

TEACHERS' SOCIAL-EMOTIONAL HEALTH AND RESILIENCE IN COVID-19 CRISIS: LATVIAN SAMPLE

Guna Svence, Ilze Briška

University of Latvia

ABSTRACT

Research on social-emotional health and resilience of Latvian teachers was conducted as part of the ERASMUS+ project "Supporting teachers to face the challenge of distance teaching". The aim of this study is to assess teachers' social-emotional health and resilience to reveal those areas which require significant support and development in the Covid-19 pandemic situation. In the article, the concepts used in the project – social-emotional health, resilience, covitality will be theoretically analysed to substantiate the structure of the empirical study. Teachers' mental health was tested using Social-emotional Health Survey–Teachers SEHS-T (Furlong et al., 2017; Furlong et al., 2014; Furlong & Gajdošová, 2018, as mentioned in Lapiņa, 2021) and Resilience Scale RS 25 (Wagnild & Young, 1993; Wagnild, 2009; Wagnild, 2016) with supplementary questions. 636 teachers of general and vocational schools took part in the research. The results identified that positive teachers' strengths are self-regulation, empathy, and cognitive reappraisal. However, the teachers demonstrated limits in resilience as such, and in some scores of SEHS-T, as in covitality domain *Belief in Others*, especially in institutional and colleagues' support, and in *Engaged Living* – gratitude and zest. The identified weaknesses and limits will be used as a foundation for preparing further intervention activities – a digital psychological support programme for strengthening the teachers' resilience and mental health in general.

Keywords: *Social-emotional health, resilience, strengths, limitations, teachers*

Introduction

Problem

A teacher is a profession that has always been faced with many different challenges. Daily, teachers are exposed to many occupational and environmental risk factors that can contribute to a variety of both psychological and physical illnesses. For example, they need to adapt to working with a wide variety of children and their parents, to learn new technologies, and to meet the demands of educational reforms. The Covid-19 crisis and the associated distance learning process have led to increased

psycho-emotional stress, which has the potential to lead to a deterioration in teachers' psycho-emotional health and quality of life (UNESCO, 2020; Svence et al., 2021; Lagzdina, 2021).

The topic was based on the observed in the professional activities of the research sample – teachers' burnout, descriptions of qualitatively expressed social and emotional difficulties during distance learning in the period from 2019–2020 (Birkane & Svence, 2019, Kalniņa, 2021, Svence et al., 2021).

Overview of previous research

Social-emotional health and resilience as constructs have been widely studied, but not in relation to professional teachers and not on Latvian sample. There have been numerous international studies about teacher performance and quality of education, like TALIS 2018 where Latvia participated. However, usually these studies focus on subjects like professional work and practice, teacher education, leadership, teaching approach, school environment, teacher self-assessment, professional satisfaction, innovations, accessibility, and diversity. This means that data collected during such studies is incomplete, because the teachers' profession involves intensive psycho-emotional communication and relationship with other stakeholders, like, students, parents and other. Under the present circumstances, it is accompanied with the stress of necessity to apply new teaching methods, rework all teaching aids and materials, and learn new – online communication methods and master IT technologies. It also means that it is not possible to develop targeted and in needs-based teachers' resilience-building and emotional support programs although they are so much needed under the current circumstances (Fokkens-Bruinsma et al., 2020).

In this context, the aim of the study was to analyse the psycho-emotional health indicators of Latvian teachers to establish the difficulties of social-emotional health.

Theoretical framework

The research is based on the concepts of social-emotional health (Furlong et al., 2017; Furlong et al., 2014; Furlong & Gajdošová, 2018, as mentioned in Lapiņa, 2021) and resilience (Wagnild & Young, 1993; Wagnild, 2009; Wagnild, 2016). These concepts are closely related to other concepts in psychology, especially health psychology, such as psycho-emotional health. In turn, all these concepts are generally supported by the bio-psycho-emotional health model.

Most health care professionals who are not involved in the treatment of mental illness traditionally do not pay attention to an individual's psychological factors, such as thoughts, beliefs, and attitudes. Today, however, these factors are receiving increasing attention in various difficulties.

The World Health Organization (WHO) defines general health as a state of complete physical, mental, and social well-being rather than a state without physical impairment or disease (WHO, 2004). Therefore, not only physical but also mental or psycho-emotional health is an important and integral part of an individual's overall health. The WHO defines mental or psycho-emotional health as a state of well-being in which an individual can fulfil his or her potential, cope with daily stress, work productively and contribute to society (WHO, 2004).

