

## The study of the psychological health of Ukrainian educators during the russian-Ukrainian War

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**Abstract.** Under wartime conditions, Ukraine faced a critical decline in the psychological well-being of its citizens. Anxiety, fear, depression, and aggression were identified as indicators of a deteriorated psychological state. This trend also affected the educational community, whose members were expected to remain calm and bear responsibility for children. The aim of the article was to present the results of an empirical study examining the psychological health of educators of various age groups working during wartime. Empirical data analysis methods were employed, including psychodiagnostic testing, statistical averaging, and percentage ratio analysis. The article introduced a model of psychological health consisting of spiritual-meaningful, social, mental, and psychosomatic components, the development level of which determined overall psychological health status. The study revealed that one-third of respondents (37.4%) demonstrated a high level of psychological health; one quarter (27.5%) showed an above-average level; while 17.6% exhibited a below-average psychological condition. A relatively high proportion (17.6%) of educators were found to have a low level of psychological health, negatively affecting their professional performance. Specific manifestations of psychological health across different age groups were identified. Educators aged 19-24 demonstrated the lowest psychological well-being, hindering their professional self-fulfilment during wartime. Those aged 25-39 showed adaptive resilience, with good psychological health enabling productive work. The psychological health of educators aged 40-66 was generally above average and remained relatively stable despite the war. It was established that higher-order psychological health components (spiritual-meaningful and social) were sufficiently developed among modern educators, while the most vulnerable components were the psychosomatic and particularly the mental ones

**Keywords:** wartime conditions; psychosomatics; psyche; sociality; spiritual-meaningful level; psychological support

### Introduction

As of 2025, the issue of preserving and restoring psychological health had become of considerable social significance for all Ukrainian citizens due to the impact of socio-stress factors. Under the conditions of prolonged warfare, a pressing concern emerged related to the sharp deterioration of both psychological and somatic health. This was regarded as a natural consequence of emotional burnout that typically accompanies the prolonged experience of stress. The problem of maintaining psychological well-being was particularly relevant for members of the pedagogical community (educators, teachers), who were not only

required to endure wartime realities but also bear responsibility for children (pupils, students), accompany them to shelters during air-raid alerts, and conduct lessons in an online format.

According to L. Karamushka (2022), war acted as the most pronounced negative factor affecting individual mental health, as it posed a direct threat to human life. Indicators of unsatisfactory psychological health included chronic states of fear, suppression, anxiety, excessive worry, irritability, depression, and outbursts of aggression. These factors blocked the actualisation of an individual's spiritual and personal potential and

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significantly reduced their quality of life. Being embedded in the social environment, teachers exerted a subconscious influence on the mental state of students. The ability of educators to timely recognise, interpret, and professionally correct children's emotional expressions played a decisive role in the development of learners. This necessitated significant mobilisation of psychological resources by Ukrainian teachers for the effective performance of professional duties. Psychological well-being, therefore, determined educators' readiness to support their pupils (Ridei, 2021). When a teacher possessed a sound psychological state, the capacity to inspire and engage students increased; in contrast, a negative emotional state induced similar emotions in students, thereby reducing the quality of the educational process and negatively affecting classroom discipline and moral climate. According to Z.S. Karpenko & A.R. Klympush (2023), the key factors contributing to teachers' psychological well-being during wartime included communicativeness, extraversion, openness to experience, and an adequate level of fundamental hard and soft skills.

In psychological discourse, a distinction was drawn between the terms psychological and mental health. Mental health was defined as a state of personal well-being that ensures behavioural self-regulation and allows for effective stress management. As stated by I.V. Yevtushenko (2023), the harmonious development of an integral psyche was considered the norm of mental health, associated with emotional, volitional, and intellectual functions that ensure adaptation processes and emotional well-being. However, the personality functioned not only at the mental but also at the biological, psychological, social, and spiritual levels; therefore, psychological health, which encompasses all domains of human functioning, was regarded as a multi-level structure. I.A. Vlasenko *et al.* (2022) defined psychological health as a dynamic integrative system ensuring the integrity of the personality and facilitating the realisation of its potential. It was considered a prerequisite for an active lifestyle, effective self-fulfilment, and interaction with the environment. In examining mechanisms of psychological health, researchers identified psychosomatic, socio-psychological, personal, and spiritual aspects of life activity, which regulate an individual's psychological well-being. Therefore, psychological health was not reducible to mental health alone, as it was conditioned by the stable functioning of all personality substructures: psychophysical, mental, social, and spiritual.

