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PSYCHOCORRECTION OF PSYCHOLOGICAL MALADAPTATION AMONG CIVIL SERVANTS

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Summary

Introduction. Strict performance requirements applied to civil servants, a high level of mental stress and of responsibility at the workplace can be considered as risk factors leading to the formation of a wide range of maladaptive reactions and states among civil servants – starting with specific mosaic domains and ending with nosologically defined mental disorders of neurotic genesis or psychosomatic illnesses, resulting in a state of psychological maladaptation.
The purpose. Develop a program of psychological correction based on the detection of states of psychological maladaptation in civil servants.
Materials and methods of the research. The main group consisted of 78 civil servants with the domain of psychological maladaptation, the experimental group consisted of 81 civil servants, among whose members no domain of psychological maladaptation was detected.
Results. States of psychological maladaptation among civil servants were conceptualized as a holistic clinical and psychological, and socio-psychological phenomenon that has a multicomponent origin of biopsychosocial nature. We have identified the peculiarities of professional deformation and the psychoemotional state among the civil servants, and have determined the specifics of their mutual influence and the role of each parameter in the origin of the development of psychological maladaptation among the persons concerned.
Conclusions. The study found that the essential factor in the formation of states of psychological maladaptation is the disparity between the level of stress caused by the working environment of a civil servant and his personal and adaptive resource base.

Key words: **state of psychological maladjustment, civil servant, psychological correction.**

INTRODUCTION

Powerful psycho-emotional pressure is a habitude of modern individual, who is constantly under pressure and negative influence of stressors of modern society [1,2]. The achievements of the scientific and technological revolution have led to a high technology-content of production and everyday life, significantly accelerated the pace of life, population migration, put forward many other factors, which together demand a high degree of human mental activity and create additional pressure. [3-6]. In addition, the current stage of our state's development is characterized by a significant number of socially induced stressors, resulting in a significant increase in long-term stress, forming the living environment of the population of Ukraine. [7-12].

These circumstances have led to an increase in the number of people with mental maladaptation, neurotic and psychosomatic disorders, including among management staff with varying degrees of responsibility [13-18], among which the position of a civil servant (CS) occupies a special place [19-21]. The professional activity of CS puts particular demands on one's personality, so the compliance of adaptive personality structures with the professional requirements on the employee becomes of a high importance in this context. [22,23].

The requirements to CS's work, which are considered to be the professionally associated stressors, include, to wit the need for timely decision-making entailing long-term consequences, managing the heavy volume of work with tight deadlines and bearing personal responsibility for the

decisions made not only to colleagues and administrative authority, but also account of society at large. Such extreme working conditions increase psychologic stress, which can lead to the development of a wide range of maladaptive reactions and states – starting with specific mosaic domains and ending with nosologically defined mental disorders of neurotic genesis or psychosomatic illnesses [24-27]. It is clear that without early diagnosis and medical and psychological care in the early stage of the illness, its further deterioration becomes an additional stress factor, which, synergistically combined with extreme working conditions, will contribute to the continued progression of the illness, thus creating a vicious circle. At the same time, the development of medical and psychological measures is impossible without studying the specifics of the manifestations of maladaptive states among the individuals concerned, because they are the ones who should be the targets of their targeted psychological correction.

PURPOSE OF THE STUDY

To develop, on the basis of the identification and comprehensive assessment of the factors of formation of states of psychological maladaptation among civil servants, a set of measures for their medical and psychological correction.

MATERIALS AND METHODS

On the basis of informed consent and in compliance with the principles of bioethics and deontology, 159 people participated in the study. According to the purpose of the study, the main group (MG) and the experimental group (EG) were formed. The MG included 78 people, to wit: 57 women and 18 men (49.05% of the total sample); the average age of the respondents was 44.4 ± 7.9 years. EG was formed of 81 CS, to wit: 58 women and 23 men (50.95%), who according to the results of psychodiagnostic research had no signs of psychological maladaptation, the average age of the respondents in this group was 41.8 ± 9.2 years.

The following methods were used in the study: theoretical, clinical and psychological, socio-demographic, psychodiagnostic, mathematical and statistical. Psychodiagnostic instrumentarium of the study included: Hospital Anxiety Depression Scale (HADS), «Level of professional maladaptation» inventory, «Diagnosis of coping mechanisms» method, «Internal motivation» inventory, Giessen-Test.

