечується відповідними техніками та прийомами, які допомагають вирішити завдання щодо розвитку резильєнтності, а також сприяють посттравматичному зростанню фахівців.

Висновки. Запропоновано модель психотерапевтичної роботи для розвитку резильєнтності фахівців сфери ментального здоров'я, створену на основі інтегративного підходу з застосуванням мультимодальних інтервенцій. Первинна апробація моделі дозволила визначити схему стратегічного спрямування

психотерапевтичних втручань, «портрет резильєнтного фахівця», а також виявити важливі аспекти щодо її подальшого її удосконалення.

Ключові слова: резильєнтність терапевта, професійні ризики, психотехнологія, модель психотерапевтичної роботи, вектори психотерапевтичного втручання.

Лазос Гелена. Модель психотерапевтичної допомоги спеціалістам сфери ментального здоров'я для розвитку резильєнтності

Введення. Кризисные, стрессовые условия современной жизни увеличивают количество случаев диагностики ПТСР среди населения и ассоциированной с ней симптоматикой. В связи с тем, что специалисты сферы ментального здоровья являются ключевыми работниками в предоставлении помощи в данном контексте, они сейчас, как никогда ощущают интенсивную психическую нагрузку. Личностные характеристики специалистов и профессиональные риски, связанные с особенностями эмпатического взаимодействия с пациентами, которые пережили травматическое событие, несут в себе определенную опасность для специалистов и требуют особенного исследовательского внимания. В этом контексте актуализируется необходимость подготовки соответствующих протоколов, психотехнологий и моделей психотерапевтической работы по восстановлению и развитию резильєнтности.

Цели. Описать основные позиции созданной психотехнологии развития резильєнтности специалистов сферы ментального здоровья и операционализация практической ее части – модели психотерапевтической помощи специалистам сферы ментального здоровья для развития резильєнтности.

Результаты. Созданная психотехнология развития резильєнтности специалистов ментального здоровья включает в себя разработанные теоретические, диагностические и психотерапевтические этапы. Психотерапевтический этап психотехнологии резильєнтности специалистов сферы ментального здоровья создан с учетом специфических стратегий вмешательства, принципов организации процесса и средств (методов и приемов), которые обеспечивают процесс развития резильєнтности и представлен в виде модели психотерапевтической помощи специалистам ментального здоровья для развития резильєнтности. Операционализация модели помогла сформировать следующую схему стратегической направленности психотерапевтической работы: ресурсный вектор \Leftrightarrow глубинный вектор \Rightarrow поведенческий вектор. Каждый вектор обеспечивается соответствующими техниками и приемами, которые помогают решить задания, связанные с развитием резильєнтности, а так же способствуют посттравматическому росту специалистов.

Выводы. Предложенная модель психотерапевтической работы по развитию резильєнтности специалистов сферы ментального здоровья создана на основе интегративного подхода с использованием мультимодальных интервенций. На основе первичной апробации модели сформировано схему стратегического направления психотерапевтических вмешательств, «портрет резильєнтного специалиста», а также выявить важные аспекты относительно ее дальнейшего улучшения.

Ключевые слова: резильєнтность терапевта, профессиональные риски, психотехнология, модель психотерапевтической работы, векторы психотерапевтического вмешательства.

Introduction. The difficult times of crisis associated with the military activities in the east of the country, the socio-political crisis and the consequences of the Covid-19 pandemic increasingly emphasize the importance of maintaining physical and psychological health of the country's population. Domestic and foreign scientists have noted an increase in the number of cases of diagnosis of post-traumatic stress disorder among the population, stress and symptoms associated with them (Stein et.al, 1997; Matyash & Khudenko, 2014). This means that more and more mental health specialists are dealing with the consequences of various types of trauma and PTSD in their daily work. (Litam, Ausloos, & Harrichand, 2021; Wezyk et.al, 2021). Because mental health specialists are classified as key workers in this field, they are now experiencing more intense mental work load than ever before due to the specifics of working with different categories of trauma victims (Lakioti, Stalikas & Pezirkianidis, 2020; David, 2012). This is primarily due to the specifics of providing psychological assistance, which is characterized by long-term and consistent impact of traumatic life events and emotional involvement in a relationship with a person experiencing the consequences of trauma. The cumulative effect of trauma, indirect assimilation of its symptoms and empathic deformation can have a transforming and detrimental effect on therapists, which jeopardizes the main goal, namely the treatment of trauma victims, and stops psychological healing of everyone involved in this process (Hernandez-Wolfe et al, 2014; Pearlman & Saakvitne, 1995). In other words, the appropriateness and usefulness of treating trauma depends on doctors and psychotherapists, who can adequately cope with difficulties and adapt to the intense traumatic material of their clients. Therefore, the issues of psychological health of specialists and their resilience are relevant.

Applying the term resilience to mental health specialists in our research we refer to their adaptive state and personality traits, which are influenced by many variables related to personal and professional

characteristics, which allow a specialist to withstand and adapt to stressful working and living conditions, enjoy the process of helping trauma victims and grow professionally and personally.

Within this article, we briefly note that the main categories of occupational risks in the work of mental health specialists that affect the level of their resilience include: secondary traumatic stress (STS), vicarious traumatization, emotional burnout, compassion fatigue (CF) (Bride, Radey & Figley, 2007; Rossi, A et al., 2012; Baird & Jenkins, 2003; Stamm, 2002).

Researchers also study the personal characteristics of specialists, which affect the level of their resilience, namely: characteristics of temperament and lack of ability to manage stress; traumatic experience of a specialist and facts of violence in childhood; age, sex and years of clinical experience; ineffective coping behavior and low confidence in their professional qualities; lack of knowledge about self-care and inability to take care of themselves (Figley, 2002; Litam, 2021; Baird & Jenkins, 2003).

The described occupational risks and personal characteristics in working with patients who have experienced a traumatic event pose a certain danger to the psychological health of specialists and require special research attention. In turn, this highlights a number of issues related to the need to change the paradigm of how specialists treat their work and themselves and the preparation of appropriate protocols and psychotechnologies for the development of resilience of specialists. In this context, it is important to raise awareness of the potential risks to oneself in the treatment of traumas and adherence to professional hygiene.

Analyzing the literature on existing psychotechnologies for the development of resilience, it can be noted that a number of preventive, psychotherapeutic programs to assist in the development and restoration of resilience for various population categories have appeared in recent decades. Most of these technologies cover a range of different techniques used to maintain and restore the individual's resilience, overall vitality and socio-psychological rehabilitation.

The examples of foreign effective psychotechnologies and models for the development of resilience, which are widely applied to various professional groups and categories of clients, should be considered. We believe that besides helping to understand the multidimensionality and direction of different approaches this presentation will provide a complete picture of practical approaches in this context.

Analysis of recent publications on the creation and application of psychotechnologies for the development of resilience allows us to draw the following conclusions and conditionally divide all created technologies into two main groups. Thus, currently most of the known psychotechnologies aimed at the development, construction and maintenance of resilience are based on different constructs of resilience and, accordingly, have different orientations of its organization and influence. In particular, a large group of resilience psychotechnologies is based on the understanding of resilience as a holistic construct consisting of an individual, family, community and their biopsychosocial characteristics (Norris, 2008; Walsh, 2016; Pfefferbaum, 2014). The theories of «ecological resilience» are important in this context. These theories define resilience as a socio-ecological construct that involves changing the focus from individual variables to resilience processes relevant in different contexts (individual, family and close ones, community, society, culture, etc.) (Ungar, 2013; Tol, 2009). This approach emphasizes, first of all, the possibility of developing resilience through working with all systems and links to which a person belongs (Psychosotsialna pidtrymka v umovah nadzvychainyh sytuatsiy: pidhid resilience, 2017). Multilevel analysis of the phenomena of resilience, which is used in this case, covers not only all areas of personality's life activities, but also «longitudinal trajectories» of personality development at different levels (personal, social, cultural, etc.) to identify resources that promote personality's resilience, taking into account all these levels (Tol, 2017). It should be noted that such psychotechnological work requires significant resources and some research experience, it should consist of intersectoral and interagency coordination and competence of all participants involved in the organization of research.

Examples of such psychotechnologies include a comprehensive program to restore individual and societal resilience by D. Nemeth and T. W. Olivier. This program was developed to work extensively with the population affected by Hurricane Katrina (Nemeth & Olivier, 2018). As well as the author's program to restore resilience by S. Southwick and D. Charney (2016), which covers different levels: individual, group (family), collegial (work, colleagues, career), public ones.

Another group of psychotechnologies for the development of resilience is aimed at improving the resilient properties (resilience) of a person and is focused on the individual level. Summarizing the theoretical and methodological basis laid down for understanding resilience in technologies belonging to this group, the definition proposed by the World Health Organization (WHO) can be used: «resilience is the ability of a person

to cope relatively well with difficult situations and personal resources, which can develop due to protective factors» (Psykhosotsialna pidtrymka v umovah nadzvychnykh sytuatsiy : pidhid resilience, 2017).

Psychotechnologies for the development of resilience with a focus on work at the individual level are generally aimed at the support and development of strengths perspective, its protective factors, resources and opportunities. As a rule, they provide a preventive focus, i.e. the prediction of actions and phenomena that reduce the impact and stability of resilient factors. Strategies, principles and corresponding psychotherapeutic steps of psychotherapeutic work on the development of resilience are built on the basis of an integrative paradigm.

Examples of such psychotechnologies include the program of psycho-practical activities based on the model of social resilience by E. Miller-Karas, which provides a system of skills of emotional self-regulation and is aimed at development and strengthening of mental resilience of a person in adverse circumstances (Haminich, 2018); psychotechnology of work with the personality's resilience by G. Richardson (1990) is created on the procedural model of resilience of a personality and includes psychodynamic, existential approaches and spiritual practices; C. Osborn's program to restore resilience, in which the main emphasis is put on the resource component of the personality (Osborn, 2004).

As we can observe, most technologies, models and programs are based on the theoretical model of resilience adopted by scientists, they are mostly universal in nature of application, and contain spiritual practices, medical and physical procedures, and sometimes recommendations for health and nutrition.

At the same time, as our previous research has shown, the states, negative experiences and symptoms of domestic mental health specialists (secondary traumatic stress, emotional burnout, etc.) and their course have certain socio-cultural features. And this, in turn, makes it impossible to directly extrapolate Western psychotechnologies for the development of resilience to the Ukrainian sample. In addition, when developing psychotechnology and a model of psychotherapeutic work, we consider it necessary to take into account the professional specifics of mental health specialists.

Thus, summarizing the mentioned above, we can determine that the study of resilience of mental health specialists and the creation of a general psychotechnology with the operationalization of diagnostic and psychotherapeutic work models aimed at developing their resilience is an urgent, necessary and socially significant task for psychological science and practice. This requires innovative approaches and a well-established theoretical and methodological framework that will provide an opportunity to significantly expand the understanding of this phenomenon, explore the features of the resilience of domestic mental health specialists and establish an algorithm for formal measures to develop resilience.

Aim. To highlight the main standpoints of the created psychotechnology for the development of resilience of mental health specialists and the operationalization of its practical part, namely a model of psychotherapeutic assistance to mental health specialists for the development of resilience.

Results. The created psychotechnology for the development of resilience of mental health specialists contains developed theoretical, diagnostic and psychotherapeutic stages.

Based on the theoretical and empirical results of the study of the resilience of mental health specialists, we have created a theoretical model that includes two main groups of characteristics that can significantly affect the development of resilience of specialists: professional and personal characteristics.

The main professional characteristics of mental health specialists include emotional states, which are related to the specifics of professional contact with different categories of trauma victims, and the peculiarities of their professional experience and professional hygiene. The emotional states of specialists include: compassion satisfaction, compassion fatigue, emotional burnout and secondary traumatic stress. Professional experience and professional hygiene include special professional training and continuous advanced training, experience of personal therapy, receiving ongoing supervisory or intervision support, participation in support groups of various formats.

The main personal characteristics include the presence of traumatic events in the personal life history of a therapist, which have an impact on both current and professional life of a specialist; personal ways of coping with stress formed over the years (coping strategies and ways of stress management) during difficult situations that also affect both personal and professional life of a therapist; types of emotional attachment (Lazos, 2017; Lazos, 2020)

Based on the interpretation of the obtained empirical data, the targets of psychotherapeutic intervention are identified: unprocessed personal life experience, negative self-perception and lack of confidence in one's own effectiveness, difficult relationships with others, lack of tolerance for negative consequences, dangerous

relationships and unreliable types of attachment (avoidance, anxiety), lack of skills in applying effective stress coping strategies, lack of skills for balancing working time and rest, skills of self-recovery, self-care.

The psychotherapeutic stage of psychotechnology of resilience of mental health specialists is created taking into account specific intervention strategies, principles of process organization and means (methods and techniques) that ensure the process of resilience development and is presented as *the model of psychotherapeutic assistance to mental health specialists to develop resilience*.

It should be noted that the model of psychotherapeutic assistance for the development of resilience is focused on the individual level and created on the basis of an integrative approach that includes psychodynamic, cognitive behavioral, existential and other methods and techniques. The interconnected set of these methods and techniques provides resource support for specialists, transformation of their in-depth experience and restoration of personality integrity, mastery of effective stress coping strategies and assertive behavior.

Strategically, this model is aimed at understanding, feeling, developing and maintaining the resilience of a specialist. Important *results* should include the prolonged effect of the experience gained on the way to the integration of the specialist's personality, a sense of self-resilience and psychological growth. These results are achieved through resource support and life balancing, restoring feelings of value and integrity of one's personality, gaining inner balance through reconciliation with «ghosts of the past» and expanding the system of goals to form a holistic picture of life by designing one's own future and including traumatic experiences, mastering effective coping strategies and assertive behavior.

The main prerequisite for psychotherapeutic work is the psychodynamic concept of attachment as a *universal* factor of therapeutic effect for all psychotherapeutic areas included in the model of psychotherapeutic assistance. The role of a psychotherapist in this process can be defined as «reliable support», which allows one to work on various aspects of the psyche of a client that is a mental health specialist consistently or at the same time

The process of psychotherapeutic assistance in developing resilience involves taking into account the following *general* and *specific factors*.

General factors include: (1) demand, expectation of assistance, and expectation of improvement; (2) trusting therapeutic relationships; (3) a reasonable, conceptual scheme that is clear to a client, explains his/her symptoms and determines the procedure for overcoming them; (4) active participation of both a client and a therapist in carrying out the selected procedure; (5) cognitive learning based on information provided by a psychotherapist; (6) learning and assimilation of more adaptive forms of behavior provided that there is emotional support of a psychotherapist and skills training.

