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Autorii își asumă răspunderea pentru conținutul și aspectul lucrărilor !

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Modelul tradițional de comunicare verticală (profesor–elev) se dovedește insuficient în contextul actual, fiind necesară o abordare *dialogică și participativă*, în care toți actorii - elevi, profesori, părinți, consilieri - contribuie la definirea unui climat incluziv. Totodată, educația incluzivă nu poate fi eficientă fără o *reziliență instituțională*, care să permită adaptarea politicilor și practicilor la nevoile diversificate ale elevilor.

În concluzie, o școală incluzivă este, sociologic vorbind, o *comunitate de reziliență*: un spațiu de comunicare deschisă, solidaritate și dezvoltare continuă. Educația incluzivă devine astfel nu doar o strategie pedagogică, ci un *proiect social* orientat spre echitate, participare și sustenabilitate umană.

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FEATURES OF PROFESSIONAL BURNOUT DEVELOPMENT AMONG SOCIAL SECTOR WORKERS UNDER CONDITIONS OF WAR

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Introduction

Scientific and practical interest in professional burnout is determined by the fact that this syndrome represents a direct manifestation of problems related to employees' well-being, the effectiveness of their work, and the stability of an organization's business operations. Employers' and managers' concern about employee burnout is explained by its imperceptible onset, while its consequences in the form of "lost profit" entail substantial costs for organizations.

The syndrome of professional burnout, as a consequence of work-related stress, has been widely studied in international psychology for more than fifty years. In national psychological science, interest in this phenomenon has emerged relatively recently; therefore, this issue has not yet received sufficient scholarly attention (Berezovska, 2015, 2020; Khairulin, 2015; Rusanov, 2024).

The term was first introduced by H. Freudenberger (1974) to describe the demoralization, frustration, and fatigue he observed among employees of psychiatric institutions. Interest in the study of burnout syndrome increased after American researchers C. Maslach and S. Jackson (1986) systematized the descriptive characteristics of this syndrome and developed a questionnaire for its quantitative assessment. However, the problem of professional burnout remains relevant today, insufficiently studied, and in need of further development. Of particular importance for psychological research practice is the issue of the specific features of professional burnout development among employees in the social services sector.

In scientific literature, the concepts of "professional burnout," "emotional burnout," "burnout syndrome," and "emotional burnout syndrome" are interpreted as interchangeable and are often used synonymously. Professional burnout is considered a psychological and physiological response to prolonged exposure to stressors of moderate intensity that arise in the course of professional activity and represents the result of uncontrolled, long-term work-related stress (Berezovska, 2015; Khairulin, 2015).

In studies conducted by the research team led by S. Maksymenko, professional burnout is defined as a response to prolonged stress of moderate intensity characteristic of the third stage of the stress process, during which a stable yet controlled level of psychophysiological tension is observed (Karamushka, 2023).

Professional burnout is a process whose dynamics are governed by the general mechanisms of stress development: 1. initially, in response to a chronically unfavorable psychoemotional environment, increased responsibility, and difficulties in interpersonal interaction, nervous (anxiety-related) tension emerges; 2. at the stage of resistance, individuals seek to limit the impact of negative factors through the use of defensive strategies; 3. the stage of exhaustion occurs when psychological resources are depleted, psychoemotional tone declines, and resistance proves to be ineffective.

Most researchers classify the causes of professional burnout into three main groups: (a) professional; (b) organizational; and (c) individual (personal).

The first two groups are determined by working conditions and corporate structure, whereas personal factors encompass a wide range of characteristics, including resilience, locus of control, coping style in response to frustration, level of self-esteem, trait anxiety, and others.

Thus, within the framework of the present study, professional burnout is considered a specific psychophysiological response of the organism that arises under the influence of uncontrolled, prolonged stress of moderate intensity, determined by the characteristics of professional activity.

In foreign scientific literature, the phenomenon of professional burnout is most commonly denoted by the English term *burnout* ("burning out," "fading," "exhaustion"). According to C. Maslach and S. Jackson (1986), burnout syndrome manifests itself in three categories of experience: - emotional exhaustion (feelings of emptiness and powerlessness); - depersonalization (dehumanization of interpersonal relationships, manifestations of indifference, cynicism, and emotional coldness); - reduced personal accomplishment (a sense of meaninglessness and loss of motivation for work).

