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PSIHOLOĢISKĀS PALĪDZĪBAS SNIEDZĒJU PROFESIONĀLĀS IDENTITĀTES APTAUJA: ATTĪSTĪBA UN VALIDĒŠANA

Professional Identity Questionnaire for Psychological Help Providers: Development and Validation

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Abstract. *The aim of this research was to develop multiscale questionnaire of professional identity (PI) and to test its psychometric properties. This research was conducted in 3 phases. During the first phase a scoping review, a focus group discussion, and a rapid literature review were conducted to identify the criteria of PI. Survey items were constructed and assessed in the second phase. The data were collected, and the psychometric properties were examined in the third phase. The survey was completed by 239 psychological help providers in Latvia (psychiatrists (n = 13), nurses (n = 37), psychotherapists (n = 8), art therapists (n = 45), psychologists (n = 55), psychotherapy specialists (n = 28) and social workers (n = 53)) aged between 22 and 80 years (M = 45.8; SD = 10.6) of which 95% women (n = 227) and 5% men (n = 12). As a result, 8 factors structure was confirmed (k = 38). Overall, it can be concluded that the survey examines a unified phenomenon, and the items are internally consistent on all scales (α = .715 - .873). The development of this questionnaire is an important step towards the research of PI.*
Keywords: *professional identity, psychological help, psychological help providers.*

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Ievads
Introduction

Spēcīga un dinamiska profesionālā identitāte (PI) ne tikai rezultējas ar personisku, sociālu un profesionālu piepildījumu, bet ir arī saistīta ar profesijas attīstību un ilgtspēju (Spurgeon, 2012). PI veidošanās ietver personības īpašību, vērtību, pieredzes, sociālās mijiedarbības aspektu un profesijas vērtību un normu integrāciju (Skorikov et al., 2011; Vignoles et al., 2011). PI teorijas un mērīšanas instrumentu izpēte parāda, cik fragmentēti ir pētījumi par PI konstrukta mērīšanu psiholoģiskās palīdzības sniedzējiem (Akmane et al., 2020). Tie lielākoties ietver PI aspektu definēšanu un mērīšanu, bet neaptver visu konstruktu. Tāpēc ir nozīmīgi izveidot visaptverošu instrumentu PI mērīšanai psiholoģiskās palīdzības sniedzējiem. Ir svarīgi izpētīt,kādi ir psiholoģiskās palīdzības sniedzēju PI raksturojumi (Spurgeon, 2012; Woo et al., 2015), lai labāk izprastu psiholoģiskās palīdzības sniedzēju profesionālās robežas.

Pētījuma mērķis bija izveidot daudzpusīgu PI aptauju psiholoģiskās palīdzības sniedzējiem un pārbaudīt tās psihometriskos rādītājus.

PI pētnieki 2020.gadā veica sagatavošanās darbu psiholoģiskās palīdzības sniedzēju PI aptaujas izveidei. Lai identificētu psiholoģiskās palīdzības sniedzēju PI veidojošos kritērijus, tika veikts ātrais literatūras pārskats par psiholoģiskās palīdzības sniedzēju PI mērīšanas instrumentiem (Akmane et al., 2020), darbības jomas pārskats par mākslas terapeita PI (Drunka, 2021) un fokusgrupas diskusija par mākslas terapeita PI veidošanos (Kolmane, 2021). Ātrajā literatūras pārskatā, tāpat kā darbības jomas pārskatā un fokusgrupas diskusijā tika identificētas PI veidojošas satura vienības. Balstoties uz identificētajām satura vienībām, pētnieku grupa veidoja pantus visaptverošai aptaujai psiholoģiskās palīdzības sniedzēju PI mērīšanai. Tika izveidota "Psiholoģiskās palīdzības sniedzēju profesionālās identitātes aptauja" sākotnējā versija (PPS PI V1), kurā tika izdalītas 12 skalas: "Profesionālais pašvērtējums un pašefektivitāte"; "Profesionālā pašrefleksija"; "Praktizēšana profesijā"; "Personības īpašības, vērtības un iekšējie motīvi"; "Profesionālā attīstība un pilnveide"; "Profesionālā izdegšana un saistību pārvērtēšana"; "Savstarpējās profesionālās attiecības"; "Iesaistīšanās uzvedība"; "Zināšanas par profesiju"; "Piederības izjūta"; "Profesijas ilgtspēja"; "Apmierinātība ar darbu".

Metode
Method

Pētījumā piedalījās N = 239 psiholoģiskās palīdzības sniedzēji (psihiatri (n = 13), garīgās veselības aprūpes māsas (n = 34), ārsti psihoterapeiti (n = 8), mākslas terapeiti (n = 45), psihologi (n = 55), psihoterapijas speciālisti (n = 28)

un sociālie darbinieki (*n* = 53), citi speciālisti (*n* = 3)) vecumā no 22 līdz 80 gadiem (*M* = 45.8; *SD* = 10.6), no tiem 95% sievietes (*n* = 227) un 5% vīrieši (*n* = 12).

Datu ievākšanai tika izmantota "Psiholoģiskās palīdzības sniedzēju profesionālās identitātes aptauja" sākotnējā versija (PPS PI V1). Aptaujas 12 skalas ietvēra 91 pantu. 90 apgalvojumi respondentiem bija jānovērtē izmantojot Likerta skalu, kur piedāvātie atbilžu varianti bija no 1 - „nepiekrītu" līdz 5 - „piekrītu". Viens papildus apgalvojums "Man ir bijusi vēlme pamest vai mainīt savu profesiju", respondentiem bija jānovērtē apstiprinoši vai noliedzoši (Jā/Nē). Papildus aptaujā tika iekļauta sociāli demogrāfisko datu daļa, kas sastāvēja no 12 jautājumiem par respondentu vispārīgu informāciju (dzimumu, vecumu, dzīvesvieta), izglītību, nodarbinātību, profesionālo pieredzi u.c.

Aptauja izsūtīta elektroniskā formātā 2020.gada novembrī psiholoģiskās palīdzības sniedzēju profesionālajām organizācijām, kas nosūtīja aptaujas elektronisko saiti saviem biedriem. Dalībnieki tika informēti par aptaujas autoriem, mērķi, struktūru un aizpildīšanai nepieciešamo laiku, kā arī to, ka dalība pētījumā ir brīvprātīga, anonīma un datu apstrādē tiks ievērota konfidencialitāte. Izpildot un iesniedzot aptauju, dalībnieki apliecināja piekrišanu dalībai pētījumā.

Rezultāti
Results

Kaizera–Maiera–Olkena izlases adekvātuma mērs (KMO = .845) un Bārtletatesta (*Bartlet's Test*) (Bārtleta tests p < .001) rezultāti liecina, ka pastāv faktoru struktūra un izpētošo faktoranalīzi atļauts izmantot. Faktoruanalīzes (*Eigenvaluebased*) rezultātā ar Varimaksa rotāciju identificētas 22 skalas (izskaidro 61,6 % dispersiju). Veicot atkārtotu Faktoru analīzi (*Fixed number of factors*), izveidotas 12 skalas (izskaidro 50% dispersiju), kas daļēji atbilst sākotnējam skalu sadalījumam. Izvērtējot faktoru struktūru, tika apskatīts, vai visi apgalvojumi pirms rotācijas sniedz ieguldījumu vienā faktorā (faktoru svari virs .4), tādējādiraksturojotvienukopīgulatentopazīmiprofesionāloidentitāti. Tika novērtēts, vai pēc rotācijas dispersijas daļas katram faktoram ir virs 5%. Papildus saturiski izvērtēti un izslēgti apgalvojumi, kuru faktoru svari nevienā faktorā pēc rotācijas nebija lielāki par .40.

Aprēķinot korelācijas koeficientu starp apgalvojumiem, tika noskaidrots, ka pastāv augsta korelācija (lielāks par .80) starp apgalvojumiem: "F3 / Es redzu ieguvumus savā profesionālajā attīstībā no dalības supervīzijās" un "C5 / Supervīzijas palīdz man izzināt sevi kā profesionāli"; "I6 / Citi profesionāļi (multidisciplinārās komandas locekļi, kolēģi u.c.) mani atzīst kā profesionāli savā jomā", un "I7 / Citi profesionāļi (multidisciplinārās komandas locekļi, kolēģi u.c.)

mani uztver kā līdzvērtīgu". Izvērtējot saturiski un izvērtējot pēc faktoru svara lieluma, tika iekļauti apgalvojumi: F3 un I6.

Rezultātā, balstoties uz izpētošās faktoru analīzes rezultātiem, izveidojās astoņi faktori, kas ietvēra 38 apgalvojumus (skat. 1. tabulu): F1 sastāv no 9 apgalvojumiem (faktoru svari .760 - .440); F2 sastāv no 7 apgalvojumiem (faktoru svari .778 – .414); F3 sastāv no 3 apgalvojumiem (faktoru svari .897 - .625); F4 sastāv no 5 apgalvojumiem (faktoru svari .588 - .423); F5 sastāv no 4 apgalvojumiem (faktoru svari .757 - .497); F6 sastāv no 3 apgalvojumiem (faktoru svari .860 - .640); F7 sastāv no 4 apgalvojumiem (faktoru svari .757 - .458); F8 sastāv no 3 apgalvojumiem (faktoru svari .671 - .542) Faktori izskaidro 54,581% no dispersijas. Pamatojoties uz iegūtajiem rezultātiem tika izveidota "Psiholoģiskās palīdzības sniedzēju profesionālās identitātes aptauja" gala versija (PPS PI V2).

1. tabula. ***Komponentu analīzes rezultāti ar Varimaksa rotāciju pēc faktoru satura izvērtēšanas***

Table 1 ***Results of Component Analysis with Varimax Rotation After Evaluation of Factor Content***

Aptaujas panti	*Faktoru svari*								
	Pirms rotācijas	***F1***	***F2***	***F3***	***F4***	***F5***	***F6***	***F7***	***F8***
B8 / Es izjūtu gandarījumu, strādājot savā profesijā	.70	**.76**	.15	.17	.15	.04	.04	.09	.28
B5 / Esmu motivēts strādāt savā profesijā	.59	**.73**	.25	.04	.13	.10	.09	.03	-.03
B1 / Esmu apmierināts ar savu darbu profesijā	.56	**.65**	.02	.15	-.06	.27	.12	.09	.12
B7 / Es jūtos lepns, strādājot savā profesijā	.70	**.65**	.16	.17	.20	.01	.04	.11	.42
B9 / Man patīk būt par savas profesijas pārstāvi	.71	**.60**	.15	.30	.13	.12	.05	.03	.45
B4 / Es esmu apmierināts ar darba apstākļiem	.41	**.58**	.08	.07	.02	.10	.07	-.03	-.08
G9 / Dažkārt domāju, ka citas profesijas izvēle man ļautu dzīvot veiksmīgāk	.50	**-.51**	-.12	-.05	-.10	-.09	-.06	-.12	-.19
A1 / Es redzu dinamiku savā profesionālajā izaugsmē darbā ar klientu vai pacientu	.51	**.47**	**.43**	.04	-.02	.20	.13	.12	-.12
K5 / Man ir iespēja darbā realizēt savas profesijas darbības pamatprincipus	.61	**.44**	.16	.12	.36	.22	.10	.16	.04

F3 / Es redzu ieguvumus savā profesionālajā attīstībā no dalības supervīzijās	.52	.15	**.78**	.10	.12	-.04	.02	.10	.18
F4 / Es piedalos supervīzijās kā dalībnieks	.40	.05	**.63**	.02	.26	-.02	.11	.02	.08
F6 / Es piedzīvoju profesionālo izaugsmi līdz ar klientu vai pacientu	.57	.36	**.48**	.13	.15	.14	.12	.12	.00
C2 / Es izmantoju kolēģu sniegto atgriezenisko saiti pašrefleksijas nolūkos	.51	.29	**.43**	.13	-.04	.11	.16	.19	.12
F5 / Es profesionāli pilnveidojos personīgajā psihoterapijā	.46	.31	**.43**	-.05	.19	.05	-.05	.13	.14
C4 / Es gūstu vērtīgas atziņas par sevi profesijā, komunicējot ar savas jomas profesionāļiem	.48	.13	**.42**	.33	.02	.10	.01	.13	.22
C6 / Domāšana par sevi profesijā man palīdz labāk saprast, kāds es esmu kā profesionālis	.58	.26	**.41**	.33	.23	.05	.07	.14	.20
M2 / Man ir svarīga manas profesijas nākotne	.55	.15	.06	**.90**	.10	.05	.09	.19	.08
M3 / Man ir svarīgi, ka mana profesija ir ilgtspējīga	.53	.20	.09	**.66**	.18	.12	.04	.10	.11
M1 / Man ir svarīga manas profesijas attīstība	.57	.17	.15	**.63**	.23	.05	.11	.22	.07
K8 / Es spēju izskaidrot nezinātājam unikālo manā profesijā, kas atšķir to no citām līdzīgām	.51	.11	.12	.19	**.59**	.09	.17	.14	.08
K7 / Es izprotu līdzības un atšķirības starp savu profesiju un citām palīdzošām profesijām	.45	.09	.07	.09	**.55**	.15	.09	.19	.09
K6 / Esmu iepazinies ar profesionālo literatūru savā profesijā	.43	.10	.13	.09	**.51**	.17	.12	.10	.02
K10 / Es pārzinu ētikas vadlīnijas savā profesijā	.48	.06	.12	.15	**.48**	.14	.22	.22	.05
K11 / Es zinu, kur vērsties gadījumā, ja rastos jautājumi par profesionālo ētiku	.52	.08	.24	.06	**.42**	.07	.21	.25	.21

A4 / Es esmu pārliecināts par savām profesionālajām prasmēm	.51	.17	-.01	.00	.14	**.76**	.09	.21	.18
A3 / Es esmu pārliecināts par savām profesionālajām spējām	.56	.26	.01	.03	.17	**.74**	.08	.15	.20
D1 / Kā profesionālis es esmu atradis savu individuālo pieeju darbam	.47	.11	.05	.14	.28	**.62**	.12	.09	.03
A2 / Es veiksmīgi sevi pozicionēju savā profesionālās darbības jomā	.63	.32	.23	.19	.13	**.50**	.25	.15	.04
I5 / Multidisciplinārās komandas profesionāļi mani pieņem kā profesionālās komandas locekli	.53	.17	.07	.05	.23	.06	**.86**	.09	.10
I6 / Citi profesionāļi mani atzīst kā profesionāli savā jomā	.55	.12	.18	.02	.27	.25	**.73**	.11	.06
L6 / Izjūtu piederību multidisciplinārai komandai	.47	.10	.02	.14	.16	.10	**.64**	.16	.17
J8 / Es sekoju progresam savā profesijā	.55	.12	.14	.18	.15	.16	.11	**.76**	.03
J9 / Es interesējos par notiekošo savā profesijā	.48	.08	.10	.18	.12	.16	.07	**.62**	.14
J5 / Es iesaistos diskusijās par atšķirībām lomās manā un citās psiholoģiskās palīdzības profesijās	.41	.02	.14	.01	.20	.07	.08	**.56**	.04
J10 / Es izglītoju sabiedrību par savu profesiju	.44	.09	.05	.19	.24	.09	.10	**.46**	.09
L3 / Jūtos piederīgs profesionāļu saimei savā profesijā	.59	.16	.28	.08	.04	.22	.13	.16	**.67**
L4 / Spēju pozitīvi identificēties ar savas profesijas pārstāvjiem	.60	.14	.18	.11	.15	.19	.24	.15	**.67**
L1 / Priecājos piederēt savai profesijai	.73	**.49**	.15	.32	.23	.10	.08	.02	**.54**
Īpašvērtība pēc rotācijas % no dispersijas		11.7	7.2	6.5	6.2	6.1	5.7	5.6	5.5

Piezīme. N=239. Treknrakstā katra apgalvojuma faktora svars (sakārtots no augstākā uz zemāko) konkrētajā skalā faktori izgūti ar galveno komponentu metodi, piemērojot varimaksa rotāciju.F1 = "Apmierinātība ar darbu"; F2 = "Profesionālā attīstība un pilnveide"; F3 = "Profesijas ilgtspēja"; F4 = "Zināšanas par profesiju"; F5 = "Profesionālais pašvērtējums un pašefektivitāte"; F6 = "Savstarpējās profesionālā sattiecības"; F7 = "Iesaistīšanās uzvedība"; F8 = "Piederības izjūta".

Tālāk tika pārbaudīti skalu Kronbaha alfa (α) rādītāji. Kā redzams 2. tabulā, Kronbaha alfa ir robežās no .72 līdz .87 un liecina par labu līdz ļoti labu iekšējo saskaņotību visos astoņos faktoros.

2. tabula. ***Uzticamības indekss***
Table 2 ***Reliability Index***

Aptaujas skalas	*Pantu skaits*	*Likerta skala*	*Kronbaha α*
F1/Apmierinātība ar darbu	9	[1-5]	.87
F2/Profesionālā attīstība un pilnveide	7	[1-5]	.79
F3/Profesijas ilgtspēja	3	[1-5]	.84
F4/Zināšanas par profesiju	5	[1-5]	.74
F5/Profesionālais pašvērtējums un pašefektivitāte	4	[1-5]	.83
F6/Savstarpējās profesionālās attiecības	3	[1-5]	.85
F7/Iesaistīšanās uzvedība	4	[1-5]	.72
F8/Piederības izjūta	3	[1-5]	.82

Piezīme. N=239.

Tika aprēķināti arī pantu reakcijas un diskriminācijas indeksi katrā skalā (skat. 3. tabulu). Psiholoģiskās palīdzības sniedzēju profesionālās identitātes mērīšanas aptaujas apgalvojumi tika novērtēti vērtībās no 1 līdz 5, kas nosaka optimālo reakcijas indeksu intervālā no 1.4 līdz 4.2 (Raščevska, 2005).