Specific factors include: (1) pre-traumatic factors (i.e. the nature of the early child-parent relationships; the type of attachment); (2) trauma-related factors (type, duration, and context); (3) post-traumatic factors (environment and surrounding, focus on increasing adaptation, post-traumatic growth, etc.).

The main *conditions* for the organization of the psychotherapeutic process for the development of resilience include: (1) taking into account the individual needs and characteristics of a client/patient; (2) establishing a clear process framework; formation of a working alliance between a psychotherapist and a client; (3) the relevant qualification of a psychotherapist; (4) the resilience of a psychotherapist.

The analysis of theoretical, experimental data provided an opportunity to identify the following *principles* of psychotherapeutic influence on the development of resilience: (1) understanding the impact of developmental trauma on resilience; (2) focus on the correction of early childhood experience; (3) focus on understanding and differentiating one's own emotional states; (4) focus on spiritual aspects; (5) focus on learning and assimilation of more adaptive forms of behavior.

The main *strategies* of our model include the impact on the resource, depth and behavioral components of the personality of a specialist. These strategies are built in the vectors of psychotherapeutic work and determine the following:

1. **The resource vector.** Resources are a positive holistic feeling that allows an individual to maintain stability and integrity in the face of danger and disintegration and contains both somatic and mental sensations. The central task for starting the process of mental recovery (after trauma, reduced adaptive capacity, etc.) is to create security and resources. Symptoms of traumatized clients, as well as unprocessed traumas of specialists, become a source of triggers which start the process of constant retraumatization, and the ability of a person to self-regulation of the states is restored due to internal and external resources. Resource fulfillment also helps to approach the next stage, namely in-depth processing of traumatic experiences and correction of early experience of attachment, because it is the resources that allow a client to approach the traumatic experience, while maintaining internal balance. The main goal of a psychotherapist at this stage is to help a client regain internal

and external control, increase emotional stabilization, achieve balance of life and work through resource nourishment, create a safe environment for further in-depth study and integration of early child-parent relationships experience.

2. **The in-depth vector.** At this psychotherapeutic stage, a client begins to work deeper with his/her experience. As is proved above, it is a strong attachment that is an important factor of resilience. Thus, an important psychotherapeutic value has the fact that the stability of a child's attachment can be changed throughout life under the influence of various protective and risk factors, as well as through emotional and corrective experience, provided a reliable relationship with a therapist. It is known that the nature of traumatic memories and relationships is rarely linear, that is why the important task of this stage is the integration and transformation of the experience of early child-parent relationships (so-called reconciliation with ghosts of the past and their integration into current experience), correction of unreliable types of attachment and processing current relationships in client's life.

3. **The behavioral vector.** The importance of psychotherapeutic influence not only on the in-depth but also on the behavioral component of the personality is due to the fact that the identified dysfunctional manifestations and reactions of specialists in response to life problems and stressful situations affect the level of resilience and maintain existing symptoms. This is carried out by consolidation of ineffective coping strategies, influence on the quality of interpersonal relationships, destruction of worldviews and self-esteem, which are recognized as risk factors. At this stage, it is possible to work on a critical rethinking of own perception of reality and behavior, change of dysfunctional, negative examples of behavior and thinking to more effective and realistic ones, which will improve emotional state. The final process of integration, self-determination in the field of important relationships and professional activity occur at this stage of the work.

It is important to note that these three vectors of psychotherapeutic work can be considered as a certain coordinate system, where they coexist simultaneously. Depending on the individual case of individual or group work, a psychotherapist or group leader has an opportunity to choose the starting point of therapy and can move in this coordinate system throughout the process, being closer to one or another vector using different techniques. Initial approbation of the psychotherapeutic process revealed that the following scheme of work was effective:



Figure 1. The scheme of psychotherapeutic work of resilience development with mental health specialists

In our opinion, starting with the resource vector of psychotherapeutic influence, we, firstly, nourish and stabilize client's psyche, activate resources that serve as a basis for further in-depth processing of conflicts, traumas and difficult life situations, reduce manifestations of negative states and create trusting atmosphere, working alliance. Secondly, the resource component is directly related to the in-depth one, especially when it comes to archaic and symbolic nourishment (e.g. Guided Affective Imagery techniques (KIP)), there is a regression into the past for the memories of effective mastery of traumatic situations or relationships, pleasant memories of support and love of primary objects, thus, depending on the tactics and condition of a client/patient these vectors can be combined. The described vectors of psychotherapeutic influence are provided by the corresponding techniques and methods, which help to solve issues concerning the development of resilience, and also promote post-traumatic growth. The mentioned above should be examined in details.

Methods and procedures of the model of psychotherapeutic assistance. In order to influence the resource component of individual's psyche, it is suggested to use techniques and methods that can balance personal and professional life, rebuild one's own resources, nourish their own resources on a symbolic, unconscious level, increase cognitive and emotional lability, stabilize emotional state. Thus, a good starting point for psychotherapeutic model of restoring resilience of specialists can be an inventory and identification of their own resources at physical, emotional, intellectual, behavioral, social and spiritual levels. In this case in order to run diagnostics one can use a diagnostic exercise «The Wheel of Life» («The Pie of Life»), which helps

to determine the balance between life values and priorities in life, areas of life that are devalued and worth paying attention to (Sadler-Gerhardt & Stevenson, 2011). A common practice for finding a resource of psychologists/psychotherapists is the procedure of «cultivating sacred moments», regardless of a person's spiritual or religious worldview. An example of application of this procedure is the exercise «Sacred Moments» (Goldstein, 2007). Depending on the method in which this exercise takes place (art therapy, Guided Affective Imagery (KIP), mindfulness, etc.), the results of the exercise can lead to transcendental states, states of resource filling and recovery. Similarly, this technique can help to understand and strengthen the goals and meaning of life and professional activity. During approbation of the model of psychotherapeutic work on the development of resilience the specialists from our sample described «sacred moments» as approaches to something precious, cherished, full of resources and life. Feelings of gratitude often accompanied sacred moments and thus increased the value of work, especially in cases, where despair in work with trauma victims flooded the meaning of work and life in general, helped to alleviate feelings of resentment and guilt.

There are a lot of techniques and different practices that can be used to influence on emotional, physical and spiritual well-being and help to restore a sense of balance. For the purposes of this article, the aim is not to provide an exhaustive list of these tools, but rather to show opportunities for creating and filling psychotechnology or program with various psychotherapeutic tools that can be applied by a psychotherapist (Guided Affective Imagery (KIP), art therapy, body-oriented therapy, mindfulness, body, breathing and spiritual practices, meditations, etc.).

At the in-depth level, the principles and techniques of the psychodynamic approach are used to correct early traumatic experiences, attachment experiences and to establish safe relationships. As it was mentioned above, the factor of creating a strong attachment to a therapist is especially important at this stage. It is known that in an atmosphere of reliable attachment it is easier for a client to trust and reveal himself to a therapist, through reliable attachment it is easier to deal with fear, reduce resistance, and this, in turn, ensures the effectiveness of psychotherapeutic techniques and «free exchange of signals from relationships environment». (Brish, 2012, p. 95). Reliable attachment is especially important taking into consideration that the symptoms of clients, as in the case of presence of signs of STSD (secondary traumatic stress disorder), fears and depression, which are the issues of mental health specialists.

Therefore, a psychotherapist at this stage of work should adhere to the following strategies and principles, regardless of the chosen method of psychodynamic therapy: (1) Creating conditions for activating a system of client's attachment to a therapist; (2) Choosing optimal framework conditions for psychotherapy, optimal distance with a client in communication (depending on the type of attachment) and flexibility in relationships; (3) Encouraging a client to analyse the relationships between a therapist and a client, because relationships are reflection of client's actual relationships, which is imprinted by his/her personal (subjective) and parental representatives; (4) Encouraging a client to compare current feelings and experiences with those experienced in childhood; (5) Emphasis on changing the relevance of painful representatives of subjective and objective relationships in the past during similar relationships in the present life; (6) Interpretation of the constellation of those relationships that arise around individual symptoms (e.g. various manifestations of sleep disorders), which are the main indicators and etiological factors to trigger the actual symptoms; (7) Careful completion of the psychotherapeutic process, in which a therapist demonstrates a pattern of effective separation behavior.

Completion of the psychotherapeutic process of the in-depth stage should take place in the presence of formation of the following abilities: (1) effective cooperation with a therapist, a partner, colleagues; (2) formation and maintenance of close relationships that bring satisfaction; (3) endurance of ambivalent experiences; (4) adequate perception of the other as another; (5) compassion and care for others; (6) differentiation of own needs and ability to satisfy them; (7) the ability to accept the end (loss) of therapeutic relationships. In general, a client should acquire a representative of a reliable attachment or «acquired security» (Brish, 2012, p. 54).

It is also important to note that methods of psychodynamic approach (e.g. attachment psychotherapy, object relations therapy, short-focus psychodynamic psychotherapy, Guided Affective Imagery (KIP), etc.) can be equally effective in short-term (even single-session therapy), medium-term and long-term therapies. It should be reminded that the main condition of application of these methods is the obligatory professional training of a therapist in application of one or another psychodynamic method.

The behavioral vector is provided by methods of psychological and behavioral training, which are aimed at strengthening self-esteem, own vision of the meaning and value of own live and work related to providing psychological assistance to various categories of trauma victims, their own assertiveness and

application of effective stress coping strategies, assimilation of experience, etc. In order to influence the behavioral and cognitive component, we suggest the application of psychotraining, which contains, firstly, a number of psycho-educational procedures. These procedures involve providing information on resilience, how and in what way it is formed, what it is affected by, etc. According to our initial data of model approbation, most experts have a fairly rough idea of the phenomenon of resilience and have a great interest in examining this topic.

Secondly, we suggest a specially designed psychotechnical procedure, which has a working title «Resilience in dealing with trauma». This procedure is based on the results of researches by J. E. Gentry, A. B. Baranowsky (2011) and our own and consists of two parts:

(1) Definition of professional mission. The purpose of this part of the psychotechnical procedure is to realize professional mission in order to strengthen the meaning and value of own work, namely to provide psychological assistance to trauma victims.

(2) Creating one's own resilience plan. The purpose of the second part is to create the strategic plan on the road to recovery, which will contain options for self-regulation techniques, awareness of intentions concerning professional development and the chosen mission; self-care skills; an opportunity to ask for help, accept support and be involved in professional communities.

Thirdly, it is a specially designed psychotechnical procedure to increase one's own assertiveness. This procedure is based on the basic principles of assertiveness training. First of all, specialists are provided assistance in achieving a sense of their limits, their rights (professional and personal) and the ability to clearly state their desires and needs. Specialists should learn to move from the mode of «suffering in silence» to identifying unsatisfactory situations and solve them effectively, involving the professional community or the immediate environment, learn to effectively express their emotions (e.g. feeling a little irritated in different situations, solve this situation without letting outbursts of anger).

The developed model of psychotherapeutic work on the development of resilience involves both individual and group forms of work. The model is built in such a way that, depending on the results of the diagnostic study, there is a possibility of a differentiated approach to the choice of vector of psychotherapeutic intervention. For specialists who have experience in dealing with traumatic experiences and formed a strong attachment, the direct indications are the focus on resource and behavioral psychotherapeutic vectors; for specialists who according to diagnostic indicators do not have experience of safe (reliable) attachment, have unprocessed own traumatic experience, it is necessary to focus on the in-depth (psychodynamic) vector.

Discussion. The results of the initial approbation of the model of psychotherapeutic assistance to mental health specialists in the development of resilience in general revealed the following.

Firstly, it is revealed that the integration of psychotherapeutic methods based on the psychodynamic theory of attachment is an important prerequisite for psychotherapeutic work that proves the feasibility of combining psychotherapeutic approaches and methods.

Secondly, the approbation of a model helped to form the following scheme of strategic direction of psychotherapeutic assistance: resource vector \Leftrightarrow in-depth vector \Rightarrow behavioral vector. These three vectors of psychotherapeutic work can be considered as a certain coordinate system, where they coexist simultaneously. Depending on the individual case of individual or group work, a psychotherapist or group leader has an opportunity to choose the starting point of therapy.

Thirdly, the analysis of the obtained results of the application model provided an opportunity to outline the «portrait of a resilient mental health specialist», who has the following features: formed safe/reliable attachment; healthy relationships and the ability to take care of them; self-care skills; skills of self-control, regulation of emotions and stress; awareness of the meaning and purpose of life and work; awareness of professional and personal competence; continuous process of development (personal, professional).

Fourthly, the specialists, who participated in the approbation of psychotechnology, formed a demand for post-traumatic and spiritual growth.

At the same time, a limited number of specialists involved in approbation of the model in connection with the quarantine measures related to the Covid-19 pandemic allow us to consider the results as primary and pilot ones. The next limitation refers to the peculiarities of application of the model, and is associated with the presence of obligatory specialized training of specialists, namely psychotherapists and leading groups. The model is designed for use by certified psychotherapists of various psychodynamic approaches, as well as specialists in the method of SPT (socio-psychological training).

Simultaneously, the initial procedure of approbation of the model of psychotherapeutic assistance for the development of resilience of mental health specialists made it possible to outline the following **prospects** for

its further improvement and implementation. Given the results obtained, we consider it is necessary to expand the tasks and psychotechnical procedures of the suggested model, to operationalize in more detail all stages of psychotherapeutic work and to determine indicators and diagnostic data of its effectiveness.

Conclusion. The model of psychotherapeutic work created on the basis of results of theoretical and empirical researches for development of resilience of specialists in the field of mental health contains the developed theoretical, diagnostic and psychotherapeutic stages.

Based on the interpretation of theoretical and empirical data, the targets of psychotherapeutic intervention are defined: strengthening of protective factors of resilience through psychotherapeutic work with unreliable types of attachment (avoidance, anxiety), traumatic events in the personal life history of a specialist, which manifested themselves in specialists as vulnerability factors; skills of application of effective stress coping strategies, increasing of assertiveness. The model of psychotherapeutic work for the development of resilience, created on the basis of an integrative approach with the use of multimodal interventions, is suggested. The basic standpoints that were the basis for the creation of model are examined: the universal (psychodynamic concept of attachment), general and specific factors. The principles of psychotherapeutic influence on the development of resilience of mental health specialists are highlighted.