The bio-psycho-social model is based on the individual's overall well-being and his or her effective functioning at the individual and societal levels. Like the WHO definition, psychological researchers (Westerhof & Keyes, 2010) point out that psycho-emotional health arises from emotional well-being (interest, happiness, satisfaction with life), psychological well-being (positive functioning and self-realization of the individual) and social well-being (integration into society and a sense of worth in it).

The study uses several keywords included in the bio-psycho-social model and adapted in Social-Emotional Health Survey – Teachers SEHS-T (Furlong et al., 2017; Furlong et al., 2014; Furlong & Gajdošová, 2018, as mentioned in Lapiņa, 2021): social support (SEHS-T), interpersonal relationships (SEHS-T), socio-economic status (demographic issues), physical activity – adapted in Resilience Scale RS 25 (Wagnild & Young, 1993; Wagnild, 2009; Wagnild, 2016) (RS), emotions (SEHS-T), self-esteem, attitudes towards self (RS), faith or individual belief system (SEHS-T, RS), and stress management (SEHS-T and-RS).

The concept of socio-emotional health originates from the concept of mental health, which some researchers still use today. Mental health is defined as a state of well-being in which an individual can realize his or her potential, cope with the stress of daily life, be able to work productively, and be able to contribute to society. Researchers have suggested defining mental health as a set of positive feelings and positive lives (Furlong et al., 2014).

Another study conducted in 2014 defined social-emotional health as the ability to regulate emotions, such as the ability to regulate and control one's emotions, and emotional intelligence, which is the ability to recognize emotions and use them constructively. The study noted that social-emotional health is a multidimensional construct that incorporates positive mental health structures such as life satisfaction (Snowden et al., 2015).

Social and emotional health encompass several interrelated areas, such as social interaction, emotional awareness, and self-regulatory abilities. Social interaction focuses on the individual's relationships, in which they share with others, learn to take responsibility, help, and interact with others. Emotional awareness includes the ability to recognize and understand one's emotions and feelings, and the individuals learn to understand how

their behaviour and emotions affect them and the people around them. Self-regulatory abilities are the ability of an individual to express their thoughts, feelings and behave socially appropriately (Damon et al., 2015).

In 2014, Michael Furlong and his team developed a Social-Emotional Health Survey (SEHS). This survey allows the measurement of four constructs that make up social-emotional health (SEH) and the total SEH factor (Boman et al., 2020). The basic principle of SEHS is related to the assumption that an individual's sense of psychological prosperity is partly based on living conditions that promote the disposition of internal cognition or form individual schemes. These schemes are related to an individual's beliefs about themselves, others, emotional competencies, and viability (Furlong et al., 2014).

The first concept in the SEHS model is self-confidence. It consists of three components: self-efficacy, perseverance, and self-confidence. Self-efficacy is defined as an individual's confidence in their ability to match their activities with the requirements of the environment. Perseverance is defined as an activity with a long-term goal. It also includes working with challenges, maintaining interest over the years, even when faced with failures and obstacles to achieving the goal. Self-confidence is defined as the ability of an individual to understand their strengths and weaknesses, as the ability to understand their emotions, reactions and motivations (Furlong et al., 2014; Klingbeil & Renshaw, 2018).

The second construct of the social-emotional health model is confidence in others. This includes the support of the individual's family, educational institutions, and peers. At the same time, these components are the processes of social exchange between the family, teachers, and peers, which develop the individual's cognitive processes and value system (Furlong et al., 2014; Klingbeil & Renshaw, 2018).

The third construct of the model is emotional competence, which consists of three lower-order constructs: emotional self-regulation, empathy, and self-control. Emotional self-regulation is defined as an individual's ability to express emotions according to a given situation. It is the ability to accept and feel different emotions and react flexibly to them. Empathy is an individual's ability to notice and feel other people's emotions. In turn, self-control manifests as the ability to respond appropriately to different situations (Furlong et al., 2014; Klingbeil & Renshaw, 2018).