At the biological level, psychological health ensured coherence in the functioning of bodily systems. At the mental level, it referred to cognitive-emotional-volitional well-being, which supported mental stability and behavioural self-regulation. According to S. Maksymenko *et al.* (2021), at the social level, health was reflected in a holistic and balanced personality experiencing

harmony with others, the world, and oneself. These authors aligned the concepts of mental, psychological, and spiritual health, treating them as stages of personal development. The identified criteria of psychological health included: self-control, emotional stability, balance, the ability to overcome life difficulties, creativity, moral attitudes toward others, ethicality, optimism, tolerance, independence, responsibility, benevolence, self-respect, energy, activity, and orientation toward self-development. It was noted that the alternative to mental health was illness, while the alternative to psychological health was the inability to achieve personal growth. Therefore, the category of psychological health was broader than mental health, integrating psychosomatic, mental, social, and spiritual functions. Mental health was only one substructure of psychological health. Importantly, psychological health was related not only to manifestations of somatic and mental states but also to spirituality, as one of its key criteria was the actualisation of spiritual qualities (conscience, morality, humanity), which distinguished it from purely mental health. The foundation of mental health lay in higher mental functions, whereas the basis of psychological health was the holistic development of a harmonious personality.

According to V. Korolchuk & K. Kryvda (2023), maintaining sound psychological health among educators required the implementation of organisational psychological interventions within educational institutions, aimed at preserving, supporting, and restoring teachers' well-being. A general indicator of psychological health was the state of harmony, balance, inner peace, and creative inspiration. Psychological health ensured the full functioning of the body and was defined by the harmony among personality substructures (physical, volitional, emotional, intellectual, social, and spiritual). A deficiency in psychological health constituted a form of moral and emotional inferiority. Neuroticism was associated with an egoistic orientation, as individuals could be mentally healthy yet psychologically disordered (i.e., selfish, exploitative) (Pavlyk, 2021). The principal trait of a psychologically healthy personality was the capacity for spiritual and moral self-regulation, maintaining equilibrium between the individual and the surrounding environment, and ensuring successful psychological adaptation within society (Pavlyk, 2023). In light of the prolonged stress conditions, special attention was drawn to the psychological health of those social groups responsible for critically important societal functions. The purpose of the present study was to present empirical findings regarding the psychological health of Ukrainian educators of different age groups engaged in professional activity under martial law conditions.

## Materials and Methods

Based on theoretical analysis, a model of psychological health was constructed comprising four hierarchical

components: spiritual-meaningful, social, mental, and psychosomatic, aligned with the substructures of personality (Pavlyk, 2023). For each component,

dichotomous criteria were identified to assess the harmony or disharmony of an individual's psychological health (Table 1).

**Table 1.** Model of psychological health of the personality

Components of the structure of psychological health	Criteria of psychological harmony / disharmony
Spiritual-Meaningful component	Moral reflection / lack of self-awareness, optimistic / pessimistic worldview, responsibility / external locus of control, creative self-fulfilment / unfulfillment
Social component	Social adaptability / maladjustment, decentration / egocentrism, benevolence / aggressiveness, tolerance / frustration in social situations
Mental component	Cognitive flexibility / rigidity, emotional stability / lability, self-control / weak willpower, stress resistance / neuroticism
Psychosomatic component	Good / poor well-being, positive / negative mood, activity / passivity, healthy / harmful habits

**Source:** compiled by the author based on N. Pavlyk (2021)

The harmony of overall psychological health was determined by the full development of all its components. In accordance with each criterion, psychodiagnostic scales were developed and integrated into the author's questionnaire "Psychological Health of the Personality", which enabled the identification of the level of development of each criterion and component, as well as provided an integral index of the overall psychological health of the individual (Pavlyk, 2023). The questionnaire consisted of 160 items and was based on 16 pairs of dichotomous scales reflecting the harmony/disharmony criteria of psychological health according to each component. Each criterion was represented by five psychodiagnostic statements. For example, the statement: "I am usually cheerful and full of hope" corresponded to the scale "positive mood". Respondents were given the following instruction: "Please rate the extent of your agreement with each statement using a 3-point scale: 0 – completely disagree; 1 – partly agree (sometimes true); 2 – fully agree". Responses were recorded on a special answer sheet that enabled the rapid calculation of testing results (Pavlyk, 2021; 2023). The validity of the "Psychological Health of the Personality" methodology was assessed using the cross-sectional method (test-retest) and expert evaluation. Experts (school principals) were instructed to assess teachers using a five-point scale according to predetermined criteria. Correlation coefficients between the first and second test results, as well as between the test results and expert evaluations, ranged from 0.61 to 0.87 at  $p \leq 0.01$ , indicating the reliability of the questionnaire.

