TEACHER`S SOCIAL EMOTIONAL HEALTH AND RESILIENCE IN SLOVAKIA AND LATVIA DURING DISTANCE LEARNING SITUATION

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Abstract. *The article brings the research results of the teachers´ social-emotional health and resilience in Slovak Republic and in Latvia during distance learning situation. The sample consisted of 800 teachers, 400 teachers from each country, who completed Social-Emotional Health Survey-Teachers (SEHS-T) and Resilience Scale (RS) during months of May through July 2021. The research results showed the highest covitality level of Slovak teachers in comparison with Latvian teachers (p <.001, r = .36). There was found a big difference in covitality in the clue domain Belief in Self in favour of Slovak teachers (p <.001; r = .44), there were only average differences in other domains - Belief in Others, Emotional Competence, Engaged Living. Latvian teachers reached high scores in cognitive reappraisal and optimism (p <.001). There was statistical difference in the level of resilience between Slovak and Latvian samples (p <.001; r = .35). Slovak teachers scored higher. But the teacher's resilience in both countries had moderate level. Significant positive strong correlation was found between resilience and covitality in Slovak teachers rs = .76** and in Latvian teachers rs = .66**. Significant high and moderate positive correlations were found also between resilience and covitality domains.*
Keywords*: Latvia and Slovakia comparison, resilience, social-emotional health, teachers.*

Introduction

The new education system is already focusing on the development of new types of collaboration between schools - pupils, teachers, management, and parents - to make the learning process more aware. Starting education, now it is necessary to change the accents of education, which is topical in Latvia and Slovakia many years. So, without the LearningCompass2030 program, we are all looking for what we can change in our work, including how to change our perceptions of what is new, how I should change my own pedagogical activity, as not only the education policy has changed, but also the new generation of students. For the next labour market solver to be able to do this, the educational environment must be oriented rather than it is no longer a matter of multiplying

the standard situation, the standard task and the truth, but creativity must be developed. The future will require addressing many different risk situations and challenges, such as natural disasters and migration processes, the creation of new technologies, and the provision of support masses in crisis situations, new types of services, new types of educational environments and others in the face of unforeseen factors. To do this as best you can, you need people who is able to act quickly and intelligently in unpredictable situations (Rasmitadila et al., 2020). We can model a situation where, as education systems change, teachers' approaches to lessons change, one teacher is more of an innovator, another is more of a stop with the usual methods, and there may be a situation where the child does not understand what is required of him, feels confused.

At a tremendous pace, there is no learning process focused on the acquisition of subjects and standards time to think, because creative work takes time to come up with a new idea, to create mind activation exercises first, to remember what is already known and to consult with a group, to create a 'brainstorming', listen, express opinions, generate ideas, give the brain time to relax, it may require four hours of work with mandatory hours of rest for games, fun.

That is why the teacher becomes one of the factors of change - how educated, intelligent, prepared for change, psychologically resilient, mentally healthy, supported will feel the teacher, so fast or the new approach to educational competences and pupil-centred learning in today's school will be slow to develop.

A 2009 longitudinal study in the United States found that teacher performance was statistically significantly predicted by two characteristics: life satisfaction and perseverance, which translates into perseverance toward long-term goals (Duckworth et al., 2007). Satisfaction with life affects learners with teacher enthusiasm -the higher their levels, the more, the more diverse the teacher 's involvement in the teaching process (this also includes socio-emotional levels). Perseverance, on the other hand, manifests itself as more purposeful, intensive, more persistent action in challenging conditions, which includes training the environment (Duckworth, Quinn, & Seligman, 2009).

The challenges of the education system and the current changes require a high level of psychological resilience, vitality, emotional self-regulation for those who lead the process, and one of them is the teacher, therefore, studies show that with increasing levels of stress and the risk of emotional burnout, because the work of a teacher becomes more intense and complicated. It is scientifically proven that teachers who are happy to work promote students' academic achievement and involvement in the learning process; second, better coping with work - related stress and emotional burnout; third, they are more likely to take an active role in the workplace and contribute to school life (Klassen et al.,2012; Birkāne & Svence, 2019).

Various studies show that if a teacher is socially involved, he or she is sensitive to the student emotions, which in turn can affect exam results and

classroom relationships, and these worries build trust between the teacher and the students, but at the same time the teacher must be maintained their professional competence. It is important to emphasize that when it comes to emotional competence, a teacher's empathy for learners motivates them to better understand their needs, and thus encourages teachers to look for new teaching methods that are right for them (Al-Ruqaishi, 2017).