3. tabula. ***PPS PI V2 aptaujas skalu pantu diskriminācijas un reakcijas indeksi***
Table 3 ***PPS PI V2 Discrimination and Response Indices of Survey Scale Articles***

Skalas un panti	*M*	*Diskr.*
Skalas "Apmierinātība ar darbu" panti		
Es izjūtu gandarījumu, strādājot savā profesijā	**4.43**	.79
Es jūtos lepns, strādājot savā profesijā	**4.39**	.70
Esmu motivēts strādāt savā profesijā	**4.29**	.73
Esmu apmierināts ar savu darbu profesijā	**4.31**	.64
Es esmu apmierināts ar darba apstākļiem	3.97	.60
Man patīk būt par savas profesijas pārstāvi	**4.64**	.68
Es redzu dinamiku savā profesionālajā izaugsmē darbā ar klientu vai pacientu	**4.37**	.53
Man ir iespēja darbā realizēt savas profesijas darbības pamatprincipus	**4.46**	.49
Dažkārt domāju, ka citas profesijas izvēle man ļautu dzīvot veiksmīgāk	3.68	.58
Skalas "Profesionālā attīstība un pilnveide" panti		
Es redzu ieguvumus savā profesionālajā attīstībā no dalības supervīzijās	4.15	.69
Es piedalos supervīzijās kā dalībnieks	**4.28**	.53

Es profesionāli pilnveidojos personīgajā psihoterapijā	3.41	.49
Es piedzīvoju profesionālo izaugsmi līdz ar klientu vai pacientu	4.19	.59
Es izmantoju kolēģu sniegto atgriezenisko saiti pašrefleksijas nolūkos	4.19	.48
Es gūstu vērtīgas atziņas par sevi profesijā, komunicējot ar savas jomas profesionāļiem	**4.53**	.47
Domāšana par sevi profesijā man palīdz labāk saprast, kāds es esmu kā profesionālis	**4.31**	.54
Skalas "Profesijas ilgtspēja" panti		
Man ir svarīga manas profesijas attīstība	**4.77**	.67
Man ir svarīga manas profesijas nākotne	**4.78**	**.80**
Man ir svarīgi, ka mana profesija ir ilgtspējīga (spējīga pastāvēt un attīstīties)	**4.82**	.66
Skalas "Zināšanas par profesiju" panti		
Esmu iepazinies ar profesionālo literatūru savā profesijā	**4.49**	.45
Es izprotu līdzības un atšķirības starp savu profesiju un citām palīdzošām profesijām	**4.59**	.54
Es spēju izskaidrot nezinātājam unikālo manā profesijā, kas atšķir to no citām līdzīgām	**4.46**	.56
Es pārzinu ētikas vadlīnijas savā profesijā	**4.68**	.57
Es zinu, kur vērsties gadījumā, ja rastos jautājumi par profesionālo ētiku	**4.46**	.48
Skalas "Profesionālais pašvērtējums un pašefektivitāte" panti		
Es veiksmīgi sevi pozicionēju savā profesionālās darbības jomā	4.18	.58
Es esmu pārliecināts par savām profesionālajām spējām	**4.23**	.73
Es esmu pārliecināts par savām profesionālajām prasmēm	4.20	.71
Kā profesionālis es esmu atradis savu individuālo pieeju darbam	**4.28**	.63
Skalas "Savstarpējās profesionālās attiecības" panti		
Multidisciplinārās komandas profesionāļi mani pieņem kā profesionālās komandas locekli	4.20	**.81**
Citi profesionāļi mani atzīst kā profesionāli savā jomā	**4.26**	.72
Izjūtu piederību multidisciplinārai komandai	4.07	.65
Skalas "Iesaistīšanās uzvedība" panti		
Es sekoju progresam savā profesijā	**4.39**	.60
Es interesējos par notiekošo savā profesijā	**4.65**	.53
Es izglītoju sabiedrību par savu profesiju	3.93	.53
Es iesaistos diskusijās par atšķirībām lomās manā un citās psiholoģiskās palīdzības profesijās	3.31	.56
Skalas "Piederības izjūta" panti		
Priecājos piederēt savai profesijai	**4.61**	.74
Jūtos piederīgs profesionāļu saimei savā profesijā	**4.41**	.69
Spēju pozitīvi identificēties ar savas profesijas pārstāvjiem	**4.49**	.56

Piezīmes. *N*=239. Treknrakstā iezīmēti apgalvojumi, kuri neatbilst pieņemtajām diskriminācijas un reakcijas indeksa robežām. Reakcijas indeksa robežas (M) = (no 1,2 līdz 4,2), diskriminācijas indeksa pieņemamās robežas (no .2 līdz .8).

Reakcijas indekss lielākajā daļā aptaujas pantu ir paaugstināts, kas norāda, ka respondenti atbild uz pantiem lielākoties ar augstiem novērtējumiem (4 – "drīzāk piekrītu"; 5 – "piekrītu"), bet nav neviena panta, uz kuru visi respondenti būtu atbildējuši ar visaugstāko (5) vai pretēji - viszemāko (1) novērtējumu, tādējādi neviens pants netika sākotnēji izņemts no aptaujas šī iemesla dēļ. Seši panti, kuru reakcijas indekss vērtējams kā ļoti augsts ($M > 4.5$), tika izvērtēti un, novērtējot to saturisko nozīmību, tika iekļauti izveidotajā aptaujā, pamatojoties uz pantu un izlases mijiedarbības specifiku, kas raksturojas ar savas jomas profesionāļiem, kas ir atbildīgi un motivēti attīstīt profesiju. Reakcijas indeksa vidējā vērtība piecās sakalās atrodas robežās no 1.4 līdz 4.2, bet trīs skalās "Profesijas ilgtspēja" ($M = 4.79$); "Zināšanas par profesiju" ($M = 4.54$); "Piederībasizjūta" ($M = 4.50$), respondentiem vērojama tendence likt augstākus vērtējumus. Apgalvojumi, kuru reakcijas indekss vērtējams kā ļoti augsts ($M > 4.5$) ir: "M3 / Man ir svarīgi, ka mana profesija ir ilgtspējīga"; "M2 / Man ir svarīga manas profesijas nākotne"; "M1 / Man ir svarīga manas profesijas attīstība"; "B9 / Man patīk būt par savas profesijas pārstāvi"; "J9 / Es interesējos par notiekošo savā profesijā"; "K10 / Es pārzinu ētikas vadlīnijas savā profesijā"; "L1 / Priecājos piederēt savai profesijai;" "C4 / Es gūstu vērtīgas atziņas par sevi profesijā, komunicējot ar savas jomas profesionāļiem"; "K7 / Es izprotu līdzības un atšķirības starp savu profesiju un citām palīdzošām profesijām" (skat. 3. tabulu). Var novērot, ka daļai no iekļautajiem pantiem pastāv sakarība starp respondentu vērtējumu un darba stāžu (Chi-square test, $\chi 2 < .05$), piemēram, pantiem: "A3 / Es esmu pārliecināts par savām profesionālajām spējām" ($M = 4.20$); "D1 / Kā profesionālis es esmu atradis savu individuālo pieeju darbam" ($M = 4.28$); "B9 / Man patīk būt par savas profesijas pārstāvi" ($M = 4.64$); "I6 / Citi profesionāļi (multidisciplinārās komandas locekļi, kolēģi u.c.) mani atzīst kā profesionāli savā jomā" ($M = 4.26$); "A4 / Es esmu pārliecināts par savām profesionālajām prasmēm" ($M = 4.20$); "M2 / Man ir svarīga manas profesijas nākotne" ($M = 4.78$).

Diskriminācijas indeksi kopumā atbilst zinātnē pieņemtiem psihometrikas rādītājiem un atrodas pieņemtajās robežās (.2 - .8). Izņēmums ir divi apgalvojumi (skalās: "Profesijas ilgtspēja" un "Savstarpējās profesionālās attiecības): "M2 / Man ir svarīga manas profesijas nākotne" (.802); "I5 / Multidisciplinārās komandas profesionāļi mani pieņem kā profesionālās komandas locekli" (.805) (skat. 3. tabulu).

Secinājumi
Conclusions

Gala aptaujas versijā "Psiholoģiskās palīdzības sniedzēju profesionālās identitātes aptauja" (PPS PI V2) netika iekļauta aptaujas sākotnējā versijā

izveidotā skala "Profesionālā izdegšana un saistību pārvērtēšana," jo tika izslēgti astoņi no deviņiem apgalvojumiem. Var secināt, ka profesionālā izdegšana nav PI raksturojošs kritērijs, bet gan ar to saistīts konstrukts. Pēc faktoru analīzes no izveidotās aptaujas tika izņemtas skalas: "Personības īpašības, vērtības un iekšējie motīvi" un "Praktizēšana profesijā". Šīs skalas pēc faktoru rotācijas katra ietvēra pa diviem apgalvojumiem. Šie faktori izskaidroja mazāk kā 5% no dispersijas. Pēc faktoru rotācijas nebija identificējama izveidotā skala "Profesionālā pašrefleksija" - skalas panti veidoja kopīgu faktoru ar pantiem no skalas "Profesionālā attīstība un pilnveide". Var secināt, ka profesionālā attīstība un pilnveide ietver arī tādu aspektu kā profesionālo pašrefleksiju. Tas saskan ar literatūrā aprakstīto, ka profesionālā pašrefleksija veicina indivīda kā savas jomas profesionāļa attīstību un pilnveidi (Vulcan, 2013).

Diskriminācijas indekss aptaujas pantiem katrā no tās skalām atbilst zinātnē pieņemtajiem rādītājiem, izņemot divus pantus, kam ir paaugstināti rādītāji. Iespējams, šie apgalvojumi ir visaptveroši vai līdzīgi pārējiem pantiem šajās skalās. Diskriminācijas indekss paaugstināts minimāli, tomēr izvērtēts pantu saturs un korelācija ar katru šo faktoru pantu atsevišķi, un šie panti tika iekļauti aptaujā. Reakcijas indekss lielākajā daļā aptaujas pantu ir paaugstināts. Pirmkārt, par to varētu liecināt ieinteresētība pētījumā par PI. Otrkārt, lielākā daļa respondentu (n = 158) (66%) ir sertificēti speciālisti, 61% no respondentiem (n = 146) bija ar darba stāžu virs deviņiem gadiem. Kronbaha alfa rādītāji visās skalās ir atbilstoši zinātnē pieņemtajam raksturojumam – skalas ir iekšēji saskaņotas un pēta vienotu pazīmi.

Pētījumam pastāv arī ierobežojumi, kā piemēram, nelielā izlase, nevienlīdzīgais respondentu sadalījums profesionālajās grupās, kā arī izlases specifika.

Nepieciešams turpināt aptaujas attīstību, lai nākotnē to pielietotu psiholoģiskās palīdzības sniedzēju PI raksturošanai un profesionālo robežu noteikšanai.

Summary

The aim of this research was to develop multiscale questionnaire of professional identity (PI) and to test its psychometric properties. The following research was conducted in 3 phases. During the first phase a scoping review, a focus group discussion with art therapists, and a rapid literature review were conducted to identify the criteria of PI. Survey items were constructed in line with the defined criteria in the second phase of the research, as well as the assessment of the constructed items was completed. The data were collected in the third phase, as well as the psychometric properties were examined. The survey was completed by 239 psychological help providers in Latvia. For this study the construct validity, the internal consistency of the scales, as well as the response and discrimination indexes were examined. As a result, 8 factors structure was confirmed. In general, it can be concluded that the survey examines a unified

phenomenon, and the items are internally consistent on all scales. Although the response indexes for six items are remarkably high, they are included in the questionnaire based on the item and the sample interlinkage specifics. Discrimination indexes generally meet the scientific requirements falling within the range from .45 to .81. The development of this questionnaire is an important step towards the research of PI, as there is no comprehensive instrument to measure this phenomenon.

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RELATIONSHIP BETWEEN PSYCHOLOGICAL RESILIENCE AND SELF-CARE STRATEGIES OF HEALTHCARE PROFESSIONALS DURING COVID-19 PANDEMIC IN LATVIA

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Abstract. *As the worldwide pandemic of Covid-19 continues, health-care professionals (HCP) have been exposed to different hazards, and there is a need to explore psychological resilience in crisis situations, and to give recommendations for its strengthening. The aim of this study was to examine relationship between psychological resilience and self-care strategies in HCP of Latvia, controlling for gender and age during Covid-19 pandemic, and to determine whether the psychological resilience and self-care strategies differ between HCP and professionals in other fields (POF) unrelated to healthcare. Method. The sample consisted of 1723 employees, who during the state of emergency continued to work in their profession; they were divided in two groups - 77 HCP (18 men, 59 women, age M = 46.23 (SD = 14.43)) and 1646 POF (720 men, 926 women, age M = 44.98 (SD = 11.93)) as comparison group. Specific data of national representative cross-sectional online survey (N = 2608), performed in July, 2020, were selected – demographic items, 7 items forming Psychological Resilience Scale and 17 item forming Self–care Strategies Questionnaire (consist of 4 scales: "Spiritual resources", "Social support", "Free time activities", "Time management"). Results. "Time management" was only predictive for Self-care strategy for psychological resilience in both HCP and POF group. Neither age nor gender predicted psychological resilience in HCP group. No statistically significant differences for major variables between HCP and POF were found. Conclusions. The results suggest that performing such Self-care activity as time management can help to promote psychological resilience of the employees regardless of profession. Given the*

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workload of HCP in pandemic, this is an important result. HCP psychological resilience and used self-care strategies during COVID-19 are not different from POF.
Keywords: *free time activities, healthcare professionals, psychological resilience, SARS-CoV-2, social support, spiritual resources, time management.*

Introduction

In March 2020, the government of Latvia as well as others countries in the European Union and elsewhere in the world declared a state of emergency due to the worldwide pandemic of Covid-19. Normal life of society has changed dramatically and, in the May 2020, the European Commission (2020) as a response to the crisis caused by pandemic published a Policy Brief which emphasizes importance of building emotional and social resilience.

While the population was assigned to social distancing, healthcare professionals (HCP) needed to stay alert and continue to take care of population`s health. The World Health Organization (WHO, 2020), governments of nations (e.g. Latvijas Vēstnesis, 2020, 62B) and scientists (Castelnuovo, Giorgio, Manzoni, Treadway, & Mohiyeddini, 2020) draw special attention to HCP as they have been exposed to different hazards and appropriate action has been settle as necessary to minimize potential damages. Additionally, in Cabinet of Ministry of Latvia Order No. 278 “National Research Program to Mitigate Consequences of COVID-19” a goal has been set to examine psychological resilience in crises situations and to give recommendations and guidelines for its strengthening among the overall population and in specific groups (Latvijas Vēstnesis, 2020, 96D).

Over the past few months, there has been an increase in scientific studies about psychological resilience during COVID-19 and self-care as one of the key links for its promotion. There is a wide variety in how psychological resilience construct has been defined and conceptualized, but its basic meaning is applicable on how individuals or groups can positively adapt to serious adversity (D. Fisher, Ragsdale, & E. Fisher, 2018). Adversity can vary from experienced difficulties in everyday life till major life events but evaluating positive adaptation context of adversity must be considered (Fletcher & Sarkar, 2013). Effective and/or healthy functioning despite of experienced difficulties demonstrates psychological resilience (Fisher et al., 2018). Resources and skills promoting greater psychological resilience can be learned (American Psychological Association, n.d., a). Regarding HCP healthy functioning during the COVID-19 pandemic the basic task is to explore mechanisms that would help HCP to demonstrate their psychological resilience in this extraordinary situation. In this study psychological resilience is viewed as a changeable phenomenon, which evolves based on experience and is expressed in (1) faith and conviction to handle every life

challenge, (2) find a solution for every difficult situation, (3) ability to accept life as it is, (4) ability to maintain internal balance and regain it after crises situations, and (5) sense of security for one's future (Perepjolkina & Mārtinsone, 2020).

Some studies have described importance of gender and age in relation to psychological resilience. In two extensive studies with 1719 participants aged from 19 to 103 (Lundman, Strandberg, Eisemann, Gustafson, & Brulin, 2007) and 3265 participants from 17 to 65+ (Portzky, Wagnild, De Bacquer, & Audenaert, 2010) results showed positive relation between age and psychological resilience, but role of gender was confirmed only by Portzky and colleagues (2010) and only to specific measurement where male participants scored higher. In a study conducted by Gínez-Silva, Astorga and Urchaga-Litago (2019) differences were explored by dividing participants in four age groups – adolescents (age range 16-18), young people (age range 19-25), adults–young (age range 26-25), adults (age range 46-65). Results showed that adults were more resilient than adolescents. As regards gender differences, opposite results were found in two groups – adolescent males were more resilient than adolescent women, but adult males were less resilient than adult women. More specific way how age may have an impact onto psychological resilience was shown in a study in which older and younger adults were compared. Overall, participants over 64 were more resilient than participants under 26, but in certain aspect of psychological resilience younger adults scored higher (Gooding, Hurst, Johnson, & Tarrier, 2012). As it can be seen, results showed tendency that age is associated with greater psychological resilience, but at the same time younger individuals can score higher in specific aspects. Association between gender and psychological resilience is ambiguous. If age and gender are relatively fixed potential predictors of psychological resilience, other potentially related factors can be developed, for example, different self-care strategies, and, furthermore, a hypothetical possibility to promote psychological resilience.

Self-care is defined as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (WHO, 2014). Historically medical ethics have always put emphasis on patient care and have ignored importance of HCP self-care (Irvine, 2009), but significant changes that HCP face in their working lives due to COVID-19 eventually have drawn society's attention to those who help and serve them in their sickness and health (Adams & Walls, 2020; Pfefferbaum & North, 2020; Unadkat & Farquhar, 2020).

Several self-care strategies used by people during pandemic are described in this study. They are as follows: a use of social support, engagement in different free time activities, time management and spiritual resources. Social support is defined as „the provision of assistance or comfort to others, typically to help them

cope with biological, psychological, and social stressors. It may take the form of practical help (e.g., doing chores, offering advice), tangible support that involves giving money or other direct material assistance, and emotional support that allows the individual to feel valued, accepted, and understood" (American Psychological Association, n.d., b). Social support can be provided by the family, friends and acquaintances, neighbors, co-workers, employers etc. According to Fisher and colleagues (2018), developed heuristic framework for resilience-related variables seeking emotional/ instrumental support is included as one of the resilience mechanisms – specific, helping responses to withstand adversity. In a qualitative study on community health workers insights of COVID-19, social support has been mentioned as a supporting resource (Mayfield-Johnson et al., 2020).

Another psychological resilience mechanism, included in the heuristic framework for resilience-related variables, is planning (Fisher et al., 218), which is a part of a self-care strategy - time management. Time management is „the practice of using the time that you have available in a useful and effective way, especially in your work" (Cambridge Dictionary, n.d., a). Time management can be considered as an important self-care strategy because workload and unwholesome rotation schedules are noted as a source of HCP psychological distress during pandemic (Muller et al., 2020). Time management is reflected in effective planning of time, compliance with the daily routine and balanced work and leisure time. Latest gives opportunity to practice another important self-care strategy – free time activities.