The fourth construct of the model is viability, which includes gratitude, passion, and optimism. Gratitude is described as a feeling that arises when an individual responds to receiving any kind of personal benefit. Passion / enthusiasm is defined as the ability of an individual to do things with enthusiasm and confidence. Optimism is characterized by an individual's faith in the future and life force (Furlong et al., 2014;

Klingbeil & Renshaw, 2018). Michael Furlong defines these four constructs as social-emotional health factors. In turn, the lower order constructs, interacting with each other, form these factors. In addition, the influence of these constructs in combination with other concepts of positive psychology is enhanced (Furlong et al., 2014). He calls the overall SEHS' factor *Covitality*, which in terms of content is the same as well-being or psychological well-being (Timofejeva, Svence, & Petrulytė, 2016).

In literature, the concept “resilience” is defined differently, most often – as an individual’s abilities, as personality traits or as a dynamic process. As an individual’s ability, resilience is the ability to overcome unfavourable life experiences, adapt, recover and continue to function successfully after difficult and complex life events (Svence, 2015). Resilience also includes an individual’s ability to increase their competence by overcoming adverse conditions (Bobek, 2010). This quality allows teachers to continue their pedagogical practice (Brunetti, 2006, as reported by Beltman et al., 2011).

Theoretical models that define resilience as a set of personality traits are the most widely used. The United States researchers Wangild & Young developed one such model in 1993 (Wangild & Young, 1993). They explain the phenomenon of a person’s vitality as a set of personality traits that facilitate the adaptation of the individual. This concept suggests that individuals with high resilience are able to adapt, rebalance, and avoid the potentially harmful effects of stress in the face of depressing adversity (Wagnild & Young, 1993; Wagnild, 2004, cited in Svence, 2016).

Researchers have found that teachers’ resilience is enhanced by individual factors (strong self-efficacy, high motivation, ethical goals, flexibility and a sense of humour). Different social factors related to teacher’s work are there equally important like an ability to work effectively under the guidance of an administrative team (Mansfield et al., 2012), mentor’s support, a favourable psychological climate at school (Gibbs & Miller, 2014), good relationships with colleagues (Beckett, 2011), positive assessment of professional performance, material support and professional development opportunities (Croswell & Beutel, 2013). Susan Beltman and colleagues have studied teachers’ vitality, defining it as an area that allows them to understand what makes teachers cope with challenges. It offers an additional perspective to the study of stress, burnout, and its components – exhaustion (Beltman et al., 2011).

Wangild and Young have developed one of the tools for measuring resilience as part of their concept. They developed the Resilience Scale (RS) (Wagnild & Young, 1993; Linguistic adaptation of Bērziņa & Svence, 2009, as mentioned by Svence, 2015). They identified five essential characteristics of resilience, or interrelated components of vitality:

- self-reliance – self-belief, self-reliance;

- significance – awareness that there are goals in life;
- equanimity – the balance of one's life experiences and perspectives;
- perseverance – the ability to adapt to a change despite difficulties;
- existential loneliness – the awareness that each person is unique, that one life experience can be gained by sharing, and another only by being alone (Wagnild & Young, 1993).

Although a five-factor model was initially developed, psychometric analysis showed that a two-factor model was appropriate for viability research. In this model, resilience is characterized by *Personal Competence* and *Acceptance of Self and Life*. Personal competence refers to self-confidence, independence, determination, mastery and ingenuity. Acceptance of oneself and one's own life, on the other hand, reflects adaptability, flexibility, and a balanced view of life (Wagnil & Young, 1993).

Impact

The survey methodology and the elaborated questionnaire met the need to get data about the teachers' awareness of their social and emotional competencies, ensured easy access to knowledge and skills on resilience and resilience development resources. The survey also explored the teachers' signs of vitality or viability resources.

The results of the study will be used for the development of the principles and content for the digitized teacher support programme – Online teachers' supervision programme and Teachers' resilience support programme as an online further education programme and an E-book, in the context of distance learning in the Covid-19 pandemic, and to provide recommendations for education policy as well.

Methodology

Research questions

- 1) What social-emotional difficulties Latvian teachers have in situation of distant teaching during the Covid-19 crisis?
- 2) What are the teachers' psychological resources for strengthening their SEH and RS?