The main strategies in the model of psychotherapeutic work to develop the resilience of specialists include psychotherapeutic effects on *resource, in-depth and behavioral* components of a personality. Techniques and methods that provide the described vectors of psychotherapeutic influence, help to develop resilience, and also promote post-traumatic growth are examined.

References

1. Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-86.
2. Baranowsky, A., & Gentry, J. E. (2011). *Treatment Manual for Accelerated Recovery from Compassion Fatigue*. NY,
3. Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155-163. <http://dx.doi.org/10.1007/s10615-007-0091-7>
4. Brish, H. K. (2012). *Attachment disorders from theory to therapy* [Rozlady pryv'iazanosti vid teorii do terapii]. Prostir-M. [in Ukrainian]
5. David, D. P. (2012). Resilience as a protective factor against compassion fatigue in trauma therapists. Retrieved from ProQuest Dissertations. (AAT 3544932)
6. Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Clinical Psychology: In Session*, 58(11), 1434-1441. <http://dx.doi.org/10.1177/0011000088164005>
7. Goldstein, E. D. (2007). Sacred moments: Implications on well-being and stress. *Journal of Clinical Psychology*. 63, 1001-1019
8. Haminich, O. M. (2018). Aprobatsia CommunityResilienceModelTM u roboti zi spryannya psykhologichniy stiykosti molodi z rozluchenyh simey. Aktualni problem psykhologii. 1(46), 128-134. [In Ukrainian].
9. Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2014). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of humanistic psychology*, 55(2), 153-172. <http://dx.doi.org/10.1177/0022167814534322>
10. Lakioti, A., Stalikas, A., & Pezirkianidis, C. (2020). The role of personal, professional, and psychological factors in therapists' resilience. *Professional psychology: research and practice*, 51(6), 560-570. <https://doi.org/10.1037/pro0000306>
11. Lazos, G. P. (2017). Osoblyvosti emotsiinykh staniv volonteriv-psykhologiv/psykhoterapevtiv u stosunkakh z postrazhdalymy [Volunteer psychologists/psychotherapists emotional states in relations with victims]. In Z. G. Kisarchuk (Ed.), *Osoblyvosti stosunkiv psykhoterapevt-kliiyent u suchasnomu sotsiokulturnomu seredovyshi* (pp. 154-176) [In Ukrainian]
12. Lazos, G. P. (2020). Psykhotehnologija z rozvytku resilentnosti u psykhologiv/psykhoterapevtiv, yaki pratsuut z postrazhdalymy. In Z. G. Kisarchuk (Ed.) *Tehnologii psykhoterapevtichnoi dopomogy postrazhdalym u podolanni proyaviv posttravmatychnogo stresovogo rozlady* (pp. 178-212). [In Ukrainian]
13. Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. S. (2021). Stress and Resilience Among Professional Counselors During the COVID-19 Pandemic. *Journal of Counseling & Development*, 99(4), 384-395. <https://doi.org/10.1002/JCAD.12391>
14. Matyash, M. M. & Khudenko, L. I. (2014). Ukrainskiy syndrome: osoblyvosti posttravmatychnogo stresovogo rozladu v uchasykyv antyterroristychnoi operatsii. [Ukrainian syndrome: post-traumatic stress disorder features in participants of anti-terrorist operation]. *Ukrayinsky med. Chasop.* 6(104), 124-127 [In Ukrainian].
15. Nemeth, D., & Olivier, T. (2018). *Innovative approaches to individual and community resilience: from theory to practice*. Academic Press, 167.
16. Norris, F. H. (2008). Community Resilience as a Metaphor, Theory, Set of Capacities, and Strategy for Disaster Readiness. *American Journal of Community Psychol.* Springer Science + Business Media. 41(1-2), 131-134.

17. Osborn, C. J. (2004). Seven salutary suggestions for counsellor stamina. *Journal of Counselling & Development*, 82, 354-36.
18. Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.
19. Pfefferbaum, R. (2014). Assessing Community Resilience : An Application of the Expanded CART Survey Instrument With Affiliated Volunteer Responses [Electronic resource]. *American Behavioral Scientist*. 59(2). <http://journals.sagepub.com/doi/abs/10.1177/0002764214550295>.
20. Psykhosotsialna pidtrymka v umovah nadzvychainykh sytuatsiy: pidhid resilience. (2017). NaUKMA. 92 . [In Ukrainian].
21. Richardson, G. E., Neiger, B., Jensen, S. & Kumpfer, K. (1990). The resiliency model. *Health Education*. 21. 33-39.
22. Rossi, A., Cetrano, G., Pertile, R., Rabbi, L., Donisi, V., Grigoletti, L., Curtolo, C., Tansella, M., Thornicroft, G., & Amadeo, F. (2012). Burnout, compassion fatigue, and compassion satisfaction among staff in community-based mental health services. *Psychiatry Research*, 200(2-3), 933-938. <https://doi.org/10.1016/j.psychres.2012.07.029>
23. Sadler- Gerhardt, C., & Stevenson, D. (2011). When it all hits the fan: helping counsellors built resilience and avoid burnout. *Paper based on a program presented at the 2011 ACES conference*, Nashville.
24. Southwick, S., & Charney, D. (2016). *Resilience. The Science of Mastering Life`s Greatest Challenges*. Cambridge University Press.
25. Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the Compassion Satisfaction and Fatigue Test. In C. R. Figley (Ed.), *Psychosocial stress series. Treating compassion fatigue* (pp. 107–119). Brunner-Routledge.
26. Stein, M. B., Walker J. R., Hazen A. L., & Forde D. R. (1997) Full and partial posttraumatic stress disorder: findings from a community survey. *American Journal of Psychiatry*, 154(8), 1114-9. <https://doi.org/10.1176/ajp.154.8.1114>. PMID: 9247398.
27. Tol, W. A. (2009). Ecological resilience: Working with child related psychosocial resources in war-affected. *Treating Traumatized Children: Risk, Resilience, and Recovery*. Routledge.
28. Ungar, M. A. (2013). Measure of Resilience with Contextual Sensitivity – The CYRM-28: Exploring the Tension Between Homogeneity and Heterogeneity in Resilience Theory and Research. In Sandra Prince-Embury (Ed.) *Resilience in Children, Adolescents, and Adults: Translating Research into Practice* (pp. 245-255). Springer.
29. Walsh, F. (2016). Family Resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13(3). <http://www.tandfonline.com/doi/full/10.1080/17405629.2016.1154035>
30. Wezyk, A., Yankouskaya, A., Comoretto, A., Ventouris, A., Panourgia, C., & Taylor, Z. (2021). *COVID-19: Vicarious Traumatization and Resilience in Mental Health Psychology Practitioners*. New Vistas. <https://doi.org/10.36828/NEWVISTAS.118>

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Отримано 12 жовтня 2021 р.
Рецензовано 20 жовтня 2021 р.
Прийнято 22 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.8>

УДК 159.922:316.37

Olena Savchenko
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THE STRUCTURE OF STUDENTS' SUBJECTIVE WELL-BEING

Savchenko, Olena, Kaliuk, Oleksandra. The structure of students' subjective well-being.

Introduction. Subjective well-being is one of the indicators of success and a basis of person's socio-psychological adjustment to uncertain situations and unstable social relations. The complexity of this phenomenon requires clarifying its structure.

Aim. To determine the structure of students' subjective well-being.

Methods. Cognitive Features of Subjective Well-Being (KOSB-4) (O. Kaliuk, O. Savchenko), Subjective Well-Being Scale (A. Perrudet-Badoux, G. Mendelsohn, J. Chiche, adapted by M. Sokolova), Life Satisfaction Index A, LSIA (B.L. Neugarten, adapted by N. Panina), Arousal and Optimism Scale, AOS (I.S. Schuller, A.L. Comunian, adapted by N. Vodopyanova). The methodological basis is a structural-functional approach. Factor and correlation analyses were done using «STATISTICA 10.0».

Results. Empirical verification of the author's model of subjective well-being revealed the existence of three independent components in its structure (cognitive-behavioral, emotional, and contrasting).

Conclusions. Students' cognitive and behavioral aspects of well-being are not separated, they form a single factor. There is a polarity in well-being in the form of positive and negative factors.

Key words: psychological well-being, subjective well-being, psychological health, structural-functional approach, components of subjective well-being

Савченко Олена, Калюк Олександра. Структура суб'єктивного благополуччя студентів.

Вступ. Одним з індикаторів психологічного здоров'я є показник психологічного благополуччя. Психологічне благополуччя визначається і описується через суб'єктивне благополуччя. Суб'єктивне благополуччя є одним з показників успішності і умовою соціально-психологічної адаптації особистості до невизначених ситуацій, нестабільних соціальних відносин. Складність даного явища потребує чіткості в виокремленні його структурних компонентів.

Мета. Мета дослідження полягає у визначенні структури суб'єктивного благополуччя студентів.

Методи. Застосовані методики, які діагностують різні аспекти суб'єктивного благополуччя: «Когнітивні особливості суб'єктивного благополуччя (КОСБ-4)» (О. Калюк, О. Савченко), «Шкала суб'єктивного благополуччя» (A. Perrudet-Badoux, G. Mendelsohn, J. Chiche) у адаптації М. Соколової, «Індекс життєвої задоволеності, LSIA» (B. Neugarten) у адаптації Н. Паніної, «Шкала оптимізму та активності, AOS» (I.S. Schuller, A.L. Comunian) у адаптації Н. Водоп'янової. Методологічною основою дослідження є структурно-функціональний підхід. Були застосовані процедури факторного та кореляційного аналізу («STATISTICA 10.0»).

Результати. Емпірична перевірка авторської моделі суб'єктивного благополуччя виявила існування 3 незалежних складових у структурі цього феномена, які виконують різні функції. Так виявлено, що когнітивно-поведінковий компонент виконує адаптаційну функцію, емоційний – регуляторну, а контрастуючий – мотивуючу.

Висновки. Було встановлено, що у студентської молоді когнітивні та поведінкові аспекти благополуччя не розведені, вони утворюють єдиний фактор. У дослідженні знайшло підтвердження припущення щодо поєднання у конструкті «Суб'єктивне задоволення» гедоністичних (пошук задоволення, насолоди) та евдемоністичних (пошук задоволеності від життя, наповненого сенсом буття) мотивів. Також знайшов підтвердження феномен полярності стану благополуччя, що існує на тлі протиставлення «позитивного» та «негативного», «успіху» та «невдачі», «задоволення» та «розчарування» та ін.

Ключові слова: психологічне благополуччя, суб'єктивне благополуччя, психологічне здоров'я, структурно-функціональний підхід, складові суб'єктивного благополуччя.

Савченко Елена, Калюк Александра. Структура субъективного благополучия студентов.

Вступление. Субъективное благополучие является одним из показателей успешности и условием социально-психологической адаптации личности к неопределенным ситуациям, нестабильным социальным отношениям. Сложность данного явления требует четкости в определении его структуры.

Цель. Цель исследования - изучить структуру субъективного благополучия студентов.

Методы. Применены методики, которые диагностируют разные аспекты субъективного благополучия: «Когнитивные особенности субъективного благополучия (КОСБ-4)» (А. Калюк, Е. Савченко), «Шкала субъективного благополучия» (A. Perrudet-Badoux, G. Mendelsohn, J. Chiche) в адаптации М. Соколовой, «Индекс жизненной удовлетворенности, LSIA» (B. Neugarten) в адаптации Н. Паниной, «Шкала оптимизма и активности,

AOS» (I.S. Schuller, A.L. Comunian) в адаптации Н. Водопьяновой. Структурно-функциональный подход - методологическая основа исследования. Применены процедуры факторного и корреляционного анализ (STATISTICA 10.0»).

Результаты. Эмпирическая проверка авторской модели субъективного благополучия выявила существование 3 независимых составляющих в структуре этого феномена (когнитивно-поведенческий, эмоциональный и контрастирующий компоненты).

Выводы. Было установлено, что у студенческой молодежи когнитивные и поведенческие аспекты благополучия не разведены, они образуют единый фактор. Также нашел подтверждение феномен полярности состояния благополучия, который существует на фоне противопоставления «положительного» и «негативного».

Ключевые слова: психологическое благополучие, субъективное благополучие, психологическое здоровье, структурно-функциональный подход, составляющие субъективное благополучие

Introduction. There is a spread of depression, anxiety, rapid growth of aggression and conflict situations under the conditions of excessive social change, the crisis of society, reduced social activity, increasing stressful factors. All these factors depress a person and negatively affect their emotional conditions, thus requiring strengthening their mental health. One of the indicators of mental health is the level of psychological well-being. The World Health Organization considers psychological well-being as the main criterion of health, which includes physical, spiritual and social well-being. Psychological well-being is defined and described through subjective well-being, which manifests itself as the ability to overcome difficulties, optimize their emotional background, constructively resolve conflicts, and others. Subjective well-being is one of the indicators of success and a ground of personal socio-psychological adaptation to uncertain situations, unstable social relations.

Currently, there are several areas of research on well-being, namely: philosophical, sociological, medical, psychological, economic and environmental. Among them, the psychological approach to the study of well-being is the most developed and empirically justified. The study of the psychological well-being phenomenon makes it possible to distinguish two main approaches: eudemonistic (C. Ryff (2014), E.L. Deci, R.M. Ryan (2000), etc.) and hedonistic (N.M. Bradburn (1965), E. Diener (2009), A.S. Waterman (2008), etc.). In the eudemonistic paradigm, the subject of research is psychological well-being in the context of the personality's full functioning. The main attention is paid to the process of intra-personal resources actualization by a person. As a consequence of this realizing person experiences the fullness of one's life, achievement of a stable state of satisfaction, which extends to all aspects of life. In the hedonistic paradigm, the subject of study is subjective well-being. The main focus is on the study of subjective experiences of joy and happiness that a person feels in connection with satisfaction with their lives, the results of their activities and themselves.

The approaches to the study of well-being allow us to distinguish two interrelated terms: «psychological well-being» and «subjective well-being». Therefore, there is a need to distinguish between these two concepts. The concepts «personal potential», «positive traits», «psychological resources» are usually used to interpret psychological well-being. At the same time the subjective well-being is considered through the concepts of «happiness», «life satisfaction», «quality of life».