Free time activities are attributable to different desirable actions beside work, study etc. (Cambridge Dictionary, n.d., b), for example, doing hobbies, watching TV, serial, movies, reading or listening a book, walks, doing physical activities, sport. As Mayfield-Johnson and colleagues (2020) identified in their qualitative study, different free time activities according to individual wishes (walking, doing hobbies, watching videos etc.) had served as a self-care strategy to community health workers to deal with stress in COVID-19 pandemic. In addition to the mentioned free-time activities, another self-care strategy beneficial for HCP, which can be practiced in free time, is mindfulness meditation (Hofmeyer, Taylor, & Kennedy, 2020) and is considered as a spirituality practice.

Spirituality is defined as „a concern for God and sensitivity to religious experience, which may include the practice of a particular religion but may also exist without such practice" (American Psychological Association, n.d., c), it can be practiced through such resources as prayers and religious practices, belief in God and relay on God and His grace, spiritual practices and meditation, support from church and congregation. Spiritual resources have been considered as helpful self-care strategy in time of pandemics (Castañeda & Hernández-Cervantes, 2020).

The latest scientific articles discuss self-care promotion and enhance the HCP psychological resilience in pandemic emphasizing the meaning of self-care process planning (Mills, Ramachenderan, Chapman, Greenland, & Agar, 2020), ability of the leading specialists to promote subordinate self-care (Hofmeyer, & Taylor, 2020), different self-care daily practices (such as sleep hygiene, exercise, seeking for help, stay connected with others etc.), mindfulness meditation (Heath, Sommerfield, & von Ungern-Sternberg, 2020; Hofmeyer et al., 2020). Additionally, in qualitative study about HCP experiences during Covid-19 regarding to psychological resilience social-support and self-management (incl. devoting time to free time activities) strategies was identified as a source to cope with stress in a given situation where HCP needed to work in a new context (participants had no infectious disease expertise), where they experienced heavy workload, exhaustion from protective gear, fear of infection, and powerlessness (Liu et al., 2020). Study conducted by Hou et al. (2020) reports on social support protective relationships with mental health via resilience, thus confirming social support impact on psychological resilience.

As indicated, scientific literature reports on about significance of psychological resilience, self-care and its association in HCP during COVID-19, but as, it can be seen, at the moment there is limited information which would explain the direct impact of specific self-care strategies on psychological resilience during pandemic from a quantitative perspective.

This study was conducted in order to study the psychological resilience and its predictors during the pandemic to make recommendations for its strengthening. The aim of this study was to examine relationship between psychological resilience and self-care strategies in HCP of Latvia, controlling for gender and age, during the Covid-19 pandemic. An additional aim was set to determine whether the psychological resilience and self-care strategies differ between HCP and professionals in other fields (POF) unrelated to healthcare.

Methodology

Participants and procedure

This study is a part of a research project „Impact of COVID-19 on health care system and public health in Latvia: ways in preparing health sector for future epidemics", project No. VPP-COVID-2020/1-0011. Data collection was performed by research company considering ICC/ESOMAR International Code on Market, Opinion and Social Research and Data Analytics in July, 2020. Computer-assisted web interviewing technique was used – participants received individual invitation with a password and a link to the questionnaire on the

internet (in Latvian or Russian, according to the respondent's choice) by e-mail, questionnaire could be filled at a time chosen by the participant for a specified period of time.

The overall research project survey consisted of 27 thematic sections, for the purpose of this study specific items regarding to demographics (gender, age, education, marital status), psychological resilience and self-care were used.

Participants were selected from a nationally representative sample of Latvia (total N = 2608, valid N = 2606). The requirements for respondents were: he/she was an employee and during state of emergency continued to work in his/her profession (N = 1723). All participants were divided in two groups – healthcare professionals (HCP, N = 77), if they confirmed that they worked in healthcare services, and professionals of other fields unrelated to healthcare (POF, N = 1646) as comparison group. Sample characteristics are reported in Table 1.

Table 1 ***Socio-demographic Characteristic of Participants***

Characteristic	HCP-Sample N = 77	POF-Sample N = 1646
	n (%)	*n* (%)
Gender:		
Men	18 (23.4)	720 (43.7)
Women	59 (76.6)	926 (56.3)
Age	M = 46.23 (SD = 14.43)	M = 44.98 (SD = 11.93)
Education:		
Compulsory education (9 years of school)	0	30 (1.8)
Secondary / professional education (12 years of school)	24 (31.2)	515 (31.3)
Higher education (College or University degree)	53 (68.8)	1101 (66.9)
Marital Status:		
Married/engaged/cohabited	51 (66.2)	1135 (68.9)
Single, never married	10 (12.9)	281 (17.1)
Widowed or divorced	16 (20.8)	207 (12.6)
Missing	0	23 (1.4)

This study was fully reviewed and approved by the The Rīga Stradiņš University Research Ethics Committee (act No. 6-1/07/4).

Measures

Psychological Resilience Scale (Perepjolkina & Mārtinsone, 2020) is a 7-item measure which was used to assess the individual psychological resilience and was developed for research project „Impact of COVID-19 on healthcare system and public health in Latvia: ways in preparing health sector for future epidemics", project No. VPP-COVID-2020/1-0011. The respondent was asked to rate the degree to which he or she agrees with the statement on a 5-point scale from 1 (disagree) to 5 (agree), for example, "I believe I can handle any problem in life." A higher grade indicates also a higher level of psychological resilience. In the current study Cronbach`s alpha of the scale was 0.87.

Self-Care Strategies Questionnaire (SCSQ; Perepjolkina, Koļesņikova, Ruža, Bundzena-Ervika, & Mārtinsone, 2020) is 17-item self-report instrument which consists of 4 scales - "Spiritual resources" (4 items, strategies which build upon religious faiths, spiritual practices and church support), "Social support" (5 items, finding support from colleagues, friends, family members, employer, neighbors), "Free time activities" (5 items, strategies related to free time activities, such as physical activities, sport, to go on walks, to do hobbies, TV watching and book reading) and "Time management" (3 items, strategies focused on balancing work and leisure time, effective time management, and compliance with the healthy daily routine). Respondents were asked to assess the extent how helpful was the mentioned supportive mechanism in a state of emergency situation on a 6 - point scale from 1 (did not help at all) to 5 (helped a lot), 0 – was not used. A higher score indicates that strategy was more used and more helpful. In the current study the Cronbach`s alpha of scales was correspondingly 0.83 for "Spiritual resources", 0.87 for "Social support", 0.79 for "Free time activities" and 0.88 for "Time management".

Data analysis

Statistical analysis was performed using IMB SPSS Statistics software v.25. Cronbach's alpha was calculated to estimate each subscale's reliability. Descriptive statistics were calculated for demographical and main variables for HCP and POF group. The Independent samples T-test was used to test statistical differences between the means of HCP and POF group. Associations between Psychological resilience and Self-care strategies were analyzed by computing Pearson product-moment correlation coefficient, followed by Hierarchical linear regression analysis, with Psychological resilience as a dependent variable and scales of self-care strategies as predictors after controlling for gender and age in the first step.

Research Results

Descriptive statistics and group differences

Table 2 shows descriptive statistics and the Independent samples T-test statistics for major variables. For all five major variables, it was found, that there are no statistically significant differences between the two groups – HCP and POF. In both groups the average scores of Psychological resilience scale was slightly skewed to the high score direction.

Less frequently used self-care strategy in both groups is "Spiritual resources"; 67.5% in the HCP group and 63.5% in the POF group reported that they do not use any of self-care activities at all, related to this strategy (they got 0 points in this scale), in comparison to 27.3% in the HCP group and 19.7% in the POF group, who got 0 points in "Social support" sub-scale; 9.1% in the HCP group and 6.9% in the POF group, who got 0 points in "Free time activities" sub-scale, and 9.1% in the HCP group and 14.7% in the POF group, who got 0 points in "Time management" sub-scale. So, frequency and average tendency analysis revealed, that the most popular self-care strategy in both groups was "Free time activities", and almost the same popular in the HCP group, but slightly less in the POF group, was the "Time management" strategy.

Correlation and regression analysis

Table 2 ***Descriptive Statistics, Independent Samples T-test and Pearson Correlations for Major Variables in the HCP Group and POF Group***

	1	2	3	4	5
1. Psychological Resilience	--	.03	.06*	.10**	.21**
2. Spiritual Resources (SR)	.01	--	.30**	.23**	.19**
3. Social Support (SS)	-.04	.39**	--	.45**	.39**
4. Free Time Activities (FTA)	.23*	.27*	.50**	--	.59**
5. Time Management (TM)	.27*	.29*	.39**	.59**	--
HCP group, *M*(*SD*)	26.16 (5.58)	0.60 (1.07)	1.68 (1.39)	2.60 (1.39)	2.79 (1.48)
POF group, *M*(*SD*)	25.74 (4.71)	0.78 (1.27)	1.94 (1.39)	2.73 (1.34)	2.71 (1.60)
T	.74	-1.36	-1.58	-.83	.47

Note: ** $p < .01$, * $p < .05$. Below the diagonal correlation, coefficients obtained in the HCP group (healthcare professionals) are displayed; above the diagonal, correlation coefficients obtained in the POF-group (professionals of other fields unrelated to healthcare) are displayed. Scores of SR, SS, FTA and TM sub-scales of SCSQ can vary from 0 to 5 points. Scores of Psychological Resilience can vary from 7 to 35 points.

To test associations between psychological resilience and four self-care strategies, Pearson correlations were computed. It was found (Table 2), that in the HCP group only two self-care strategies – "Free time activities" and "Time management" showed a weak positive statistically significant correlation with psychological resilience. In the POF group a weak positive statistically significant correlation was found between psychological resilience and "Time management", and a very weak, but statistically significant correlation between psychological resilience and two more self-care strategies: "Free time activities" and "Social support".

At the next stage of data analysis, hierarchical linear regression analysis was carried out to find out which of the self-help strategies allow predicting psychological resilience in the HCP group and the POF group after controlling for demographic variables. Psychological resilience scale's score was included as a dependent variable to be predicted by age and gender in Step 1 (Enter method was used), and by "Time management" and "Free time activities" in Step 2 (a Stepwise method was used). This analysis was done for each sample separately.

Obtained results are presented in Table 3 and 4. One can see that in the HCP group in the First step neither age nor gender was predicting Psychological resilience. The model in the First step was not statistically significant (Table 3). In the next step "Time management" was found to be predictive for Psychological resilience, and accounted for 7.8% of variance in Psychological resilience (B = 1.07, SE = .43, β = .28, p = .015, ΔF(1, 73) = 6.15, p = .015), but the overall model is not statistically significant (F(3, 73) = 2.09, p = .109).

Table 3 ***Hierarchical Regression Analysis Predicting Psychological Resilience in the HCP Group***

Step	*Predictor*	*Unstandardized coefficients*		*Standardized coefficients*		R^2	R^2 *change*	*F*	*p*
		B	*SE*	*ß*	*p*				
1						.001	.001	.05	.948
	Age	-.01	.04	-.03	.773				
	Gender	-.24	1.52	-.02	.877				
2						.079	.078	2.09	.109
	Age	-.02	.04	-.04	.702				
	Gender	-.65	1.48	-.05	.661				
	Time Management	1.07	.43	.28	.015				

Note. N = 77. *SE* = standard error of *B*. Age (years). Gender, 1 = male, 2 = female. Time management = averaged score (0 – 5) of Time management sub-scale from SCSQ.

In the POF group, only age was predictive for Psychological resilience in the first step ($\Delta F(2, 1643) = 3.85$, $p < .022$) (Table 4). In the next step, "Time management" was found to be predictive for Psychological resilience, and accounted for 4.2% of variance in Psychological resilience ($\Delta F(1, 1642) = 72.56$, $p < .001$), and the overall model was statistically significant ($F(3, 1642) = 26.86$, $p < .001$).

Table 4 ***Hierarchical Regression Analysis Predicting Psychological Resilience in the POF Group***

Step	*Predictor*	*Unstandardized coefficients*		*Standardized coefficients*		R^2	R^2 *change*	*F*	*p*
		B	*SE*	*ß*	*p*				
1						.005	.005	3.85	.022
	Age	.02	.01	.06	.024				
	Gender	.42	.23	.04	.073				
2						.044	.042	26.86	.000
	Age	.01	.01	.03	.177				
	Gender	.05	.23	.01	.815				
	Time Management	.62	.07	.21	.000				

Note. *N* = 1646. *SE* = standard error of *B*. Age (years). Gender, 1 = men, 2 = women. Time management = averaged score (0 – 5) of Time management sub-scale from SCSQ.

Discussion

When this study was performed, the world was experiencing a unique situation – a worldwide pandemic caused by COVID-19 that lasted for months and already had brought significant harmful consequences for the life of society so far. As it is known from previous epidemics or pandemics experiences, in situations like these, the mental health of healthcare professionals (HCP) is at serious risk (Stuijfzand et al., 2020). The crisis has prompted research into psychological resilience, different self-care strategies are being studied as a potential links for its strengthening.

In our study four self-care strategies used in time of emergency were considered – spiritual resources, social support, free time activities and time management. Although spiritual resources can be considered as helpful self-care strategy in the times of pandemics (Castañeda & Hernández-Cervantes, 2020), the current findings suggest this strategy as a rarely used in a specific population. A possible explanation could be that only 15% of adults in Latvia reported to be highly religious (Pew Research Center, 2018). This result highlights importance of cultural specifics studying a concept of self-care.

Most frequently used self-care strategy was a time management and free time activities, which were considered as helpful strategies also in a study conducted by Mayfield-Johnson and colleagues (2020). While due to the organizational issues of the healthcare system there could be difficulties to relieve the workload (Muller et al., 2020), HCP`s time management habits and spending time doing helpful free time activities can be really useful to care of oneself in the time of the pandemic.

Results showed that only time management was found to predict psychological resilience regardless of the type of the occupation. The result about the time management as a predictor of psychological resilience is consistent with Fisher and colleagues (2018) developed model "A Heuristic Framework for Resilience-related Variables", where planning (part of time management) is included as one of the psychological resilience mechanisms. Although the explained variance of psychological resilience with time management was low, this result is still noteworthy and reveals one practical way how to strengthen the psychological resilience.

The most interesting finding was regards the use of social support. In contrast to the previous studies (Hou et al., 2020; Liu et al., 2020), social support did not predict psychological resilience neither in HCP group nor in POF group. Also, in comparison to free time activities and time management, social support was used less often. It is difficult to explain this result, but it might be related to stigmatization regarding psychological resilience in the context of employees. For example, there was a discussion in military context that highlighting role of employee psychological resilience can result in stigmatization about weakness of character if psychological resilience is lower (Adler, 2013), which later Britt and colleagues (2016) extended to the psychological resilience of employees in general, not just to a specific area. It is possible that risk of stigmatization could also be relevant in the field of healthcare. Considering that HCP are a part of the society where ethical norms predict taking care of others no matter what but ignore taking care of themself (Irvine, 2009), there could be a tendency to hide their own difficulties. As the social support, in comparison to other self-care strategies, can send an open message to others about HCP experience of adversity, then the specific study result could occur.

Age did not predict psychological resilience in the HCP group as it is observed in the POF group and as reported in other previous studies. Possible explanation could be the relatively small HCP group size and age range. In other studies, the association between age and psychological resilience has also been observed when the participants' age range was wider (Lundmane et al., 2007; Portzky et al., 2010; Goodin et al., 2010; Gínez-Silva et al., 2019). Gender did not predict psychological resilience neither in any of both study samples; in previous

studies the association between gender and psychological resilience has also been ambiguous.

It should be noted that overall total dispersion of psychological resilience explained was low. One possible explanation for these results may be due to timing when the data were collected – at that time COVID-19 infection rates in Latvia were very low (Latvijas atvērto datu portāls, 2020) and as a result expected HCP difficulties could be more hypothetical than real. However, concept of psychological resilience provides that some kind of adversity, which demands adaptation, is needed to be experienced. Regarding the used self-care strategies, there is a possibility that the need to use the mentioned self-care strategies to overcome any difficulties related to state of emergency was limited.

There is a number of important limitations to consider. Firstly, regarding the study sample, there were relatively few participants in the HCP group, although participants were selected from a national representative sample of Latvia. For the future work, it would be necessary to increase the sample size and explore current topic depending on specific healthcare profession. Secondly, only self-report methods were used and only self-care strategy - time management (which predicted psychological resilience) explained very small amount of dispersion. Future studies should examine other missing factors. One possible way how to do this is to develop a more comprehensive self-care measurement comparing to measurement used in this study, which was conceptualized, based on available data in the research project. More potential self-care strategies could be included (e.g., professional support).

As psychological resilience affects how a person can adapt to the adversity, objective psychological resilience outcome measures should be included in the future analysis (e.g. mental health indicators, job performance, physiological outcomes). Thirdly, when the data was collected, COVID-19 infection rates in Latvia were very low and there is a chance that the respondents` need to use self-care strategies was low compared to how it could be with at higher infection rates. A future study in a time with high infection rates is therefore suggested.

In conclusion, the results suggest that performing such self-care activity as time management can help promote employee psychological resilience regardless of profession. This is important result, given HCP workload in time of pandemic and educational events to improve time management skills could be beneficial. There were no difference between HCP and POF regarding to psychological resilience and used self-care strategies in time of emergency during COVID-19 pandemic. It can be concluded that, despite HCP have been exposed to different hazards, their uniqueness in relation to POF regarding to studied variables was not observed. The results of the study complement the existing knowledge on the relationship between self-care strategies and psychological resilience from a quantitative research perspective, reflecting which self-care strategies contribute

to psychological resilience as well as the importance of specific demographics regarding to psychological resilience.

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RELEVANCE OF INDICATORS OF SOCIAL EMOTIONAL HEALTH IN DIFFERENT SAMPLES OF ADOLESCENCE

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Abstract. *The aim of this research was to determine whether there are statistically relevant differences in Michael J. Furlong's concept of socio-emotional health with meta construct Covitality (SEV factor) between teenage and youth selections, gender, and nationalities in different schools.*
The participants of the research were 593 respondents from Latvia, aged 11-19 years. Out of the total selection of participants (N=593) there were 318 teens (M=13.01, SD=.84), of them 151 boys and 167 girls; the other group of 274 young people (M=15.85, SD = 1.02), consisted of 132 males and 142 females. To measure the positive aspects of the mental health, A Socio-emotional Health Survey was used (Social Emotional Health Survey – Secondary, SEHS-S, Furlong, You, Renshaw, & O'Malley; 2014; adapted in Latvian by Kņaze, 2017).
There were raised 6 questions in the beginning of the research. Results showed higher results for girls on the scale Belief in Others (its substructure Peer Support) and on the scale Emotional Competence (its substructure Empathy), compared to the selection of boys.
The results on the scale Engaged living were statistically higher for teens compared to the selection of the youth. Teens also had higher statistical results of Co-vitality compared to the youth. However, the selection of youth showed statistically higher results in the Emotion Regulation (the substructure of Emotional Competence) compared to the selection of teens.
The respondents from city schools showed statistically higher results on the scale Belief in Self, Engaged Living and Co-vitality compared to students from town schools.
The Regression Analysis highlights the importance of the school environment in Co-vitality, which explains the 3% variance of the socio-emotional health.
Keywords: *Socio-emotional health, teenagers, youth, city, town, nationalities, gender.*

Introduction

The World Health Organization (WHO) has stated that there is no health without mental health. Mental health is a complete state physical, mental, and social well- being. Various international organizations, such as The European

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Commission or The World Health Organization, are committed to promoting the mental health of adolescents (Piquers et al., 2017). Positive development of social and emotional health promotes positive and meaningful communication with other people, develops the emotional sphere increases self-esteem and a sense of self-efficacy (Belkin et al., 2017).