The statistical program «MedCalc» was used for statistical processing and analysis of data.

RESULTS AND DISCUSSION

The examined MG showed characteristic signs of occupational deformations, which were presented with the following symptoms: loss of enjoyment from work (n=42; 53.8%) and reluctance to go to a «work shift» (n=46; 58.9%); subjectively, the work process became more difficult and stressful (n=48; 61.5%); difficulties in starting performing work tasks on a daily basis (n = 50; 64.1%); recently it has become more difficult to work (n=52; 66.6%); personal inattention is noted at the work place (n=53; 67.9%); frequent states of apathy during working hours (n=54; 69.2%), as well as in one's spare time (n=65; 83.3%); the state of exhaustion after the working day (n=69; 88.4%). These data demonstrated that the level of occupational deformations among the respondents was high. The peculiarities of occupational deformation were manifested in the dissatisfaction with work and work process, reduced motivation to working activities, which was consciously or unconsciously transferred to the personal space and functioning of the respondents, and manifested in feelings of fatigue / exhaustion during and / or after working day, but had no effect on the detriment of interest in extracurricular activities (domestic aspects, self-developing activities, hobbies). Thus, it has been established that the destructive effect of work stress on the personality of a CS triggers the emergence of certain maladaptive domains, which can further lead to the development of psychological maladaptation.

In the course of a clinical and psychological study of the psycho-emotional sphere of CS with occupational deformation tendencies, the majority of the MG respondents said that they became more irritable (n=69; 88.46%); experience constant change of mood (n=64; 82.00%), frequent episodes of downward thoughts (n=69; 88.46%), frequent episodes of depressed state (n = 61; 78.20%). The respondents also indicated that being in crowded places became uncomfortable (n=57; 73.00%) and that recently their desire to meet their acquaintances became increasingly rare (n=62; 79.40%). Due to the direct negative impact on the psycho-emotional sphere of the respondents (changes of mood, depressed / suppressed emotional background), factors related to work and work environment had an additional impact on the sphere of social interaction and interests, which manifested itself in self-isolation of the respondents from social contacts and interactions with other people. According to the results of psychodiagnostic study of the psycho-emotional sphere of CS, the subclinical level of pathological anxiety was found in 30 (18.8%) respondents, the clinical level was found in 11 (6.9%) respondents. Subclinical symptoms of depression were found in 15 (9.4%) respondents, clinical symptoms were found in 7 (4.4%) respondents (Table I). In general, psychopathological anxiety symptoms were found in 41 (25.8%) respondents, depressive symptoms were found in 21 (13.8%) respondents. Altogether, anxiety and depressive phenomena were found in 51 (32%) respondents, which was a third of the total sample. It is also worth noting that 11 (7%) respondents had a combination of anxiety and depressive symptoms, others had isolated phenomena.

Table I

The frequency of anxiety and depressive manifestations of varying severity among the examined CS

Clinical and psychological phenomenon (n;%)		MG (n=78; 100%)	EG (n=81; 100%)
Anxiety	subclinical form	n=24; 30,76%	n=6; 7,40%
	clinical form	n=11; 14,10%	-
	total cases	n=35; 44,87%	n=6; 7,40%
Depression	subclinical form	n=13; 16,66%	n=2; 2,40%
	clinical form	n=7; 8,97%	-
	total cases	n=20; 25,64%	n=2; 2,40%

Univariate correlation analysis revealed that psychosocial risk factors for the development of subclinical anxiety among CS are the following: low level of satisfaction with one's own health condition (p=0,0001), odds ratio (OR) = 0,23 (95% confidence interval (CI) 0,10-0,49); frequent concern for one's own health condition (p=0,03), OR=1,55 (95% CI 1,03-2,33); low level of satisfaction from medical care received (p=0,02), OR=0,41 (95% CI 0,20±0,87). With respect to the development of subclinical depression, psychosocial risk factors were identical to anxiety subclinical states, however, they had different statistical significance: low level of satisfaction with one's own health condition (p=0,0001), OR= 0,10 (95% CI 0,03-0,30); frequent concern for one's own health condition (p=0,005), OR=2,14 (95% CI 1,24-3,68); low level of satisfaction from medical care received (p=0,01), OR=0,27 (95% CI 0,10-0,75).