The theoretical basis for understanding the psychological well-being phenomenon was laid by N.M. Bradburn and D. Caplovitz (1965), who actually introduced into scientific using this concept of «psychological well-being» and identified it with the subjective feeling of happiness and general satisfaction with life. The scientist created a model that has reflected the structure of psychological well-being as a balance between positive and negative affects. However, later the interest in the psychological well-being assessment was shifted towards the cognitive and value aspects of life, towards the search for more objective indicators, normative criteria. Thus, C. Ryff was one of the first, who attempted to operationalize the construct of «psychological well-being» by associating it with other personal constructs that reflect various aspects of successful functioning. The researcher squared its content with the «peaks of human potential» (mental health, self-realization, maturity, self-determination) (Zhukovskaya & Troshikhina, 2011). Among the main measures of psychological well-being, C. Ryff identified the following: self-acceptance, personal growth, autonomy, environmental mastery, positive relationships with others, and purpose in life. The researcher has believed that everything should not be reduced to a hedonistic experience of «good life», because such indicator does not have a reliable conceptual basis. There were obtained «the important evidence as to why eudaemonic well-being may be consequential for health and well-being – namely, because it is fundamentally anchored in how individuals negotiate their way through the challenges of life» (Ryff, 2014).

E. Diener (2009), on the contrary, insisted that well-being has have a subjective nature, so the research subject of psychologists should be both positive and negative affects, and satisfaction with life in general, its individual areas (work, family, financial standing, health and etc.). The researcher also raised the question of the

interconnectedness of the various components of subjective well-being, and hence the need to study the structure of this psychological phenomenon. E. Diener proposed a three-component structure of subjective well-being, which includes life satisfaction, positive and negative affects. Thus, we can identify two components of subjective well-being, namely the cognitive assessment of satisfaction with different areas of life and the emotional aspect (balance between negative or positive affects experienced by a person).

Russian researchers M. Lebedeva and G. Verbina have specified the main difference between the approaches that study psychological and subjective well-being in the focus on external (psychological well-being) and internal (subjective well-being) criteria, «in the internal and external interpretations» of life and personal experiences (Lebedeva & Verbina, 2021: 51). Subjective experience refers to the certain aspect of mental reality that reflects the self-perception and self-esteem of personal life, its detached events, which correspond to personality's ideas and standards in regard to curiosity, complexity, richness and abundant life. We agree with the opinion of K. Sheldon (2016) that well-being is a non-specific subjective indicator of the constructive conduct of life processes. It is both the result of human activity and the background for planning and implementing the following forms of behavior. Often the experience of well-being is accompanied by higher emotions (a meaningful existence, value and sense of activity, inspiration in performing activities) (Osin & Leontev, 2020).

Yu. Oleksandrov (2009) has associated psychological well-being with the productive aspects of activity, while subjective well-being has been associated with evaluative one. The experience of psychological well-being arises as a result of achieving significant goals and challenges for the individual. Subjective well-being is manifested in the general life satisfaction, in the predominance of positive affects over negative ones. In addition to these two aspects, the researcher has proposed the resource component (personal maturity, which reflects the level of social competence, emotional intelligence, creative position in life, personal potential, etc.), as well as procedural (the means of self-actualization, «personal expressiveness of their own goals») and structural (harmonious ratio of different life spheres, integration and hierarchy of goals, meanings) aspects. We would like to emphasize that for our study the distinction between productive and emotional aspects of satisfaction is the most important difference between psychological and subjective well-being.

Therefore, «psychological well-being» is thought of as an integrative psychological phenomenon, based on the coherence between the requirements of society and human capabilities, manifested through the experience of fullness and saturation of personal existence. And «subjective well-being» is a complex experience based on a positive perception of the results of their activity and assessment of their current state as successful, sublime. It is reflected in integrative assessments and experiences of «happiness», «life satisfaction», «high quality of life».

Aim. To determine the structure of subjective well-being as a significant basis of personal psychological healthy.

In accordance with the aim, the main tasks of the study included:

- 1) development of a model of subjective well-being of the individual;
- 2) testing the proposed concept model in an empirical study;
- 3) finding the relationship between components of subjective well-being and markers of mental health.

Analyzing the components of subjective well-being, we consider it necessary to add a behavioral component to the cognitive (evaluation function) and emotional (experience regulation function) aspects, which were defined in the concept of E. Diener. R. Shamionov (2008) has pointed to the behavioral manifestations of subjective well-being. The author has considered subjective well-being not only as an indicator of the personal inner world, but also as an important regulator of social behavior, because the relationships between internal changes and externally expressed activity of the subject were established in a large number of studies. Researcher has stated that subjective well-being as an integral socio-psychological formation is determined by a person's ideas about himself, his life, relationships, inner states, etc. Presenting his own structure-functional model of subjective well-being, the author has noted that subjective well-being performs at least four functions: regulatory (or adaptive), developmental, executive (or «behavioral») and managing (control of cognitive processes).

In developing our own model, we assumed that subjective well-being consists of three components:

- 1) emotional component (emotional comfort, the balance between positive and negative affects);
- 2) cognitive component (positive assessment of personal life in general and its different events, life satisfaction);
- 3) behavioral component (means of optimizing personal life and activating the process of achieving vital goals).

The emotional component performs a regulatory function, cognitive - evaluative, and behavioral - adaptive. Due to the presence or absence of a subjective experience of well-being, a person can activate various means of optimizing their behavior in different situations, especially in situations of high uncertainty.

Methods. The methodological basis of the research was a structural study, which involves the analysis of the mental phenomenon composition, the main components that perform different functions, and the establishment of relationships between them. According to the bases of the structural-functional approach, each component of the system must perform its specific function, which ensures the integral functioning of the whole system (Savchenko, 2016). Thus, the analysis of the subjective well-being components allowed us to identify those aspects of this phenomenon that ensure its permanence and specificity of individual manifestations. The standardized psychological techniques were used to diagnose certain aspects of the functioning of subjective well-being, namely: «Cognitive features of subjective well-being (KOSB-4)» (O. Kaliuk, O. Savchenko), «Scale of Subjective Well-Being» (A. Perrudet-Badoux, G. Mendelsohn, J. Chiche) in the adaptation of M. Sokolova, «Life Satisfaction Index A, LSIA» (B.L. Neugarten) in the adaptation of N. Panina, «Arousability and Optimism Scale, AOS» (I.S. Schuller, A.L. Comunian) in the adaptation of N. Vodopyanova.

In order to diagnose the cognitive component of subjective well-being, the method «Cognitive features of subjective well-being (KOSB-4)» (O. Kaliuk, O. Savchenko) was used. This technique focuses on identifying 4 aspects of the personal life fullness: general satisfaction with personal life, satisfaction with the process of self-realization, satisfaction with other people relationships, dissatisfaction with oneself and frustration in life. The researchers suggested that the assessment process occurs through a comparison of the existing level of experience with certain internal standards that are formed in the process of education. These standards reflect basic, implicit, poorly understood ideas about success, completeness of existence, etc.

The method «Scale of Subjective Well-Being» (A. Perrudet-Badoux, G. Mendelsohn, J. Chiche) in the adaptation of M. Sokolova was used to diagnose the emotional component of the well-being experience. The individuals have been assessing their condition by comparing the number of positive and negative emotions, establishing a certain ratio of them. This technique also takes into account the following aspects of mental health: tension and sensitivity; signs accompanying the basic psychosomatics; decrease in mood; health concerns, etc.

The behavioral component of subjective well-being was studied using the «Life Satisfaction Index A (LSIA)» (B.L. Neugarten) adapted by N. Panina. This tool allowed us to diagnose the following behavioral manifestations of well-being: resolution and fortitude; congruence between desired and achieved goals, as well as emotional (zest for life, positive mood tone) and cognitive (positive self-concept) aspects of well-being.

The level of activity and optimism in forecasting future performance were important for our study, because we have considered them as essential markers of well-being in the behavioral sphere. The method «Arousability and Optimism Scale (AOS)» (I.S. Schuller, A.L. Comunian) was used in the adaptation of N. Vodopyanova. According to the methodology, the level of optimism reflects the general positive attitude of the individual for the future, which is manifested in the overestimation of the success chances and underestimation of the probability of failure, in the appreciation of their ability to overcome difficulties and solve problems. The level of activity reflects the tendency of the individual to vigorously achieve goals by increase in the level of emotional arousal.

To verify the proposed concept model, the factor analysis procedure (principal components method with Varimax normalized matrix rotation, «STATISTICA 10.0» program) and correlation data analysis were used.

Sample. The study involved students of different courses of Kyiv National Economic University named after Vadym Hetman, who study in different specialties. Participation in the study was voluntary. The sample size is 42 people. The average age is 20.6 years. The sex distribution was as follows: women - 31 persons (74%), men - 11 persons (26%).

Results and discussion. Table 1 demonstrates the results of factor analysis, which confirms the existence of several independent aspects of subjective well-being that correspond to the content of its components.

The obtained factor structure reflects 63.7% of the total dispersion, which indicates its relatively high prognostic value. This structure explains more than half of the individual variability of subjects in the manifestations of subjective well-being. The structure is formed by three independent significant factors. The significance of the factors was tested by the Humphrey test. It is established that cognitive and behavioral aspects of the students' well-being are not divorced, they form a single factor, combining those aspects that are associated with a positive generalized assessment of their lives (0.87), their relationships with others (0.81), positive self-concept, which includes praising themselves and their own actions (0.59), and behavioral manifestations that reflect the willingness of the individual to consistently achieve the goals (resolution and

fortitude (0.67) and congruence between desired and achieved goals (0.64)). Individuals who receive high values for this factor are characterized by high satisfaction with the course of their lives, other people relationships and the obtained results. They show optimism in forecasting and explaining the results of their activity, adherence to pre-formed plans, their results meet the goals. Also we would like to note that such people have a positive emotional background, do not tend to lower mood for no reason.

Table 1

Structure of a person's subjective well-being, defined empirically

Indicators of subjective well-being	Cognitive-behavioral component	Emotional component	Contrasting component
General satisfaction with personal life	0,87	0,21	0,01
Dissatisfaction with oneself and frustration in life	0,09	-0,25	0,74
Satisfaction with other people relationships	0,81	0,18	0,08
Emotional discomfort	-0,44	-0,86	0,10
Tension and sensitivity	-0,18	-0,78	0,04
Signs accompanying the basic psychosomatics	-0,30	-0,82	0,14
Decrease in mood	-0,54	-0,56	-0,17
Health concerns	-0,33	-0,63	-0,25
Arousability	-0,17	0,60	-0,003
Optimism	0,79	0,23	0,11
Zest for life	0,09	0,34	0,69
Resolution and fortitude	0,67	-0,002	0,02
Congruence between desired and achieved goals	0,64	0,15	0,13
Positive self-concept	0,59	0,24	0,41
Positive mood tone	0,39	0,65	0,36
Total dispersion rate	27,7	26,1	9,9

The second factor, which reflects the emotional component of well-being, is equally significant. This factor included all indicators of psychological health, which were diagnosed by the level of tension and sensitivity (-0.78), psychosomatic manifestations (-0.82), the tendency to a sharp decrease in mood (-0.56), health concerns (-0.63). All these symptoms form a general dissatisfaction with themselves and their lives, which is experienced as emotional discomfort (-0.86). The subjects who do not show the described symptoms have a higher level of total arousability (0.60) and a more positive mood tone (0.65). According to E. Osin and D. Leontev, the subjective well-being combines «satisfaction» and «enjoyment». The first factor more reflects the level of life contentment, based on cognitive assessments, little related to sensory experiences of exaltation, pleasure and ecstasy. The content of the first factor is more related to the interest, the fullness of inclusion in the life process, the experience of its adequacy, compliance with their own standards. The content of the second factor, on the contrary, is associated with strong emotional experiences of «enjoyment», which «has a strong sensory, emotional, hedonistic component: ecstasy, admiration, orgasm, comfort, pleasure, etc., and is almost unrelated to cognitive processes» (Osin & Leontev, 2020: 120). Since the level of personal arousability fell into this factor, it confirms the hypothesis made in L. Vekker studies (1998), that one of the main functions of emotional and sensory components of subjective experience is the overall energization of the body, bringing it in a state of efforts mobilization. We can also add that such energization is determined by the level of psychological health, because we have high negative correlations between the arousability level and indicators

of health, namely: the level of tension and sensitivity ($r = -0.43$; $p < 0.01$), signs accompanying the basic psychosomatics ($r = -0.30$; $p < 0.05$), health concerns ($r = -0.32$; $p < 0.05$), general emotional discomfort ($r = -0.33$; $p < 0.05$). People who experience emotional discomfort are «dissatisfied with themselves and their situation, deprived of trust in others and hope for the future, they have difficulty in controlling their emotions, feel themselves as unbalanced, inflexible, and constantly worry about real and imagined problems» (Sokolova, 1996). Such a strong focus on health problems blocks the channels of activity expression reduces the effectiveness of self-regulatory processes and, as a result, a person feels apathy and helplessness.

The content of the third factor is related to the opposite experiences, namely: dissatisfaction with yourself, general frustration in life. Thus, we can assume that well-being is an experience that has two distinct poles: positive and negative. Experiencing positive, pleasant emotions occur against the background of comparing this current state with past unpleasant impressions, or with anxious expectations for the future. Similarly, the unpleasant experience occurs with the simultaneous experience of losing the positive emotions, in contrast. Such bipolarity is expressed in Ukrainian proverbs «There is good luck in misfortune», «There is happiness in a dream, but nuisance is in the reality», «A road to happiness lies through grief».

Thus, we can assume that the state of satisfaction is not compared with the neutral level, which is characterized by absence of satisfaction and well-being, but the experience of pleasure is relevant to the negative state: dissatisfaction, unhappiness, emptiness. This polarity of factors will be the subject of our further research, as we need to investigate its causes and nature. Only two variables: the level of dissatisfaction with oneself and frustration in life (0.74) and the level of zest for life (0.69) form the composition of the third factor. It is interesting to note that they have the same sign of factor loading, and therefore dissatisfaction can take on the task of an internal motivator, which enhances intellectual emotions, promotes search activity. E. Osin and D. Leontiev have noted that «for different people the same level of satisfaction can characterize a pleasant but passive and meaningless life, or an active, meaningful life, but full of difficulties» (Osin & Leontiev, 2020: 121). On the analogy, we can say that dissatisfaction can lead to both apathy and activity. The experience of displeasure can stimulate a fuller involvement in life, seek new sources that can bring satisfaction, and thus become the basis of subjective well-being. It was found that the higher the level of zest for life (LSIA), the higher the personality symptoms of psychological health and lower the signs of unhealthiness: the tendency to a rapid decrease in mood ($r = -0.30$; $p < 0.05$), the overall level of emotional discomfort ($r = -0.35$; $p < 0.05$).