All over the world and in Latvia also, more and more often children of different nationalities, as well as children from different social groups study in schools together. Studies show that socio-economics difficulties predict lower socio-emotional functioning of children. As well as children who have started a new school where classes are taught in a language other their mother tongue, the pupil faces a language barrier. This situation can make it difficult to learn new social skills with peers (Thomson et al., 2017).

The aim of this research was to determine whether there are statistically relevant differences in Michael J. Furlong's concept of socio-emotional health with meta construct Covitality (SEV factor) between teenage and youth selections, gender, and nationalities in different schools.

Understanding the emotional health patterns of adolescents and young people at school can help counselors, teachers, parents, and health professionals identify potential problems and help young people find solutions. This knowledge would help psychologists and other practitioners to develop programs to help young people and their families understand the problems faced by students in rural schools and the difficulties faced by students in urban schools. Understanding socio-emotional issues would allow to predict and to identify difficulties faced by young people in different environments (Wang et al., 2018). The concept of *socio-emotional health* has been studied in Latvia since 2016. In Latvia *M.J. Furlong's social and emotional health survey* is adapted (LU, Timofejeva, 2014; Kņaze, 2015; Pētersone, 2018; Čukna, 2019; Cāzere-Pakalna, 2019), in mentioned studies there have been determined whether there are statistically significant correlations and differences between school anxiety, bullying and socio-emotional health of adolescents and young people, and examined the resilience and strengths intervention program, analyzing whether socio-emotional health indicators are changing (Putniņa, 2017). The environment in which the child lives, such as the pupil's social status and the socio-economic status of the peers, is linked to the mental and emotional health of the children and adolescents (Wang et al., 2018). The problem today is that teachers often lack the knowledge and skills to respond effectively to student behavior that may seem disruptive. The way the teacher responds to the student who is overwhelmed by intense emotions can affect a child's ability to develop self-control skills. Studies show that lack of knowledge on this issue can lead to an endless cycle in which the child initially expresses disruptive behaviors resulting from emotional experiences, followed by the teacher's negative attitude towards the child, which creates tension in the

teacher-child relationship. The teacher develops a negative attitude towards the child, because of which the teacher further begins to react negatively to the child by threatening penalties. Such behavior promotes more and more emotional experiences in the student, which promotes the repetition of the cycle with the student's disruptive behavior (Bratton et al., 2019).

The Concept of Socio-emotional Health for Adolescents and Young People at School

Study of socio-emotional health is based on the model of positive psychology, on the research of developmental resources among young people, that promotes healthy and positive development. Concepts that promote youth development include a sense of self-efficacy, gaining social support from others, emotional competence that includes empathy and emotional regulation, and components such as optimism and gratitude (Felix et al., 2019). M. J. Furlong and his team conducted a study in which analyzed adolescents in the United States and found that 15-20% of young people have problems with social and emotional health. Studies shows that in adolescence there is a rapid progress in personality development, which is related to the adolescent's internal and external resources (Furlong et al., 2014). This group of researchers based on the assumption that the successful development of adolescents' socio-emotional health is ensured by the young person's life's conditions, which promote the development of internal psychological norms related to belief in self, belief in others, emotional competence, viability engaged living. Nowadays studies show that socio-emotional health is related with marital status, financial status, the environment in which the student is located, and academic achievements (Renshaw et al., 2014).

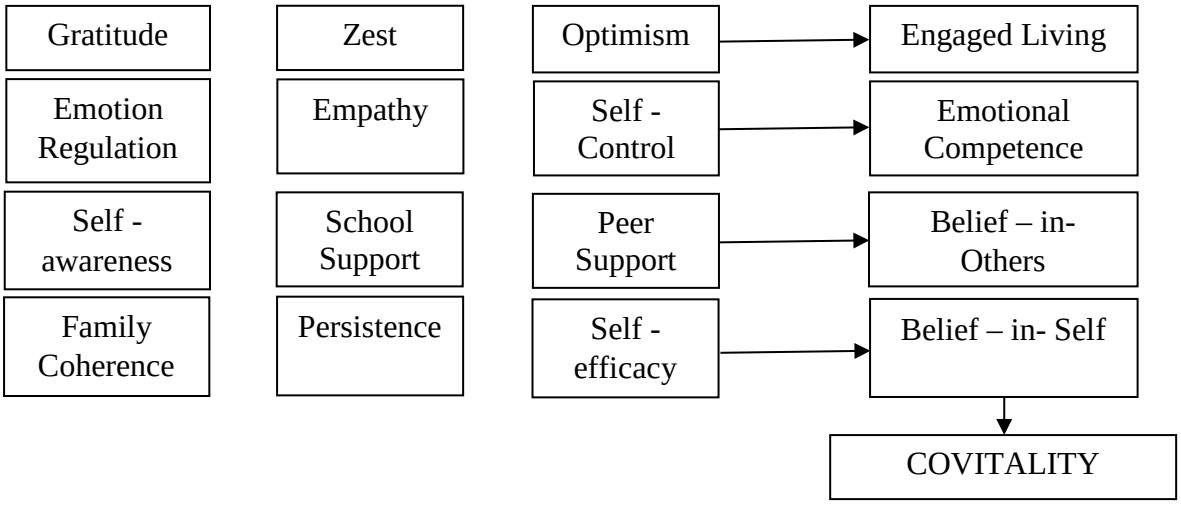

Figure 1 ***SEHS-Secondary Higher-order Covitality Model*** *(Furlong, 2014)*

M. J. Furlong's model of socio-emotional health is based on a range of social and emotional skills related to the positive development of young people (Renshaw et al., 2018). The proposed model of socio-emotional health includes 12 lower order features that form four main constructs, which are called *socio-emotional health*. The model is developed by summarizing studies on adolescent development from perspective of social psychology, the concept of *I* and cognitive psychology. As a teenager develops and matures, there are more and more extensive cognitive schemes that are used to effectively understand and organize their life experiences (Furlong et al., 2014).

The developed model offers four areas of positive psychology. The first – belief in self, consist of three constructs, which are self-efficacy, preservice and self-awareness. The second – trust in others, under which there is family support, school support and peer support. The third area is emotional competence, which consists of three constructs – self-regulation of emotions, empathy, and self-regulation. The fourth area is engaged living, which includes gratitude, enthusiasm or zest and optimism (Furlong at al., 2014).

These four main areas form the highest construct of *COVITALITY*, which can also be translated as a synergistic interaction of various factors of engaged living or SEH (socio-emotional health) factor. Researches show that by analyzing the overall SEH factor, the understanding of adolescents' and young peoples' quality of life can be analyzed and the success and well-being of adolescent and young people can be predicted both now and in the future (Timofẽjeva, 2014). For example, children, who develop gratitude to others, show optimism about the future and trust others, contribute to their own positive development, it promotes interaction between other people around them who engage in activities that promote their development of socio-emotional health. This model shows that better development results are achieved if several of the proposed constructs are present. Model is based on positive youth development perspective, emphasizing the creation of conditions that teenagers and young adults allow to influence and direct their lives themselves, rather than passively let it run (Renshaw et al., 2018).

Overview of Nowadays Researches on Socio-emotional Health in Psychology

In a study carried out 2014, socio-emotional health is defined as the ability to regulate and control one's emotions, as the ability and emotional intelligence – the ability to recognize un use emotions constructively. In this study as an important fact was noted that socio-emotional health is multidimensional and includes positive mental health structures, for example, life satisfaction (Snowden et al., 2015). Socio-emotional encompass number of interrelated areas, including

social interaction, emotional awareness, and ability of self-regulation. Social interaction focuses on the relationships we share with others, building relationships with peers and adults. As the child develops socially, he learns to take responsibility, help, and cooperate with others. Emotional awareness includes the ability to recognize and understand one's emotions and feelings, a person learns to understand how his behavior and emotions affect him and the people around him. Self-regulation is the ability to express one's feelings, thoughts and behave in a socially appropriate way (Damon et al., 2015).

One of the researchers of positive psychology - Martin Seligman, was the one who started to change the focus from developmental disorders to personality strengths. He recommends focusing on a person's social and emotional health through strengths and that, what makes life meaningful (Boman et al., 2017). Based on these recommendations, M. J. Furlong has conducted a study on the socio-emotional health of adolescents and young people in the United States, which showed that 15-20% of young people have problems with social and emotional health. In 2014. M. J. Furlong together with his research group developed a Social Emotional Health Survey (SEHS). This survey measures the four constructs that make up social-emotional health and the total SEH factor that encompasses all four components (Boman et al., 2017). The basic principle of SEHS is that flourishing development is partly based on the living conditions of young people, which promote the disposition of inner cognition or form their own schemes related to belief in self, belief in others, emotional competences and engaged living. These factors contribute to an upward spiral in the formation of relationships between young people and peers, and consolidate developmental theories (Furlong et al., 2015).

The first construct of the SEHS model is belief in self, which consists of three constructs studied in social-emotional learning (Furlong et al., 2014). Self-efficacy, which is a person's confidence in his/her abilities of controlling his/her activities and environmental requirements. Persistence, which is a course of action with a long-term goal, including working with challenges, not to lose interest over the years, despite failures and obstacles to achieving the goal. Belief in self - the ability to understand one's strengths and weaknesses, understanding one's emotions, reactions, and motivation (Renshaw et al., 2018).

As a second construct of the model of social-emotional health, there is belief in others (Furlong et al., 2014), which includes family support, school support and peer support. These components are social exchange processes between family, teachers, and peers. It contributes to the behavioral development model, the development of social cognition and the development of the value system (Renshaw et al., 2018).

The third construct of the model is the emotional competence, which consists of the three lower order constructs (Furlong et al., 2014). Emotional self-regulation, which is the ability to express emotions according to the current situation. It is the ability to accept and feel different emotions and react flexibly to them. Empathy is the ability to notice and feel other people's emotions. Self-control is an ability that begins to develop in infancy. A person learns to respond appropriately to various life situations (Renshaw et al., 2018).

The last of the construct of the social-emotional health model is engaged living, which includes three other subordinate constructs (Furlong et al., 2014). Gratitude, which is like a sense of gratitude that arises from responding and receiving any kind of personal benefit. Passion or zeal is the ability to do things with enthusiasm and confidence. Optimism is inherent in a person who is characterized by resilience and faith in the future (Renshaw et al., 2018).

These four adapted scales can be described in terms of content as psychological construct, which M. J. Furlongs are defined as socio-emotional health factors. It is concluded that each indicator described by the above construct can be named in the context of the basic element of positive psychology - well-being, the effect is enhanced when they are combined with other features (Furlong et al., 2014). Other features may include adjustment programs or interventions, socio-economic status of the family, overall life satisfaction component, education, and other indicators (Snowden et al., 2015).

The Social Emotional Health Survey (SEHS-C) has been translated into several languages and data is currently being collected from adolescents living in Australia, Japan, Korea, Turkey, Malta, Lithuania, and Latvia (Renshaw et al., 2018). Analyze have been conducted to find out how the results obtained by students in the SEHS-C survey are related to the results that are important for educators and parents. Researchers at the University of California, Santa Barbara and around the world have conducted a number of studies that confirm that the test has a constructive validity, it measures what it is intended for. This test can be used and interpreted in the same way for all adolescents, regardless of age, gender, and race. Correlations between higher scores in social-emotional health and students' subjective well-being and negative correlations between social-emotional health and psychological suffering have been observed (Furlong et al., 2014).

The first study using a social-emotional health survey was conducted in 2013. It tested the reliability of the test. The study involved 4189 California 8.-12. form students. The results, when assessing the differences, showed that girls had higher scores on the scales related to belief in others and on the scales of emotional competence. Boys scored higher on a scale that measures belief in self. The study found that the SEH factor was associated with higher academic achievement and perceptions of school safety, but a low SEH factor was associated with a higher

chance of use of addictive substances and depression symptoms. Overall, preliminary results provide psychometric evidence that the SEHS-C theory model is able to multi-dimensionally measure socio-emotional health construct (Renshaw et al., 2018).

As adolescents and young people are one of the most sensitive age groups, the authors of this article also decided to focus on this topic, based on the topicality in world research. Studies show that adolescents aged 12-18 have a high socio-emotional health rate of 38%, but a low 6% of young people (Piquers et al., 2017).

Topicality of Adolescence in Modern Psychology Research

Historically, adolescence is believed to begin with puberty and end with the transition to adulthood, which is marked by family formation and married life. Today, however, these boundaries cannot be so strictly separated, and this often involves accepting other roles and responsibilities of adults, such as entering employment, financial independence, and partnership. These events today take place at different ages, in different parts of the world, as a result of which the concept of adolescents tends to be defined differently (Patton et al., 2018). The World Health Organization determines the adolescence from 10 to 24 years of age, resulting in the additional concept of a young person. This broad age group is divided into smaller ones: early adolescent or adolescent from 10 to 14 years of age, late adolescent or young person from 15 to 19 years of age and young adult from 20 to 24 years of age (Patton et al., 2018). Psychological and psychiatric research has reported that negative emotions, such as anxiety, unrest, and stress, are associated with adverse health outcomes, poor academic performance, and behavioral problems that include use of intoxicants and risky sexual behavior. Research on emotional well-being reveals that positive emotions, such as joy, interest in life, emotional competencies, predict positive mental health development, and promote positive thinking (Wang et al., 2018). Developmental neurologist Ron Dahl has described the adolescent age as a phase of passion, during which positive processes, meaningful fascination for additional activities promotes positive development of social and emotional health in adulthood. However, the development of antisocial behavior, violence, drug use, extreme activities hinder the development of the individual and contribute to the harm of the wider society. Lack of social and emotional competencies contributes to the development of mental disorders, including depression (Patton et al., 2018).

The young age group from 15 to 19 years is characterized by puberty, especially for boys. During this time, the brain continues to be extremely active in terms of development. Young people continue to develop self-regulatory skills, leading to future orientation and greater ability to assess the short- and long-term consequences of their decisions (Meeus et al., 2015). The influence of the family

at this stage of life becomes different, as many of the young people have a degree of autonomy, although they continue to live with their parents. Education is also important at this age (Patton et al., 2018). The age of young people can be both exciting and mind blowing. This includes the formal years in which individuals reach sexual maturity and develop the social, emotional, and cognitive skills needed for individuals to move towards independence and adulthood (Walkere et al., 2017).

Socio-emotional Health of Young People in the Context of Various Socio-demographic Indicators

Today, a small part of researchers focusing on mental health research study the relationship with environmental impacts as well. Young people in rural areas may have different family and peer influences than young people living in cities. Various factors can affect a young person's social and emotional health during adolescence. For example, for young people in rural areas, the overlap of the social environment in the family and society is often seen as a protective factor that can contribute to the positive development of young people. However, limited employment opportunities in rural areas create disadvantages for young people. As young people move into adulthood, these low job opportunities in rural areas and the desired higher education increase the chances that young people from rural areas will have to move to the city to achieve their educational and career goals. These impending changes may leave young people with feelings of uncertainty, anxiety or stress (Wang et al., 2018).

A 2018 study on the emotional health of adolescents found that negative parent-child relationships and family economic difficulties could contribute to the negative emotional state of rural youth. As well as bulling or various types of aggression among young people promote negative emotional health among rural youth. However, other factors in the context of the rural environment are seen as protective, such as a favorable environment and school climate can be a reason for a teenager to feel positive. However, the use of harmful substances was an important factor in promoting negative emotional health in both rural and urban environments (Wang et al., 2018).

As an additional factor, the study on the impact of the rural environment on adolescents also analyzed gender differences. In general, it was concluded that boys and girls have different emotional health profiles: women are more likely to suffer from depressive and anxiety symptoms, while men are more likely to suffer from antisocial behavior problems. Compared to girls living in cities, rural girls were more likely to show negative emotional health. Previous research has found that girls' negative emotional health can contribute to behavioral problems, more frequent eating disorders and self-harming behaviors (Wang et al., 2018).

Understanding and identifying changes in social and emotional health among young people and adolescents can contribute to timely and effective intervention. It can be useful for families and schools in rural areas with fewer mental health professionals, and for young people who may face difficult decisions when planning the future (Wang et al., 2018).

Method of Study

Procedure

The primary data of the study were collected in September 2019 in several general education schools, in coordination with parents and school management, as well as secondary data from previous research on this topic in Latvia, organized under the guidance Professor Guna Svence University of Latvia for several years (Timofejeva, 2014; Kņaze, 2015; Pētersone, 2018; Čukna, 2018). A sample of more than 500 students was formed for this study (N = 593).

Sample

From the total sample (N = 593), 318 were adolescents (mean age M=13.01, SD=.84) participated in the study, of which were 151 boys and were 167 girls, and were 274 young people (mean age M = 15.85, SD = 1.02); of which were 132 boys and were 142 girls. There were 184 Russian-speaking respondents, of whom 78 were adolescents (mean age M = 12.91, SD =.76), of whom 44 were boys and were 34 girls, and 106 were young people (mean age M = 16.25, SD = 1.09), of which 44 boys and 62 girls.

Characteristics of socio-demographic indicators

As several socio-demographic indicators were used in the study. In Table 1 the breakdown by them is made, using references to authors who have involved similar socio-demographic indicators in youth group studies.