For anxiety and / or depressive manifestations of clinical severity, psychosocial risk factors may be the following: age increment (p=0,04), OR=1,07 (95% CI 1,00-1,16); decline in level of satisfaction with one's own health condition (p=0,04), OR=0,26 (95% CI 0,07-0,94); length of the service time in the civil service (p=0,02), OR=1,09 (95% CI 1,01-1,18); frequent concern for one's own health condition (p=0,007), OR=2,97 (95% CI 1,34-6,58); low level of satisfaction from medical care received (p=0,02), OR=0,08 (95% CI 0,01-0,72).

The data obtained in the course of the study demonstrates that the process of occupational deformation affects the diminishment of professional qualifications and the motivational sphere of the respondents, which, in turn, leads to the loss of interest in activities and social interaction not only in but also outside the work environment. Because of the specific characteristics of the working conditions there is an exacerbation of somatovegetative symptoms among the respondents, which causes subjective personal experiences and manifests itself in the increasing levels of anxiety and/or depression.

The main specific problem of the professional activity inherent in the representatives of MG was a dissatisfied sense of self-determination, characteristic of all 78 (100%) CS, which indicated a feeling of constant and/or excessive control over them by management and/or senior colleagues, the absence of personal autonomy in the work process and environment, the inability to act as an initiator or submitting a personal proposal during the work process, which resulted in a decrease in the level of internal motivation due to the constant strengthening of the level of the external one. The decrease in the level of internal motivation to work was manifested in a decrease in job satisfaction and reduced quality of its performance, as demonstrated by the results of our study: 60 (76.92%) MG respondents said that their efforts to perform work tasks were insufficient or insignificant, and 50 (64.10%) CS indicated that they were dissatisfied with their work activities and workflow. In contrast to these data, the level of their own professional competence was assessed by 55 (70.51%) MG respondents as being high, and only 23 (29.48%) of them said that it was insufficient or low.

There were 3 (3.70%) CS in the EG being dissatisfied with their work activity, 2 (2.46%) CS did not exert enough efforts to perform their work tasks, 6 (7.40%) CS noted that their feeling of self-determination was not satisfied. None of them considers himself or herself to be incompetent in the workplace.

The examination of personality patterns of CS (Table II) showed that 22 (28.20%) representatives of the MG had low self-esteem, 49 (62.82%) tended to experiencing depressive states, 38 (48.71%) CS had a low level of behavioural control, 20 (25.64%) had a tendency to personal isolation. Among the representatives of the EG, low self-esteem was characteristic to 15 (18.51%) CS, low level of control – 45 (55.55%) CS, predisposition to depressed state – 36 (44.44%) CS, personal isolation – 16 (19.75%) CS.

When analysing behavioural patterns (Table III) it was found that among the surveyed CS ineffective cognitive coping was used by 65 (83.33%) CS from the MG and 30 (37.03%) CS from the EG, ineffective emotional coping was used by 41 (51.56%) surveyed representatives of the MG and 6 (7.40%) CS from the EG, inefficient behavioural coping was used by 72 (92.30%) CS from the MG and 31 (38.27%) CS from the EG.

Table II

Classification of personal patterns of the surveyed (according to the Giessen-Test)

Personal qualities	MG (n=78; 100%)	EG (n=81; 100%)	Total (n=159; 100%)
Low self-esteem	n=22; 28,20%	n=15; 18,51%	n=37; 23,27%
Low self-control	n=38; 48,71%	n=45; 55,55%	n=83; 52,20%
Tendency to a depressive response	n=49; 62,82%	n=36; 44,44%	n=85; 53,45%
Inhibitedness, tendency to social isolation	n=20; 25,64%	n=16; 19,75%	n=36; 22,65%

Table III

Classification of the use of inefficient coping models

Type of inefficient coping	MG (n=78; 100%)	EG (n=81; 100%)	Total (n=159; 100%)
Cognitive	n=65; 83,33%*	n=30; 37,03%	n=95; 59,74%
Emotional	n=41; 52,56%*	n=6; 7,40%	n=47; 29,55%
Behavioural	n=72; 92,30%*	n=31; 38,27%	n=103; 64,77%

Note. * – the significance of the accuracy of differences $p<0.01$

In general, among the participants of the MG moderate and severe form of psychological maladaptation was found in all 78 (100.00%) surveyed; manifestations of anxiety and depressive symptoms was found in 55 (70.51%) CS; the level of work motivation was low among all the participants – 78 (100.00%) people; the use of the inefficient coping models was widespread – 73 (93.58%) CS and the weakness of personal patterns – 75 (96.15%) CS. Among the participants of the EG the state of psychological maladaptation, or its individual manifestations were not found in any participant; some signs of anxiety and depressive symptoms were found in 8 (9.87%) CS; low level of work motivation – in 15 (18.51%) CS; the use of inefficient coping models – in 22 (27.16%) CS; weak personality patterns – in 11 (13.58%) CS (Table IV).