The developmental trajectory of burnout syndrome has been examined in detail by C. Maslach. Factors contributing to the development of burnout include: - individual differences in limits of psychoemotional endurance; - personal experience encompassing systems of feelings, value orientations, and motives; - negative life experiences in which problems, distress, discomfort, functional impairments, or their consequences are accumulated (Maslach & Jackson, 1986). Observations indicate that the dynamics of burnout are not linear and that the process may be reversible, which provides grounds for optimism regarding the development of rehabilitation programs for employees with high levels of this syndrome.

The signs by which the onset of professional burnout can be identified are highly heterogeneous and include more than 100 symptoms. Among the typical manifestations are the following: loss of motivation for work; a sharp increase in dissatisfaction with professional activity; difficulties in concentration and an increased number of errors; reduced attentiveness to clients; disregard for safety requirements and standards; weakening of professional criteria; lowered levels of expectations; failure to complete tasks within established deadlines; a tendency to seek justifications instead of solutions;

the emergence of workplace conflicts; chronic fatigue, heightened irritability, and nervousness; distancing from colleagues and clients; and an increase in instances of absenteeism.

According to other approaches, manifestations of burnout may be grouped into physical and behavioral indicators: - *physical*: general fatigue, pronounced exhaustion, increased sensitivity to external factors, asthenic states, headaches, digestive disorders, changes in body weight, shortness of breath, and insomnia; - *behavioral and psychological*: progressive loss of work capacity, altered schedules of arrival at and departure from work, transfer of work tasks into the home environment, a sense of vague discomfort, development of indifference toward work, decreased enthusiasm, feelings of resentment, disappointment, and guilt, emergence of suspiciousness, irritability, cognitive rigidity, difficulties in decision-making, distancing from clients and colleagues, and a tendency toward alcohol or other psychoactive substance abuse. At the same time, it is important to note that burnout represents a constellation of symptoms that manifest individually in each employee and do not necessarily occur simultaneously.

Factors contributing to resistance to burnout include optimism and an active life stance. Optimism functions as a general confidence in success, an orientation toward a positive worldview, and a genuine belief in one's ability to overcome difficulties through personal resources or external support. From the perspective of contemporary psychology, an optimistic orientation is associated with a high level of social adaptation, professional effectiveness, and mental health. Within the structure of personality, optimism is reflected in a belief in the constructive nature of reality and in one's personal capacity to act as an agent of positive change.

According to empirical observations, among employees characterized by high self-confidence, initiative, and a positive attitude toward life, levels of emotional exhaustion and reduced personal accomplishment are significantly lower, which in turn decreases the overall risk of burnout. Research findings indicate that no cases of high burnout levels were observed among active optimists, whereas more than half of individuals with passively pessimistic orientations were classified as being at risk.

Methodology and Research Methods

At the current stage of research on professional burnout syndrome, several theoretical models of its structure have been proposed, along with corresponding methods for the quantitative assessment of this phenomenon. According to the three-factor model proposed by C. Maslach and S. Jackson (1986), burnout syndrome has a three-dimensional structure and includes emotional exhaustion, depersonalization, and reduced personal accomplishment.

Emotional exhaustion constitutes the core component of burnout and reflects a general decline in emotional involvement, indifference, and a sense of emptiness or, conversely, emotional overload.

Depersonalization manifests itself in changes in the nature of interpersonal relationships, which may be expressed either as increased dependence on the social environment or as a growing cynical or negative attitude toward recipients (patients, clients, etc.).

Reduced personal accomplishment is associated with a tendency to underestimate one's professional achievements, dissatisfaction with oneself, a negative attitude toward the results of one's work, and the development of a sense of limitation in one's professional capabilities.

It is important to emphasize that the three components proposed by C. Maslach and S. Jackson to some extent reflect the specificity of the professional domain in which burnout was first identified. This is particularly evident in the case of depersonalization, which is especially relevant to professions involving service provision and helping people.

The three-component model developed by C. Maslach and S. Jackson is supported by a well-validated diagnostic instrument, which accounts for its widespread use in empirical research.

In the present study, to address the research objectives, the *Professional Burnout Questionnaire* (Maslach and Jackson model) was employed. This instrument allows for the assessment of the level of professional burnout across the following subscales: emotional exhaustion, depersonalization, and reduced personal accomplishment. The questionnaire consists of 22 statements describing feelings and experiences related to work activity. Responses are rated on a 7-point scale ranging from “never” (0 points) to “always” (6 points). High levels of burnout are indicated by high scores on the emotional exhaustion and depersonalization subscales and low scores on the personal accomplishment subscale.