Table 1 ***Distribution of Socio-demographic Differences***

Comparison criteria	Sample	Reference
Gender differences (n= 593)	Male (n_3) = 283	Guo, Tomson, Keller, Soderqvist, & 2018
	Female (n_4 = 310)	Patton, Sawyer, Santelli, Ross, & Afifi 2018
Age differences (n_1=409)	Adolescents (n_7 = 241)	Walkere, Bell, Flores, Gulley, Willing, & Paul, 2017
	Young people (n_8 =168)	
Nationality differences (n=593)	Latvians (n_1 = 409)	Smith,You, Shimoda, & Furlong, 2015
	Minority (n_2 =184)	
Environmental differences (n_1=409)	Urban schools (n_5 =188)	Wang, Hegedorn, McLaughlin, & Bary, 2018
	Rural schools (n_6 = 221)	

Method

To measure the positive aspects of young people's mental health, the Social Emotional Health Survey - Secondary (SEHS-S) (Furlong, You, Renshaw, & O'Malley, 2014; adaptation in Latvian by Kņaze, 2015; adaptation in Russian by Timofējeva, 2014). The Social Emotional Health Survey consists of 12 separate modules of positive psychology health resources, which are combined in 4 mental health latent modules: emotional competence (empathy, self-control, self-regulation of emotions), engaged living (gratitude, enthusiasm, optimism), belief in self (persistence, self-awareness, self-efficacy), belief in others (school support, peer support, family support), which in turn form a meta - construct Covitality or SEH (socio-emotional health) factor. The survey consists of 36 statements, which are evaluated on the Likert scale. Questions 1 to 30 should be answered on a Likert scale of 1 (not for me) to 4 (completely for me). In turn, questions 31 to 36 should be answered according to the Likert scale from 1 (I do not feel/I'm not) to 5 (I feel/ I really am). In Latvia, the internal coherence indicators obtained in the adaptation process were as follows: the total internal coherence indicator α = .85. In the subscales, the Cronbach's alpha coefficients are: belief in self α = .73; belief in others α = .72; emotional competence α = .41; engaged living α = .84.

Due to unacceptable Cronbach's alpha for emotional competence scale (α = .41), the translation of articles on this scale was clarified in this study. After the changes, the internal coherence indicator in the mentioned sub-scale improved to α = .76. Thus, the Cronbach's alpha scores in this study were as follows: total α = 0.90, belief in self α = .73, belief in others α= .78, engaged living α=. 87, and sense of emotional competence α= .72.

SPSS program version 22.00 was used for data processing and analysis. Cronbach's alpha, reaction indices, and discrimination indices were calculated for the coherence of the surveys. Differences between different groups of adolescents and young people were calculated using the Mann-Whitney criterion. Correlations between different groups of adolescents were calculated using Spearman's correlation analysis.

Results

In order to answer the main research question - which of the socio-demographic factors - gender, age, nationality or environment, could more precisely predict the indicators of SEH factor, a multiple regression analysis was performed (Table 2). In this model, the SEH factor was included as a dependent variable, and gender, age, nationality and environment (rural or urban school) were included as independent variables.

Table 2 ***Standard Multiple Regression Analysis of the Dependent Variable SEH Factor with the Independent Variables - Gender, Age, Nationality, and Environment***

Independent variables	***B***	***SE B***	***β***
Step 1			
Gender	2.31	1.31	.07
Nationality	-2.46	1.67	-.07
Age group	-1.19	1.33	-.04
Environment	-6.17	1.59	-.19**
Step 2			
Gender	2.32	1.31	.07
Nationality	-2.72	1.65	-.08
Environment	-6.27	1.59	-.19**
Step 3			
Gender	2.23	1.31	.07
Environment	-4.92	1.36	-.15**

Note.N = 593. Step 1R^2 = .03, p < .01; Step 2R^2 = .03, p < .01; Step 3 R^2 = .03, p < .01; **p < .01.

Looking at the results obtained in the regression model on the SEH factor and the relationship between gender, age, nationality and environment (Table 2), it can be seen that the variables included in the first step - gender, nationality and age group - are not statistically significant in explaining the SEH factor variation. In turn, the environment (urban or rural school where the student studies) is statistically significant (β = -.19, p < .01) and explain the variation of the SEH factor (R2 = .03, F (4, 589) = 4.71, p < .01).

When performing the second step of the regression analysis, subtracting the gender, the environment also remains a statistically significant variable (β = -.19, p < .01) in explaining the variation of the SEH factor (R2= .03, F (3, 589) = 6.01, p < .01).

In the third step, removing the nationality, the environment also remains a statistically significant variable (β = -.19, p < .01) in explaining the variation of the SEH factor (R2 = .03, F (2, 589) = 7.65, p < .01). This model is generally statistically significant and explains 3% of respondents' variation in the total SEH factor.

Discussion

The study concluded that the environment (urban or rural school) is a statistically significant indicator in predicting SEH. Examining the data in more detail, it was found that respondents who study in urban schools show statistically higher results on the *belief in self* scale and that the substructure *self-efficacy* and *persistance* of this scale have higher results in this sample compared to

respondents who study in small, rural schools. According to research (Wanget al., 2018) young people in rural areas may have different family and peer impacts than young people living in cities, and limited job opportunities in rural areas put young people at a disadvantage, and the expected changes after leaving school may leave them feeling insecure, anxious, or stressed.

The calculated results on the *engaged living* scale and the *optimism*, *gratitude* and *enthusiasm* sub-constructs of this scale show that respondents who study in urban schools show statistically higher results compared to respondents who study in small, rural schools. The total SEH factor indicator shows statistically higher results for urban school students compared to rural school students. This is partly consistent with a 2018 study (Wang et al., 2018) on adolescent emotional health, which found that negative parent-child relationships and family economic difficulties could contribute to the negative emotional state of rural youth. Performing an additional regression analysis led to the conclusion that the environment in which the student learns is important in explaining the overall SEH factor. The obtained data were the most statistically significant when analyzing all other used socio-demographic indicators. These results are also confirmed by a 2018 study on positive mental health in Chinese adolescents, which concluded that important determinants of health are factors related to the school environment, such as peer relationships and teacher support, education, family income, employment and living environment that can positively predict the development of mental health (Guo et al., 2018).

Limitations of the study - the survey was conducted only in one city and one small town district, which calls attention to the fact that if the study area were expanded, the conclusions that could be drawn about the differences between urban and rural adolescents and young people would be more reliable and complete. It is possible that repeating the study in other areas would lead to different results. However, it shows the potential of the idea of this study.

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PAŠEFEKTIVITĀTE, PROFESIONĀLĀ IZAUGSME UN LABKLĀJĪBA DARBA TIRGŪ NODARBINĀTAJIEM

Self-efficacy, Professional Development and Well-being for Employees in the Labor Market

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Abstract. *In the research of the work environment and employment both in the world and in Latvia, the importance of employees' self-efficacy in work productivity, professional development and well-being has being actualized. The purpose of this study is to investigate whether there is a correlation between self-efficacy, professional development and well-being of employees in the labor market in Latvia. Hypothesis: is there a correlation between self-efficacy, professional development and well-being for employees in Latvia. The researchquestion of the study is whether there are statistically significant differences in self-efficacy by gender. The study involved n-224 employees in the Latvian labor market aged 18 to 56, with different levels of professional development and well-being. Three methods were used: General self-efficacy scale, the Survay of self-efficacy in the main activity,Professional development needs survey. The results of the study show that there is a statistically significant relationship between self-efficacy, professional development and well-being of employees in the labor market, as well as it was found that there are no statistically significant differences of self-efficacy by gender.*
Keywords: *self-efficacy, professional develpment, well-being.*

Ievads
Introduction

Arvien vairāk darba vides un nodarbinātības pētījumos gan pasaulē, gan Latvijā, tiek aktualizēta nodarbināto pašefektivitātes jeb pārliecības par sevi nozīme indivīda profesionālajā izaugsmē un labklājības nodrošināšanā. Pašefektivitāte ir cilvēka pārliecība par savām spējām tikt galā ar dažādām dzīves situācijām (Bandura, 1977). Kopš Bandura 1977. gadā pirmo reizi ieviesa pašefektivitātes jēdzienu, pētnieki turpina pierādīt, ka indivīdu pašefektivitātes

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līmenis spēcīgi ietekmē viņu sasniegumus dažādās dzīves un profesionālās darbības jomās (Stajkovic, Luthans 1998).
Sociāli kognitīvās teorijas ietvaros tiek uzskatīts, ka efektīva mācīšanās notiek, kad indivīds ir sociālā kontekstā un spēj iesaistīties gan dinamiskā, gan savstarpējā mijiedarbībā starp personu, vidi un uzvedību (LaMorte, 2016).

Tā kā indivīdi darbojas gan kolektīvi, gan individuāli, pašefektivitāte ir uzskatāma gan kā personiska, gan sociāla konstrukcija. Kolektīvās sistēmas attīsta kolektīvās pašefektivitātes izjūtu - grupas kopīgo pārliecību par spēju sasniegt mērķus un paveikt vēlamos uzdevumus. Organizācijas, kurām ir spēcīga kolektīvās pašefektivitātes izjūta, dod spēku un aktivizē ietekmi uz dažādām organizācijas struktūrām, un šīs sekas ir jūtamas un acīmredzamas visai organizācijai.

Pašefektivitātes līmenis ir uzskatāms par labu uzvedības prognozētāju. Parasti rezultāti, kas tiek interpretēti kā veiksmīgi, paaugstina pašefektivitāti; tie, kas tiek interpretēti kā neveiksmes, to pazemina. Pat ja indivīdi gūst panākumus ar piepūles palīdzību, daži joprojām šaubās par to efektivitāti, kas attiecīgi ietekmē pašnovērtējumu.

Pašefektivitāti var iegūt. Pat ja dzīves laikā indivīdi sastopas ar neveiksmēm, kas pazemina pašefektivitāti un pašnovērtējumu, gan par personisko, gan profesionālo sniegumu, ir svarīgi pašefektivitāti izprast, iemācīties un līdz ar to mērķtiecīgāk īstenot savu profesionālo izaugsmi un vairot savu labklājību.

Tādēļ ir svarīgi pētīt pašefektivitātiLatvijā nodarbinātajiem, lai noskaidrotu vai un kā pašefektivitāte ir saistīta ar indivīdu profesionālo izaugsmi un labklājību, kā arī ir svarīgi noskaidrot vai pastāv atšķirības starp nodarbināto vīriešu un sieviešu pašefektivitāti.

Pētījuma mērķis ir izpētīt vai pastāv saistība starp pašefektivitāti, profesionālo izaugsmi un labklājību nodarbinātajiem darba tirgū Latvijā.

Hipotēze: pastāv statistiski nozīmīga saistība starp pašefektivitāti, profesionālo izaugsmi un labklājību darba tirgū Latvijā nodarbinātajiem.

Izvirzīts **pētnieciskais jautājums**: vai pastāv statistiski nozīmīgas atšķirības pašefektivitātes rādītājos pēc nodarbināto dzimuma.

Pētījumā piedalījās 224 Latvijas darba tirgū nodarbinātie vecumā no 18 līdz 56 gadiem, ar dažādu profesionālās izaugsmes un labklājības līmeni.

Pētījumā tika izmantotas trīs metodes: Vispārējās pašefektivitātes aptauja (Schwarzer, 1995) un Pašefektivitātes pamatdarbībā noteikšanas aptauja (Maduxx, Sheer, 2007) un darba autoru izveidota Profesionālās attīstības vajadzību aptauja.

Pašefektivitāte un profesionālā izaugsme
Self-efficacy and Professional Development

Kā viena no aktualitātēm psiholoģijas zinātnē un psiholoģiskās palīdzības jomā, kas pēta indivīdu profesionālās darbības efektivitātes un produktivitātes aspektus, tiek minēta kognitīvi biheiviorālās psiholoģijas pētījumos pamatotā pieeja par cilvēku pašefektivitāti (Bandura, 1977, 1997; Zimmerman & Campillo, 2003; Luszczynska & Schwarzer, 2005; LaMorte, 2016). Pašefektivitāte ir cilvēka pārliecība par savām spējām tikt galā ar dažādām dzīves situācijām (Bandura, 1977).

Tie darbinieki, kuri tic sev, izvēlas sarežģītākus uzdevumus, salīdzinot ar tiem, kuru ticība sev jeb pašefektivitāte ir zemāka, viņu pārliecība par savu pašefektivitāti nodrošina pamatu motivācijai, labsajūtai, personīgajiem sasniegumiem un ietekmē ķermeņa fizioloģiskās reakcijas uz stresu. Jo spēcīgāka ir pārliecība par pašefektivitāti, jo cilvēki ir drosmīgāki, rīkojoties stresa situācijās Janjhua, Y., Chaudhary, R., & Chauhan, M. (2014). Tieši darbinieka uzskats par savu pašefektivitāti motivē apgūt jaunas prasmes, aktīvi darboties organizācijās un pielikt savas pūles.

Pašefektivitāti parasti saprot kā specifisku uzdevumu. Bet daži pētnieki ir konceptualizējuši arī vispārēju pašefektivitātes izjūtu, kas attiecas uz globālu pārliecību par cilvēka spēju tikt galā ar plašu prasīgu vai jaunu situāciju klāstu (Schwarzer & Jerusalem, 1995).

A. Bandura uzskata: lai indivīds būtu veiksmīgs, viņam nav obligāti jābūt spējīgam, drīzāk ir jābūt pārliecinātam par to, ka viņam šīs spējas piemīt. Turklāt indivīdam ir jāspēj veikli izmantot pat vispieticīgākās spējas – tieši tas ļauj cilvēkam sasniegt augstus rezultātus; un pat augstie rezultāti nav automātiski esošā augstā potenciāla rezultāts, ja pats cilvēks tam netic (Bandura, 1997).

Tāpat indivīdi ar augstu pašefektivitāti, kritiskās situācijās turpinās virzību uz izvirzīto mērķi, bet periodos, kad lietas notiek labi, tiem, visticamāk, palielinās izaicinājuma līmeni vai uzņemsies jaunus izaicinājumus salīdzinājumā ar cilvēkiem ar zemu pašefektivitāti (Latham & Locke, 1991). Pašefektivitāti ietekmē gan indivīda personīgais emocionālais un fizioloģiskais stāvoklis, gan nozīmīgo citu indivīdu panākumu un neveiksmju novērošana, gan personīgo panākumu pieredze, gan citu izteiktie komentāri un vērtējumi.

Atšķirībā no pašvērtējuma vai pašpārliecinātības, pašefektivitāte vairāk un precīzāk nosaka to, cik produktīvi tiks paveikts konkrētais uzdevums vai sasniegts mērķis. Augsta pašefektivitāte motivē indivīdus strādāt neatlaidīgāk un produktīvāk un mazāk ietekmēties no dažādiem šķēršļiem. Pašvērtējums, pašefektivitāte un pašregulācija negatīvi korelē ar prokrastināciju (Kiamarsi & Abolghasemi, 2014).

Līdz šim daudzi pētījumi saistīja augstākus panākumus darbā ar augstāku pašregulācijas kapacitāti. Respektīvi, jo labāka ir pašregulācija un pašregulācijas prasmes, jo pilnvērtīgāk indivīds var sevi disciplinēt, pieņemt lēmumus un mērķtiecīgāk virzīt savu darbību izvēlētā mērķa virzienā un līdz ar to arī pašefektivitāte jeb ticība saviem spēkiem ir augstāka. Jaunākajos pētījumos par pašregulāciju tiek aktualizēts, ka cilvēka daba ir duāla. Tā vienlaikus ir gan aktīva, gan pasīva, racionāla un iracionāla, dinamiska un regresīva. Tas nozīmē, ka indivīdu aktivitātes un mērķtiecības periodi var mīties ar pasivitātes un bezmērķības periodiem. Saistībā ar pašregulāciju, tiek pētīts ego spēka izsīkums (*ego depletion)* (Baumeister, Bratslavsky, Muraven, & Tice, 1998; Gailliot & Baumeister, 2007), ar ko tiek saprasti pašregulācijas ierobežojumi, t.i. jo vairāk un ilgāk indivīdi sevi disciplinē un virza izvēlētā mērķa virzienā, jo ātrāk var tikt izsmelta pašregulācijas kapacitāte un iestāties izsīkums.

Kopumā pētījumi pierāda, ka pašregulācijas kapacitāte ir ierobežota. Ja cilvēki uzskata, ka veicamais uzdevums ir grūts un viņu gaidāmais panākums zems, pašregulācijas kapacitātei var iestāties izsīkums ātrāk, nekā tad, ja viņi uztvertu uzdevumu kā vienkāršu un sasniedzamu (Giacomantonio, Ten Velden, & De Dreu, 2016). Citiem vārdiem, var teikt, jo nogurušāki un izsīkušāki indivīdi jūtas, jo sliktākus lēmumus pieņem, kas ilgtermiņā var mazināt gan labklājības līmeni, gan profesionālo izaugsmi, gan pašefektivitāti.

Pašefektivitāte noteiktas darbības jomā
Self-efficacy within Specific Scope

Sociāli kognitīvajā teorijā jēdziens uztvertā pašefektivitāte ir cilvēka pārliecība par savu prasmi īstenot konkrētu uzvedības modeli, pārvarot noteiktas grūtības, stresu, paradumus un mobilizējot savus resursus (Luszczynska & Schwarzer, 2005). Īpaši svarīga ir pašefektivitātes rašanās un izmaiņu pētīšana profesionālajā darbībā, jo saskaņā ar esošajiem pētījumiem tieši priekšstats par personīgo kompetenci, nevis prasmes kā tādas, personības īpašības un iemaņas, ir nepieciešamais motivējošais nosacījums, kas determinē cilvēka uzvedību un nosaka viņa uzstājības un neatlaidības līmeni apgūstot un turpmāk arī izpildot konkrētos profesionālos pienākumus. Pārliecināt kādu par viņa paša efektivitāti nav viegls uzdevums. Atzinība un uzslava var uzlabot cilvēka vērtējumu par savām spējām, bet to iedarbības rezultāts nav noturīgs, ja tuvākajā laikā cilvēka pūliņi nevainagosies ar panākumiem. Visdrošākais pašpārliecinātības iegūšanas paņēmiens ir cilvēka personīgā panākumu pieredze (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996).

Pašefektivitāti ir iespējams izmērīt. Tā ir pakļauta tādiem pašiem jautājumiem (apgalvojumiem, pantiem), kā visas pašnovērtējuma aptaujas, kas saistītas ar nedaudz abstraktu konstrukciju, bet joprojām ir vairāki metodiski

pamatoti veidi, kā to darīt. Vairāki autori iesaka veidot specifisku mērīšanas instrumentu tam pašefektivitātes veidam, kas tiek pētīts.