Table IV

Summarized results of the psychodiagnostic study of the MG and EG participants

Psychodiagnostic indicator	MG (n=78; 100%)	EG (n=81; 100%)
Psychological maladaptation	n=78; 100,00%*	-
Anxiety and depression domain	n=55; 70,51%*	n=8; 9,87%
Low level of work motivation	n=78; 100,00%*	n=15; 18,51%
Inefficient coping	n=73; 93,58%*	n=22; 27,16%
Weak personality patterns	n=75; 96,15%*	n=11; 13,58%

Note. * – the significance of the accuracy of differences $p<0.01$

The main risk factor for the development of psychological maladaptation among CS is the stress caused by the work environment, which results in the following changes: 1) the decline in the level of work motivation; 2) destructive changes in the structure of one's personality; 3) the decline in the adaptive capacity of an individual in the context of the use of ineffective coping strategies. The said changes serve as a trigger for the development of psychological maladaptation, which may develop in accordance to the model of socio-psychological maladaptation with a tendency to social isolation or clinical and psychological maladaptation with anxiety and depressive manifestations.

As mentioned above, the group that received specialized medical and psychological care included 35 CS, which made up the group MG1. At the beginning of this stage, depending on the leading clinical and psychological or socio-psychological phenomena, for personalized psychocorrectional work with certain specific targets of influence, the subjects were divided into subgroups. The subgroup MG1a included CS with clinical and psychological maladaptation with a predominance of anxiety and depressive manifestations (n=15; 19.23%), and MG1b included CS with psychological maladaptation with a predominance of maladaptive socio-psychological manifestations (n=20; 23.64%). Having had differentiated psychocorrection carried out (2-3 individual sessions of 55 minutes and 2 group sessions, for the purpose of consolidating the positive effect, of 1 hour and 20 minutes), participants of the MG1a and MG1b were combined into a group MG1 for the general psychocorrection (3-5 sessions of 55 minutes), which included: 1) developing of effective coping strategies, increasing the level of stress resistance; 2) optimization of the internal motivation level; 3) working

with personal resources with a view of ensuring a balanced psychological and emotional state and optimal social interaction. The taken measures of medical and psychological and psycho-corrective influence on the main above-mentioned targets allowed us to reduce the level of effect of maladaptation manifestations or to counter-balance them among CS.

Despite the absence of maladaptation among the surveyed EGs, given that the activities concerned are potentially dangerous to one's psychological health, 20 (24.69%) individuals from this group had a request to work with a psychologist, which we satisfied by means of psychological and educational activities and by providing them psychological support. This was conducted through individual (1-2 sessions of 55 minutes) and group (1 hour 20 minutes) psychoprophylactic and psychoeducational work.

After conducting the stage of general psychocorrection for CS MG1 (n=35; 44.87%), they had been invited to undergo a second psychodiagnostic examination by means of the «Level of professional maladaptation» and «Diagnosis of coping mechanisms» inventories. This allowed us to assess the level of effectiveness of psychocorrectional measures concerned. According to the results of the second examination, it was found that the manifestations of psychological maladaptation decreased among 33 CS (before the psychocorrection psychological maladaptation was characteristic for all the participants of the MG1-35 (100.00%), after the psychocorrection – only for 2 (2.56%) CS), 25 participants form the MG1 began to use more effective coping strategies (before the psychocorrection ineffective coping was used by 32 (41.02%) CS, after psychocorrection – by 7 (8.97%) CS), 27 CS noted an increase in motivation (before the psychocorrection the low level was characteristic for 31 (39.74%) CS, after – for 4 (5.12%) CS), 28 CS noted that the level of self-esteem, their mood and social contacts improved after undergoing a psychocorrection program (before psychocorrection, weak personal determinants were found in 35 (100.00%) CS, after – in 7 (8.97%) CS). Thus, there was a tendency to the reduction of the negative psychopathological symptoms and manifestations of maladaptation (Table V).

