

Cultural relativism implies that the values and norms of one culture cannot be used to characterize other cultures. This does not mean that another culture cannot and should not be critically evaluated.

This approach is especially relevant for Ukrainian psychology and pedagogy against the background of linguistic, ethnic, religious and regional diversity of society. After all, the formation of civil society is possible under the condition of transformation of an ethnic community into a political community united by common values and priorities, ie a political nation.

The system of multicultural education develops humane and tolerant relations, striving to teach the individual to learn about different cultures, to perceive differences positively and tolerantly others, while maintaining their own identity.

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COVID-19: CHANGES IN EVERYDAY BACKGROUND AND SOCIAL ENVIRONMENT AS PSYCHOLOGICAL PROBLEM

The COVID-19 pandemic is probably most significant factor that fundamentally changed the extensive list of characteristics associated with psychological well-being of modern person. Rapid deconstruction of habitual lifestyle, necessity to adopt for large number of new restrictions at all levels of existence, changes in the organization and implementation of traditional behavior practices, creates a completely new contextual framework of uncertainty for most people. The emotional background of environment is characterized by clearly expressed negative trends such as anxiety, tension, fear, depression, irritation, apprehension, anger, bizarrely intertwining with each other, create a potentially explosive cocktail of post-traumatic stress. A significant factor was the speed of changes in the characteristics of the environment (especially personal and social dimensions) and the global nature of the problem. In fact, in less than two months, most of the world's population had to adopt to radical, “unplanned” changes concerning their daily lifestyle, habits, short-term plans, and educate themselves to live with constant sense of uncertainty in relation to their own long-term life prospects and plans.

Semantic of COVID-19 threat looks provocative and heterogeneous. From one side, Respiratory diseases are not perceived as carrying a serious threat to life or health by

everyday thinking. At the same time information in mass media creates a well-founded feeling of anxiety and fear for one's own health and even physical survival. It creates favorable conditions for the manifestation of cognitive ambivalence. As a result, the risk of choosing an inadequate strategy of behavior in an uncertain situation significantly increases.

At the socio-psychological level, reactions to forced changes are manifested by such phenomena as stigmatization and stereotyping. In a threat situation, they contribute to the "translation" of indefinite-anxious state into specific "ritual" interpretations and actions that focus negative feelings on specific "out-groups". At the same time, these groups (or persons) are declared as responsible for the current state of affairs and the deterioration of the epidemiological situation. In addition, in such conditions, the existing contradictions between the government and society are aggravated and a crisis of trust in social and power institutions is manifested. A number of countries (Belarus, Brazil, Poland, Kyrgyzstan, USA, France, Russian Federation, Armenia, Azerbaijan and others) received an additional impulse of social tension, which resulted in open protests and external conflicts at the international level.

The spread of social practices of self-isolation, social distancing, distance learning, remote work inevitably leads to a restructuring of habitual, established patterns of everyday behavior. If we consider new norms of behavior as a kind of introduced innovation, then it is necessary to realize the inevitability of *resistance to changes* as a psychological phenomenon. The main sources of resistance to change include: 1) lack of trust; 2) differences in the assessment of the situation; 3) low level of readiness for change; 4) change fatigue [1]. A wide range of techniques are considered as tools for overcoming resistance - from clarification of innovation to implicit coercion of them. At the stage of introducing innovations, the key actions that increase the likelihood of achieving a positive result are: 1) detailed action planning; 2) taking into account the specifics of the tasks to be solved; 3) presence of "innovation agents" (persons directly involved in the implementation of innovation practices); 4) readiness to work immediately with the resistance of specific subjects and groups; 5) prompt adoption of corrective measures when the situation changes for the worse [2].

We have already demonstrated what potential consequences may entail changes in daily practices (qualitative analysis of practices associated with the introduction of new monetary units in Belarus in 2016) [3]. It is clearly corresponded with results of H. Garfinkel's experiments that shows consequences of collisions of people with changing scenarios of everyday practices – led to disorientation, severe stress and open manifestation of wide range of aggressive and auto-aggressive reactions [4]. Based on this, it was concluded that a violation of habitual patterns of behavior causes a strong tension in a person, even if these changes are minimal, especially when subject is not prepared for them.

Unfortunately, one of the most common consequences of modern context is directly related to the increase in various forms of violence. It is a real evidence of the emotional saturation of the psychological background around the COVID-19 pandemic. In such conditions, it is vitally important to ensure and constant support of regularly changing social practices of everyday life by regulators of the legislative and normative-behavioral framework during this crucial period.

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RESILIENCE OF NURSES DURING THE COVID-19 PANDEMIC

The modern world is changing at an extremely rapid pace, causing remodeling of working conditions and requirements for professionals. There is a growing awareness of the importance of not only the knowledge and skills of workers, which directly affect productivity, but also their physical and mental health and well-being. The pandemic of coronavirus infection, which spread all over the world, drew special attention to the working conditions of medical professionals, their mental health. UN Secretary-General Antonio Guterres noted that health workers, including nurses, were among those most in need of help and support.

Researchers have found that more than 40% of nurses suffer from physical, emotional or mental exhaustion and have characteristic signs of emotional burnout (D. Sieg, 2015). Anderson G. and co-authors (G. Anderson, M. Black, J. Collins, A. Vaughn, 2019) cite data from the Canada of Public Health and Safety Personnel that 44.5% of respondents have at least one manifestation of mental health disorders (eg anxiety, depression, suicidal ideation, post-traumatic stress disorder) associated with their stressful occupations.

The ability to overcome or recover from the effects of stress and turn it into a positive life and professional experience is known as resilience. Nurse resilience is the ability to accurately perceive and adequately respond to stressful situations, it is her secret weapon (J. Arzouman, 2015). Resilient nurses are better able to respond to stress, manage it and avoid negative influences, while maintaining their own well-being.

Analysis of literature and practice of professional activity of nurses, carried out by the authors, allowed to make assumptions about the insufficient level of resilience in a significant part of nurses, which may be due to the lack of special psychological training for the development of this quality, and the lack of psychological support in the process of professional activity.

The main directions of our research were the theoretical substantiation and empirical verification of levels and factors of development of resilience of future nurses in work with severe somatic patients, based on the authors' component-criterion model. The study involved 386 respondents from different regions of Ukraine - future nurses, students majoring in "Nursing".

Based on the comparative analysis of features of development of components of resilience the low level on communicative-regulatory and value-motivational components is stated (almost half and a third of respondents, respectively, high in a small number of