Pašefektivitātes mērīšanā A. Bandura dod priekšroku "mikroanalītiskā pētījuma" stratēģijai. Saskaņā ar šo pieeju pašefektivitāte ir mērāma pirms jebkādas darbības veikšanas konkrētajā situācijā. A. Bandura aizstāv pārliecību, ka uztvertā pašefektivitāte mainās atkarībā no darbības veida, ir atkarīga no situācijas specifikas un nav globāls raksturlielums, atšķirībā no vispārējās Es-koncepcijas. Bandura norāda, ka pašefektivitāte ir atkarīga no situācijas specifikas un to nevar izmērīt ar visaptverošu personības aptaujas anketu. Daudzas darbības jomas galvenokārt ir saistītas ar pašregulācijas efektivitāti, lai indivīds vadītu un motivētu sevi paveikt lietas, kuras jau zina. Šādos gadījumos pašregulācija ir interešu noturība. Svarīgi ir nevis, ka indivīds var veikt darbības reizēm, bet gan tas, cik efektīvi indivīds var sevi motivēt regulāri veikt noteiktu uzdevumu secību, pat ja pastāv dažāda veida atturoši apstākļi (Bandura, 2006, pēc Urdan, Pajares, 2006).

Autori M. Sezginturks un S. Sungurs, veicot pētījumu par pašefektivitāti zēniem un meitenēm Turcijas skolā, nekonstatē statistiski nozīmīgas pašefektivitātes atšķirības starp dzimumiem, attiecībā uz pašefektivitātes dimensijām (Sezgintürk & Sungur, 2020).

Pēdējos divdesmit gados arvien pieaug pētījumu skaits konkrētās darbības jomā, piemēram, uzņēmējdarbībā. Pašefektivitātes pētījumu aktualitāti apstiprina autori, veicot sistemātisku literatūras pārskatu par uzņēmējdarbības pašefektivitāti. Rakstā tiek norādīti nākotnes pašefektivitātes pētīšanas virzieni, kā piemēram, a) pārbaudīt faktorus, kas veicina pašefektivitātes īstermiņa svārstības un ilgtermiņa izmaiņas, b) pārbaudīt pašefektivitātes attīstības aspektus bērnībā, pusaudža gados un agrā pieaugušā vecumā, c) pārbaudīt negatīvās pašefektivitātes sekas, d) izpētīt, vai pašefektivitāti var uzskatīt arī par kolektīvu parādību, e) aplūkot pašefektivitātes ietekmi uz rezultātiem ārpus uzņēmējdarbības konteksta, f) uzlabot mērījumu un pētījumu noformējumu (Newman Obschonkab, Schwarzc, Cohena, & Nielsena, 2018).

Pašefektivitāte un tās faktiskās izmantošanas iespējas mūsdienās vēl arvien ir samērā maz pētīta tēma. Pastāv daudz pētījumu par pašefektivitāti kā panākumu faktoru dažādos profesionālās darbības veidos. Tomēr šo pētījumu fragmentārais raksturs atstāj tādus kā "baltos plankumus" pašefektivitātes struktūras, satura, funkcijas, determinācijas, tās dinamikas analīzē. Tādēļ ir svarīgi īstenot pētījumus, kas konkrētām mērķauditorijām pēta gan vispārējo pašefektivitāti, gan pašefektivitāti konkrētas darbības jomā.

Pašefektivitātes un indivīda dzīves labklājība
Self-efficacy and Well-being of Individual's Life

Pašefektivitāte ir saistīta ar indivīda labklājības līmeni, jo pašefektivitāte palīdz nonākt pie efektīvas problēmu risināšanas, kam seko pozitīvu emociju palielināšanās. Zema pašefektivitātes sajūta ir saistīta ar negatīvām emocijām un bezpalīdzību. Personas, kuras nomāc pārliecība par neefektivitāti, piedzīvo ciešanas un negatīvas emocijas, piemēram, trauksmi un depresiju (Bandura, 1997; Schwarzer, 1995). Tāpat indivīdi ar augstu pašefektivitāti atzīst, ka viņi spēj pārvarēt šķēršļus un koncentrēties uz iespējām, un tāpēc viņi stresa situācijas uztver kā izaicinājumu, pretstatā indivīdiem, kuriem ir šaubas par spēju pārvarēt grūtības (Jerusalem & Schwarzer, 1992).

Vairāki pētījumi, kas pēta pašefektivitāti uzņēmējdarbībā atklāj, ka svarīga ir pašefektivitātes iemācīšanās, kas atspoguļo indivīda pārliecību, ka viņam ir spēja mācīties un pielāgoties (Potosky & Ramakrishna, 2002) un ir tendence palielināt iesaistīšanos uzdevumu apgūšanā (Schunk, 1989). Cilvēki, kuriem ir pārliecība, ka viņiem ir spējas mācīties un pielāgoties, parasti izmanto kognitīvos procesus, kas atvieglo mācīšanos, atkārtotus mēģinājumus, argumentācijas izmantošanu un informācijas strukturēšanu (Warr & Bunce, 1995).

Empīriskie pētījumi, kas ir veltīti pašefektivitātes ietekmes pētīšanai uz panākumiem darbā parasti norāda uz to, ka augsta pašefektivitāte ir saistīta ar produktīvu darbību. Tā A. Stajkovičs un F. Lutanss veica šīs tēmas pētījumu meta-analīzi, par pamatu ņemot 114 pētījumus klīniskajā, izglītības un vadības jomā, kuri tika publicēti angļu valodā no 1977. līdz 1996. gadam. Autoriem izdevās apstiprināt sakarību starp pašefektivitāti un profesionālās darbības rezultātiem (Stajkovic & Luthans, 1998).

Ķīnas autori, pētot pašefektivitāti kā mediatoru starp darba un ģimenes prasībām un darba un privātās dzīves līdzsvaru, secina, ka pašefektivitātei ir saistība ar darba un privātās dzīves līdzsvaru (Chan et al., 2017).

Aktuāla ir pašefektivitātes koncepcijas lietošana teorētiskajai un empīriskajai tās lomas pētīšanai personības profesionālās attīstības procesā. Zinātnieki ir pierādījuši, ka pašefektivitāte un psiholoģiskā labklājība ietekmē studentu apņēmību un uzvedību un garantē viņu panākumus mācību jomā. Caur viņu pašefektivitātes veidošanu un attīstību var aktivizēt pieņemamās uzvedības formas un pozitīvo attieksmi pret mācību procesu (Bandura, 1997).

Līdz ar to, var secināt, ka pašefektivitāte ir nozīmīgs aspekts indivīdu labklājības vairošanā.

Metode
Method

Pētījumam izvēlēta kvantitatīvā pētījuma stratēģija, tās ietvaros izmantojot kvantitatīvās pētījuma metodes. Lai noteiktu dalībnieku vispārējo pašefektivitāti, tika izmantota pašnovērtējuma "Vispārējās pašefektivitātes aptauja" (Schwarzer, 2014). Lai noteiktu dalībnieku pašefektivitāti konkrētās darbības jomā tika izmantota pašnovērtējuma "Pašefektivitātes konkrētā darbības jomā aptauja" (Maddux & Sheer, 2007). Lai noskaidrotu dalībnieku aktualitāti profesinālajai izaugsmei un labklājībai, tika piedāvāta autoru izveidota "Profesionālās attīstības vajadzību aptauja", apkopojot un analizējot primāros datus.

Vispārējās pašefektivitātes aptaujai un Pašefektivitātes konkrētajā darbības jomā aptaujai, tika pārbaudīta satura validitāte. Aptaujas pārbaudīja 2 eksperti, kuri apstiprināja, ka latviešu valodā tulkotie aptauju panti ir saprotami un atbilst tajos ietvertajai pamatdomai. Trijos Pašefektivitātes konkrētajā darbības jomā aptaujas pantos tika veiktas nelielas modifikācijas.

Dalībnieki. Pētījumā piedalījās 224 respondenti, vīrieši un sievietes, kuri ir darba tirgus dalībnieki ar dažādu profesionālās izaugsmes un dažādu labklājības līmeni, ekonomiski aktīvajā vecumā no 18 līdz 65 gadiem: vecuma grupā no 18 līdz 24 gadiem – 19%, no 25 līdz 35 gadiem – 47%, no 36 līdz 45 gadiem – 22%, no 46 līdz 56 gadiem – 9%, no 57 līdz 65 gadiem – 3 %. Pētījumā piedalījās 156 sievietes, kas ir 70% no respondentiem, un 68 vīrieši, kas veido 30% no respondentu kopējā skaita. No 224 respondentiem 64 cilvēku darbības joma ir saistīta ar viņu specialitāti (28.57%), 44 cilvēki ir viduslīmeņa vadītāji (19.64%), 38 cilvēki ir studenti (16.96%), 36 ir pašnodarbinātās personas (16.07%), 22 ir uzņēmēji (9.82%), 8 respondenti ir augstākā līmeņa vadītāji (3.57%), 8 ir bezdarbnieki (3.57%) un 2 – zinātnieki (.89%). No 224 respondentiem 55 cilvēkiem ir nepabeigta augstākā izglītība (24.55%), 52 personām ir bakalaura grāds (23.21%), 42 respondentiem ir maģistra grāds (18.75%), 36 cilvēkiem ir augstākā izglītība (16.07%), 30 cilvēkiem ir profesionālā vidējā izglītība (13.39%) un 8 – vidējā izglītība (3.57%).

Pētījuma aptaujas. Pētījuma kopumā tika izmantotas 3 aptaujas:

1. Vispārējās pašefektivitātes aptauja (Schwarzer, 2014). Metodes pamatā ir pašnovērtējuma aptauja, kura ir vērsta uz personīgās pašefektivitātes subjektīvās izjūtas mērīšanu. Vispārējās pašefektivitātes skalas vācu versiju 1981. gadā izstrādāja R. Švarcers un M. Jerusalems, un sākotnēji tā ietvēra 20 apgalvojumus. Pēc pārstrādes un statistiskās analīzes skala tika saīsināta līdz 10 apgalvojumiem un tādā formā tika iztulkota 33 valodās. Skala tika normēta ar 1660 pieaugušo vāciešu izlasi un šīs normas vēl šodien kalpo par orientieri

starpkultūru pētījumos. Nacionālo skalas versiju autori nonāca pie secinājuma par šī testa dažādu valodu versiju ekvivalenci, ieskaitot faktoru struktūras un testa atbilstības raksturlielumiem gan kopumā, gan atsevišķos tā apgalvojumos.

2. Pašefektivitātes konkrētā darbības jomā aptauja sastāv no divām skalām (pašefektivitāte kādā konkrētajā darbības jomā un pašefektivitāte starppersonu komunikācijas jomā) (Maddux & Sheer, 2007). Autoru izstrādātā aptauja, ir vērsta uz pašefektivitātes noteikšanu konkrētās darbības jomā. Tā ir pašnovērtējuma aptauja par indivīda pašefektivitātes izvērtējumu par savu potenciālu kādā konkrētā darbības jomā un komunikācijas jomā. Aptauja sastāv no 23 apgalvojumiem, kurā respondents sniedz izvērtējumu četru baļļu Likerta skalā. Tādējādi apgalvojumi par pašefektivitāti, kuri ir ietverti šajā aptaujā, dod iespēju iegūt ne tikai informāciju par personas pašvērtējumu un ziņas par personas pašrealizācijas līmeni, bet arī rada noteiktu impulsu pašattīstībai.

3. Autoru veidota Profesionālās attīstības vajadzību aptauja. Pamatojoties uz teorētiskās analīzes rezultātiem, respondentiem tika piedāvāta aptauja, kurā ietvertas 20 profesionālās attīstības un labklājības vajadzības, no kurām varēja izvēlēties sev aktuālās. Tika veikts attiecīgo atbilžu variantu procentuālās daļas aprēķins.

Pētījuma procedūra. Pētījuma datu iegūšana tika organizēta izmantojot pakalpojumu Google Forms, tiešsaistes režīmā no 2020. gada 26. februāra līdz 24. aprīlim. Pētījuma instrumentārijs dalībniekiem tika izsūtīts elektroniskā formā.

Datu apstrādes metodes. Datu apstrādei tika izmantotas aprakstošās statistikas metodes un secinošās statistiskas metodes. Statistiskā analīze tika veikta, izmantojot IBM SPSS 21.0 statistisko datu apstrādes programmatūru.

Rezultāti
Results

Lai pārbaudītu datu saskaņotību, tika veikts Kronbaha-Alfa koeficienta aprēķins. Lai noteiktu atbilstību normālajam izklājumam, tika izmantots Kolmogorova-Smirnova Z-kritērijs. Lai sasniegtu pētījuma mērķi un noteiktu sakarību starp pašefektivitāti un pašefektivitāti konkrētās darbības jomā, tika izmantots Spīrmena korelācijas koeficienta aprēķins. Lai noteiktu sakarību starp vispārējās pašefektivitātes līmeni un profesionālās izaugsmes līmeni, tika izmantots Spīrmena korelācijas koeficienta aprēķins. Lai noteiktu sakarību starp vispārējās pašefektivitātes līmeni un labklājības līmeni, tika izmantots Spīrmena korelācijas koeficienta aprēķins. Lai aprēķinātu pašefektivitātes līmeņa atšķirības pēc dzimuma piederības, tika izmantots U-kritērijs.

Datu saskaņotības pārbaude tika veikta, izmantojot Kronbaha-Alfa koeficientu, kā parādīts 1.tabulā. Saskaņotības pārbaude tika veikta Vispārējās pašefektivitātes aptaujai un Pašefektivitātes konkrētās darbības jomā aptaujai atsevišķi. Kronbaha Alfa koeficients Vispārējās pašefektivitātes aptaujai tika noteikts (α=.883), kas liecina par labu iekšējo saskaņotību. Kronbaha Alfa koeficients Pašefektivitātes konkrētajā darbības jomā skalai tika noteikts (α=.801), kas liecina par labu iekšējo saskaņotību. Ņemot vērā to, ka dati neatbilst normālajam sadalījumam, sakarības noteikšanai tiek izmantota Spīrmena korelācijas koeficienta noteikšanas metode (skat.1.tabulu).

1.tabula. ***Kronbaha alfa koeficients aptaujām***
Table 1 ***Cronbach's Alpha Coefficient for Surveys***

Skala	Kronbaha alfa
Vispārējā pašefektivitātes aptauja	.883
Pašefektivitāte konkrētās darbības jomā	.801

Pētāmās izlases iegūto datu normālsadalījuma pārbaude tika veikta, izmantojot Kolmogorova-Smirnova neparametrisko Z kritēriju. Pārbaudē tika noteikts, ka empīrisko datu sadalījums neatbilst normālsadalījumam. Tā kā dati neatbilst normālsadalījumam, tāpēc tika izvēlēta Spīrmena rangu korelācijas koeficienta aprēķins (skat. 2.tabulu).

2.tabula. ***Kolmogorova-Smirnova Z-kritērija aprēķins***
Table 2 ***Kolmogorov-Smirnov Z-criterion Calculation***

	Vispārējās pašefektivitātes aptauja	Pašefektivitātes konkrētās darbības jomā aptauja
Vidējais aritmētiskais	3.1223	2.9107
Standarta novirze	.51414	.41396
Kolmagorova-Smirnova Z kritērijs	1.934	7.024
p vērtība	.001	.000

Piezīme. n=224

Korelācijas analīzei tika veikts korelācijas aprēķins starp vispārējās pašefektivitātes skalu un konkrētās darbības jomas pašefektivitātes skalu. Iegūtie rezultāti parāda, ka pastāv statistiski nozīmīga pozitīva korelācijas saikne starp vispārējās pašefektivitātes skalu un konkrētās darbības jomas pašefektivitātes skalu (korelācijas koeficients 0,371) (skat. 3.tabulu).

3.tabula. ***Spīrmena korelācijas koeficienta aprēķins Vispārējās pašefektivitātes aptaujai***
Table 3 ***Spearmen Correlation Coefficient for General Self-Efficacy Survey***

		Pašefektivitātes konkrētās darbības jomā aptauja
Vispārējās pašefektivitātes aptaujai	Korelācijas koeficients	.371**
	p vērtība	.000

Piezīme. n=224, **. Korelācija ir statistiski nozīmīga pie 0.01.

Korelācijas analīzei tika veikts korelācijas aprēķins starp vispārējās pašefektivitātes skalu, konkrētās darbības jomas pašefektivitātes skalu un profesionālās izaugsmes līmeni. Iegūtie rezultāti parāda, ka pastāv statistiski nozīmīga pozitīva korelācijas saikne starp profesionālās izaugsmes līmeni un vispārējās pašefektivitātes skalu (korelācijas koeficients 0,306), kā arī pastāv statistiski nozīmīga korelācija starp profesionālās izaugsmes līmeni un konkrētās darbības jomas pašefektivitātes skalu(korelācijas koeficients 0,351) (skat. 4.tabulu)

4.tabula. ***Spīrmena korelācijas koeficienta aprēķins Profesionālās izaugsmes līmenim***
Table 4 ***Spearmen Correlation Coefficient for Professional Growth Level***

		Vispārējās pašefektivitātes aptauja	Pašefektivitātes konkrētās darbības jomā aptauja
Profesionālās izaugsmes līmenis	Korelācijas koeficients	.306**	.351**
	p vērtība	.000	.000

Piezīme. n=224, **. Korelācija ir statistiski nozīmīga pie 0.01

Korelācijas analīzei tika veikts korelācijas aprēķins starp vispārējās pašefektivitātes skalu, konkrētās darbības jomas pašefektivitātes skalu un labklājības līmeni. Iegūtie rezultāti parāda, ka pastāv statistiski nozīmīga pozitīva korelācijas saikne starp labklājības līmeni un vispārējās pašefektivitātes skalu (korelācijas koeficients 0,255), kā arī pastāv statistiski nozīmīga korelācija starp labklājības līmeni un konkrētās darbības jomas pašefektivitātes skalu (korelācijas koeficients 0,248) (skat. 5.tabulu).

5.tabula. ***Spīrmena korelācijas koeficienta aprēķins Labklājības līmenim***
Table 5 ***Spearmen Correlation Coefficiet for Well-being Level***

		Vispārējās pašefektivitātes aptauja	Pašefektivitātes konkrētās darbības jomā aptauja
Labklājības līmenis	Korelācija	.255**	.248**
	p vērtība	.000	.000

Piezīme. n=224, **. Korelācija ir statistiski nozīmīga pie 0.01

Lai noteiktu vai pastāv atšķirības pēc dzimuma piederības vispārējās pašefektivitātes skalā un konkrētās darbības jomas pašefektivitātes skalā, tika izmantots Manna-Vitneja U tests (skat. 5.tabulu).

6.tabula. ***U-kritērija aprēķina Pašefektivitātes līmeņa atšķirībām pēc dzimuma***
Table 6 ***Differences in Self-efficacy Levels by Gender***

	Vispārējās pašefektivitātes aptaujai	Pašefektivitātes konkrētās darbības jomā aptauja
Manna-Vitneja U tests	5150.000	5246.000
Signifikante	.729	.896
Vīrieši (M)	3.0618	2.8734
Sievietes (F)	3.1487	2.8969

Iegūtie rezultāti parāda, ka nepastāv statistiski nozīmīgas atšķirības starp dzimumiem. No kā var secināt, ka pētot pašefektivitāti nodarbinātajiem darba tirgū, nav nepieciešams ņemt vērā dzimuma atšķirības.