Conclusions. The study empirically tested the structural-functional model of subjective well-being. The results of factor analysis identified three independent factors that reflect the cognitive-behavioral and emotional aspects of the subjective well-being functioning. This proves that the subjective well-being is a complex experience, which is based on a positive perception of their activity results and assessment of their current state of soul as successful, sublime. This condition is reflected in the experiences of «happiness», «life satisfaction», «high quality of life». The third factor is related to the experience of self-dissatisfaction, which can motivate a person to actively seek new sources of positive emotions, change your inner state. Thus, the three components of subjective well-being perform three different functions: cognitive-behavioral component performs adaptive function, emotional component – regulatory of activity, and contrasting component (focusing on problems, dissatisfaction with oneself) - motivating. The study confirmed the hypothesis about combination of hedonistic (search for pleasure, enjoyment) and eudemonic (search for life satisfaction, meaningful being) motives in the construct «Subjective well-being». Also, the hypothesis of the well-being state polarity, which exists against the background of the opposition of «positive» and «negative», «success» and «failure», «satisfaction» and «disappointment», etc., was confirmed.

Further research may focus on the in-depth study of the well-being nature as a bipolar experience, an analysis of implicit standards with which a person compares his current state. Also, the problem of combining cognitive and behavioral aspects of well-being into a single factor is of interest for researchers. This can be due to both age and cultural factors. Conducting research on different age samples and comparing the structure of «subjective well-being» of Ukrainians with the structure of people of other nationalities are the tasks of further scientific intelligence.

References

1. Vekker, L. M. (1998). *Psikhika i realnost: Edinaya teoriya psikhicheskikh processov. [Psyche and reality: unified theory of mental processes.]* Smysl. <http://psylib.org.ua/books/vekk101/index.htm> [In Russian]
2. Zhukovskaya, L. V., & Troshikhina, E. G. (2011). Shkala psikhologicheskogo blagopoluchiya K. Riff. [K. Riff's Scale of psychological well-being] *Psikhologicheskij zhurnal*. 32(2), 82-93. [In Russian]
3. Lebedeva, M. V., & Verbina, G. G. (2021). Subiektivnoe i psikhologicheskoe blagopoluchie kak kategorii sovremennoj psikhologii. [Subjective and psychological well-being as a category of modern psychology] *Mezhdunarodnyj zhurnal mediciny i psikhologii*, 4(5), 48-51. [In Russian]

4. Oleksandrov, Yu. M. (2009). Samorehuliatsiia yak chynnyk psykholohichnoho blahopoluchchia. [Self-regulation as a factor of psychological well-being.] *Visnyk KhNPU im. H.S. Skovorody. Psykholohiia*, 32, 175-179. [In Ukrainian]
5. Osin, E. N., & Leontev, D. A. (2020). Kratkie russkoyazychnye shkaly diagnostiki subektivnogo blagopoluchiya: psikhometricheskie kharakteristiki i sravnitel'nyj analiz. [Brief Russian-Language Instruments to Measure Subjective Well-Being: Psychometric Properties and Comparative Analysis.] *Monitoring obshchestvennogo mneniya: konomicheskie i socialnye peremeny*, 1, 117-142. <https://doi.org/10.14515/monitoring.2020.1.06>. [In Russian]
6. Savchenko, O. V. (2016). *Refleksyvna kompetentnist osobystosti: Monohrafiya. [Reflexive personality competence: Monograph.]* PP Vyshemyrskyi V. S. [In Ukrainian]
7. Sokolova, M. V. (1996). *Shkala subyektivnogo blagopoluchiya (SHSB): rukovodstvo. [Scale of Subjective Well-Being (SSB): A Guide.]* Psikhodiagnostika. https://www.isras.ru/index.php?page_id=2384&id=3737&l= [In Russian]
8. Shamionov, R. M. (2008). *Subyektivnoe blagopoluchne lichnosti: psikhologicheskaya kartina i faktory. [Subjective well-being of personality: psychological picture and factors.]* Izd-vo Saratovskogo un-ta. [In Russian]
9. Bradburn, N. M., & Caplovitz, D. (1965). *Reports on Happiness. A Pilot Study of Behavior Related to Mental Health.* Aldine Publishing Company.
10. Deci, E. L., & Ryan, R. M. (2000) The «What» and «Why» of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, 11(4), 227-268. https://doi.org/10.1207/s15327965pli1104_01.
11. Diener, E. (Ed.) (2009). Culture and Well-Being: The collected works of Ed Diener. *Social Indicators Research Series*, 38. Springer. <https://doi.org/10.1007/978-90-481-2350-0.2>
12. Ryff, C.D. (2014). Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia. *Psychother Psychosom*, 83, 10-28. <https://doi.org/10.1159/000353263>
13. Sheldon, K. (2016) Putting Eudaimonia in its Place: On the Predictor, Not the Outcome, Side of the Equation. In Vittersø J. (Ed.) *Handbook of Eudaimonic Well-Being* (pp. 531-541). Springer. https://doi.org/10.1007/978-3-319-42445-3_36
14. Waterman, A. S., Schwartz, S. J., & Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies*, 9, 41-79. <https://doi.org/10.1007/s10902-006-9020-7>

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Отримано 5 жовтня 2021 р.

Рецензовано 14 жовтня 2021 р.

Прийнято 18 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.9>

УДК: 159.922

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THE SALUTOGENIC BASIS OF AN INDIVIDUAL'S MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING

Serdiuk Liudmyla, Otenko Svitlana. The salutogenic basis of an individual's mental health and psychological well-being.

Introduction. The stressfulness of modern society necessitates studying the factors in human positive functioning. As the practice of such research shows, the leading role in advancing toward an individual's high-quality life belongs actually to his/her psychological resources, in particular his/her salutogenic orientation as a resource helping a personality remain stable in various circumstances of life.

Aim. To identify salutogenic factors in an individual's psychological well-being.

Methods. J. Crumbaugh, L. Maholic's Purpose-in-Life-Test; Maddi's Hardiness Survey; the test-questionnaire of self-attitude proposed by V. Stolin, S. Pantileev; C. Riff's model of psychological well-being; Wiesbaden Inventory (WIPPF) developed by N. Peseschkian and X. Deidenbach; R. Lazarus and S. Folkman method examining coping strategies of (the General Causality Orientation Scale of E. Deci, R. Ryan; A. Antonovsky's Sense of Coherence scales).

Results. Psychological resources maintaining and strengthening health and tolerance to stress, maintaining and developing personal opportunities are associated with the presence and awareness of life goals, positive self-acceptance, positive relationships with others and the ability to influence life events. An individual's salutogenic orientation is based on a humanistic worldview, which is a sign of personal maturity, and such personal abilities as hope, love, trust, justice, politeness and others that are behavioural norms and ensure personal freedom and responsibility.

Conclusions. From the standpoint of the salutogenic approach, human psychological health is considered as a state characterized by a certain position in the continuum between mental disorder and psychological well-being. An individual's salutogenic orientation is the psychological basis for achieving the positive functioning states – psychological hardiness, life satisfaction and psychological well-being.

Key words: psychological well-being, personal resources, autonomy, self-acceptance, hardiness, coherence.

Сердюк Людмила, Отенко Світлана. Салютогенетична основа психічного здоров'я та психологічного благополуччя особистості

Вступ. Стресогенність сучасного суспільства формує замовлення на дослідження, спрямовані на виявлення чинників позитивного функціонування людини. Як показує практика такого роду досліджень, провідна роль у просуванні до реалізованої якості життя особистості власне і належить її психологічним ресурсам, зокрема, її салютогенетичній спрямованості як ресурсу стійкості в різних обставинах життя.

Мета дослідження полягає у виявленні салютогенетичних чинників психологічного благополуччя особистості.

Методи. Тест життєстійкості С. Мадді; тест-опитувальник самоставлення особистості В.В. Століна, С.Р. Пантілєєва; шкала психологічного благополуччя К. Ріфф; вісбаденський опитувальник (WIPPF) Н. Пезешкіана та Х. Дайдєнбаха; опитувальник копінг-стратегій Р. Лазаруса та С. Фолкмана; методика «Шкала каузальної орієнтації» Е.Дессі, Р.Райана; шкала почуття пов'язаності А. Антоновського.

Результати. Психологічні ресурси збереження і зміцнення здоров'я, резистентності до впливу факторів стресу, підтримання і розвитку особистісних можливостей пов'язані з наявністю і усвідомленням життєвих цілей, позитивним самоприйняттям, наявністю позитивних взаємин з оточуючими та здатністю впливати на життєві події. Чинниками салютогенетичної спрямованості особистості є гуманістичний світогляд, заснований на особистісній зрілості, та таких особистісних здібностях як надія, любов, довіра, справедливість, ввічливість та інші, що є нормами поведінки і забезпечують особистісну свободу і відповідальність людини.

Висновки. З позицій салютогенетичного підходу психологічне здоров'я людини розглядається як стан, що характеризує певну позицію в континуумі між психічним розладом і психологічним благополуччям. Салютогенетична спрямованість особистості є психологічним підґрунтям досягнення нею станів позитивного функціонування – життєстійкості, задоволеності життям та психологічного благополуччя.

Ключові слова: психологічне благополуччя, особистісні ресурси, автономія, самоприйняття, життєстійкість, когерентність.

Сердюк Людмила, Отенко Светлана. Салютогенетическая основа психического здоровья и психологического благополучия личности

Вступление. Стрессогенность современного общества формирует заказы на исследования, направленные на выявление факторов положительного функционирования человека. Как показывает практика такого рода исследований, ведущая роль в продвижении к реализованному качеству жизни личности собственно и принадлежит ее психологическим ресурсам, в частности, ее салютогенетической направленности как ресурсу устойчивости в различных обстоятельствах жизни.

Цель исследования состоит в выявлении салютогенетических факторов психологического благополучия личности.

Методы. Тест жизнестойкости С. Мадди; тест-опросник самооотношение личности В. Столина, С. Панталева; шкала психологического благополучия К. Рифф; висбаденский опросник (WIPPF) Н. Пезешкиана и Х. Дайденабаха; опросник копинг-стратегий Р. Лазаруса и С. Фолкмана; методика «Шкала каузальной ориентации» Э. Десси, Р. Райана; шкала чувства связанности А. Антоновского.

Результаты. Психологические ресурсы сохранения и укрепления здоровья, резистентности к влиянию факторов стресса, поддержанию и развитию личностных возможностей связаны с наличием и осознанностью жизненных целей, положительным самопринятием, наличием положительных отношений с окружающими и способностью влиять на жизненные события. Факторами салютогенетической направленности личности являются гуманистическое мировоззрение, основанное на личностной зрелости, и таких личностных способностях как надежда, любовь, доверие, справедливость, вежливость и другие, являющиеся нормами поведения и обеспечивающие личностную свободу и ответственность человека.

Выводы. С позиций салютогенетического подхода психологическое здоровье человека рассматривается как состояние, характеризующее определенную позицию в континууме между психическим расстройством и психологическим благополучием. Салютогенетическая направленность личности является психологической основой достижения ею состояний положительного функционирования – жизнестойкости, удовлетворенности жизнью и психологического благополучия.

Ключевые слова: психологическое благополучие, личностные ресурсы, автономия, самопринятие, жизнестойкость, когерентность.

Introduction. The stressfulness of modern society leads to the necessity of studies identifying the factors of human positive functioning. As the practice of such research shows, the leading role in advancing toward an individual's high-quality life belongs actually to his/her psychological resources, in particular his/her salutogenic orientation as a resource helping a personality remain stable in various circumstances of life. The study on the factors of an individual's psychological well-being is important because there is the need to have an objective feedback to the socio-cultural policy implemented by society and the state. After all, the main health criterion determined by the World Health Organization (WHO) is the concept of well-being, as it is more conditioned by self-esteem and a sense of social belonging than by biological functions of the body (World Health Organization, 2018).

Analysed works in the criteria of an individual's mental health shows that the main role has harmonious organization of his/her psychological space and his/her adaptive capabilities, in particular, the ability to change behaviour adequately in accordance with changes in the environment, as well as accepted moral and ethical norms, commitment and responsibility to loved ones, the ability to realize their life plans (Bowling, Banister, Sutton, Evans, & Winsdor, 2002). Numerous empirical studies (Bowling, Banister, Sutton, Evans, & Winsdor, 2002; Rigby, & Huebner, 2005 et al.) suggest that subjective self-assessment of one's own well-being and health are more important variables than objective economic or socio-demographic factors characterizing quality of life. The key factors assessing psychological well-being are, in particular, adaptation, self-control and self-efficacy, morale, self-esteem, perceived as control over life (locus), expected life, optimism-pessimism, social values, beliefs, aspirations, etc. (Bowling, Banister, Sutton, Evans, & Winsdor, 2002; Shamionov, 2004; Serdiuk, et al.).

Thanks to the work of A. Antonovsky, a medical sociologist (Antonovsky, 1993), scientific interest in salutogenic (health) factors of an individual's functioning has significantly increased in psychological studies. According to the concept of salutogenesis proposed by A. Antonovsky, efforts should be made not so much to eliminate pathogens, but to support the health-promoting factors. The author proposed as an overcoming stress factor the construct of «a sense of coherence (coherence)» as a certain style of seeing the world and experiencing one's interactions with it. A key idea in Antonovsky's theory is how specific personal attitudes support people's tolerance to stress due to the «sense of coherence».

The representatives of the described salutogenic approach included the following into the generalized resources resisting to crisis situations: favourable socio-economic status; knowledge, good intelligence; social support; the power of «I»; preventive attitude to health issues; stable cultural environment; the body's own resistance to environmental hazards (Леонтьев, 2011).

The predictors of mental health and well-being were identified as follows: locus of control; disclosure of one's experience about a trauma to significant others; a sense of group identity and a positive feeling because an individual belong to a group; perception of personal and social resources that can help in recovery from a traumatic experience; altruistic or prosocial behaviour; the ability to find the meaning and significance in a traumatic experience and life after it; connections and social interactions with friends or colleagues (Wilson, & Raphael, 1993).

Thus, an individual's psychological health does not mean the absence of a disease, but it is as a state on the continuum between mental disorder and psychological well-being. Therefore, the examined problem should be stated as the following: how to preserve and strengthening health, maintain and develop existing internal resources and reveal an individual's potential capabilities.

Aim. To identify salutogenic factors of an individual's psychological well-being, in particular to examine the relationship between the components of an individual's salutogenic orientation and the components of the structure of his/her psychological well-being.