Resilience

Resilience is a person's ability and skills to withstand all challenges, to be able to accept them and adapt to the next shocks. Resilience is related to personality potential and the development of their resources. Resilience can be defined as the development of your ability throughout life based on knowledge of the capacity of the personality's positive resources - the development and improvement of lifetime (Ungar & Liebenberg, 2009, as mentioned by Svence, 2015).

In turn, according to the definition of other authors (Jackson & Watkin, 2004, as mentioned by Svence, 2015), living force has seven features: regulation of emotions, control of impulses, ability to analyse causes and consequences, self-efficacy, realistic optimism, empathy, and the ability to accept challenges.

But most often it connects resilience with the ability to recover from traumatic, risk-taking situations that involve both individuals` characteristics (optimism, internal control locus, positive self-esteem, sense of competence, communication skills, positive attitudes), both with relationships (family warmth, stable homes, secure support sources and identification models, links, etc. c.). Masten (2001) emphasizes that resilience should be linked to an emphasis on personality strengths and active resources.

In 2011, a group of scientists from Canada, Australia and the United States conducted research (Herrman, Stewart, Diaz Granados et al., 2011, Svence, 2015) - the same concept applies to the idea of positive adaptation and the ability to maintain mental health despite the hardships and misfortunes experienced as homeostasis, a self-regulated state of balance and harmony.

Researchers point out that resilience is important for teachers because it contributes to teaching effectiveness (Gu & Day, 2007) as well as the vitality of teachers as a feature in helping to adapt to education changing environmental conditions and be more resilient to stress (Gu & Day, 2007; Howard & Johnson, 2004).

Researchers have found that teachers' vitality is strengthened by individual factors such as self-efficacy, high motivation, ethical goals, flexibility and a sense of humour, as well as various social factors related to teacher work, such as the ability to work in effective administrative teams supervises support, a favourable psychological climate at school (Gibbs & Miller, 2014), good relationships with

colleagues positive professional performance assessment, material support and professional development opportunities (Crosswell & Beutel, 2013).

Researchers also refer to evidence from previous studies that teachers with higher resilience rates are more likely to be effective in their work (Gu & Day, 2007). In turn, reduced resilience could mean poorer health and absence from work for teachers, a less managed learning environment for learners, and a loss of self-esteem for good teachers for employers and a loss of investment in teacher training (Gibbs & Miller, 2014).

British researchers Gibbs & Miller (2014) have suggested that the resilience of teachers to keep them working and to ensure a well - motivated, consistent, and effective teaching process for children. Researchers refer to evidence from previous research that teachers with a greater degree of resilience are more likely to be effective in their work (Gu & Day, 2007).

In this context, a recent study by a group of US scientists (Richards et al., 2016) investigated the effects of resilience on perceived role stress and emotional burnout in primary and secondary school teachers (n = 415). The study found that role stress (dissatisfaction with one's role) predicts emotional burnout, while low resilience rates are associated with high levels of stress and burnout in both primary and secondary school teachers. Researchers have found that teachers with a higher level of resilience feel less successful, have more job satisfaction and are able to interact positively with others in the school environment (Richards et al., 2016).

Social Emotional Health

The research is based on the concepts of social-emotional health (Svence et al., 2022) and vitality (Wagnild, 2016). These concepts are closely related to other concepts in psychology, especially health psychology, such as psycho-emotional health. In turn, all of 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.

Today, 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, 1984). Therefore, not only physical but also mental or psycho-emotional health is an important and integral part of an individual's overall health.

Similar to 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). Individuals with a high level of social and psycho-emotional well-being and a low level of psychopathology are considered to be individuals with positive psycho-emotional health. Conversely, individuals with low levels of social and psycho-emotional well-being and psychopathological disorders are considered to be impaired.

Summarizing the researchers' understanding of psycho-emotional health, it can be concluded that strong or complete psycho-emotional health is determined not by the absence of illnesses or their symptoms, but by the psychological well-being of the individual.

At the same time, psycho-emotional health is affected not only by psychological but also by biological, social and environmental factors (WHO, 2004). Biological factors such as age, gender, including heredity and / or brain damage, can affect an individual's physical and mental development. Mental health problems and mental illness can present with a variety of symptoms, such as behaviour, emotional or thinking difficulties, and a variety of mental illnesses.