Kopumā, pētījumā iegūtie rezultāti parāda, ka pastāv statistiski nozīmīga saistība starp darba tirgū nodarbināto pašefektivitāti, profesionālo izaugsmi un labklājību, kā arī tika konstatēts, ka nepastāv statistiski nozīmīgas pašefektivitātes atšķirības pēc dzimuma piederības.

Secinājumi
Conclusions

Pētījumā iegūtie rezultāti parādīja, ka pastāv statistiski nozīmīga sakarība starp darba tirgū nodarbināto vispārējo pašefektivitāti, pašefektivitāti konkrētā darbības jomā, profesionālo izaugsmi un labklājību. No tā var secināt, ka pašefektivitāte ir saistīta ar gan ar profesionālās darbības attīstību, gan ar dzīves kvalitāti kopumā, sekmējot indivīda vispārējo labklājību. Tāpat var secināt, ja pastāv statistiski nozīmīga sakarība starp pašefektivitāti un profesionālo izaugsmi,

tad pašefektivitātes apgūšana un attīstīšana, var nodrošināt produktīvāku un rezultatīvāku profesionālo darbību un potenciālu tās attīstību.

Pētījuma rezultātā netika konstatētas statistiski nozīmīgas atšķirības darba tirgū nodarbināto vispārējai pašefektivitātei starp dzimumiem, no kā var secināt, ka pētot dažādus pašefektivitātes aspektus nav nepieciešams ņemt vērā dzimuma atšķirības.

Analizējot dažādos pētījumus par pašefektivitāti, var secināt, ka pašefektivitāte ir nozīmīgs faktors gan indivīdu personības, gan profesionālajā izaugsmē. Tas īpaši nozīmīgi ir autoru izvirzītās tēmas aktualitātes saistībā, kurā tiek pētīta pašefektivitātes nozīme nodarbinātajiem Latvijas darba tirgū. Pašefektivitātes attīstīšana nodarbinātajiem Latvijas darba tirgū var kļūt par nopietnu izaicinājumu darba devējiem dažādos nodarbinātības sektoros, kā valsts, tā pašvaldību, privātajā un sabiedriskajā sektoros. Pētījuma rezultāti apliecina saistību starp augstāku pašefektivitāti un augstāku labklājības līmeni. Analizējot saturiskos pētījuma rezultātus, var rekomendēt darba devējiem Latvijā, pievērst vairāk uzmanību nodarbināto pašefektivitātei, lai varētu pilnvērtīgāk aktivizēt nozīmīgus darbinieku resursus, kas attiecīgi vairotu darba produktivitāti.

Pašefektivitāte ir nozīmīgs resurss stresa un intensīvu emociju regulācijā. Kas jo īpaši aktuālizējas COVID 19 izraisītās pandēmijas laikā. Indivīdu pārliecība par saviem spēkiem, ticība tam, ka spēs pārvarēt grūtības, kas pandēmijas laikā kritiski ietekmē dažādu nozaru darbiniekus, var kļūt par izšķirošu faktoru krīzes perioda pārvarēšanā.

Ir nepieciešams turpināt pašefektivitātes pētījumus, lai pētītu vēl citus aspektus, ar kuriem pašefektivitāte ir saistīta, piemēram, pašregulācijas saistību ar pašefektivitāti dažādu profesiju pārstāvjiem, kā arī noskaidrot, kāda ir darba tirgū nodarbināto uzvedības pašregulācija un pašregulācijas pašefektivitāte, kas palīdzētu izprast, kā pašefektivitātes un pašregulācijas aspekti palīdz izvirzīt mērķus un tos sasniegt, izdarīt izvēli, pieņemt lēmumus, kāda ir impulsu kontroles spēja, kā arī noskaidrot, kādas stresa pārvarēšanas stratēģijas ir saistītas ar augstāku uzvedības pašregulāciju un pašregulācijas pašefektivitāti.

Summary

The results of the research showed that self-efficacy is an important factor in both individuals' personal and professional development. The results of the research show, that there is a statistically significant relationship between the general self-efficacy, self-efficacy in a specific field of activity, professional growth and well-being of employees in the labor market. From this it can be concluded that self-efficacy is related to both the development of professional activity and the quality of life in general, contributing to the general well-being of the individual. It can also be concluded that if there is a statistically significant relationship between self-efficacy and professional growth, the development of self-efficacy can ensure more productive professional activity and its potential development.

The results of the study confirm, no statistically significant differences were found for the general self-efficacy of employees in the labor market between the genders, from which it can be concluded that it is not necessary to take into account genders' differences when studying various aspects of self-efficacy.

It is important in connection with the topic raised by the authors, in which the importance of self-efficacy for employees in the Latvian labor market is studied. Developing self-efficacy for employees in the Latvian labor market can become a serious challenge for employers in various employment sectors - state, municipal, private and public. Analyzing the content of the research results, it can be recommended to employers in Latvia to pay more attention to the self-efficiency of employees in order to be able to more fully activate significant employee resources, which would increase work productivity accordingly.

There is a need for further self-efficacy research to explore other aspects to which self-efficacy is related, for example, the link between self-efficacy and self-regulation for different professions, to find out what is the self-regulation and behavioral self-regulation of the employees in the labor market, that would help to understand the aspects of self-efficacy and self-regulation strategies to set goals and achieve them, make choices, make decisions and realize impulse control.

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STRESA SIMPTOMU SKALAS IZSTRĀDE UN SAKOTNĒJA VALIDĀCIJA

Development and Initial Validation of the Stress Symptoms Scale

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Abstract. *The aim of this study is to develop and to perform an initial validation of the Latvian and Russian version of the Stress Symptoms Scale. A preliminary version of the scale (k = 65) were administrated to the test development sample as an on-line survey. Additionally participants (N = 272, aged from 19 to 68, M = 37.2, SD = 11.6, 13% male) filled in the Latvian or Russian version of the Perceived Stress Scale-4 (PSS-4), and responded using 10-point scale on two criterion questions about the frequency and intensity of the experienced stress during the last two weeks. Information of their age, gender and education level were collected as well. Based on performed psychometric analysis a final version of the SSS was developed. It consists of 56 items, which can be combined into four scales: 1) Impaired functioning of cognitive processes; 2) Psychological symptoms of stress; 3) Physical symptoms of stress; 4) Emotional symptoms of stress. Based on Exploratory and Confirmatory factor analysis a four-factor solution is preferable. Both versions (LV and RUS) of the scale show excellent internal consistency (Cronbach's alpha ranged from .92 to .98). Concurrent validity of the SSS was approved by high correlation with criterion-measures. Both versions of the SSS show acceptable to excellent psychometric properties and can be used by psychologists and other mental health professional for the better understanding of individual's stress reactions and for a reliable evaluation of stress level based on the set of stress symptoms.*
Keywords: *criterion validity, psychometric properties, reliability, scale development, stress symptoms.*

Ievads
Introduction

Mēs dzīvojam stresainā laikā, esam piedzīvojuši un vēl piedzīvosim vairākus pārbaudījumus un izaicinājumus. Stresa simptomu rašanos var pastiprināt Covid-19 pandēmijas laiks, kad notiek vīrusa strauja izplatība un jāpielāgojas vairākiem ierobežojumiem, izmaiņām ierastajā dzīves ritmā, grūtībām un dzīves izaicinājumiem. Valstī noteiktā ārkārtas situācija ir katram nopietns izaicinājums. Latvijā pietrūkst standartizētu testu, kas novērtētu stresa simptomus.

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Ieslodzījumu vietās ir nepieciešams šāds instruments, kas palīdzētu novērtēt ieslodzīto personu stresa simptomu līmeni un tā izmaiņas "Stresa mazināšanas" programmas īstenošanas laikā. Ieslodzījuma vietu pārvaldē patreizējā laikā pārskata tās rīcībā esošo instrumentu klāstu notiesāto sociālajai rehabilitācijai un tos pilnveido. Patreiz tiek pilnveidotas aktuāli vajadzīgas resocializācijas programmas, tai skaitā "Stresa mazināšanas" programma, kuras mērķis ir iemācīt tās dalībniekiem identificēt savu stresu un stresa izraisītās emocijas, atpazīt stresa simptomus, un apgūt dažādas stresa mazināšanas stratēģijas. Šajā programmā dalībnieki būs ieslodzīto grupas ar adaptācijas grūtībām, izteiktu stresa līmeni un nepietiekamām stresa pārvarēšanas prasmēm. Programma balstīta pieņēmumā, ka izdzīvojot ar ieslodzījuma apstākļiem (ieslodzījuma režīms, reglamentēta ārstēšanās, materiālas problēmas, ierobežoti sociālie sakari, sajūtu un emocionāla deprivācija, atrašanās ierobežotā telpā) saistītas emocijas, ieslodzītais izjūt iekšēju stresu un stresa faktoru ietekmē veidojas ilgstošs, hronisks vai situatīvs stress, kas izraisa distresu. Tas ir ciešanu stāvoklis, kurā cilvēks, nespējot pielāgoties stresa faktoriem, piekopj dezadaptīvu uzvedību – piemēram, norobežojas vai kļūst agresīvs.

Pētījuma mērķis ir izstrādāt *Stresa simptomu skalas* (SSS) latviešu un krievu valodas versiju un veikt SSS validācijas sākotnējo posmu. Tika formulēti trīs pētījuma jautājumi: 1) Kāda ir izstrādātas aptaujas iekšējā struktūra? 2) Kādi ir *Stresa simptomu skalas* psihometriskie rādītāji atsevišķo apgalvojumu līmenī? 3) Vai izstrādātas aptaujas rezultāti ir ticami un valīdi?

Lai atbildētu uz šiem pētījuma jautājumiem tika izvirzīti sekojošie pētījuma uzdevumi 1) izstrādāt aptaujas sākotnējos versiju; 2) ievākt datus un balstoties uz pantu psihometrisko analīzi un faktoru analīzi, izstrādāt aptaujas gala versiju; 3) pārbaudīt izstrādātas aptaujas ticamību (skalu iekšējo saskaņotību), konstrukta validitāti un vienlaicīgo, jeb konkurento validitāti; 4) izstrādāt aptaujas sākotnējos normatīvus rādītājus.

Literatūras apskats
Literature Review

Stresa simptomu daudzveidība

Stress ir ļoti subjektīva parādība, un individuālās reakcijas uz stresu var būt ļoti atšķirīgas un daudzveidīgas, piemēram, daži cilvēki nosarkst, citi ēd vairāk, kamēr citi kļūst bāli vai ēd mazāk. Indivīda reakcijas uz stresu ir atkarīgas no viņa subjektīvās notikuma interpretācijas, nevis no paša notikuma. Tas ir, tas, kas var būt nepanesams vienai personai, var būt pieņemams otram. Stress izsauc fizioloģisko organisma reakciju, tas var plaši ietekmēt kognitīvo procesu funkcionēšanu, emocijas un uzvedību (Ogden, 2004), pie tam katram indivīdam ir predispozīcija uz noteiktām stresa reakcijām (angl. *individual response*

specificity), kura ir atkarīga no ķermeņa darbības īpatnībām, fiziskās konstitūcijas un dzīves pieredzes (Lazarus, 1966, 1976).

Amerikas Stresa institūta (*The American Institute of Stress*) mājas lapā ir publicēts saraksts ar piecdesmit biežāk sastopamiem stresa simptomiem un pazīmēm (The American Institute of Stress, 2020a). Stresa simptomus var definēt kā stresa reakcijas ietekmi uz funkcionēšanu (Matheny & McCarthy, 2000). Visus daudzveidīgus stresa simptomus var iedalīt vairākās grupās. Piemēram, literatūrā tiek izdalīti *fizioloģiskie un somatiskie* stresa simptomi, tādi kā galvassāpes, muskuļu sasprindzinājums, savilkti muskuļi, muskuļu sāpes kakla vai plecu joslā, muguras sāpes, nespēja atslābināties, nespēks, pastāvīgs nogurums, miegainība, miega problēmas (iemigšanas grūtības, pamošanās naktī, bezmiegs, trausls miegs), tirpšana rokās un kājās, reibšana, paaugstināts asinsspiediens, ēšanas traucējumi, kuņģa un zarnu darbības problēmas, sirdsklauves, paaugstināts asinsspiediens, bieža slimošana un citi (O'Leary, 1990; Cohen, 1996; Jones & Bright, 2001; Quick, Quick, Nelson, & Hurrell, 2001; Velden, Kleber, Grievink, & Yzermans, 2010; The American Institute of Stress, 2020a).

Kā *psiholoģiskie simptomi* un *emocionālās reakcijas uz stresu* tiek izdalīti tādi/tādas, kā uztraukums, trauksme, nemiers, baiļu izjūta, aizkaitināmība, agresivitāte, depresija, nomāktība, raudulīgums, apjukums (izjūta, ka nezinu ko iesākt, neizpratne kā tikt galā ar problēmu/-ām), negatīvas domas, un citi (Velden, Kleber, Grievink, & Yzermans, 2010; The American Institute of Stress, 2020a).

Bieži stresa ietekmē ir apgrūtināta arī kognitīvo procesu funkcionēšana, kas izpaužas kā koncentrēšanās grūtības, viegla, ātra uzmanības novēršana, reaģējot uz ārējiem traucēkļiem, izklaidība, aizmāršība, atmiņas problēmas (grūtības apgūt jaunu informāciju, iegaumēt to, kas ir vajadzīgs, utt.); ir novērojama biežāka kļūdīšanās, neuzmanības kļūdu pieaugums un citas izpausmes (Sandi, 2013; Koh, 2018; The American Institute of Stress, 2020a).

Stresa simptomi var izpausties arī kā *izmaiņas uzvedībā*, piemēram, kā fiziskā un/vai verbālā agresija, aizkaitināmība, grūtības kontrolēt emocijas, konfliktējošā uzvedība, impulsīvā uzvedība (piem., naudas tērēšana, nepārdomātā sasteigtā rīcība), biežākā alkohola vai nomierinošu līdzekļu lietošana, biežākā smēķēšana, tendencē norobežoties no citiem utt. (Koh, Park, Kim, & Cho, 2001; Scott, et al., 2015; The American Institute of Stress, 2020a).

Psiholoģisko instrumentu daudzveidība stresa līmeņa novērtēšanai

Stresa mērīšanai var izmantot dažādas pieejas un stratēģijas, piemēram, balstoties uz stresu izraisošo dzīves notikumu skaitu un biežumu noteiktajā laika periodā (piem., *The Social Readjustment Rating Scale*, SRRS; Holmes and Rahe, 1967), balstoties uz subjektīvu uztvertas spriedzes un grūtībām tikt galā ar ikdienas dzīves prasībām un izaicinājumiem novērtējumu (piem., *Perceived*

Stress Questionnaire (PSQ), Levenstein et al., 1993; vai *Perceived Stress Scale*, PSS; Cohen, Kamarck & Mermelstein, 1983; un tās saīsinātā versija – PSS-4, Cohen & Williamson, 1988), balstoties uz noteikto stresoru ikdienas dzīvē uzskaitījumu, to ietekmes intensitāti un biežumu (piem., *The Job Stress Survey*, Spielberger, Reiheiser, Reiheiser, & Vagg, 2000), vai balstoties uz stresa simptomu rašanās biežumu un/vai to daudzveidību (piem., *The Stress-Symptom Scale*, Elkin, 1999; *Stress Symptom Checklist*, Bourne, 2015; *The Stress Symptoms Score*, Aro, 1981; *Symptoms of Stress*, from Matheny & McCarthy, 2000; *Stress Response Inventory*, Koh, Park, Kim, & Cho, 2001), (detalizētāk sk. 1. tabulā). Latvijā ir pieejamās visas šeit minētās aptaujas, izņemot tās, kuras ir balstītas uz stresa simptomu izpēti (kuras ir minētas 1. tabulā).

Stresa simptomu skalas izstrādes nepieciešamības pamatojums

Neskatoties uz to, ka jau eksistē dažas ārzemēs izstrādātas stresa simptomu aptaujas, tomēr veicot to dziļāko izpēti, tika konstatēts, ka neviena no tām (sk. 1. tabulu), neatbilst mūsu prasībām:

1) lai tā būtu piemērota plašai iedzīvotāju grupai, neatkarībā no indivīda nodarbinātības statusa, piemēram, lai tajā nebūtu jautājumi par darba vai skolas kavēšanu utt.;
2) lai tā būtu piemērota ieslodzīto personu populācijai, piemēram, lai tajā nebūtu tādu simptomu uzskaitījumu, kas ir saistīti ar pastiprinātu smēķēšanu, alkohola, narkotiku vai nomierinošu medikamentu lietošanu, pārmērīgu naudas tērēšanu, samazinātu seksuālo interesi utt.;
3) lai tajā būtu iekļauts plašs stresa simptomu klāsts, ieskaitot fiziskās, emocionālās, kognitīvās un uzvedības reakcijas uz stresu;
4) lai tajā iekļautie simptomi būtu sagrupēti skalās (tematiskajās stresa simptomu grupās, piem., fiziskie simptomi, psiholoģiskie simptomi utt.);
5) lai tajā paredzētā atbilžu skalā būtu pietiekami niansēta (vēlams vismaz piecu punktu skala), un ļautu novērtēt attiecīgā simptoma parādīšanas biežumu pēdējo divu nedēļu periodā;
6) lai būtu pieejama informācija par aptaujas psihometriskajiem rādītājiem, par aptaujas ticamību (angl. *reliability*) un validitāti.