Description of the procedure

Two new psychological assessment tools were adapted for the study: the SEHS-T (Social Emotional Health Scale – Teachers) and the Resilience scale. Initially, a pilot study was carried out, involving teachers from eight partner schools in the project. After the adaptation, the survey was distributed in all general and vocational education institutions in Latvia. This ensured a representative sample. It should be noted that the completion

of the questionnaire was voluntary and anonymous; the questionnaire was available electronically in Google platform, which means that all ethical standards required by the Ethical Action Policy of Research at the University of Latvia (2021) and international documents and Regulations of the Republic of Latvia are met. Taking into consideration the project methodology, only educators who had worked remotely in a general or vocational education institution during the Covid-19 pandemic for at least a year participated in the survey.

Instruments

SEHS-T (Social-Emotional Health Survey – Teachers) and RS (Resilience Scale) were implemented for the study of Latvian teachers' psycho-emotional health. Both surveys correspond to the school sector, and in a future they can be used as a tool for measuring the effectivity of the teachers' resilience support program, too.

Eva Gajdosova sent the SEHS-T methodology with the permission of J. M. Furlong. Researchers of University of Latvia performed the adaptation of the survey with 50 and after that – 571 participants according to the procedure adopted as a standard in psychology and described in this publication in Psychology – International Test Commission (2010) (Lagzdina, 2021). Professor Geil Wagnild (www.resiliencecenter.com) gave permission to purchase the survey and Licence of Resilience Scale (RS) survey. SEHS-T has not been adapted anywhere in the European Union yet; it is an original contribution to the Pan-European University.

As part of the study, the RS scale was supplemented with the so-called negative questions at the end of survey. The questions from 1 to 7 were included by the RS author Geil Wagnild, but questions from 8 to 10 were added by the project researchers to highlight the distance learning aspect:

- 1) I feel myself depressed the last few weeks (never / sometimes / often / all the time)
- 2) Basically, I evaluate my health (excellent / very good / good / weak / bad)
- 3) I am at my ideal weight +/- 2.7kg (yes / no)
- 4) Every day I exercise for 30 minutes or more (yes / no)
- 5) I eat healthy every day (yes / no)
- 6) I do not use tobacco products (do not smoke, do not chew, do not sniff) (yes / no)
- 7) I drink SOME * or NO alcohol per day (* 1 drink per day for women, 1-2 drinks per day for men) (yes / no)
- 8) Please, name the emotions you most often feel when work on distance.

- 9) What psychological support do you think a teacher should receive working on distance?
- 10) What difficulties have you encountered in your work during the last six months?

Data analysis methods

The psychometric and linguistic adaptation of SEHS-T was conducted. Correlations between scales and socio-demographic questions were computed. Regression analysis of the prognostic impact of socio-demographic data on SEHS-T and RS indicators was performed. The collected data were processed and analysed using the statistical data processing program SPSS 21.

Sampling

The research data were collected randomly – by inviting teachers from all Latvian comprehensive schools to fill in online questionnaires. Data were collected distantly from 1 June to 31 August 2021.

In total 636 teachers participated in the survey, most of them women (95.3%), which corresponds to the reality of Latvian educational institutions – mostly women work there. All age groups were covered equally in the survey. Most teachers (53.9%) have a master's degree, but other levels of education were also represented. Most teachers (87.7%) represent general education institutions, but the survey respondents also include teachers from other types of schools. The majority (81.4%) of the surveyed teachers work full-time or more in educational institutions. The socio-demographic characteristics of the sample are presented in more detail in Table 4.

Results

The analysis of the data results was proceeded following several steps: Step 1 – analysis of demographic data in comparison with SEHS-T and RS indicators, Step 2 – answering to the first research question, Step 3 – answering to the second research question.

Step 1. The data obtained within the framework of the research allow the authors to conclude that there is no statistically significant relationship between teachers' socio-emotional health and socio-demographic indicators. There is also no statistically significant relationship between teachers' socio-demographic indicators and their vitality. This means that the teacher's age, gender, level of education, the type of educational institution in which the teacher works, the teacher's workload, the teacher's salary per

workload, and the teacher's place of residence have no effect on teachers' SEHS-T and RS indicators.

Step 2. The difficulties are not so much indicated by the SEHS-T and RS indicators, but by the RS supplementary questions and the emotions experienced by the teachers (Table 1).