Methods.

The study is based on the modern methodology of post-non-classical psychology (the humanistic existential approach, the theories of self-organization and self-determination, modern theories of personality).

The following examining methods were used in the empirical study: Maddi's Hardiness Survey (Leontiev & Rasskazova, 2006); the test-questionnaire of self-attitude proposed by V. Stolin, S. Pantileev (Stolin, & Pantileev, 1988); C. Riff's model of psychological well-being (Shevelenkova, & Fesenko, 2005); Wiesbaden Inventory (WIPPF) developed by N. Peseschkian and X. Deidenbach (Peseschkian, & Deidenbach, 1988; Serdiuk, & Otenko, 2021); R. Lazarus and S. Folkman method examining coping strategies of (Kryukova, & Kuftyak, 2007); the General Causality Orientation Scale of E. Deci, R. Ryan (Dergacheva, 2002); A. Antonovsky's Sense of Coherence scales (Antonovsky, 1993).

The obtained data were processed with the software for statistical data processing - SPSS Statistics 21.0.

Sample. The sample consisted of 370 people, including: general school students; university students; persons who were improving their skills in the method of positive psychotherapy and working professionals. The age of the respondents ranged from 18 to 57 years.

Results.

According to the salutogenic theory, an individual with high coherence is motivated to manage his/her own life situation and work on its development, that is, to be happy.

Table 1 shows the correlations between the coherence, its components-indicators and the respondents' personal characteristics. The obtained data revealed correlations with the indicators of psychological well-being and hardiness.

Table 1

Correlations of salutogenic indicators with personal parameters

	Positive relations with others	Autonomy	Environmental mastery	Personal growth	Personal growth	Self-acceptance	Commitment	Control	Challenge
Comprehensibility	.39*	.33*	.58**	.22*	.56**	.58**	.59**	.45**	.44**
Manageability	.24*	.23*	.21*	.31**	.12	.17	.19	.14	.17
Meaningfulness	.33*	.31*	.34*	.21*	.24*	.23*	.34*	.26*	.18
Coherence	.21*	.26*	.44**	.22*	.27*	.37**	.36**	.21	.22

** A correlation is significant at the level of 0.01 (2-sided); * A correlation is significant at the level of 0.05 (2-sided).

Thus, as we know, a sense of coherence helps an individual to assess and understand a situation where he/she is, to find meanings for actions towards health promotion and to be able to apply such actions (Koltko-Rivera, 2004).

According to A. Antonovsky (1987), a sense of coherence helps health promotion because a sense of coherence correlates with a stable and dynamic belief that: the stimuli we receive from the external and internal environment during all our lives are structural, predictable and understandable; an individual has all the necessary resources to respond adequately to these stimuli; stimuli requirements are always a challenge that is worth responding to. The sense of coherence is characterized via three main points: a) the stimuli of the external and internal environment are clear and understandable (comprehensibility); b) an individual is able to manage the situation formed by these stimuli (manageability); c) because an individual knows the meaning of events, these events are perceived as a challenge that requires acceptance and a decent response, so they are not an unbearable burden (meaningfulness).

Dividing the sample by the criterion of coherence into two groups, we obtained data (table 2) revealing characteristic differences for psychological well-being and hardiness of the respondents from two groups.

Table 2

Comparison of personality characteristics between the respondents with high and low coherence

	Positive relations with others	Autonomy	Environmental mastery	Personal growth	Personal growth	Self-acceptance	Commitment	Control	Challenge
High coherence	65.2	63.4	78.7	78.4	79.7	67.2	40.2	33.4	15.2
Low coherence	58.2	56.4	53.6	61.6	51.6	65.1	35.3	27.3	13.1

Based on the data, we can say that the general resistance resources which make an individual happier, relieve influence of stressors and promote life satisfaction are associated with the presence and awareness of life goals, self-acceptance, positive relationships with others and the ability to influence life events.

The factors of an individual's salutogenic orientation were analysed with the factor analysis of empirical data (the method of main components). The sample consisted of the respondents with high coherence indicators.

Kaiser-Meyer-Olkin measure of sampling adequacy was 0,69, Sig for Bartlett's test of sphericity was less 0,5. Therefore, we can assume that the results of the performed factor analysis are reliable. We identified 3 factors; their contribution to the total data variance was 71.6% (table 3).

Discussion.

The first factor in the structure of salutogenesis, explaining 36.2% of the variance, includes indicators of hardiness, psychological well-being, autonomy. This factor is also formed by the primary actual abilities - hope, love and trust, which form humanistic worldviews.

The second factor, explaining 24.1% of the variance, includes the secondary actual abilities, such as fidelity, justice, diligence, obedience, punctuality, politeness and others, which form behavioural norms and ensure personal responsibility.

The third factor in the model of salutogenesis explains 11.3% of the variance and is represented by an individual's abilities to control the events of his/her life and influence them.

Thus, we can say that an individual's salutogenic orientation is based on his/her humanistic worldview, which is the basis of personal maturity.

Psychological hardiness and psychological well-being can be interpreted as key concepts in salutogenesis, they describe an individual's ability to pursue their own way to the mental health resources, or to

public health in the context of culture (Boyden, Mann, 2005). That is, psychological hardiness and psychological well-being are signs of healthy and socially acceptable functioning of an individual (Minkler, Wallerstein, 2003). When the concept of a healthy individuality is examined, the attention is paid, first of all, to such important ideas as hope, individual potential, resources, life meanings, inclusion into society and, within the theory of learning, behavioural potential.

Table 3

The factors of an individual's salutogenic orientation

Parameters forming factors (<i>factor loads</i>)		
36.2 %	24.1 %	11.3 %
Hardiness (.91)	Time (.59)	Environmental mastery (.68)
Commitment (.89)	Fidelity (.59)	Search for social support (.66)
Positive relations with others (.87)	Justice (.59)	Manageability (.59)
Self-efficacy (.81)	Diligence (.57)	Coherence (.58)
Self-acceptance (.79)	Obedience (.57)	Meaningfulness (.55)
Control (.72)	Punctuality (.57)	Self-focus (.46)
Self-esteem (.71)	Politeness (.56)	Sincerity (.44)
Challenge (.71)	Accuracy (.53)	
Autonomy (.65)	Acceptance of responsibility (.52)	
Hope (.63)	Relatedness (.48)	
Problem Solving Planning (.61)		
Love (.59)		
Trust (.59)		
Internal motivational orientation (.52)		

Thus, salutogenesis is not simply an opposite of pathogenetically oriented view on health. Antonovsky's (1987) idea of health origins were influenced by systemic theoretical considerations: health is not a normal, passive state of equilibrium, but a labile, active and dynamically regulated event, as an individual's well-being or illness significantly depends on his/she psychological attitudes to the world and his/her life (Antonovsky 1993). The salutogenic way of thinking is used primarily to promote health. Antonovsky sees health not as a goal, but as a means to enable people to positively influence their lives and the life of their society. Here we talk about strengthened competencies, personal responsibility and the ability to self-help.

Salutogenic thinking challenges classical psychotherapy by encouraging us to discuss aspects of resource activation, reconsider our views on a human, define modern concepts of health and disease, understand the context of clients' lives and environments and evaluate treatment strategies and psychotherapy goals.

An example of salutogenic treatment in psychotherapy is N. Peseschkian's Positive Psychotherapy. As a humanistic model of therapy with a psychodynamic understanding of conflicting and behavioural therapeutic elements, Positive Psychotherapy is very close to the salutogenic concept because it identifies the factors necessary for effective salutogenic work:

- A positive, humanistic image of an individual that leads to confidence in his/her individual abilities and capabilities.
- Positive interpretation of diseases, which means that therapy traditionally aimed to find diagnosis with existing symptoms and to determine deficits should be turned to the development of resources.
- A holistic approach. Through concepts such as the Balance Model, an individual's body, mind, emotions and soul is fully examined and all these elements are taken into account in therapy. The balance model is, thus, a model of health and it explains what health is and what it looks like in practical life (salutogenic thinking).

Conclusions.

1. From the standpoint of the salutogenic approach, human psychological health is considered as a state characterized by a certain position in the continuum between mental disorder and psychological well-being.
2. An individual's salutogenic orientation is the psychological basis for achieving the positive functioning states – psychological hardiness, life satisfaction and psychological well-being.
3. Psychological resources maintaining and strengthening health and tolerance to stress, maintaining and developing personal opportunities are associated with the presence and awareness of life goals, positive self-acceptance, positive relationships with others and the ability to influence life events.
4. An individual's salutogenic orientation is based on a humanistic worldview, which is a sign of personal maturity, and such personal abilities as hope, love, trust, justice, politeness and others that are behavioural norms and ensure personal freedom and responsibility.

We see **prospects for further research** in the development of effective means supporting an individual's salutogenic orientation to help strengthen his/her mental health and improve psychological well-being.

References

1. Antonovsky, A. (1987). *Unraveling the mystery of health—How people manage stress and stay well*. Jossey-Bass.
2. Antonovsky, A. (1993). The structure and properties of the Sense of Coherence Scale. *Social Science and Medicine*, 36, 725-733.
3. Bowling, A., Banister, D., Sutton, S., Evans, O., & J. Winsdor. (2002). A multidimensional model of the quality of life in older age. *Aging & Mental Health*, 6(4), 355-371.
4. Boyden, J., & Mann, G. (2005). *Children's risk, resilience and coping in extreme situations*. Handbook for Working with Children and Youth: Pathways to Resilience across Cultures and Contexts. Sage.
5. Koltko-Rivera, M. E. (2004). The psychology of worldviews. *Review of General Psychology*, 8(1), 3-58.
6. Minkler, M., & Wallerstein, N. (2003). *Introduction to community-based participatory research*. Community-based participatory research for health. Jossey-Bass Publishers.
7. Peseschkian, N., & Deidenbach, H. (1988). *Wiesbadener Inventar zur Positiven Psychotherapie und Familientherapie WIPPF*. Berlin, New York: Springer Verlag.
8. Rigby, B. T., & Huebner, E. T. (2005). Do causal attributions mediate the relationship between personality characteristics and life satisfaction in adolescence? *Psychology in the Schools*, 42, 91-99.
9. Serdiuk, L., Danyliuk, I., & Chykhantsova, O. (2019). Psychological factors of secondary school graduates' hardiness. *Social Welfare: Interdisciplinary Approach*, 1, 93-103. <https://doi.org/10.21277/sw.v1i9.454>.
10. Serdiuk, L., & Otenko, S. (2021). The ukrainian-language adaptation for the wiesbaden inventory for positive psychotherapy and family therapy (WIPPF). *The global psychotherapist*, 1(1), 11-14.
11. Wilson, J. P., & Raphael, B. (1993). *The international handbook of traumatic stress syndromes*. Plenum.
12. World Health Organization (2018). World health statistics 2018: monitoring health for the SDGs, sustainable development goals. <https://apps.who.int/iris/handle/10665/272596>
13. Dergacheva, O. E. (2002). Avtonomia i samodeterminatsia v psikhologii motivatsii: teoria E. Dessi i R. R. Ryan [Autonomy and self-determination in the psychology of motivation: the theory of E. Desi and R. Ryan]. In *Sovremennaya psikhologia motivatsii*. Smysl. [In Russian]
14. Krukova, T. L., & Kuffiak, E. V. (2007). Oprosnik sposobov sovladania (adaptatsia metodiki WCQ) [Coping questionnaire (adaptation of WCQ)]. *Zhurnal prakticheskogo psikhologa*, 3, 93-112. [In Russian]
15. Leontiev, D. A., & Rasskazova, E. I. (2006). *Test zhiznestoikosti [Hardiness test]*. Smysl. [In Russian]
16. Leontiev, D. A. (2011). *Subjectivnoye blagopuchie i kachestvo zhizni: podkhody, kriterii i indikatory: issledovatel'skiy proekt NIU VShE [Subjective well-being and quality of life: approaches, criteria and indicators: a research project of the Higher School of Economics]*. <http://www.hse.ru/org/projects/47266005> [In Russian]

17. Stolin, V. V. & Pantileev, S. R. (1988). Oprosnik samoотноshenia [Self-attitude questionnaire]. In *Practicum po psikhodiagnostike* (pp. 123-130). Izdatelstvo Moskovskogo Universiteta. [In Russian]
18. Shevelenkova, T. D. & Fesenko, T. P. (2005). Psikhologicheskoye blagopoluchie lichnosti [Psychological well-being of an individual]. *Psikhologicheskaya diagnostika*, 3, 95-121. [In Russian]

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Отримано 11 жовтня 2021 р.
Рецензовано 22 жовтня 2021 р.
Прийнято 25 жовтня 2021 р.

<https://doi.org/10.31108/2.2021.4.24.10>
УДК 159.923 : 316.613 : 005.95

Marianna Tkalych

WORK-LIFE BALANCE PROGRAMS AS PERSONNEL SOCIAL AND PSYCHOLOGICAL SUPPORT IN ORGANIZATIONS

Tkalych, Marianna. Work-life balance programs as personnel social and psychological support in organizations.

Introduction. Today work environment becomes stressful, with many tasks and problems to solve. It is overloaded, imbalanced, complicated and often full of conflicts. In this climate, managing the boundary and balance between home and work is becoming more challenging. There is a need for organizations and personnel alike to find flexible and innovative solutions that maximize productivity without damaging personnel' well-being, their personal life, family relationships.

Aim. To analyse the main categories, resources and limitations of work-life balance, results of empirical study, main organizational and individual strategies for creating balance.

Results. Work-life balance is a category defined by researchers as a person's subjective general assessment of the interrelation between work and other life areas, family, as well as the ability to combine these spheres in a proper way. The empirical study has shown, that the work-life balance has been generally assessed as average. It should be noted that they have scored the load balance lower than other components: professional tasks complexity, work and content planning, and social intercourse. According to the results of the empirical study and to the theoretical approaches, the basic strategies in professional productivity increase programs in organizations may be the following: focus strategies, "resource/refusal" strategies, adaptive strategies, every of which is manifested in a certain kind of an individual strategy. The use of the adaptive individual strategies with the resource increase strategy perfectly contributes to the work-life balance achievement.

Conclusion. Based on the results of theoretical and empirical research, we have identified organizational conditions and individual strategies for achieving the work-life balance, and also the main personal skills and traits contributing to the work-life balance achievement include the following ones: personal flexibility, a high level of self-discipline; trust-based relations; dynamic and independent work. These skills should be mature, and the work-life balance achievement psychological teaching programs for personnel can increase their level.