The study was conducted at the Center for Social Services and Social Integration in the city of Pereiaslav (Kyiv region). A total of 48 participants were involved in the study, including 23 healthcare workers and 25 social workers.

Results and Discussion

According to the Maslach and Jackson model, professional burnout is conceptualized as a response to prolonged occupational stress associated with interpersonal communication and comprises three components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Based on the study results, individual scores on each subscale were calculated, and on this basis, mean group indicators for social and healthcare workers were derived using the *Professional Burnout Questionnaire*.

As shown in Table 1, the mean group values of social and healthcare workers on the subscales of emotional exhaustion, depersonalization, and reduced personal accomplishment fall within the moderate range.

Table 1. Mean Scores on the Professional Burnout Questionnaire (Social and Healthcare Workers)

Subgroups	Professional Burnout Subscales					
	Emotional Exhaustion		Depersonalization		Reduced Personal Accomplishment	
	score	level	score	level	score	level
social workers	20,96	moderate	8,56	moderate	33,64	moderate
healthcare workers	17,0	moderate	9,26	moderate	35,43	moderate

The mean group score on the Emotional Exhaustion subscale is slightly higher among social workers compared to healthcare workers (20.96 and 17.00 points, respectively). In contrast, the mean group scores on the Depersonalization and Reduced Personal Accomplishment subscales are higher among healthcare workers. Individual burnout levels were determined for each subscale, and the distribution of levels within the subgroups of social and healthcare workers was calculated (Table 2).

Table 2. Distribution of Levels of Professional Burnout Indicators (Social and Healthcare Workers)

Professional Burnout Subscales	Levels of Professional Burnout					
	Low		Moderate		High	
	Social	Health-care	Social	Health-care	Social	Health-care
Emotional Exhaustion	32	30	40	61	28	9
Depersonalization	28	22	40	35	32	43
Reduced Personal Accomplishment	20	43,5	56	17,5	24	39

A high level of professional burnout on the Emotional Exhaustion indicator (Figure 1) is more prevalent in the subgroup of social workers (28%) than among healthcare workers (9%). In contrast, within the subgroup of healthcare workers, a moderate level of professional burnout on this indicator predominates (61% compared to 40% among social workers). Emotional exhaustion manifests in experiences of emotional overstrain and a sense of emptiness, reflecting the depletion of one's emotional resources. Individuals feel unable to devote themselves to work as they previously did. A sense of emotional "numbness" or "blunting" may emerge, and in particularly severe cases, emotional breakdowns are possible.

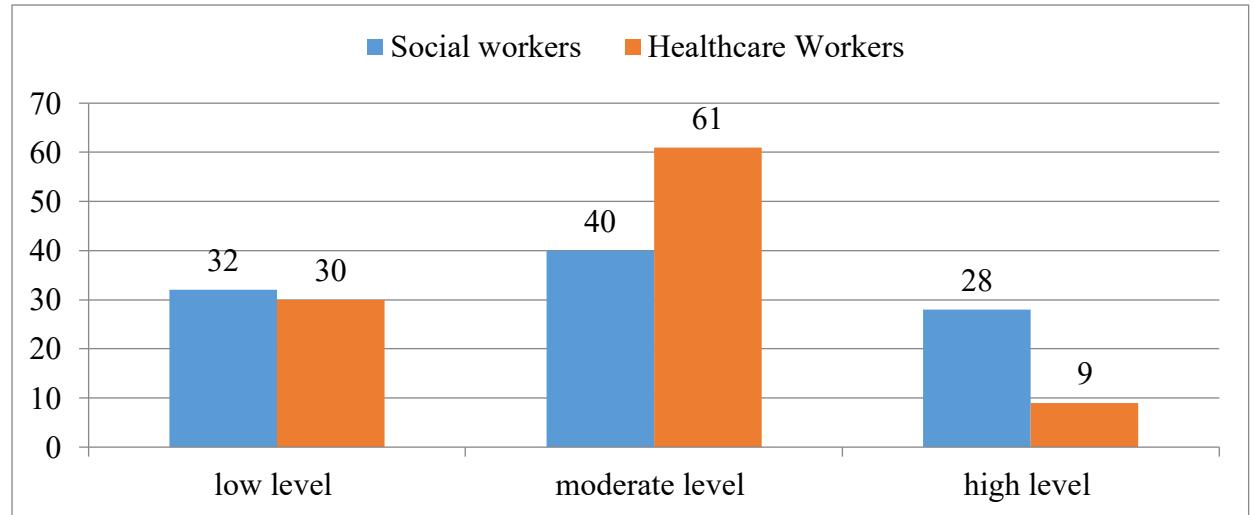


Figure 1. Distribution of Levels of the Professional Burnout Indicator "Emotional Exhaustion" (Social and Healthcare Workers).