Table 1. Distribution of answers to additional questions ($N = 636$)

		Frequency	%	Cumulative %
I have been feeling depressed last weeks	all the time	29	4.6	4.6
	often	82	12.9	17.5
	sometimes	348	54.8	72.3
	never	176	27.7	100.0
Basically, I value my health as	bad	11	1.7	1.7
	weak	94	14.8	16.5
	good	445	70.1	86.6
	very good	70	11.0	97.6
	excellent	15	2.4	100.0
I am at my ideal weight +/- 2.7 kg	yes	206	32.4	32.4
	no	429	67.6	100.0
I exercise for 30 minutes or more every day	yes	115	18.1	18.1
	no	520	81.9	100.0
I eat healthy every day	yes	321	50.6	50.6
	no	314	49.4	100.0
I don't use tobacco products (I don't smoke, I don't chew, I don't sniff)	yes	505	79.5	79.5
	no	130	20.5	100.0
I drink SOME * or NO alcohol per day (* 1 drink per day for women, 1-2 drinks per day for men)	yes	307	48.3	48.3
	no	328	51.7	100.0

The study of the seven additional questions of the Resilience Survey (RS) provides relevant information. The results of the survey show that 17% of the teachers in the study have experienced a depressed mood often or all the time during the last week, while 72% of the surveyed teachers have experienced this feeling at least once during the week. Depressive mood or a predisposition to it is one of the difficulties the study has found in the sample of teachers. It can be assumed that if a teacher feels depressed all the time or often during the week, this indicates to an increased rate of depression, which may also be clinically significant.

Most of the teachers (83%), evaluate their health as positive, 15% evaluate their health as poor, and 2% – as bad. The high self-esteem of most teachers can be considered as a strong feature or resource of this group.

The lack of teachers' mobility can be considered as a difficulty – only 18.1% have indicated that they exercise for at least 30 minutes every day. 51.7% of the surveyed teachers indicated that they drank more than a few alcoholic beverages a day. In general, this may indicate a tendency for the teachers to consume alcohol daily and do more than they should and may indirectly indicate to a method of stress management that is harmful to the teachers' health.

In addition to the questions suggested by Wagnild (Table 2), the teachers were asked to describe their emotional experience and the support they needed when they worked on distance. The most frequently mentioned emotions are exhaustion (23.4%), stress, anxiety (20.3%), hopelessness and despair (11.0%) etc.

The results in Table 2 were obtained from open-ended questions where the teachers had to enter their own answers about feelings and emotions during distance learning. Some answers were not received, so the total number of respondents (N) is lower.

Table 2. Emotions mentioned by teachers working on distance (N = 611)

	Frequency	%	Cumulative%
Exhaustion	143	23.4	23.4
Anxiety, stress	124	20.3	43.7
Hopelessness and despair	67	11.0	54.7
Fun, positive emotions	66	10.8	65.5
Loneliness	40	6.5	72.0
Anger and outrage	33	5.4	77.4
Fear, misunderstanding	25	4.1	81.5
Peace	23	3.8	85.3
Dissatisfaction, disgust	22	3.6	88.9
Nonsense	22	3.6	92.5
Sense of responsibility and duty	19	3.1	95.6
Boredom and tiredness	11	1.8	97.4
Thrill	9	1.5	98.9
Creativity	5	0.8	99.7
Sense of freedom	1	0.2	99.9
Sense of organisation	1	0.2	100.0

As exhaustion, tension, anxiety, stress, hopelessness, despair, helplessness, depression and sadness are mentioned by the study respondents, it can be assumed that emotional crisis, stress management exercises, which include SEHS scale *Emotional competence*, should be planned. The helplessness indicator could include a lack of support when you are alone and do not know what to do at school.

When the teachers were asked what kind of psychological support they would need when working on distance, it was stated that encouragement and evaluation from the school administration would be well-received (22.6%), that the teachers would like to have counselling (19.5%), and that it was worthwhile to feel the support of the colleagues (7.7%).

When asked about the main difficulties faced by the teachers working on distance, such problems as overwork (23.3%), emotional difficulties (14.6%), negative attitudes of students and their parents towards the teacher (12.2% and 8.2%) were mentioned.

The next question for research was set in the third part of the results analysis: how do the correlations between SEHS-T and RS indicators demonstrate a potential problem in the context of the socio-emotional health in the sample of the teachers?

The correlations between the SEHS-T scales and the total RS in the sample are positive: as one scale and/ or subscale increases, the other scale also increases. Both used scales come from positive psychology and point to respondents' resources, not to their difficulties. The results of both surveys are high or medium high in the entire sample. The relationship between SEHS-T and RS does not identify significant psycho-emotional health difficulties in the sample of the teachers.