Key words: work-life balance, social and psychological support, personnel, work-life enrichment, work-life conflict, individual balance strategies.

Ткалич Маріанна. Програми балансу «робота – життя» як соціальна та психологічна підтримка персоналу в організаціях.

Вступ. Сьогодні робоче середовище стає напруженим, змушує вирішувати багато завдань та проблем. Воно перевантажено незбалансоване, складне і часто сповнене конфліктів. У цьому кліматі управління межами і балансом між різними сферами життя і роботою стає все складнішим. Потрібно, щоб організації та персонал знаходили гнучкі та інноваційні рішення, які б збільшували продуктивність праці без шкоди для психологічного благополуччя персоналу, його особистого життя та сімейних стосунків.

Мета Проаналізувати основні категорії, ресурси та обмеження балансу між роботою та іншими сферами життя, результати емпіричного дослідження, основні організаційні та індивідуальні стратегії створення балансу.

Результати. Баланс між робочим та особистим життям – це категорія, визначена дослідниками як суб'єктивна загальна оцінка людиною взаємозв'язку між роботою та іншими сферами життя, сім'єю, а також здатність належним чином поєднати ці сфери. Емпіричне дослідження показало, що баланс роботи та особистого життя в цілому оцінюється як середній. Респонденти оцінили баланс навантаження нижче, ніж інші складові: складність професійних завдань, планування роботи та змісту, а також соціальні стосунки. Відповідно до результатів емпіричного дослідження та теоретичних підходів, основними стратегіями в програмах підвищення професійної продуктивності в організаціях можуть бути такі: стратегії фокусування, стратегії «ресурсу/відмови», адаптивні стратегії, кожна з яких проявляється у індивідуальних стратегіях. Використання адаптивних індивідуальних стратегій зі стратегією збільшення ресурсів чудово сприяє досягненню балансу між роботою та особистим життям.

Висновки. На основі результатів теоретичних та емпіричних досліджень ми визначили організаційні умови та індивідуальні стратегії досягнення балансу робота – життя, а також основні особисті навички та риси, що сприяють досягненню балансу робота – життя, включають наступні: особиста гнучкість, високий рівень самодисципліни; відносини, засновані на довірі; динамічна та незалежна робота. Ці навички мають бути зрілими, а програми психологічного навчання персоналу для досягнення балансу робота - життя можуть підвищити їх рівень.

Ключові слова: баланс «робота – життя», соціальний та психологічний супровід, персонал, збагачення професійного та професійного життя, конфлікт між професійним та особистим життям, індивідуальні стратегії балансу.

Ткалич Маріанна. Програми балансу «робота-життя» як соціальна і психологічна підтримка персоналу в організаціях.

Введення. Сьогодні робоча среда стає напруженою, змушує вирішувати багато завдань і проблем. Вона перевантажена, несбалансована, складна і часто переповнена конфліктами. В такому кліматі керувати межами і балансом між сферами життя і роботою стає все складніше. Необхідно, щоб організації і персонал знаходили гнучкі і інноваційні рішення, які збільшували продуктивність праці без шкоди для психологічного благополуччя персоналу, його особистого життя і сімейних стосунків.

Ціль. Проаналізувати головні категорії, ресурси і обмеження балансу між роботою і іншими сферами життя, результати емпіричного дослідження, головні організаційні і особисті стратегії створення балансу.

Результати. Баланс між робочою і особистою життям – це категорія, визначена дослідниками як суб'єктивна загальна оцінка людиною взаємозв'язку між роботою і іншими сферами життя, сім'єю, а також здатність належним чином поєднати ці сфери. Емпіричне дослідження показало, що баланс «робота – життя» в цілому оцінюється як середній. Респонденти оцінили баланс навантаження нижче інших складових: складність професійних завдань, планування роботи і вмісту, а також соціальні стосунки. Згідно з результатами емпіричного дослідження і теоретичних підходів, основними стратегіями в програмах підвищення професійної продуктивності в організаціях можуть бути: стратегії фокусування, стратегії «ресурса/відмови», адаптивні стратегії, кожна з яких проявляється в індивідуальних стратегіях. Використання адаптивних індивідуальних стратегій разом з стратегією збільшення ресурсів чудово сприяє досягненню балансу між роботою і особистим життям.

Висновки. На основі результатів теоретичних і емпіричних досліджень ми визначили організаційні умови і індивідуальні стратегії досягнення балансу «робота – життя», а також основні особисті навички і риси, що сприяють досягненню балансу робота – життя, включаючи: особисту гнучкість, високий рівень самодисципліни; стосунки, засновані на довірі; динамічна і незалежна робота. Ці навички повинні бути зрілими, а програми психологічного навчання персоналу для досягнення балансу робота – життя можуть підвищити їх рівень.

Ключові слова: баланс «робота – життя», соціальне і психологічне супроводження, персонал, збагачення професійного і професійного життя, конфлікт між професійним і особистим життям, індивідуальні стратегії балансу.

Introduction. Nowadays, people's lives as well as their professional and personal development are being affected by a lot of various factors, events, information flows, and tasks, which they face every day. Professional development and productivity increase are associated not only with staff's abilities and skills as well as their career goals and motivation, but also with the ability for time and energy management (the ability to divide one's time and energy between work and leisure). The efficiency and productivity, the ability to achieve strong performance, and, along with it, the satisfaction with life and harmonious development are of great significance.

Over the past three decades, the issues of work-life balance have drawn researchers' attention all over the world, but not in Ukraine. Today, work environment becomes stressful, with many tasks and problems to solve. It is overloaded, imbalanced, complicated and often full of conflicts. In this climate, managing the boundary and balance between home and work is becoming more challenging. There is a need for organizations and personnel alike to find flexible and innovative solutions that maximize productivity without damaging personnel's well-being, their personal life, family relationships.

The need for work-life balance programs in psychological and organizational support of personnel is due to the following changes in the social, economic and psychological conditions of organization activities:

- demographic and social changes that led to an increasing number of women in the professional sphere, to the appearance of working mothers with infants, who have become the norm and not the exception, to rising of the average age of employees;
- development of technologies (mobile telephones, Internet, email) that ensure reconciliation of work and personal and family life, can help to organize the work away from the workplace;
- modern challenges, that have increased requirements for flexibility of employees and organizations to increase their capacity to respond to changes;
- the increasing number of employees with more than one job;
- the increasing of working hours, leading to personnel overload and therefore the working environment becomes more stressful and requires a "discharge."

When a company does not take work-life balance into account, some symptoms could turn up: women might not come back to the workplace after maternity leave; high stress levels might occur among the personnel; employees might demand flexible strategies; women might not be willing to occupy senior roles.

So, organizations today are challenged to offer to their staff flexible and innovative solutions that increase the productivity of their professional activities without detriment to the well-being, physical and psychological health, family, personal relationships and other aspects of their lives and improve organizational interaction and interpersonal relations of personnel in organizations.

The aim of the article is to analyse the main categories, resources and limitations of work-life balance, results of empirical study, main organizational and individual strategies for creating balance. So, we are going to discuss three tasks: 1) theoretical background of the work-life balance concept; 2) empirical measurement of work-life balance; 3) the basic strategies of work-life balance programs.

The first task was to analyse the **theoretical background of the work-life balance concept**. *Work-life balance* is a category defined by researchers as a person's subjective general assessment of the interrelation between work and other life areas, family, as well as the ability to combine these spheres in a proper way (Tkalych, 2015). In some modern research studies, a "work-life integration" term is also used. It reflects a fulfilled, healthy, and productive life, which combines work, relationship, entertainment; integrates a number of activity types focused on oneself, one's personal and spiritual development (Allen, 2013; Jones et al., 2008; Lockwood, 2003).

There are several terms, which describe work-life interface and interaction. For example, "work-life balance", "work-family balance", "work-life integration". All these terms are corresponded to each other, but the term "work-life integration" is more general and includes "work-life balance". And the term "work-life balance" includes "work-family balance".

The negative aspects of this interaction have been defined as work-family / work-life conflict T.D. Allen et al. (2013), B. Beham et al. (2014), U Kinnunen et al. (2014), V.K. Lim et al. (2014), M. Roche et al. (2010) and the positive as work-family / work-life enrichment T.D. Allen et al. (2013), M. Roche et al. (2010).

Work-life integration is a satisfying, healthy and productive life, that includes work, play, and love; that integrates a range of life activities with attention to self and to personal and spiritual development; and that expresses a person's unique wishes, interests and values. It contrasts with the imbalance of a life dominated by work, focused on satisfying external requirements at the expense of inner development, and in conflict with a person's true desires.

Among the components that determine this balance, the researchers distinguish the following: time balance (equal distribution of time between work and life), the balance of the environment (the equivalent psychological force), the balance of pleasure (the same satisfaction from the professional and family roles). In our research we have been also singled out the following: load balance; job planning; complexity of the job; social contacts.

The main work-life balance components include the load balance (optimal number of business hours, possibility to distinguish between work and leisure, take a leave, not to think about work all day long); time balance (equal distribution of time spent for work and other life spheres); work time and content planning (the possibility to change the content of one's own work and to schedule business hours); the complexity of tasks (attractiveness, complexity, optimal number of tasks or challenges to be addressed); environment balance (equal psychological efforts aimed to solve occupational, family, or personal tasks); social intercourse (friendly relations with colleagues, director's support, absence of the sense of loneliness, satisfaction of the need for socializing at work); satisfaction balance (equal occupational and family life satisfaction) (Tkalych, 2015). The analysis and summary of the researches of T.D. Allen et al. (2013), B. Beham et al. (2014), T.K. Billing et al. (2014), R. Burke (1999), Y.-P. Chen et al. (2014), W.C. Marcinkus et al. (2007), P. Rayman et al. (1999), M. Roche et al. (2010), B. Wille et al. (2013), which were devoted to the study of work-life balance / work-family conflict, enrichment of work-life interface, the determinants and consequences of unbalancing, allowed us to create a model of work-life balance.

Work-life conflict is a form of inter-role conflict whereby role pressures from the work and family domains are incompatible. Hence participation in one role is made more difficult by participation in other roles, such as work and family.

M. Roche et al. (2010) noted that the imbalance between work and family roles and the resultant conflict requires greater attention by researchers. Authors also found, that work-family and family – work conflict was negatively related to autonomy, while family – work conflict was also negatively related to competence and relatedness.

T.D. Allen et al. (2013), M.J. Grawitch et al. (2010), U. Kinnunen et al. (2014), A.M. Konrad et al. (2012), M. Roche et al. (2010), K.L. Scott et al. (2015) distinguished a number of causes of work-life conflict.

Among them are role stressors, role-playing environment, social support, work and family characteristics, personal characteristics. Most causes of both types of conflicts are much more related to the work and its content than to the family or personal life.

Generalization and systematization of the causes of work-life conflict enabled us to make the key groups: 1) *work-life conflict* (Stressors of professional roles: role overload (lots of job tasks), role conflict, the amount of time, which devoted to work (working time requirements). Social support: lack of support from the organization (care for the welfare of employees), management and colleagues. Personality characteristics: neuroticism, external locus of control, destructive coping strategies, gender, the number of children. 2) *Life – work conflict* (Stressors of personal and family roles: role overload (lots of family responsibilities and tasks); role conflict (performing of conflicting multiple roles). Social support: low level of support from the partner or husband / wife, other family members. Personality characteristics (the same).

Work-life / life – work conflicts have many important negative outcomes for individuals, their personal life, families and organizations. T.D. Allen et al. (2013) distinguished among three different types of outcomes: 1) work-related outcomes (work dissatisfaction); 2) non-work-related outcomes (life dissatisfaction); 3) stress-related outcomes (health problems, burnout, tiredness).

In addition, the other negative consequences of these types of conflicts include: absenteeism, staff turnover, low labour discipline, low motivation, lack of satisfaction in relationships, strives, stress, exhaustion, emotional burnout, depression, role conflicts, deterioration of physical health, increased job-injury rate among personnel.

Let's now talk about resources (*work-life enrichment*) of the work-life balance, which increase the level of balance between work and other spheres of employees' life: personal life, family, social activities, interests, hobbies. So, work-life enrichment includes such organizational resources: work autonomy; a variety of job tasks; investigation of opportunities and resources; social, organizational, leader and colleagues support; professional skills; direct and long-term results. Other physical, psychological, social and material resources of working environment.

Life-work enrichment includes such family, other areas of life resources: family, partner and friends support; relationship satisfaction; social activity, other physical, psychological, social and material resources of the personal life. *Personality characteristics*: extraversion, low level of neuroticism, personal flexibility.

Enriching work-life interaction (work-life outcomes) positively affects various areas of life, including job satisfaction, involvement in professional interaction, marital, family and personal relationships, productivity as well as psychological and physical health of the individual. Professional achievements lead to a sense of satisfaction that «transferred» to family and personal life, and enhance the pleasure of leisure activity. Performing multiple roles is a personal resource that enriches various spheres of life of the individual.

Satisfaction with work and family roles have been found to have additive effects on happiness, life satisfaction, and perceived quality of life. Empirical findings also suggest that involvement in multiple roles can improve psychological and mental health by buffering negative effects such as reduced.

There is a number of mechanisms of multiple roles that allow them to be a resource: the accumulation of role privileges; different roles may act as «buffer» to each other or offset each other; getting additional resources and improving performance of different roles; personal development and personal satisfaction through psychological experience gained from multiple roles.

P. Rayman et al. (1999) distinguished the enrichment of work-life balance: a positive impact on the achievements of the organization and the quality of life of employees; effective communication in the workplace, teamwork is necessary to change to be effective; employees work on their «real» work (real job tasks); employee engagement in cooperation enhances accountability and provides energy. It creates an efficient workflow and there are positive changes in organizational culture. Work on distance (phone, internet connection) enables better manage ones own time, family responsibilities.

According to T.D. Allen et al. (2013), C. Emslie C et al. (2009), M.R. Frone (2003), M.J. Grawitch et al. (2010), N.R. Lockwood (2003), L. Muse et al. (2008) work-life balance provides the following *benefits for employees*: time to focus on life outside of work; control of working life; employees feel that their life is in balance, their work is easier and more manageable; employees can manage their tasks better; they will be more motivated to work; stress levels among employees – employees, who have found the right balance between work and life, haven't worry about stress; employees would like to have more power because they feel better and feel, that they can handle it.