In 2023, an empirical study was conducted to assess the psychological health of educators under war-time conditions. The study involved 95 female teachers aged between 19 and 66. The sample included 45 young educators aged 19-24, 25 educators aged 25-39, and 25 educators aged 40-66, representing the cities of Kyiv and Kremenchuk. It should be noted that at the time of the study, the participants had already experienced three consecutive years of prolonged stress (the

COVID-19 pandemic and the Russian-Ukrainian war). The research procedure involved psychodiagnostic testing conducted in a mixed (online/offline) format using the "Psychological Health of the Personality" method. This approach allowed for the diagnosis of the level of development of the four psychological health components (spiritual-meaningful, social, mental, and psychosomatic), as well as the integral index of teachers' psychological health across different age groups. The classification of results followed four levels of psychological health development and its components: low, below average, above average, and high. Interpretation of the findings was performed by calculating percentage and mean statistical values. The percentage distribution of indicators was determined by counting the number of respondents corresponding to each level of a given quality within the general sample, as well as within the three age-based teacher subgroups. The percentage of respondents at each level was calculated using the following formula:

$$x(\%) = \frac{a \cdot 100\%}{n}, \quad (1)$$

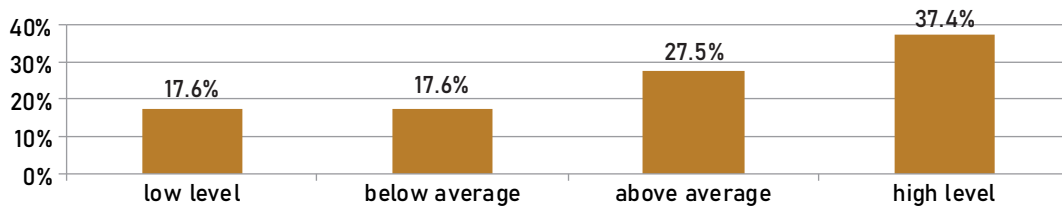
where  $x(\%)$  – denotes the percentage of respondents belonging to a particular level;  $n$  – refers to the total number of respondents in the general sample;  $a$  – represents the number of respondents corresponding to one of the four levels (low, below average, above average, or high).

During the research process, ethical standards outlined in The Declaration of Helsinki (2013) were strictly observed. Participation in the testing procedure was entirely voluntary. The results of individual assessments were kept confidential and were not disclosed. Participants were offered the opportunity to receive free individual consultations regarding the outcomes of their assessments, which served as an incentive for engagement in the study. The study was conducted in three stages. The first stage involved psychodiagnostic data collection through individual test-

ing, carried out between March and April 2023. The second stage encompassed the processing of empirical data, conducted in May-June 2023. The third stage consisted of meetings with respondents who had participated in the study (June-July 2023), during which psychological counselling was provided upon request. The analysis of results was conducted by comparing percentage and mean statistical indicators across the three teacher age groups: 19-24 years, 25-39 years, and 40-66 years.

## Results and Discussion

According to the study findings (Fig. 1), one-third of respondents from the general sample (37.4%) demonstrated a high level of psychological health; one quarter of educators (27.5%) showed an above-average level; and 17.6% of respondents were found to be in a borderline state between psychological health and illness. Particular attention was drawn to the relatively high proportion (17.6%) of teachers who exhibited a low level of psychological health.