The study uses several keywords included in the biopsychosocial model: social support (SEHS-T), interpersonal relationships (SEHS-T), socioeconomic status (demographic issues), physical activity (RS), emotions (SEHS-T), self-esteem, attitude towards self (RS), faith or individual belief system (SEHS-T, RS), stress management (SEHS-T and-RS).

In 2014, Michael Furlong and his team developed a Social Emotional Health Survey (SEHS). This survey allows the measurement of the four constructs that make up social-emotional health (SEV) and the total SEV 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 design 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 his or her ability to match his or her 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 itself as the ability to respond appropriately to different situations (Furlong et al., 2014; Klingbeil, 2018).

The fourth construct of the model is viability, which includes gratitude, passion or optimism. Gratitude is described as the 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, 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).

Methodology

Participants and procedure

The study sample included 400 teachers from Latvia and 400 teachers from Slovak Republic. Data were collected online through Google forms platform during the months May, June and July 2021. Teachers were approached through pedagogical centres in Slovak Republic and the schools in Latvia. They were provided information about the purpose of the study and confidentiality. The administration time was approximately 20-30 minutes. All ethical aspects were considered and approved by the authors' university ethics committee.

Measure

Social-Emotional Health Survey-Teachers (SEHS-T) is a measure of social-emotional health for teachers - adapted the Social-Emotional Health Survey-Higher Education (SEHS-HE; Furlong et al., 2017) and modified by Eva Gajdosova in 10 items by the agreement of the author prof. Michael J. Furlong (2018).

SEHS-T assesses latent trait covitality and four primary domains – belief-in-self (BIS), belief-in-others (BIO), EC emotional competence (EC) and engaged living (EL). The first domain, BIS, consists of 3 subscales derived from the social-emotional learning theories and self-determination theory: self-efficacy,

persistence, and self-awareness (Bandura et al.,1996; Durlak et al., 2011; Malinen et al., 2013). The second domain, BIO, has 3 subscales related to resilience construct: family support, institutional support and colleague support. The third domain, EC, consists of 3 subscales based on constructs from social-emotional learning theories: cognitive reappraisal, self-regulation and empathy. The last domain, EL, consists of 3 subscales based on positive psychology constructs: gratitude, zest and optimism (Furlong et al., 2014).

Overall SEHS-T consists of 12 subscales and 48 items rated on a scale from 1 (very much unlike me) to 6 (very much like me), with covitality scores ranging between 48 to 288. The level of covitality has been interpreted as low, moderate and high, as shown in Table 2.

Internal consistency of SEHS-T in the present study was assessed with Cronbach's alfa. Covitality showed strong internal consistency with Cronbach's α. = 0.95 (Slovak sample) and .94 (Latvian sample). See Table 1.

*Table 1 **SEHS-T Internal consistency** (Cronbach´s alfa)*

	Slovakia / Latvia
Covitality	.95 / .94
Belief-in-Self	.87 / .81
Belief-in-Others	.86 / .83
motional Competence	.84 / .81
Engaged Living	.91 / .83

*Table 2 **Scoring of Social-Emotional Health Survey-Teachers SEHS-T***

SEHS-T	High level	Moderate level	Low level	Min.	Max.
	> 208	128-207	< 127	48	288
SEHS-T Domains	High level	Moderate level	Low level	Min.	Max.
	> 52	32-51	< 31	12	72
SEHS-T indicators	High level	Moderate level	Low level	Min.	Max.
	> 18	11-17	< 10	4	24

Resilience scale RS (Wagnild & Young, 1993) is a measure used to assessment an individual resilience with two subscales: personal competence and acceptance of self. RS contains of 25 items which are rated on a 7-point Likert style scale (1 = *strongly disagree* to 7 = *strongly agree*). Total score ranges between 25 to 175 and is interpreted as shown in Table 3.

*Table 3 **Scoring of Resilience Scale RS***

Resilience Scale RS	Moderately high and high level	Moderately low to moderate level	Low level	Min.	Max.
	> 145	116-144	< 115	25	175

Wagnild & Young (1993) analysed 12 studies conducted with RS with samples of varied age, education and socioeconomic background and found Cronbach 's alpha coefficients ranging between .72 to .94. RS has thus been shown to be a reliable and valid measure for assessment of resilience in various populations (Wagnild & Young, 1993).