According to the professional burnout indicator "Depersonalization" (Figure 2), a high level predominates among healthcare workers (43%) compared to social workers (32%). In contrast, a low level of professional burnout on this indicator is more prevalent among social workers (28%) than among healthcare workers (22%).

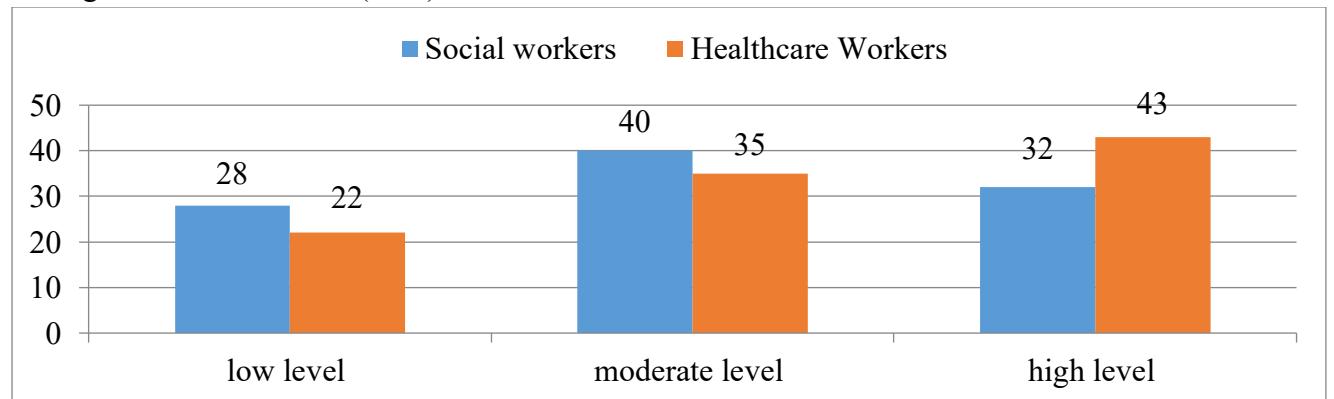


Figure 2. Distribution of Levels of the Professional Burnout Indicator "Depersonalization" among Social and Healthcare Workers.

Depersonalization represents a tendency to develop a negative, detached, and cynical attitude toward recipients. Interactions become impersonal and formalized. Emerging negative attitudes may initially remain latent and manifest as internally suppressed irritation, which over time may be expressed through outbursts of irritability or conflict situations.

According to the professional burnout indicator “Reduced Personal Accomplishment” (Figure 3), a moderate level predominates in the subgroup of social workers, accounting for 56% of respondents. In the subgroup of healthcare workers, high and low levels of professional burnout on this indicator are more prevalent (39% and 43.5%, respectively). Among social workers, high and low levels of professional burnout on this indicator are represented to a significantly lesser extent, at 24% and 20%, respectively.

Reduced personal accomplishment manifests as a decreased sense of competence in one’s professional activity, dissatisfaction with oneself, a diminished perception of the value of one’s work, and negative professional self-perception. When noticing negative feelings or manifestations in themselves, individuals tend to engage in self-blame, which leads to a decline in both professional and personal self-esteem, the emergence of a sense of personal inadequacy, and indifference toward work.