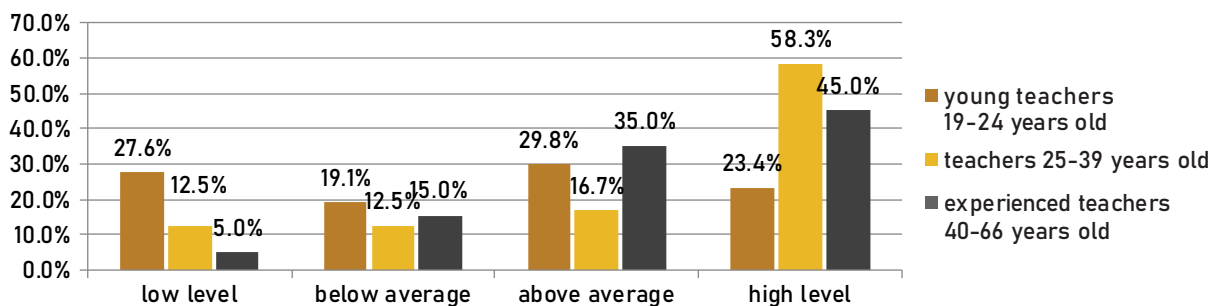


**Figure 1.** Percentage distribution of psychological health levels among educators

Source: compiled by the author

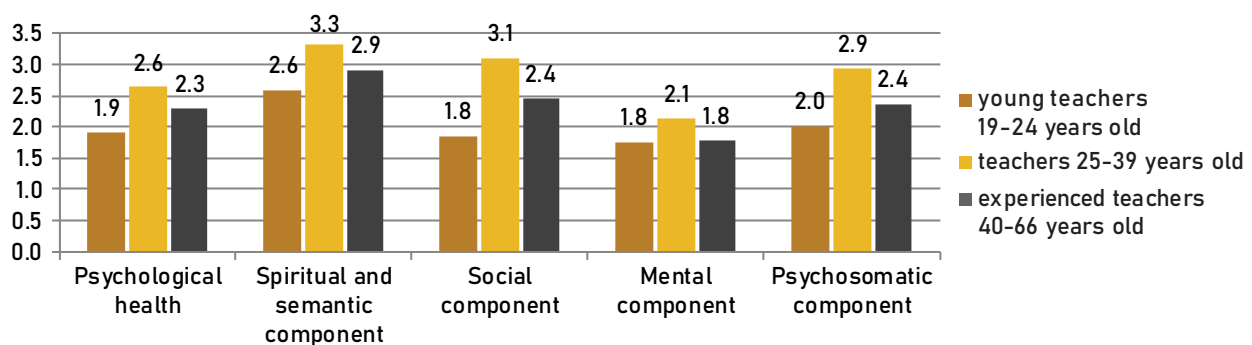
The percentage distribution of psychological health levels among teachers of different age categories is presented in Figure 2. According to the diagram, the highest psychological health indicators were demonstrated by teachers aged 25-39, more than half of whom (58%) reported a high level of psychological health. The second group included educators aged 40-66, among whom

80% showed high (45%) or above-average (35%) levels. The lowest indicators were observed among young teachers aged 19-24, more than one-quarter of whom (27.6%) exhibited a low level of psychological health. Figure 3 presents the distribution of average statistical indicators of psychological health and its components among teachers of different age categories.



**Figure 2.** Percentage distribution of psychological health levels among educators of different age categories

Source: compiled by the author



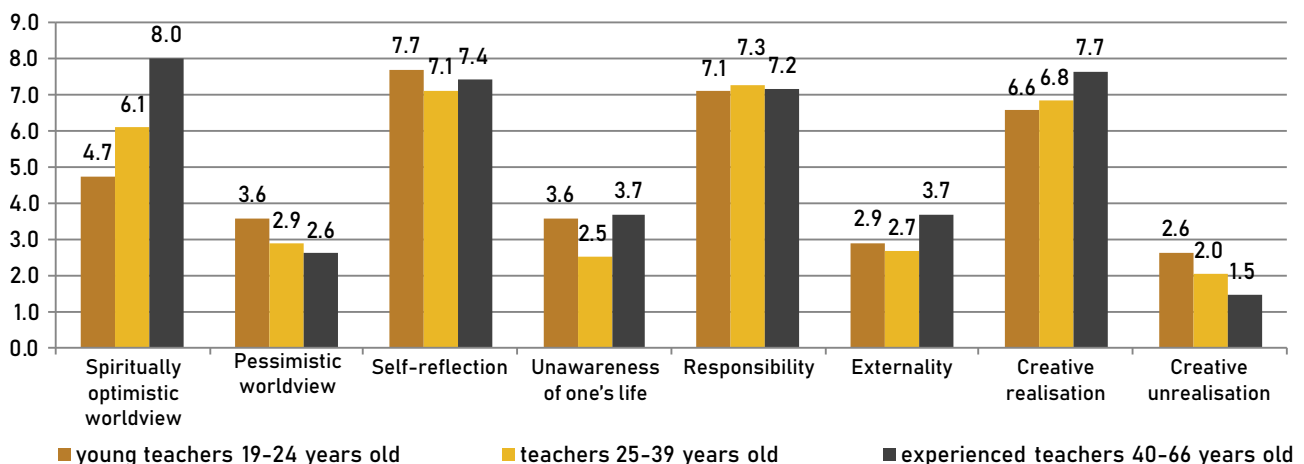
**Figure 3.** Average statistical indicators of psychological health and its components among educators of different age categories

Source: compiled by the author

The analysis of average statistical indicators also confirmed that all components of psychological health were most developed within the group of educators aged 25-39. The most developed component proved to be the spiritual-meaningful one, whereas the least developed was the mental component, which was directly responsible for the process of psychological self-regulation and individual adaptation. It should be emphasised that the psychological health of teachers in the identified categories was assessed twice: at the beginning of 2021 (before the war) and again in 2023 (after one year of war). In the general sample, the dynamics of the overall psychological health index were insignificant: the percentage of teachers with a low level of psychological health increased by only 0.5%. However, the dynamics within separate groups appeared considerably more significant. During the wartime period, the proportion of young teachers aged 19-24 with a low level of psychological health increased by 10%, while the percentage with a high level decreased by 17.8%. At the same time, the psychological health indicators of experienced teachers (aged 40-66) remained largely unchanged, while the group aged 25-39 demonstrated improvement, with the percentage of individuals reporting a high level of psychological health increasing by 18.3%.