In the present study reliability of RS was assessed with Cronbach's alpha coefficient. Reliability of the 25-item measure was very satisfactory, α .94 (in Slovak sample) and α = .89 (in Latvian sample).

Data Analyses

Data were analysed in SPSS (version 22). Internal consistency was assessed with Cronbach's alpha coefficients. Primary data were used to compute means, medians, standard deviations, and empirical ranges. Results were documented with boxplots and histograms. Relationships were analysed with Spearman's rank correlation formula; effect sizes were calculated with Eta coefficients. Normal distribution of data was assessed via histograms, skewness, and kurtosis of analysed variables, as well as with Shapiro-Wilk test. Due to non-normally distributed data, non-parametric tests, Mann-Whitney U Test, Wilcoxon Signed Rand Test and Kruskal-Wallis H Test were used for comparison of differences between the groups.

Results

Social-emotional health, covitality

Based on results of frequency analyses, high level of covitality was found in 91,2% Slovak participants and moderate level in 8,8% Slovak teachers. The same situation is in the Latvian sample. 76,10% of Latvian teachers reported high level of covitality, and 23,9% teachers had moderate level. None of the Slovak and Latvian participants reported low level of covitality.

Results for individual domains of social-emotional health are shown in Table 4 and Table 5.

*Table 4 **Covitality level of Slovak teachers** (created by the authors)*

	Covitality	Belief-in-Self	Belief-In-Others	Emotional Competence	Engaged Living
Low		.30	.80		.50
Average	8.80	11.50	12.80	8.50	16.50
High	91.30	88.30	86.50	91.50	83.00
Total	100.00	100.00	100.00	100.00	100.00

*Table 5 **Covitality level of Latvian teachers** (created by the authors)*

	Covitality	Belief-in-Self	Belief-in-Others	Emotional Competence	Engaged Living
Low		.50	.30	.30	.30
Average	23.90	38.00	27.30	14.80	24.70
High	76.10	61.50	72.50	85.00	75.10
Total	100.00	100.00	100.00	100.00	100.00

The research results showed the highest covality level of Slovak teachers in comparison with Latvian teachers (p <.001, r = .36). There was found a big difference in covitality in the clue domain Belief in Self in favour of Slovak teachers (p <.001; r = .44), but in other domains there were only average differences (Tables 6,7,8). Analysis of covitality indicators results in Latvian and Slovak sample found big differences in level of gratitude, empathy, self-awareness, and family support in favour of Slovak teachers. Latvian teachers reached high scores in cognitive reappraisal and optimism (p <.001).

*Table 6 **Comparison of the covitality level in Slovak and Latvian teachers**
(created by the authors)*

	Covitality	Belief-in-Self	Belief-in-Others	Emotional Competence	Engaged Living	Resilience
U	44599.00	39149.50	50689.00	52692.00	56562.50	47213.00
Z	-10.20	-12.51	-8.98	-8.37	-6.44	-10.03
P		<.001	<.001	<.001	<.001	<.001
r	.36	.44	.32	.30	.23	.35

*Table 7 **Comparison of the covitality indicators level in Slovak and Latvian teachers**
(part 1) (created by the authors)*

	Self-Efficacy	Persistence	Self-Awareness	Family Support	Institutional Support	Colleague Support
U	50324.50	49432.50	34065.50	34039.50	79138.50	49800.50
Z	-9.16	-9.40	-14.14	-14.14	-.27	-9.31
P	<.001	<.001	<.001	<.001	.79	<.001
R	.32	.33	.50	.50	.01	.33

*Table 8 **Comparison of the covitality indicators level in Slovak and Latvian teachers**
(part 2) (created by the authors)*