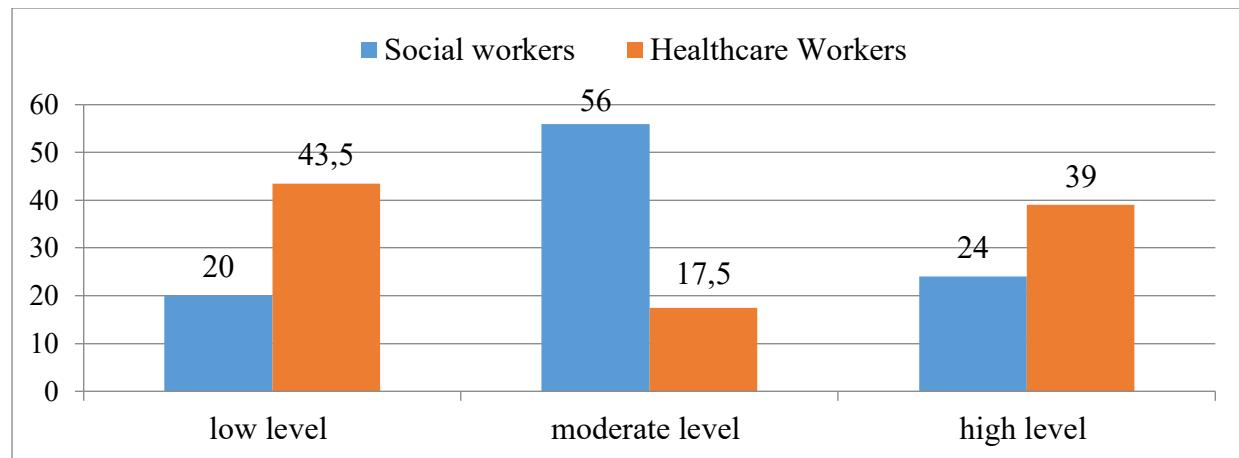


Figure 3. Distribution of Levels of the Professional Burnout Indicator “Reduced Personal Accomplishment” among Social and Healthcare Workers.

Thus, burnout syndrome manifests itself in three categories of experience: emotional exhaustion (feelings of emptiness and powerlessness), depersonalization (dehumanization of interpersonal relationships and manifestations of indifference, cynicism, and emotional coldness), and reduced personal accomplishment (a sense of meaninglessness and loss of motivation for work).

Factors that reduce the risk of burnout include the ability to effectively cope with life difficulties and age-related crises, the maintenance of active engagement in life, an optimistic and life-affirming orientation, and a high level of creative potential. A protective role is also played by the presence of strong and reliable social and professional support, support from family and close friends, the formation of a friendly and creative atmosphere in the workplace, and the use of creative approaches in addressing both professional and personal challenges. Organizations characterized by a strong corporate spirit also demonstrate a lower prevalence of professional burnout.

Professional competence combined with high social intelligence reduces the likelihood of ineffective communication, expands opportunities for creative behavior in complex interpersonal situations, and, consequently, helps prevent the development of fatigue and emotional overload in the process of business communication.

Conclusions

Burnout syndrome is a form of personality deformation that develops as a result of chronically strained or conflictual relationships within the “person–person” system in the workplace. As a

consequence, burnout manifests through a range of psychosomatic, cognitive, emotional, and motivational disturbances that significantly affect both an individual's social and general somatic health, as well as their work capacity and effectiveness in performing professional duties.

The empirical study identified specific features of the development of professional burnout among employees in the social sphere, namely social and healthcare workers at the Center for Social Services and Social Integration. The mean group values for social and healthcare workers on the subscales of emotional exhaustion, depersonalization, and reduced personal accomplishment were found to be at a moderate level. Among the surveyed social workers, a high level of burnout predominated on the emotional exhaustion indicator, whereas among healthcare workers, high levels of burnout predominated on the depersonalization and reduced personal accomplishment indicators.

In the field of socially oriented professions, individuals who are less prone to the development of professional burnout include those who have stable and meaningful employment that enables the realization of creative potential, provides opportunities for both professional and personal growth, and is characterized by a high level of satisfaction with various aspects of quality of life, a broad range of interests, and the presence of forward-looking life plans.

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PREVENTIA ÎN CONSUMUL DE DROGURI LA ADOLESCENTI - ADICȚII ȘI HOBBYURI

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Rezumat

Motivație – Informațiile oficiale despre consumul de droguri indică creșterea numărului consumatorilor și scăderea vârstei de la care începe consumul. Dacă mediul rural părea unul mai sigur, aceleași surse aduc în atenție prezența consumului și la sate. Solicitările pentru intervenții specializate au crescut, soluția fiind construcția de noi clinici sau centre de intervenție. Demersuri care necesită timp și resurse. Intensificarea activității de prevenire ar putea susține adolescentii în luarea deciziei de a consuma droguri. Având informații obiective despre consecințele unui astfel de comportament și despre