Table V

Assessment of the effectiveness of general psychocorrection for CS from MG1

Psychological problem	Results before the psychocorrection	Results after the psychocorrection
Psychological maladaptation	n=35; 100,00%	n=2; 2,56%
Inefficient coping	n=32; 41,02%	n=7; 8,97%
Low level of motivation	n=31; 39,74%	n=4; 5,12%
Personal determinants	n=35; 100,00%	n=7; 8,97%

After conducting psychological support classes for individuals from EG2a, 10 (12.34%) CS noted the harmonization of personal potential (increased self-esteem, optimization of psychological and emotional state, more effective social interaction); 16 (19.75%) CS noted an increase in stress resistance due to the use of effective coping; 15 (18.51%) CS noted the improvement in work performance and efficiency due to the increased level of work motivation.

The obtained results of the effectiveness of psychocorrection and psychoeducation based on CS's self-esteem were analysed and statistically processed in the statistical program «MedCalc». For this purpose, we used the Wilcoxon T-test, as this method allows one to compare the indicators, obtained in two different conditions, on the same sample of test subjects. The results of the statistical analysis of the data obtained are presented in Table VI.

Table VI

Assessment of the effectiveness of a range of measures for medical and psychological correction of psychological maladaptation states by the means of the Wilcoxon T-test

Psychocorrective / psychological and educational group	Target of psychocorrectional effect	T empirical <T critical, relevance zone
«MG1» group (n=35; 44,87%)	1. Manifestations of socio-psychological maladaptation	p <0.01, relevance zone
	2. Anxious symptoms	p <0.01, relevance zone
	3. Depressive symptoms	p <0.05, non-relevance zone
	4. Coping strategies	p <0.01, relevance zone
	5. Motivation	p <0.01, relevance zone
	6. Personality determinants	p <0.05, non-relevance zone
«EG2a» group (n=20; 24,69%)	1. Coping strategies	p <0.01, relevance zone
	2. Motivation	p<0.01, relevance zone
	3. Personality determinants	p <0.05, non-relevance zone

Considering that in the course of the study, we have identified clinical manifestations and mechanisms of formation of psychological maladaptation states among civil servants, on which basis a range of measures was developed for the purpose of their medical and psychological correction, we believe that the aim has been achieved.

The results obtained allow us to state that the manifestations of occupational deformation inherent in civil servants are manifested in a negative attitude to work as a process (53.8-58.9%); subjective feeling that work tasks have become more difficult, complex, stressful (61.5-67.9%); increasing frequency of fatigue, exhaustion, general apathy, emotional lability, somatovegetative and dissomnic disorders (69.2-88.4%).

The state of the psycho-emotional sphere of civil servants showing the signs of occupational deformation is characterized by a constant change of mood – from aggressive manifestations (88.4%) to depression accompanied by downward thoughts (78.2-88.4%), the formation of social avoidance and tendency to self-isolation, being manifested in the reluctance of communication with acquaintances and attendance of crowded places (73.0-79.4%). Against the aforementioned problems, a third of respondents (39.6%) were diagnosed with manifestations of anxiety (25.8%) and / or depressive symptoms (13.8%) at subclinical and clinical levels.

The factors that «trigger» the processes of inadequate psycho-emotional response to excessive psychosocial stress among civil servants are concerns about the deterioration in somatic health, which occurs as the first and primary reaction to environmental stress, but is not identified by the respondents as such. At a later stage, the progression of psycho-emotional disorders is contributed by the increasing age (due to the depletion of the body's adaptive resources) and length of employment in the civil service (due to the potentiation of the negative effects of occupational stress factors).

Among the specific problems associated with the professional activities of civil servants, the main one is the unsatisfied need for self-determination (80.5%), which arises due to the constant and / or excessive control over them by senior management and / or senior colleagues, the absence of personal autonomy in the work process and environment, the inability to act as an initiator or submitting a personal proposal during the work process, which, in turn, reduces job satisfaction (33.3%) and the level of work motivation (38.9%).

Among the personal and behavioural patterns that influence the development of psychological maladaptation among civil servants, un-efficient coping models and weak personal determinants play a leading role. Civil servants showing signs of psychological maladaptation are characterized by the use of ineffective cognitive (59.7%) coping strategies (dissimulation, ignoring) and behavioural (64.7%) coping strategies (active avoidance, deviation). The use of ineffective coping is caused by the weakness of personal determinants, namely, isolation and low self-esteem (22.0-23.9%), low level of personal control of one's behaviour and actions (52.2%), propensity to depressive response (53.4%).