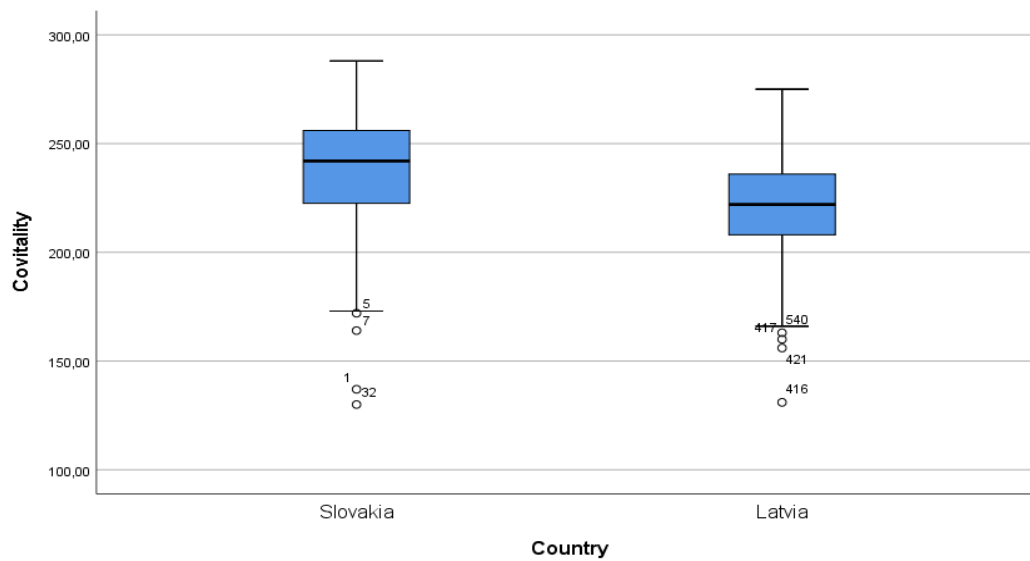|	Cognitive Reappraisal	Empathy	Self-Regulation	Gratitude	Zest	Optimism
U	65750.50	25859.00	54302.00	15383.50	78693.50	67841.00
Z	-4.39	-16.68	-7.93	-20.07	-.40	-2.90
p	<.001	<.001	<.001	<.001	.69	.01
r	.16	.59	.28	.71	.01	.10

Figure 1 **Covitality of Slovak and Latvian participants** *(created by the authors)*

Descriptive statistics results showed high covitality median for Slovak sample (*Mdn* = 242) and for Latvian sample (*Mdn* = 222) and high scores for covitality domains. Covitality empirical range was 130-288 (Slovakia) and 131-275 (Latvia), empirical maximum of four covitality domains was at 68 -72 points, as presented in Table 9.

Table 9 **Descriptive statistics of covitality and covitality domains** *(created by the authors)*

Country		Covitality	Belief-in-Self	Belief-in-Others	Emotional Competence	Engaged Living	Resilience
Slovakia	Mean	238.65	59.65	59.51	60.66	58.84	142.08
	SD	24.75	7.22	8.14	6.53	8.04	18.71
	Median	242.00	60.00	61.00	61.00	60.00	145.00
	Minimum	130.00	19.00	25.00	36.00	16.00	28.00
	Maximum	288.00	72.00	72.00	72.00	72.00	175.00
	Kurtosis	1.23	2.06	1.46	.57	1.80	4.60
	Skewness	-.76	-.75	-1.03	-.63	-.89	-1.27
Latvia	Mean	221.54	53.16	55.32	57.10	55.91	130.60
	SD	21.96	6.66	6.36	5.84	6.07	15.23
	Median	222.00	54.00	56.00	57.00	56.00	132.00
	Minimum	131.00	18.00	26.00	22.00	30.00	87.00
	Maximum	275.00	72.00	70.00	69.00	68.00	167.00
	Kurtosis	.33	1.85	.52	3.11	.29	-.27
	Skewness	-.38	-.68	-.42	-.84	-.34	-.19

Resilience

Median score of resilience in Slovakia was 145 at high level of resilience, with empirical range 28 to 175 and median score of resilience in Latvia was 132

with empirical range 87-167. The results confirmed moderate level in teachers of both countries. Descriptive statistics are reported in Table 10.

According to frequency analysis results, very low and low level of resilience was found in 6,8% of Slovak teachers and 17,3% of Latvian teachers. Average level was found in 36% Latvian participants and 28% Slovak participants and high average level, and high level was found in 15,8% of Latvian teachers, with 47,6% Slovak teachers (Table 11,12). But there was statistical difference in the level of resilience between Slovak and Latvian samples (p <.001; r = .35). Slovak teachers scored higher.