Before the war, the psychological health indicators across age groups were relatively close, with only

a slight tendency towards higher levels among older teachers. However, during the process of adaptation to wartime, a clear regularity emerged: the psychological health of young teachers aged 19-24 deteriorated significantly, while educators aged 25-39 activated their psychological resources, which contributed to better adaptation under wartime conditions. Therefore, the process of psychological adaptation to war proved to be the most difficult for young teachers due to the unsatisfactory state of their psychological health. For experienced teachers aged 40-66, the war did not serve as a major factor in the deterioration of psychological health, as their levels remained virtually unchanged. In contrast, teachers aged 25-39 rapidly activated their mechanisms of psychological adaptation due to their relatively sound psychological health, which enabled them to adapt in the most constructive way. It was therefore concluded that educators aged 25-39 outperformed the other groups in terms of psychological health. The specific features of psychological health components across different age groups are illustrated in Figure 4, which presents the average values of dichotomous criteria within the spiritual-meaningful component. In general, constructive criteria prevailed over destructive ones, which determined the formation of this component of psychological health in teachers of all age categories.



**Figure 4.** Average statistical indicators of dichotomous criteria of the spiritual-meaningful component of psychological health among educators of different age categories

Source: compiled by the author

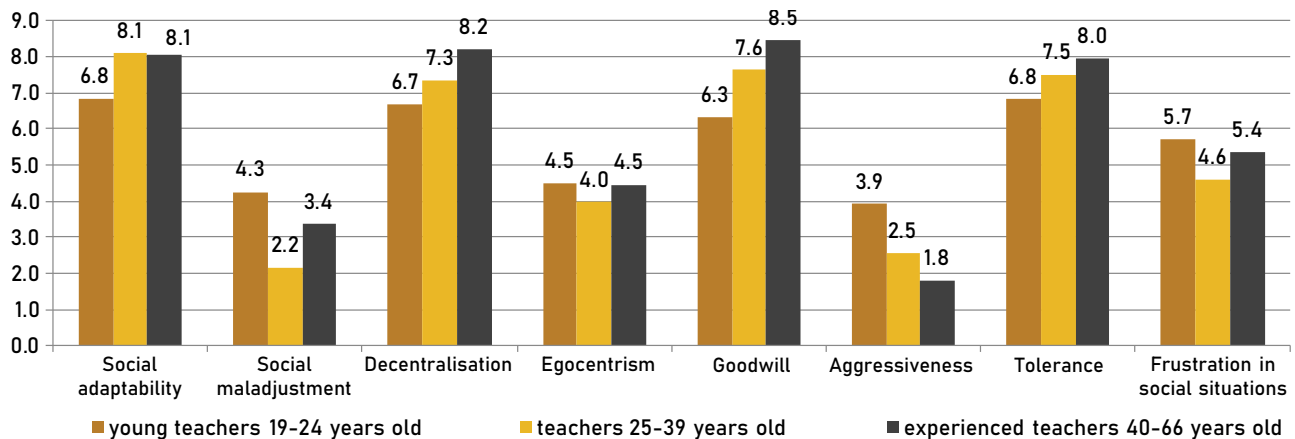
The most prominent spiritual qualities across all groups were self-reflection and responsibility. However, certain differences were observed in the development of other criteria between educators of different age categories. Experienced teachers aged 40-66 demonstrated a higher level of spiritually optimistic worldview and creative self-fulfilment compared to other categories. Despite their high responsibility, their level of externality (the tendency to shift blame onto others) was higher than that of younger educators. Young teachers

aged 19-24 displayed greater reflexivity, but they proved less inclined towards an optimistic worldview and creative self-fulfilment. This could be interpreted as the complication of spiritual potential actualisation, resulting from insufficient life experience and a lack of optimism. The analysis of average statistical indicators of dichotomous criteria within the social component of psychological health among teachers of different age categories (Fig. 5) clearly showed that young educators aged 19-24 lagged behind older teachers in all



social qualities. They were characterised by lower social adaptability, higher levels of egocentrism, reduced

benevolence, increased aggressiveness, and lower tolerance towards uncertainty.