CONCLUSION

Thus, as a result of the study it has been established that the main factor in the formation of psychological maladaptation states is the disparity between the level of stress caused by the working environment of a civil servant and one's personal and adaptive resource base. The destructive effect of stress affects the level of motivation, the use of ineffective coping strategies and causes destructive changes in the personality structure. These changes trigger the development of psychological maladaptation, which may develop in accordance to the model of socio-psychological maladaptation with a tendency to social isolation or clinical and psychological maladaptation with anxiety and depressive manifestations.

These data allowed us to develop and implement a range of measures of medical and psychological assistance to civil servants with psychological maladaptation states, which consists of stages of differentiated, general and supportive psychocorrection and psychological support and contains psychological and educational, cognitive and behavioural individual and group effects.

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Резюме

ПСИХОКОРЕКЦІЯ СТАНІВ ПСИХОЛОГІЧНОЇ ДЕЗАДАПТАЦІЇ СЕРЕД ДЕРЖАВНИХ СЛУЖБОВЦІВ

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Вступ. Суворі вимоги до діяльності державних службовців, високий рівень психічної напруги та відповідальності на робочому місці можна розглядати як чинники ризику, що призводять до формування широкого спектру дезадаптивних реакцій і станів у державних службовців – починаючи від конкретних мозаїчних доменів і закінчуючи з нозологічно визначеними психічними розладами невротичного генезу або психосоматичними захворюваннями, що призводять до стану психологічної дезадаптації.
Мета. Розробити програму психологічної корекції на основі виявлення станів психологічної дезадаптації у державних службовців.
Матеріали та методи дослідження. Основну групу склали 78 державних службовців із проявами психологічної дезадаптації, експериментальну групу – 81 державний службовець, серед членів яких не було виявлено жодного прояву психологічної дезадаптації.
Результати. Стани психологічної дезадаптації державних службовців концептуалізувалися як цілісне клініко-психологічне та соціально-психологічне явище, що має багатокомпонентне походження біопсихосоціальної природи. Виявлено особливості професійної деформації та психоемоційного стану державних службовців, визначено специфіку їх взаємовпливу та роль кожного з параметрів у виникненні розвитку психологічної дезадаптації у відповідних осіб.
Висновки. Дослідженням встановлено, що суттєвим чинником формування станів психологічної дезадаптації є диспропорція між рівнем стресу, спричиненого робочим середовищем державного службовця, та його особистісно-адаптивною ресурсною базою.

Ключові слова: **стан психологічної дезадаптації, державний службовець, психологічна корекція.**

Резюме

ПСИХОКОРЕКЦИЯ СОСТОЯНИЕЙ ПСИХОЛОГИЧЕСКОЙ ДЕЗАДАПТАЦИИ СРЕД ГОСУДАРСТВЕННЫХ СЛУЖАЩИХ

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Введение: Строгие требования к деятельности государственных служащих, высокий уровень психического напряжения и ответственности на рабочем месте можно рассматривать как факторы риска, приводящие к формированию широкого спектра дезадаптивных реакций и состояний у государственных служащих – начиная от конкретных мозаичных доменов и заканчивая с нозологически определенными психическими расстройствами. или психосоматическими заболеваниями, приводящими к состоянию психологической дезадаптации.
Цель: Разработать программу психологической коррекции на основе выявления состояний психологической дезадаптации у государственных служащих.
Материалы и методы исследования: Основную группу составили 78 государственных служащих с проявлениями психологической дезадаптации, экспериментальная группа – 81 государственный служащий, среди членов которых не было обнаружено проявлений психологической дезадаптации.
Результаты: Состояния психологической дезадаптации государственных служащих концептуализировались как целостное клинико-психологическое и социально-психологическое явление, имеющее многокомпонентное происхождение биопсихосоциальной природы. Выявлен особенности профессиональной деформации и психоэмоционального состояния государственных служащих, определена специфика их взаимовлияния и роль каждого из параметров в возникновении развития психологической дезадаптации у соответствующих лиц.
Выводы: Исследованием установлено, что существенным фактором формирования состояний психологической дезадаптации является диспропорция между уровнем стресса, вызванного рабочей средой государственного служащего и его личностно-адаптивной ресурсной базой.

Ключевые слова: **состояние психологической дезадаптации, государственный служащий, психологическая коррекция.**

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