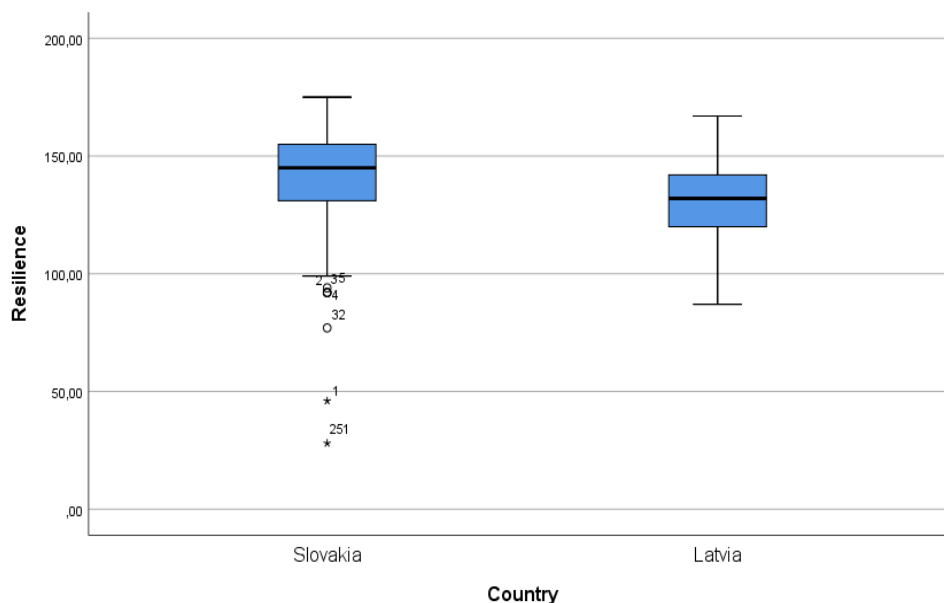*Figure 2* **Resilience level (Slovakia/Latvia)** *(created by the authors)*

Item frequency analysis showed some positive results, e.g., 84% Slovak teachers provided positive ratings to item "*My life has meaning*". Teachers rated independence (83%), pride in accomplishment (81.6%), reliability (78.6%), ability to cope in life (82.6%) with highest scale scores 6 and 7 (1 = *strongly disagree* to 7 = *strongly agree*). Limits of Slovak teachers were found in admitting of problems (29.5% does not admit a problem, 25% has difficulties with admitting a problem). 39.8% teachers can face adversities, 35.8% do not dwell on things they can't do anything about, 53,3% are able to get through hard times, 61% reported they have enough energy for everyday activities and 63.3% reported they are able find a way out of difficult situation.

70.1% Latvian teachers scored high in the item "*dependent on myself*" and 63.3% participants *kept interested in things*. 49.8% teachers in Latvia emphasised "*My belief in myself gets me through hard times*". Only 43.6% Latvian participants provided high ratings to item "*I can usually look at a situation in a number of ways*".

Correlations between resilience and covitality

Significant positive strong correlation was found between resilience and covitality, in Slovak teachers r_s=. 76[**] and in Latvian teachers r_s=. 66[**]. Significant high and moderate positive correlations were found also between resilience and four domains and twelve covitality indicators: strong correlations were found between resilience and BIS (r_s= .68[**], r_s= .57[**]), resilience and BIS (r_s= .68[**], r_s= .57[**]), resilience and EC (r_s= .61[**], r_s= .60[**]) and resilience and EL (r_s= .72[**], r_s= .58[**]).

But there are differences in correlations between resilience and covitality in psychological indicators of Slovak and Latvian participants, e.g. resilience and colleague support (r_s= .31[**], r_s= .56[**]) or resilience and institutional support (r_s = . 44[**], r_s= .65[**]). In Latvian sample there were correlations higher (Table 13).