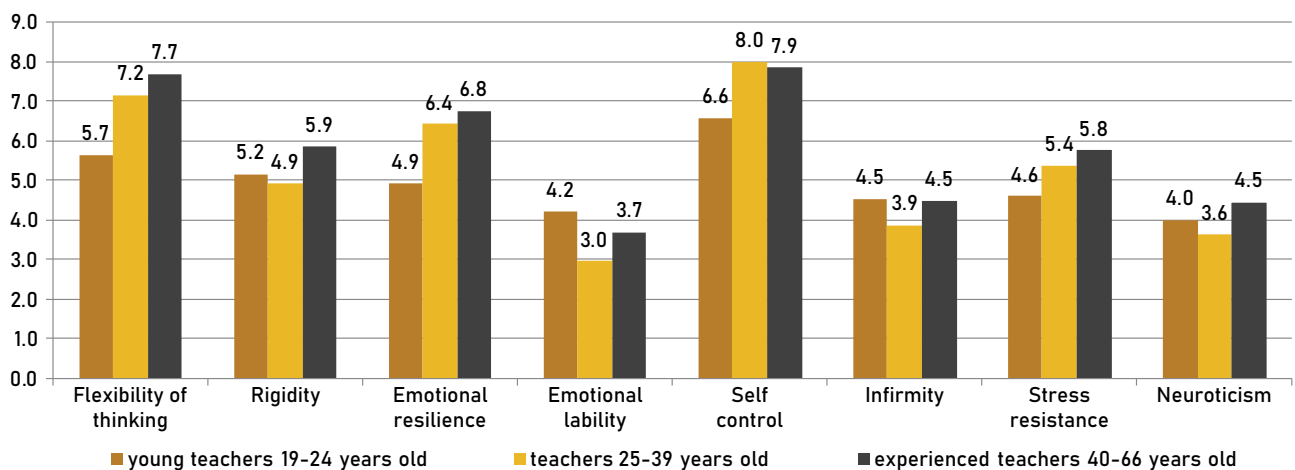


**Figure 5.** Average statistical indicators of dichotomous criteria of the social component of psychological health among educators of different age categories

Source: compiled by the author

All these findings indicated a lower level of communicative competence among younger teachers, which hindered their ability to adapt to new conditions of life and professional activity. The social component proved to be most developed among experienced educators aged 40-66, who demonstrated benevolence, non-aggressiveness, tolerance, and the ability to decentre.

Teachers aged 25-39, compared to other groups, were found to be the least egocentric and least frustrated, which enabled them to achieve considerable success in their professional activity. The distribution of average statistical indicators of the criteria of the mental component of psychological health among teachers of different age categories is presented in Figure 6.



**Figure 6.** Average statistical indicators of dichotomous criteria of the mental component of psychological health among educators of different age categories

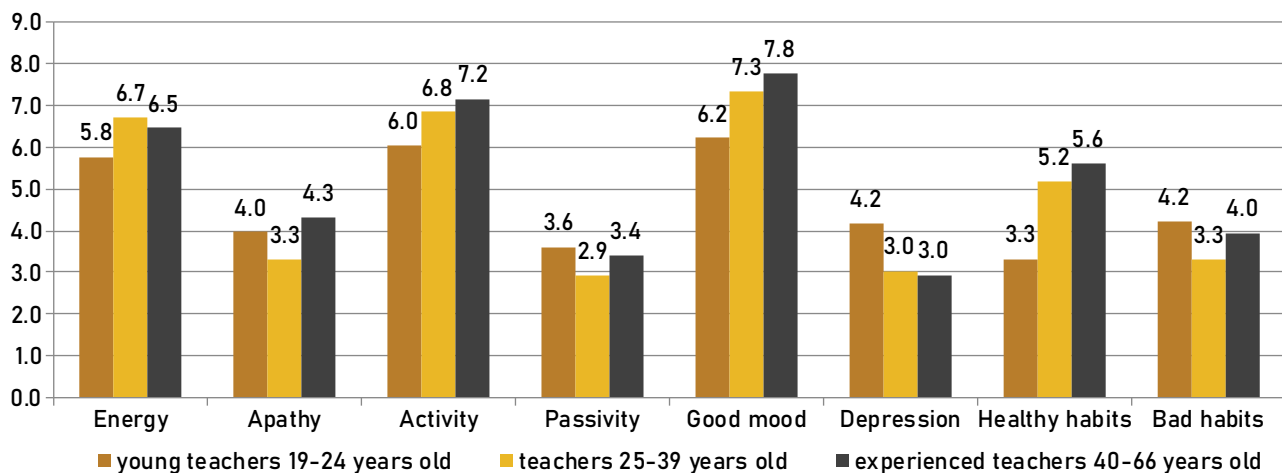
Source: compiled by the author

It could be observed that the indicators of dichotomous criteria among young and experienced teachers appeared rather diffuse and blurred, which indicated an insufficient level of development of specifically mental functions such as cognitive flexibility, emotional stability, self-control, and stress resistance. Among experienced educators (aged 40-66), higher values were simultaneously recorded across contradictory criteria: flexibility of thinking and rigidity,

emotional control and lability, stress resistance and neuroticism. This might have indicated a certain instability of their psyche and emotional imbalance. The most differentiated indicators of dichotomous criteria were observed among teachers aged 25-39. For younger educators, stress resistance appeared below the average level, while the indicator of emotional lability almost equalled that of emotional self-control, which demonstrated an underdeveloped capacity for

self-regulation. The most developed criterion of mental self-regulation among all educators proved to be the volitional one, expressed in a sufficiently high level of self-control combined with low indicators of weak willpower. On the basis of the conducted study, it was concluded that the mental component of psychological health, which was primarily responsible for psychological self-regulation, proved to be insufficiently developed in modern educators (particularly those

of younger and older age groups). This component therefore required additional development both at the stage of teacher education and in the process of psychological support during pedagogical activity. The dichotomous indicators of the psychosomatic component of psychological health appeared the most differentiated, as the levels of vigour, activity, and positive mood significantly exceeded the indicators of lethargy, passivity, and depression (Fig. 7).