As the correlation analysis did not reveal any correlations that could indicate problems, the regression analysis was performed to determine any variable that could predict the teachers' resilience or social-emotional health.

The following tables (Table 3 and Table 5) present a regression analysis, and they show that each of the supplementary questions in the RS survey predicts SEHS-T and RS to some extent.

Teachers' health self-evaluation explains 4.53% of RS variation. Healthier teachers report higher RS results and vice versa. How depressed teachers feel themselves explains 4.75% of RS variation – more depressed teachers reported lower RS results. Accordingly, the teachers who eat healthy and do not drink alcohol daily, report higher RS results, than those eating not so healthy and drinking daily. Regression explains 2.79% and 2.36% of RS variation.

Table 3. Regression analysis of RS survey results with additional questions ($N = 636$)

Variable (questions from RS)	Non-standard coefficient		Standard coefficient	t
	B	Standard deviation	Beta	
I have been feeling depressed last weeks	4.53	0.81	0.23	5.60**
Basically, I value my health as	4.74	0.96	0.20	4.93**
I eat healthy every day	2.79	1.12	0.09	2.40**
I drink SOME * or NO alcohol per day (*1 drink per day for women, 1–2 drinks per day for men)	-2.36	1.12	-0.08	-2.12**

** $p < 0,01$ **Table 4.** Sociodemographic parameters ($N = 636$)

Indicator		Frequency	%
Sex	Male	30	4.7
	Female	605	95.3
Age	till 30	65	10.2
	31–40	111	17.5
	41–50	189	29.8
	51–60	193	30.4
	60 or more	77	12.1
Education	Bachelors' degree	190	29.9
	Higher professional education	89	14.0
	Masters' degree	342	53.9
	PhD	5	0.8
	Other	9	1.4
Type of school	preschool	51	8.0
	general educational institution	500	78.7
	special educational institution	6	0.9
	profession educational institution	53	8.3
	educational institution of interests	6	0.9
	other	19	3.0
Teacher's workload	full-time	517	81.4
	part-time	118	18.6

Continued from previous page

Indicator		Frequency	%
Teacher's salary (full-time)	till 710 euro	162	25.5
	710–1000 euro	408	64.3
	more than 1000 euro	66	10.2
Place of residence	Rīga	171	26.9
	Near Rīga region	79	12.4
	Other city	248	39.1
	Town or rural area	137	21.6

Table 5. Regression analysis of SEHS-T results with additional questions
(*N* = 636)

Variable (questions from RS)	Non-standard coefficient		Standard coefficient	<i>t</i>
	<i>B</i>	Standard deviation	Beta	
I have been feeling depressed last weeks	7.40	1.13	0.27	6.58
Basically, I value my health as	7.25	1.32	0.22	5.46
I eat healthy every day	4.46	1.62	0.11	2.76

How depressed the teachers feel themselves explains 7.40% of SEHS-T variation – more depressed teachers reported lower SEHS-T results. The subjective opinion about their health explains 7.25% of SEHS-T variation – more subjectively healthy teachers reported higher results and vice versa. Accordingly, the teachers eating more healthy report higher SEHS-T results; thus, eating habits explain 4.46% of SEHS-T variation.

Conclusions

RS data show that Latvian teachers have a high and moderate vitality rate. That allows the authors to assume that the teachers in the sample are generally able to renew their psychological resources and withstand the pressures. However, in some cases, the teachers may also have low vitality rates.

The correlations between SEHS-T and RS in the Latvian sample do not indicate to serious difficulties in the psycho-emotional health of the teachers.

In contrast, the seven supplementary questions attached to the questionnaire provide important information that can be interpreted as providing the main difficulties of the surveyed group.

17% of the respondents acknowledged that they had experienced a depressed mood often or all the time during the last week, while 72% had experienced this feeling at least once during the week. In the context of distance work, the most frequently mentioned emotions are burnout, stress, anxiety, and despair.

The answers to the supplementary questions suggest that majority of the teachers have experienced a lack of empathy from their colleagues, administration, pupils, and their parents as well during distance learning.

The main items affecting the SEHS-T and RS results are related to physical health – proper eating and high self-evaluation of health, and mental health – depressiveness.