*Table 10 **Correlations between resilience and covitality, covitality domains and indicators***
(created by the authors)

(Slovakia/ Latvia)	Resilience
Covitality	.76[**] / .66[**]
Belief-in-Self	.68[**] / .57[**]
Belief-in-Others	.49[**] / .61[**]
Emotional Competence	.61[**] / .60[**]
Engaged Living	.72[**] / .58[**]
Self-Efficacy	.66[**] / .45[**]
Persistence	.54[**] / .49[**]
Self-Awareness	.53[**] / .55[**]
Family Support	.39[**] / .37[**]
Institutional Support	.44[**] / .65[**]
Collegaue Support	.31[**] / .56[**]
Cognitive Reappraisal	.63[**] / .39[**]
Empathy	.39[**] / .56[**]
Self-Regulation	.40[**] / .54[**]
Gratitude	.45[**] / .44[**]
Zest	.66[**] / .51[**]
Optimism	.65[**] / .58[**]

** p < .001

Covitality domains and indicators as predictors of resilience

Based on results of regression analysis, three covitality domains, EL, BIS and EC (R^2=0.61; p<0,001), and seven covitality indicators, self-efficacy, zest, self-regulation, optimism, cognitive reappraisal, gratitude, colleague support, were identified as predictors of resilience (R^2=0.62; p<0,001). Based on the results of frequency analyses and teacher responses most significant limits were identified for institutional support and optimism. These areas should be addressed by targeted activities aiming to support teacher mental health in the next project phase.

Covitality of Slovak and Latvian participants

Descriptive statistics results showed high covitality median for Slovak sample (Mdn = 242) and for Latvian sample (Mdn = 222) and high scores for covitality domains. Covitality empirical range was 130-288 (Slovakia) and 131-275 (Latvia), empirical maximum of four covitality domains was at 68 -72 points, as presented in Table 10. The item frequency analysis indicated that in the domain BIS, participants responded with 5 to 6 points (on a scale from 1 = very much unlike me to 6 = very much like me), to almost all items for individual psychological indicators self-efficacy and self-awareness (60 % – 85% of participants). In the domain BIO, over 70% of Slovak participants reported high scores in indicator family support. 86.3% of Slovak participants responded that family is their source of support in challenging times and 85.8% of Slovak participants rated high sense of togetherness in family. Latvian teachers scored lower in these items (51.5% and 60.8%). But 67.3% of Latvian participants scored high in indicator colleague support and 60.8% of teachers reported strong sense of togetherness at school. Only 35, 6% of Slovak teachers rated the item of colleague and school support at high level and 12.8% negatively (1 and 2 scale points). Very similar results were found for item "Outside of my friends, there are other people at school who care about my well-being" (52.5%). 30.5% of participants responded with medium level ratings and 7% with low ratings.

Responses in the domain EC were rated with scale points 5 to 6 in both samples. In empathy indicator, 90% of Slovak participants responded with highest scores to following items: "I feel badly when my colleagues are put down "(93,8%), "I'm aware of others hardships" (91.8%) and "I try to understand how other people feel and think" (85.6%). The Latvian teachers scored at lower level.

In the domain EL, only indicator gratitude was assessed with points 5 to 6 by over 90% of participants ("When I reflect on my life, there is much to be grateful for"(95.8%), or "I appreciate those who are close to me" (98.5%). In this domain, in indicators zest and optimism, scores were found to be lower, e.g., for item "I feel energetic in my life right now "only 49.5% of participants used high ratings, 42.3% used medium ratings and 8.3% reported lack of energy. Situation is quite different and very positive in Latvian participants. E.g., 84.5% Latvian teachers scored very high in the item "I am able to stay positive even when facing uncertain situations", but only 53% Slovak teachers. The same situation is in the item "Each day I look forward to having a lot of fun" (63.3% Latvian teachers and only 38.3% Slovak teachers).

Discussion

The aim of current study was to examine the level of covitality and resilience in Slovak and Latvian teachers and to investigate relationships between these constructs. Results showed that over 90% of Slovak and Latvian teachers reported high level of covitality and over 80% of teachers reported high level of covitality domains (BIS, BIO, EC, EL).

Limits in resilience were identified in the domain of problem solving and coping as well as in the domain of energy, enthusiasm for activities. The resilience of teachers in Latvia and Slovakia showed the level between high and average/moderate level.

The teachers' socio-emotional health was positively correlated with resilience. The correlations between the covitality and its key domains and the resilience are on very high level, especially the Emotional Competence and the Belief of Self. Namely, the optimism was highly positively correlated with the resilience.

The results of the research have several practical implications concerning the design and subsequent implementation of measures to improve the social and emotional health and resilience of teachers in the countries.

Author note

This study was conducted as part of the research project Erasmus+ „Supporting teachers to face the challenge of distance teaching (PERSONA)", which primary aim is, based on research results, to introduce effective complex program for teachers targeting mental health and personal competencies to help them cope with present requirements in the field of education.

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