**Figure 7.** Average statistical indicators of dichotomous criteria of the psychosomatic component of psychological health among educators of different age categories

Source: compiled by the author

An exception was constituted by the criterion “healthy – harmful habits”, which appeared almost at the same level. Among younger teachers, the indicator of harmful habits (such as dependence on television series, smartphones, sweets, smoking, and excessive sleeping or eating) exceeded that of healthy habits (such as moderation, self-restraint, and balanced patterns of sleep and nutrition). Therefore, the harmonisation of the psychosomatic component of teachers’ psychological health lay in the development of skills for overcoming harmful habits and consciously adopting beneficial ones. It should be noted that the insufficient development of hierarchically lower substructures hindered the optimal functioning of the integral system of psychological health. This could be compared with Maslow’s hierarchy of needs A.H. Maslow (1943), in which the lower levels are constituted by physical, material, and lower mental needs (safety, food, belonging). Failure to satisfy these needs inhibited the development of higher mental and spiritual needs (love, aesthetics, cognition, self-actualisation).

A pressing task of teacher education was to promote in every possible way the mental and psychosomatic harmonisation of the teacher’s personality, while not neglecting the development of social and spiritual-meaningful qualities. This could be achieved through the integration into both teacher training programmes and professional pedagogical activity of

psychological support practices (including psychological training sessions, specialised courses, and consultations). These interventions were to be aimed at the psychological development of teachers, particularly the enhancement of creativity, emotional self-control, stress resistance, and the acquisition of healthy habits. Certain aspects of the content of the components of the psychological health model presented in the article found confirmation in previous research. Such criteria of the spiritual-meaningful component of psychological health as life meaningfulness and self-actualisation of personality had been actively investigated. In studying the syndrome of learned helplessness among modern teachers, Y. Bohonkova & V. Plisko (2017) demonstrated that its development was facilitated by an external locus of control and depressive tendencies (a negative worldview), which, according to the model presented in the article, constituted deficiencies of the spiritual-meaningful component of psychological health. N.I. Kotsur & L.P. Tovkun (2023), when examining the phenomenon of teacher burnout, argued that life meaningfulness served as a preventive factor against emotional exhaustion. M. Pérez-Chacón *et al.* (2023), in their study of coping strategies, demonstrated that personality dispositions were an effective determinant of constructive behaviour in problematic social situations. Within the context of the model presented in this article, this could be interpreted as a determinative relationship

between the spiritual-meaningful and social components of psychological health. In other words, the social component (the ability to behave constructively in complex social situations) was determined by the value-meaningful component (values, dispositions). These findings correlated with the conclusions highlighted in the present study, particularly the assertion that the spiritual-meaningful component held a hierarchically higher status in the structure of psychological health and supported effective professional and pedagogical activity.

There were also studies consistent with the propositions regarding the development of other components of the psychological health model presented in the article. Social factors contributing to the preservation of mental health were identified as interpersonal relationships, organisational work culture, and work-life balance (Galahan & Raevska, 2024), as well as adequate social interactions manifested in attentiveness, sensitivity, and empathy (Spytska, 2023). These findings partly correlated with those aspects of the psychological health model that reflected its social component.

I. Vizniuk *et al.* (2021) examined the phenomenon of psychological resilience and noted that it was ensured not only by physiological but predominantly by social factors. They considered psychosomatic health as a determinant of personal adaptation to new conditions. These statements corresponded with the results presented in the article, particularly with the conclusion that psychological health determined the function of socio-psychological adaptation of the personality, where the social component served as the basis of social adaptability in society, and the mental component acted as the foundation of self-regulation. M. Yildirim *et al.* (2021), in their study of psychological health, observed that emotional balance, volitional stability, affective equilibrium, mental resilience, and emotional steadiness supported the attainment of psychological well-being. This finding fully correlated with the model of psychological health presented in the article, as these criteria constituted the content of its mental component. The preservation of psychological well-being was also facilitated by positive emotions, resilience, self-regulation, responsibility, and the ability to generate personal motivation (Chikhantsova, 2020). These results were also confirmed in the present study, as within the context of the psychological health model, such qualities corresponded to the mental and spiritual-meaningful components.

Attention was also given to psychosomatic factors of psychological health such as endurance, vigour, and positive mood (Romash *et al.*, 2022). These criteria reflected the substantive content of the psychosomatic component within the model of psychological health. Negative psychosomatic factors included harmful habits, poor nutrition, mental exhaustion, adverse working conditions, sedentary lifestyle, and loneliness