We also defined the *benefits of work-life balance for the organization*, which include: increasing of employees' motivation; balance helps employees feel valuable to the organization and improving productivity and loyalty; less stressful work environment; increasing competitiveness in the labour market, increasing the number of potential employees, reducing the number of absenteeism etc.; good reputation of the employer; the

possibility of retraining employees, that also help to expand knowledge, to increase flexibility, to improve teamwork, to increase personal interaction, motivation, and communication.

Work-life balance programs have the potential to significantly improve employee morale, reduce absenteeism, and retain organizational knowledge, particularly during difficult economic times. In today's global marketplace, as companies aim to reduce costs, it falls to the human resource professional to understand the critical issues of work-life balance and champion work/life programs. Be it employees whose family members and/or friends are called to serve their country, single mothers who are trying to raise their children and make a living, Generation X and Y employees who value their personal time, couples struggling to manage dual-career marriages, or companies losing critical knowledge when employees leave for other opportunities, work-life balance programs offer a win-win situation for employers and employees.

The second task was to analyse the *empirical measurement of work-life balance*.

Methods and sample. In order to examine the level of work-life balance, we have designed an inventory based on 16 statements divided into the following 4 groups (which are the work-life balance components) by means of the factor analysis: 1) *absence of the load balance*; 2) *work time and content planning*; 3) *professional tasks complexity*; 4) *social intercourse* (Tkalych, 2015). The study has involved professionals from different fields of activity (n=1138). The number of women and men as well as their age distribution have been representative to the general number of participants.

Results. The work-life balance has been generally assessed as average (M=4.19). It should be noted that they have scored the load balance lower (M = 3.15) than other components: professional tasks complexity (M = 4.18), work and content planning (M = 4.46), and social intercourse (M = 4.98). It is the social intercourse component (friendly relations with coworkers (M = 4.65), the support of a manager (M = 4.91), the absence of the sense of loneliness (M = 5.36), satisfaction with socializing (M = 4.99)) which has got the highest scores. Therefore, the social and communication components, interaction with a manager and colleagues are the most balanced ones and have been most positively assessed by the participants.

The research results have shown that there is a statistically significant relationship between the participant's age and their social intercourse scores ($p < 0.03$): it becomes more positively assessed with aging, while other balance components have no significant age differences. Age correlates with such work-life balance characteristics as work time planning ($p < 0.01$), attractiveness and complexity of work and tasks ($p < 0.01$), a number of tasks to be completed ($p < 0.01$), the absence of the sense of loneliness ($p < 0.01$), perception of colleagues as friends ($p < 0.01$): these indicators increase with aging.

The third task was to analyse *the basic strategies of work-life balance programs*. According to the results of the empirical study and to the theoretical approaches, the basic strategies in professional productivity increase programs in organizations may be the following: focus strategies, "resource/refusal" strategies, adaptive strategies, every of which is manifested in a certain kind of an individual strategy (Emslie et al., 2009; Frone, 2003; Grandey et al., 2010; Lyness, 2014; Muse et al., 2008, Straub, 2007; Tombari et al., 1999).

Focus strategies are the ones which demonstrate a direction or a way of solving problematic or stressful situations by co-workers.

«*Resource / rejection*» strategies: coping strategies are directly related to the "work-family" interaction: demands decrease and resource increase strategies.

- Demands decrease strategy works in the form of decreasing a number of business hours, refusing some occupational or family duties, defining the priorities, limiting social life, decreasing role expectations (for example, being "good enough" for business or family relations).

- Resources increase strategy provides searching for support both at home and work (authority delegation, allocation of home duties, communication, positive interaction, satisfaction with relationships), efforts of finding benefits, learning through complex situations, using proactive future-focused strategies (work week scheduling, interfamily resources search, proactive dialoguing with a partner or a director).

Adaptive strategies are the ones helping to adapt to problems arising at work or / and at home.

- Compensatory strategy – negative things or thoughts are compensated with positive energy at home and vice versa;

- Segmentation strategy – negative thoughts caused by work issues do not affect family relations. Both strategies are adaptive in achieving the balance between work and life.

At the personal level, it is necessary to improve the decision-making process and communication within a family for professional roles optimization and role conflict harm elimination as well as elimination of stressors affecting other family members. A person must be sure his or her work does not harm his/her physical health allowing to devote enough attention to other life spheres.

Billing et al. (2014), Kinnunen et al. (2014), Scott et al. (2015) suggest the following interrelated levels of "work-life" integration disbalance:

- time, energy, and duties: a person spends more time and energy for work rather than other life spheres, and has too many work duties;
- attitudes and behavior increase demands for professional skills and achievements, and eliminate intimacy;
- significance and criteria for self-assessment – a person has an image of the ideal self (the one he or she thinks he/she must be) and others' expectations, though as a rule, the achievement of such an image in real life is too exhausting for an individual.

In order to reach the work-life integration, a feeling of life fullness, some changes should cover the following three stages: the first one is balancing time, efforts, and duties; the second one is integration of occupational mastery and intimacy with others; and the third one is self-focus, which means being focused on one's own self-esteem, aspirations, and self-image.

These changes are possible upon condition of psychological support programs, sports psychologists' work who help to form the corresponding abilities and skills, as well as significant personal traits of professionals: motivation, self-confidence, persistence, psychological flexibility, lability, a low neuroticism level.

Besides, according to research, active engagement into the interaction with family and entertainment after a business day contribute to a better recovery as compared to passive activities (Jones, 2008).

One more important task regarding individual strategies of the balance achievement is the resources personal allocation. Resources personal allocation is a strategy according to which all desirable or necessary requirements are considered to stimulate a person to make a choice of where, when and how he or she spends resources in life (Grawitch et al., 2009). The efficient resources personal allocation not only decreases negative consequences but also contributes to positive results in the work-life balance achievement. It includes the following four stages: 1) defining available personal resources, 2) laying down requirements for work and private / family life, 3) using efficient strategies of resources allocation; 4) results review.

This task is often ignored in one's work and private life in cases when work requires performing professional duties which contradict the family ones, ignoring other requirements for personal resources (e. g. social or private life, other activities, religious requirements, sports, rest, etc.). Individual differences, external resources, human-environment interaction have a great impact on the resources personal allocation. Despite the fact external resources are diverse, in general they can be divided into two basic spheres: support as well as teaching and development of a personality.

We have also identified the following conditions for the implementation of work-life balance programs and strategies:

- involving personnel at all levels – from management to employees (including diagnosis of the current situation of gender interaction, gender discrimination, the work-life balance);
- team approach that involves interrelated processes at all organizational levels;
- clear indicators of job performance and quality of life of the personnel;
- warranty for the personnel: increase productivity and improve interactions will not limit the professional and personal achievements and income; eliminating gender discrimination against one group does not provide its appearance on another;
- remuneration: all participants are recognized and rewarded for the risk and creativity that enable the creation and implementation of programs;
- communication: clear mechanism, positive, harmonious way of interaction, information transmission, view on the problems;
- the inclusion of the work-life balance concept, training of gender interaction for the personnel into the HR strategy of the organization.

Conclusions. Using work-life interface benefits as a result of work-life balance programs for personnel is not a career-limiting move. In fact, work-life interface benefits replenish employee resources in the form of time, energy, and motivation, and users of these benefits receive more promotions than their non-using counterparts. The support for sustained job commitment and performance over time provided by flexibility benefits appears to be more important to career outcomes than any initial negative stigma that might be attached to employees who request a work-life accommodation.

The basic possible individual work-life balance achievement strategies are as follows: focus strategies, "resource-refusal" strategies, adaptive strategies, every of which is manifested in a certain kind of an individual strategy. The use of the adaptive individual strategies with the resource increase strategy perfectly contributes to the work-life balance achievement. We believe that the main personal skills and traits contributing to the work-life balance achievement include the following ones: personal flexibility, a high level of self-discipline; trust-

based relations; dynamic and independent work. These skills should be mature, and the work-life balance achievement psychological teaching programs for personnel can increase their level.

Further steps in the study of work life balance are to analyze this phenomenon in the context of the psychological well-being of personnel.

References

1. Allen, T. D. (2013). The Work–Family Role Interface: A Synthesis of the Research from Industrial and Organizational Psychology. In I. B. Weiner (Ed.) *Handbook of Psychology* (pp. 698-718). John Wiley & Sons, Inc. ISBN: 978-0-470-61904-9
2. Beham, B., Drobnic, S., & Prag, P. (2014). The work-family interface of service sector workers: a comparison of work resources and professional status across five European countries. *Applied Psychology: an International Review*, 63(1), 29-61.
3. Billing, T. K., Bhagat, R. S., Babakus, E., & Krishnan, B. (2014). Work–Family Conflict and Organisationally Valued Outcomes: The Moderating Role of Decision Latitude in Five National Contexts. *Applied Psychology: an International Review*, 63(1), 62-95.
4. Burke, R. (1999). Are families a career liability? *Women in Management Review*, 14(5), 159-163.
5. Chen, Y-P., Shaffer, M., Westman, M., Chen, S.H., Lazarova, M., & Reiche, S. (2014). Family Role Performance: Scale Development and Validation. *Applied Psychology: an International Review*, 63(1), 190-218.
6. Emslie, C., & Hunt, K. (2009). 'Live to Work' or 'Work to Live'? A Qualitative Study of Gender and Work-life Balance among Men and Women in Mid-life. *Gender, Work and Organization*, 16(1), January, 151-172
7. Frone, M. R. (2003). Work-family balance. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 143-162). American Psychological Association.
8. Grawitch, M. J., Barber, L. K., & Justice, L. (2010). Rethinking the Work-life Interface: It's Not about Balance, It's about Resource Allocation. *Applied psychology: health and well-being*, 2(2), 127-159
9. Grandey, A. A., Cordeiro, B. L., & Crouter, A. C. (2005). A longitudinal and multi-source test of the work–family conflict and job satisfaction relationship. *Journal of Occupational and Organizational Psychology*, 78, 1-20
10. Hamilton, E. A., Gordon, J. R., & Whelan-berry, K. S. (2006). Understanding the work-life conflict of never-married women without children. *Women in Management Review*, 21(5), 393-415.
11. Kinnunen, U., Rantanen, J., Mauno, S., & Peeters, M.C.W. (2014). Work-Family Interaction. In M.C.W. Peeters (Ed.) *An introduction to contemporary work psychology* (pp. 267-289). Wiley Blackwell.
12. Konrad, A.M., & Yang, Y. (2012). Is using work-life interface benefits a career- limiting move? An examination of women, men, lone parents, and parents with partners. *Journal of Organizational Behavior*, 33, 1095-1119.
13. Kropf, M. B. (1999). Flexibility initiatives: current approaches and effective strategies. *Women in Management Review*, 14(5), 177-185.
14. Lim, V.K.G., & Kim, T-Y. (2014). The Long Arm of the Job: Parents' Work–Family Conflict and Youths' Work Centrality. *Applied Psychology: an International Review*, 63(1), 130-150.
15. Lockwood, N.R. (2003) Work / Life Balance: Challenges and Solutions. *Society for Human Resource Management*.
16. Lyness, K. S., & Judiesch, M. K. (2014). Gender Egalitarianism and Work-life Balance for Managers: Multisource Perspectives in 36 Countries. *Applied Psychology: an International Review*, 63(1), 96-129.
17. Marcinkus, W. C., Whelan-berry, K. S., & Gordon, J. R. (2007). The relationship of social support to the work-family balance and work outcomes of midlife women. *Women in Management Review*, 22(2), 86-111.
18. Masuda, A. D., Poelmans, S. A., Allen, T. D., & Spector, P. E. (2012). Flexible Work Arrangements Availability and their Relationship with Work-to-Family Conflict, Job Satisfaction, and Turnover Intentions: A Comparison of Three Country Clusters. *Applied psychology: an international review*, 61(1), 1-29.
19. Muse, L., Harris, S. G., Giles, W. F., & Field, H. S. (2008). Work-life benefits and positive organizational behavior: is there a connection? *Journal of Organizational Behavior*, 29, 171-192.
20. Rayman, P., Bailyn, L., & Dickert, J. (1999). Designing organizational solutions to integrate work and life. *Women in Management Review*, 14(5), 164-176.
21. Roche, M., & Haar, J. M. (2010). Work-Family Interface Predicting Needs Satisfaction: The Benefits for Senior Management. *e-Journal of Social & Behavioural Research in Business*, 1(1), 12-23.
22. Scott, K. L., Ingram, A., Zagenczyk, T. J., & Shoss, M. K. (2015). Work–family conflict and social undermining behaviour: An examination of PO fit and gender differences. *Journal of Occupational and Organizational Psychology*, 88, 203-218.
23. Smithson J., & Stokoe E. H. (2005). Discourses of Work-life Balance: Negotiating 'Genderblind' Terms in Organizations. *Gender, Work and Organization*, 12(2), March, 147-168.
24. Straub, C. (2007). A comparative analysis of the use of work-life balance practices in Europe. *Women in Management Review*, 22(4), 289-304
25. Tombari, N., & Spinks, N. (1999). The work-family interface at Royal Bank Financial Group: successful solutions – a retrospective look at lessons learned. *Women in Management Review*, 14(5), 186-193.
26. Tkalych, M., Snyadanko, I., Guba, N., & Zhelezniakova, Yu. (2020). Social and psychological support for personnel in organizations: work-life balance programs. *Journal of Intellectual Disability - Diagnosis and Treatment*, 8(2), 159-166.

27. Wille, B., De Fruyt, F., & Feys, M. (2013). Big Five Traits and Intrinsic Success in the New Career Era: A 15-Year Longitudinal Study on Employability and Work-Family Conflict. *Applied Psychology: An International Review*, 62(1), 124-156.
28. Jones, F., Burke, R.J., & Westman, M. (2008). *Work-Life Balance. A psychological Perspective*. Psychology Press, ISBN 978-1841695297

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Отримано 12 жовтня 2021 р.
Рецензовано 20 жовтня 2021 р.
Прийнято 22 жовтня 2021 р.

Наукове видання

**ОРГАНІЗАЦІЙНА ПСИХОЛОГІЯ
ЕКОНОМІЧНА ПСИХОЛОГІЯ**

Науковий журнал

№ 4 (24) / 2021

**За науковою редакцією
С.Д. Максименка та Л.М. Карамушки**

Підп. до друку 1.11.2021. Формат 700x100/8. Ум. друк. арк. 6,5. Наклад 100 прим.

Замовлення №3/21

Віддруковано в ТОВ "ГК "Все просто"

04073, м.Київ, вул. Скляренка,9