It can be concluded that the main problems of the teachers are related to interpersonal communication, but the resource to solve these problems is personality traits. It suggests that the support programme should include exercises aimed at developing a more positive angle of treating the world, conscious self-esteem.

When planning the content of the support programme, exercises for emotional crisis intervention and stress management should be planned, which also includes the idea of the SEHS-T sub-scale *Emotional competence*.

There are some limitations of the study. As the participation in the survey was voluntary, it is possible that the questionnaires were completed by teachers who had a sufficiently higher psycho-emotional capacity, and by teachers who experienced fewer difficulties during the distance work. Those teachers who felt themselves bad, who were on the verge of burnout, or already beyond it, probably did not fill in the questionnaires. So, the relatively high rates of SEHS-T and RS in the sample of the teachers can be partly explained by the principle of voluntary participation in the study.

The second limitation of the study could be the socially desirable answers provided by the respondents. It is possible that in some cases the teachers provided responses indicating higher levels of SEHS-T and RS as they felt they were expected to do or based on a relatively common stereotype among the teachers that they have to be successful with everything, to be omnipotent, to be able to adapt to different situations.

It should also be noted that the surveys used in the study are focused on finding out the positive experiences of individuals. Consequently, negative experiences are not fully reflected in surveys. In turn, the additional questions included in the survey, aimed at finding out the negative experiences of individuals, show significant difficulties experienced by teachers during distant teaching.

Author Note

The research was conducted as part of the Erasmus+ (KA2) Project “Supporting teachers to face the challenge of distance teaching” Nr. 2020-1-LV01-KA226-SCH-094599.

References

- Beckett, K. S. (2011). R. S. Peters and the concept of education. <https://onlinelibrary.wiley.com/doi/10.1111/j.1741-5446.2011.00402.x>
- Beltman, S., Mansfield, C. & Price, A. (2011). Thriving not just surviving: A review of research on teacher resilience. *Educational Research Review*, 6(3), 185–207. https://researchrepository.murdoch.edu.au/id/eprint/5982/1/Beltman_et_al_paper_final_resubmission.pdf
- Birkāne, U. & Svence, G. (2019). Skolotāju iesaistes darbā, emocionālās izdegšanas un dzīvesspēka rādītāju sakarības [Relationships between teachers' involvement in work, emotional burnout and vitality indicators]. *Baltic Journal of Psychology*, 20. Rīga: Latvijas Universitāte. https://www.apgads.lu.lv/fileadmin/user_upload/lu_portal/apgads/PDF/Balt-Psy-Journal2019_vol-20.pdf
- Bobek, B. (2010). Teacher Resiliency: A Key to Career Longevity. *A Journal of Educational Strategies, Issues and Ideas* 75. <https://www.tandfonline.com/author/Bobek%2C+Becky+L>
- Boman, T., Kjellberg, A., Danermark, B. & Boman, E. (2020). The Need for Support and Adaptation in the Workplace among Persons with Different Types of Disabilities and Reduced Work Ability. *Scandinavian Journal of Disability Research*, 22(1), 253–264. <http://doi.org/10.16993/sjdr.672>
- Crosswell, L. & Beutel, D. (2013). A bridge over troubling waters: a snapshot of teacher graduates' perceptions of their ongoing professional learning needs. *Asia-Pacific Journal of Teacher Education*, 41(2), 144–158. <https://eprints.qut.edu.au/219394/1/60084.pdf>
- Damon, E. J., Greenberg, M., & Crowley, M. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. *American Journal of Public Health*. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302630>
- Ethical Action Policy of Research at the University of Latvia (2021). https://www.lu.lv/fileadmin/user_upload/LU.LV/www.lu.lv/Zinatne/Petijumu_etika/Latvijas_Universitates_Petijumu_etikas_ricibpolitika_SL_2-3-49-2021.pdf
- Fokkens-Bruinsma, M., Gemmik, M. M. & Van Rooij, E. C. M. (2020). Staying BRiTE in the Dutch Teacher Education Context. In Mansfield, C. F. (Eds.), *Cultivating Teacher Resilience*. Springer, Singapore. https://doi.org/10.1007/978-981-15-5963-1_9
- Furlong, M. J., Gilman, R. & Huebner, E. S. (Eds.). (2014). *Covitality: A Synergistic Conception of Adolescents Mental Health. Handbook of Positive psychology in the schools*. New York: Routledge/Taylor & Francis.
- Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. (2014). Preliminary development and validation of the Social and Emotional Health Survey for secondary students. *Social Indicators Research*, 117(3), 1011–1032. Staying
- Furlong, M. J., You, S., Shishim, M., & Dowdy, E. (2017). Development and validation of the Social Emotional Health Survey–Higher Education version. *Applied Research in Quality of Life*, 12(2), 343–367. <https://doi.org/10.1007/s11482-016-9464-9>
- Gibbs, S., & Miller, A. (2014). Teachers' resilience and well-being: A role for educational psychology. *Teachers and Teaching: Theory and Practice*, 20(5), 609–621. <https://doi.org/10.1080/13540602.2013.844408>
- Kalniņa, L. (2021). *Skolotāju autonomijas izjūtas, pašefektivitātes un emocionālās izdegšanas saistība attālināto mācību situācijā [Relationship between teachers' feelings of autonomy,*