(Vizniuk *et al.*, 2021). This confirmed the important role of the psychosomatic component in the structure of psychological health. S. Khan *et al.* (2020) argued that disharmonies of psychological health manifested in the form of anxiety, loss of self-control, and conflict behaviour. In the context of the present study, these factors indicated deficiencies in the mental and social components. Additional research demonstrated that regular engagement in physical activity – such as walking, yoga, and moderate-intensity exercises – explained a noticeable reduction in symptoms of anxiety and depression, particularly among the elderly (Dong *et al.*, 2024). These scholarly findings substantially complemented the set of methods for the development of the psychosomatic component within the presented model of psychological health. Other important indicators of psychological health included an optimistic attitude to life and life meaningfulness (Arslan *et al.*, 2021), which, according to the model of psychological health, represented the criteria of the spiritual-meaningful component. These provisions convincingly confirmed the results of the present study, particularly the conclusion that the spiritual-meaningful component determined the overall state of psychological health. Drawing on the aforementioned research, it could be stated that the study presented in this article was highly comparable with the findings and conclusions of the scientific community and offered a perspective on the issue of teachers' psychological health as a spiritual-social-mental-somatic formation of personality. Thus, on the basis of the empirical study of psychological health, it was concluded that the hierarchically higher components (social and spiritual-meaningful) among modern educators proved to be sufficiently developed, while the most vulnerable were the psychosomatic and, in particular, the mental components.

## Conclusions

Psychological health of the personality was represented as a hierarchical structure comprising spiritual-meaningful, social, mental, and psychosomatic components. The criteria of psychological health included: moral reflection, optimistic worldview, responsibility, creative fulfilment, social adaptability, deceleration, benevolence, tolerance, cognitive flexibility, emotional stability, self-control, stress resistance, good well-being, positive mood, activity, and healthy habits. The study demonstrated that, among educators, the hierarchically higher components of psychological health (spiritual-meaningful and social) appeared as the most developed, while the most vulnerable were the psychosomatic and, particularly, the mental components. The study established psychological regularities of the influence of the age factor on the psychological health of modern educators under wartime conditions. Young teachers aged 19-24 predominantly demonstrated an unsatisfactory state of psychological health, associated



with insufficient development of all components. They possessed lower levels of psychological self-regulation and communicative competence compared to other educators, which hindered their adaptation to new life conditions and their ability to effectively fulfil professional duties during the war.

Educators aged 25-39 demonstrated a good state of psychological health. They were characterised as active, energetic, sociable, and strong-willed, which enabled them to work productively under wartime circumstances. The psychological health level of experienced educators aged 40-66 was above average. Their most developed qualities were spiritual and social ones: moral reflection, optimistic worldview, the ability to decentre, benevolence, and tolerance, which also created favourable preconditions for sufficiently effective professional and pedagogical activity. Promising directions of psychological research on the problem of preserving the psychological health of modern educators included the introduction of additional psychological special courses into the curricula of teacher education institutions, as well as the establishment of systems of psychological support (psychological training, mini-lectures, individual consultations, mass psychological events)

for practising teachers and educators. These measures were to be aimed at harmonising teachers' psychological health, fostering their psychological development, and enhancing creativity, emotional self-control, stress resistance, and the acquisition of healthy habits.

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### Conflict of Interest

None.

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## Дослідження стану психологічного здоров'я українських педагогів під час російсько-української війни

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**Анотація.** У воєнних умовах Україна зіткнулася з критичним погіршенням психологічного благополуччя своїх громадян. Як показники погіршення психологічного стану були визначені тривога, страх, депресія та агресія. Ця тенденція також торкнулася освітньої спільноти, члени якої повинні були зберігати спокій і нести відповідальність за дітей. Метою статті було представити результати емпіричного дослідження, присвяченого психологічному здоров'ю освітян різних вікових груп, які працюють у воєнний час. Були застосовані методи аналізу емпіричних даних, зокрема психодіагностичне тестування, статистичне усереднення та аналіз процентних співвідношень. У статті представлено модель психологічного здоров'я, що складається з духовних, соціальних, психічних та психосоматичних компонентів, рівень розвитку яких визначає загальний стан психологічного здоров'я. Дослідження показало, що третина респондентів (37,4 %) продемонструвала високий рівень психологічного здоров'я; чверть (27,5 %) показала рівень вище середнього, а 17,6 % продемонстрували психологічний стан нижче середнього. Було виявлено, що відносно висока частка (17,6 %) освітян має низький рівень психологічного здоров'я, що негативно впливає на їхню професійну діяльність. Були визначені конкретні прояви психологічного здоров'я в різних вікових групах. Освітняни віком 19-24 роки демонстрували найнижчий рівень психологічного благополуччя, що заважало їхній професійній самореалізації в умовах війни. Особи віком 25-39 років продемонстрували адаптивну стійкість, а хороше психологічне здоров'я давало змогу продуктивно працювати. Психологічне здоров'я освітян віком 40-66 років загалом було вище середнього і залишалося відносно стабільним, незважаючи на війну. Було встановлено, що компоненти психологічного здоров'я вищого порядку (духовний-смісловий та соціальний) були достатньо розвинені серед сучасних освітян, тоді як найбільш вразливими компонентами були психосоматичні та, особливо, психічні

**Ключові слова:** воєнні умови; психосоматика; психіка; соціальність; духовно-смісловий рівень; психологічна підтримка