self-efficacy and emotional burnout in a distance learning situation]. Maģistra darbs. Latvijas Universitāte.

Klingbeil, D. A., & Renshaw, T. L. (2018). Mindfulness-based interventions for teachers: A meta-analysis of the emerging evidence base. *School Psychology Quarterly*, 33(4), 501–511. <https://doi.org/10.1037/spq0000291>

Lagzdiņa, L. (2021). *Skolotāju sociāli emocionālās veselības, emocionālās izdegšanas un iesaistes darbā rādītāju sakarības [Relationships between indicators of teachers' socio-emotional health, emotional burnout and engagement in work]*. Maģistra darbs, Latvijas Universitāte. <https://dspace.lu.lv/dspace/handle/7/55626>

Mansfield, C. F., Beltman, S., Price, A. & McConney, A. (2012). “Don’t sweat the small stuff.” Understanding teacher resilience at the chalkface. <https://www.sciencedirect.com/science/article/abs/pii/S0742051X1100134X?via%3Dihub>

Snowden A., Stenhouse R., Young J., Carver H., Carver F., Brown N. (2015). The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis. *Nurse Education Today*, 35(1), 152Maģistra darbs.158. <https://pubmed.ncbi.nlm.nih.gov/25282342/>

Svence, G. (2015). *Dzīvesspēka kategorija Pozitīvās psiholoģijas skatījumā: attīstības iespējas [Concept of resilience in positive psychology: developmental aspects]*. Rīga: Zinātne. ISBN 9789934549045.

Svence, G., Gajdasova, E., Petruolyte, A., Kalnina, L., Lagzdina, L., Pakse, L. (2021). Teachers' social-emotional health indicators in the distance learning situation during the Covid-19 pandemic. *Problems of Psychology in the 21st Century*, 15(1). <https://doi.org/10.33225/ppc/21.15.26>.

TALIS 2018 Results (Volume I). Teachers and School Leaders as Lifelong Learners. (2018). <https://www.oecd.org/education/talis-2018-results-volume-i-1d0bc92a-en.htm>

Timofejeva, T., Svence, G. & Petruolytė, A. (2016). Theoretical and Practical Study of The Concept of Social and Emotional Health by Michael J. Furlong Applied to the Selection of Teenagers and Youth. *Problems of Psychology in the 21st Century*, 10(2). <http://www.scientiasocialis.lt/ppc/node/124>

UNESCO (2020). “COVID-19 Educational Disruption and Response”. <https://www.unesco.org/en/covid-19/education-response> [Data from April 4, 2020].

Wagnild G. (2014). *True Resilience: Building a Life of Strength, Courage, and Meaning*. Cape House Publishing, New Jersey.

Wagnild, G. (2009). A review of the Resilience Scale. *Journal of Nursing Measurement*, 17(2), 105–113, <http://dx.doi.org/10.1891/1061-3749.17.2.105>

Wagnild, G. M. (2016). The Resilience Scale User’s Guide. Resilience Center. Worden, Montana.

Wagnild, G. M., Young, H. M. (1993). Development and Psychometric Evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1, 165–178.

Westerhof, G. J.& Keyes, C. L. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *Journal of Adult Development*, 17, Springer. <https://link.springer.com/article/10.1007/s10804-009-9082-y>

WHO (2004). Promoting mental health: Concepts, emerging evidence, practice: Summary report. Geneva: World Health Organisation. <https://apps.who.int/iris/bitstream/handle/10665/42940/9241591595.pdf>