1. tabula. ***Pārskats par pieejamām stresa simptomu skalām***
Table 1 ***An Overview of the Available Stress Symptom Scales***

Skalas nosaukums, autori, izstrādes gads	Pantu/ simptomu skaits	Apakšskalas	Atbilžu skala	Novērtējamais periods	Iegūto rezultātu interpretācija/ gradācija un rādītāju diapazons [min;max]	Nodarbinātības statusam specifiskie	Ieslodzīto grupai nepiemērotu simptomu skaits	Informācija par psihometriskajiem rādītājiem
The Stress-Symptom Scale (Elkin, 1999)	41	Nav	0=nekad; 1=dažreiz; 2=bieži; 3=ļoti bieži	Pēdējo divu nedēļu laikā	[0;123] punkti Rezultāti tiek iedalīti 4 līmeņos: 0-19 = zemāks par vidējo; 20-39 = vidējais; 40-49 = nedaudz augstāks nekā vidējais; 50 + = ievērojami augstāks par vidējo	1	5 (vielu lietošana, naudas tērēšana, seksuālās problēmas)	Nav zināma
Stress Symptom Checklist (Bourne, 2015, p. 246)	52	1) Fiziskie simptomi (k =27); 2) Psiholoģiskie simptomi (k = 25)	1 punkts par katru pietiekami izteiktu simptomu	Pēdējā mēneša laikā	[0;52] punkti Rezultāti tiek iedalīti 4 līmeņos: 0-7 = zems (stresa līmenis); 8-14 = vidējais; 15-21 = augsts; 22+ = ļoti augsts	1	2 (vielu lietošana; seksuālās problēmas)	Nav zināma
The Stress Symptoms Score (SSS; Aro, 1981, p.28-29)	18	Nav	0=reti, vai nekad; 1=diezgan bieži; 2=bieži; 3=nepārtraukti	Pēdējā gada laikā	[0;54] punkti Rezultāti tiek iedalīti 4 līmeņos: 0-4 = zems (stresa līmenis); 8-14 = vidējais; 11+ = augsts	0	1 (seksuālās intereses zudums)	Daļēji
Symptoms of Stress (from: Matheny & McCarthy, 2000)	12	Nav	0=nekad; 1=reizi mēnesi; 2=reizi nedēļā; 3=2-3 reizes nedēļā; 4=katru dienu vai nakti; 5=vienu vai divas reizes ikdienu; 6=gandrīz visu dienu, katru dienu	Nav konkreti-zēts	[0;72] punkti (nav informācijas par izdalītajiem stresa līmeņiem, ir tikai ieteikts izvērtēt, kādus no atzīmētiem simptomiem indivīds gribētu mazināt)	0	0	Nav zināma
Stress Response Inventory (SRI; Koh, Park, Kim, & Cho, 2001)	39	Spriedze (k = 6), agresija (k = 4), somatizācija (k = 3), dusmas (k = 6), depresija (k = 6), nogurums (k = 5), frustrācija (k = 7).	0=nemaz; 1=nedaudz; 2=vidēji; 3=izteikti; 4=pilnībā	Pēdējo 7 dienu laikā	[0;156] punkti (nav informācijas par izdalītajiem stresa līmeņiem, bet ir informācija par M un SD rādītājiem normatīvajā izlasē un vairākās klīniskajās grupās.	1	0	Ir, ļoti detalizēta informācija

Mums šķiet, ka būtu svarīgi Latvijā izstrādāt šādu instrumentu, kas atbilstu visiem augstāk minētajiem kritērijiem. Būtu svarīgi, lai psihologiem Latvijā būtu pieejams instruments, kas balstās ne tikai uz subjektīvi uztverta stresa pakāpes novērtējumu vai uz stresu izraisošu situāciju vai dzīves notikumu uzskaitījumu, bet arī uz stresa simptomu novērtēšanu, jo viena un tā pati situācija var izraisīt ļoti atšķirīgu stresa reakciju dažādiem indivīdiem, jo indivīds to uztver pamatojoties uz savu pieredzi. Jo biežāk rodas stresa simptomi, jo lielāka iespējamība, ka stress negatīvi ietekmē indivīdu, tas ir īpaši svarīgi tādās situācijās, kad indivīds izjūt nogurumu, nomāktību, bet apgalvo, ka viņam stresa nav. Iespējams, ka indivīdi pieraduši justies noteiktā veidā, pieraduši pie noteikta dzīvesveida un ritma un pieņemot, ka tas ir normāli. Stresa simptomu skala varētu palīdzēt novērtēt stresa simptomus, lai apzinātu, kurus no tiem ir nepieciešams novērst vai mazināt, cik ļoti stress ietekmē cilvēka ikdienas funkcionēšanu. Novērtējums ir pirmais svarīgais solis stresa mazināšanas un pārvaldīšanas plāna izstrādē. Latvijā trūkst standartizētu testu, lai novērtētu stresa simptomus, līdz ar to tika nolemts izstrādāt aptauju stresa līmeņa noteikšanai, kas būtu balstīta tieši uz daudzveidīgiem stresa un distresa simptomiem.

Stresa simptomu skalas izstrādes sākotnējā posma apraksts
Description of the Initial Scale's Development Stage

Pirmajā testa izstrādes posmā, pamatojoties uz literatūras un pieejamo stresa simptomu skalu satura analīzi, tika sagatavots visbiežāk sastopamo stresa simptomu saraksts. Visi stresa simptomi tika sadalīti trīs grupās: fiziskie stresa simptomi (25 simptomi), stresa ietekmē uz kognitīvu procesu funkcionēšanu (15 simptomi) un psiholoģiskie simptomi (25 simptomi, ieskaitot emocionālās reakcijas, un tādas izmaiņas uzvedībā, kā biežāka strīdēšanās, konfliktējošā uzvedība u.c.). Kopumā tika formulēti 65 provizoriski jautājumi latviešu valodā un pēc tam tie tika tulkoti krievu valodā.

Nākamajā testa izstrādes posmā tika veikts pilotpētījums ar mērķi pārbaudīt formulēto apgalvojumu saprotamību un formulējumu korektumu. Pilotpētījumā piedalījās 10 respondenti ar psihologa kvalifikāciju, no tiem 5 sniedza komentārus par aptauju latviešu valodā un 5 – par tās krievu valodas versiju. Pēc dažu korekciju veikšanas šī sākotnējā testa versija tika izmantota kā tiešsaistes aptauja datu iegūšanai.

Izstrādājot šo testu, mums bija svarīgi, lai to varētu pildīt ikviens, tāpēc tas tika izstrādāts abiem dzimumiem, plašam vecuma diapazonam, ikvienai profesijai, tai skaitā cilvēkiem, kas atrodas ieslodzījumā un divās valodās: latviešu un krievu. Atbildēm tika izveidota Likerta tipa skala, kur 0 – "gandrīz nemaz vai nemaz", 1 – "diezgan reti", 2 – "šad tad", 3 – "diezgan bieži", 4 – "ļoti bieži", 5 – "gandrīz visu laiku, nepārtraukti". Norādījumos respondentiem tika minēts, ka

stresa simptomu novērtēšanas atskaites laiks ir pēdējās 2 nedēļas. Viņiem tika sniegta sekojošā instrukcija: "Lūdzu, novērtējiet, cik bieži pēdējo divu nedēļu laikā Jūs izjutāt šādas pazīmes vai simptomus."

Nākamajā aptaujas izstrādes posmā tika ievākti dati un veiktā psihometriskā analīze ar mērķi atlasīt labākus pantus un izstrādāt aptaujas noslēguma versiju.

Metode
Method

Dalībnieki. Pētījumā piedalījās 272 pieaugušie vecumā no 19 līdz 68 gadiem (M = 37,2, SD = 11,6), 236 (87%) sievietes un 31 (13%) vīrietis; 209 (77%) dalībnieki aizpildīja aptauju latviešu valodā, 63 (23%) – krievu valodā. Krieviski (RUS) un latviski (LV) runājošo dalībnieku grupas pēc vecuma faktora ir homogēnas ($t(270) = 0,39$, $p = 0,70$), tomēr pēc dzimuma sadalījumā LV grupā ir vērojams izteiktāks sieviešu īpatsvars (90% *vs.* 78%), salīdzinājumā ar RUS grupu ($\chi^2 = 5,77$, $p < 0,05$). Dalībnieku sadalījums pēc izglītības līmeņa kopējā izlasē: 0,4% pamatskolas vai zemāka (ne vairāk par 9 izglītības gadiem), 12,5% – vidusskolas vai līdzīga, piem., vidējā profesionālā izglītība, 17,6% – nepabeigtā augstākā izglītība, 2,9% – 1.līmeneņa augstākā izglītība (koledža), 23,9% – bakalaura grāds vai augstākā profesionālā izglītība (2.līmeņa augstākā izglītība), 37,5% – maģistra grāds, 5,1% – doktora grāds.

Instrumentārijs. Pētījuma dalībniekiem bija lūgts norādīt informāciju par savu dzimumu, vecumu un izglītības līmeni, aizpildīt *Stresa simptomu skalas* (SSS) sākotnējo versiju (k = 65) (atbilžu varianti: no 0 līdz 5), un SSS skalas validizācijas nolūkos aizpildīt *Uztvertā stresa skalas saīsināto versiju* (*Perceived Stress Scale-4*, PSS-4; Cohen & Williamson, 1988; aptaujas latviešu un krievu valodas versija tika adaptēta dotā pētījuma ietvaros) (atbilžu varianti: 1 = "nevienu reizi", 2 = "ļoti reti", 3 = "dažreiz", 4 = "diezgan bieži" un 5 = "ļoti bieži"; skalas punkti var variet no 4 līdz 20 ballēm, augstāks punktu skaits norāda uz lielāku uztvertā stresa pakāpi) un atbildēt uz diviem kontroles jautājumiem par pēdējo divu nedēļu laikā pieredzētā stresa biežumu un intensitāti: 1. *Cik BIEŽI pēdējo divu nedēļu laikā Jūs izjutāt stresu, spriedzi vai pārslodzi?* (atbilžu varianti no 1 =" ļoti reti", līdz 10 = "ļoti bieži"); 2) *Cik IZTEIKTI pēdējo divu nedēļu laikā Jūs izjutāt stresu, spriedzi vai pārslodzi?* (atbilžu varianti no 1 = "ļoti vāji", līdz 10 = "ļoti izteikti"). Iegūto punktu summa no atbildēm uz šiem diviem jautājumiem veidoja piedzīvotā stresa salikto rādītāju, kura vērtības var variēt no 2 līdz 20 punktiem, augstāks punktu skaits norāda uz lielāku piedzīvoto stresu.

Procedūra. Datu ievākšanai tika izmantota vietne visidati.lv. Dalībniekiem uz e-pastiem tika aizsūtīts lūgums piedalīties Stresa simptomu skalas aprobācijas pētījumā ar informāciju par pētījuma mērķi un dalības nosacījumiem, kā arī ar lūgumu pārsūtīt šo aicinājumu saviem kolēģiem, radiem, draugiem un paziņām.

Uzaicinājumā vēstulē bija norādītas divas saites uz aptaujas latviešu un krievu valodas versiju. Dalība pētījuma bija anonīma un brīvprātīga. Dati tika ievākti 2021. gada janvārī.

Datu apstrādes un analīzes metodes. Datu analīze tika veikta ar IBM SPSS Statistics 20.00 datu apstrādes programmu un brīvpieejas R 4.0.2 programmu. SSS iekšējās struktūras izpētei tika izmantotā izpētošā faktoru analīzes metode, faktoru izgūšanai izmantojot galveno komponentu metodi un piemērojot *varimaksa* rotāciju; iegūtās faktoru struktūras apstiprināšanai tika izmantota apstiprinošā faktoru analīze, izmantojot „lavaan" (Rosseel, 2012) datu apstrādes paketi R programmā, kas ļauj iegūt vairākus modeļa atbilstības indeksus: SRMR, CFI un RMSEA. Katras skalas ietvaros tika aprēķināti apgalvojumu reakcijas un diskriminācijas indeksi. Apgalvojumu savstarpējas korelācijas (katras skalas ietvaros), starpskalu korelācijas, kā arī SSS skalu korelācijas ar kritērija mērījumiem (PSS-4, STR un vecumu) tika aprēķinātas, izmantojot Pīrsona korelācijas koeficientu. Skalu iekšējās saskaņotības noteikšanai tika izmantots Kronbaha alfa rādītājs; atšķirības starp vīriešu un sieviešu grupu rezultātiem tika novērtētas izmantojot Stjudenta t-kritēriju neatkarīgām izlasēm. Visa analīze tika veikta kopējā testa izstrādes izlasē, apvienojot latviešu un krievu valodas versijā aizpildītās anketas.

Rezultāti
Results

Izpētošās faktoru analīzes rezultāti

Lai atbildētu uz pirmo pētījuma jautājumu, vispirms tika veikta izpētošā faktoru analīze. Ja netiek ierobežots izgūstāmo faktoru skaits, balstoties uz Kaizera kritēju (īpašvērtība > 1), aptaujas apgalvojumi sadalās 9 komponentēs, tomēr, balstoties uz īpašvērtību diagrammas (angl. *Scree plot*) analīzi, var secināt, ka veidojas kopējais faktors un, ka četru komponentu risinājums būtu optimāls (pirmās sešās īpašvērtības pirms rotācijas ir: 22,83; 2,94; 2,29; 2,05; 1,47; 1,37).

Nākamajā analīzes posmā tika veiktas vairākās secīgās izpētošās faktoru analīzes sērijas, ar mērķi atlasīt tos apgalvojumus, kurus būtu vērts iekļaut aptaujas gala versijā. Apgalvojumu atlases kritēriji bija 1) faktora svars pirmajā (kopējā) faktorā pirms rotācijas $\geq$ | 0,35 | (bet vēlams $\geq$ | 0,40 |) un 2) saturiskā atbilstība attiecīgai (teorētiski pamatotai) stresa simptomu grupai un faktora svars "savā" skalā/faktorā $\geq$ | 0,35 | (bet vēlams $\geq$ | 0,40 |), un pēc iespējas zemāks citās skalās/faktoros. Balstoties uz šiem kritērijiem, tika atlasīti 56 apgalvojumi, attiecīgi 9 apgalvojumi tika izslēgti no turpmākās analīzes.

Otrajā tabulā ir redzami atlasīto apgalvojumu reakcijas indeksi (vidējais punktu skaits) un izpētošās faktoru analīzes rezultāti ar uzstādīto 4 faktoru ierobežojumu. Kā var redzēt, visi apgalvojumi (izņemot Nr. 1. "Galvassāpes" un

5. "Tiki, muskuļu spazmas, krampji", kuru faktora svars kopējā faktorā pirms rotācijas ir 0,38) dod būtisku ieguldījumu kopējā faktorā (pirmajā faktorā pirms rotācijas) un uzrāda faktora svarus diapazonā no 0,40 līdz 0,79 (sk. 1. tabulā).

2.tabula. ***Stresa simptomu skalas gala versijas apgalvojumu reakcijas indeksi un izpētošās faktoru analīzes rezultāti***
Table 2 ***Response Indices of Items Included in the Final Version of the Stress Symptoms Scale, and Results of the Exploratory Factor Analysis***

Apgalvojumi*	M	Komponenti				Fg
		1.	2.	3.	4.	
26. Koncentrēšanās grūtības	2,09	**0,75**	0,18	0,22	0,09	**0,66**
36. Samazināta darba efektivitāte	1,81	**0,74**	0,23	0,11	0,06	**0,62**
33. Palēnināts domāšanas temps	1,39	**0,74**	0,19	0,19	0,09	**0,65**
28. Izklaidība, aizmāršība	1,99	**0,72**	0,07	0,19	0,22	**0,62**
30. Biežāka kļūdīšanās	1,59	**0,69**	0,19	0,26	0,17	**0,69**
29. Atmiņas problēmas	1,86	**0,66**	0,21	0,25	0,25	**0,71**
37. Grūtības pieņemt lēmumu	1,56	**0,65**	0,31	0,13	0,24	**0,69**
27. Viegla, ātra uzmanības novēršana, reaģējot uz ārējiem traucēkļiem	2,16	**0,64**	0,21	0,18	0,31	**0,68**
32. Grūtības formulēt (pateikt) savu domu	1,56	**0,61**	0,21	0,25	0,20	**0,65**
39. Iestrēgšana kādā domā vai rīcībā	1,66	**0,57**	0,31	0,29	0,28	**0,74**
64. Pārslodzes izjūta	2,31	**0,56**	0,39	0,16	0,20	**0,69**
40. Domu skriešana, lēkāšana, haotiska domāšana	1,65	**0,54**	0,24	0,26	0,38	**0,71**
7. Nespēks, spēku izsīkums, pastāvīgs nogurums	2,38	**0,49**	0,30	**0,42**	0,15	**0,70**
38. Uzmācīgas, traucējošas domas	2,00	**0,49**	0,36	0,35	0,28	**0,75**
34. Palēnināts runas vai kustību temps	0,77	**0,46**	0,26	0,28	0,08	**0,57**
23. Paaugstināta vai samazināta ēstgriba	1,79	**0,42**	0,25	0,36	0,22	**0,63**
10. Miegainība, nespēja izgulēties	2,39	**0,41**	0,38	0,39	0,15	**0,68**
56. Intereses zudums par dzīvi, garlaicība	1,10	0,18	**0,78**	0,29	0,09	**0,71**
58. Nespēja priecāties	1,24	0,22	**0,76**	0,19	0,16	**0,70**
52. Vientulības, pamestības izjūta	1,25	0,15	**0,73**	0,10	0,37	**0,67**
59. Nevēlēšanas dzīvot vai pašnāvnieciskas domas	0,44	0,05	**0,73**	0,20	0,08	**0,56**
57. Izteikta vilšanās izjūta	1,20	0,23	**0,72**	0,25	0,26	**0,75**
65. Izteikta neapmierinātība ar dzīvi	1,04	0,23	**0,70**	0,12	0,30	**0,69**
62. Atsvešinātības izjūta	1,19	0,33	**0,68**	0,17	0,15	**0,71**
60. Nomācoša vainas vai kauna izjūta	0,93	0,21	**0,67**	0,32	0,20	**0,72**
63. Emocionālais trulums, vienaldzība	0,99	0,30	**0,65**	0,22	0,08	**0,67**
61. Vēlme norobežoties, izolēties no citiem	1,60	0,31	**0,63**	0,25	-0,01	**0,64**
51. Mazvērtības izjūta, sajūta, ka nekam neesmu derīgs, ka esmu neveiksminieks	1,58	0,36	**0,61**	0,17	0,32	**0,74**
54. Drūms noskaņojums (noskumis, bēdīgs, vai nomākts), raudulīgums	1,68	0,35	**0,60**	0,20	0,43	**0,79**
55. Samazināta interese par savu ārējo izskatu, nevīžīgums	1,39	0,19	**0,57**	0,21	0,22	**0,61**
53. Apjukums	1,67	0,44	**0,51**	0,13	0,34	**0,72**

50. Pašpārliecības trūkums, šaubas par sevi, par savām spējām	2,24	0,42	**0,50**	0,18	0,38	**0,74**
12. Sāpes vai smaguma sajūta krūtīs, sirdsklauves, neritmisks vai paātrināts pulss, problēmas ar asinsspiedienu	1,25	0,19	**0,10**	0,66	0,06	**0,50**
6. Trīce, lūpu, roku trīcēšana	0,66	0,11	**0,11**	0,61	0,25	**0,51**
11. Apgrūtināta elpošana, biežas nopūtas	1,32	0,35	**0,22**	0,60	-0,04	**0,59**
5. Tiki, muskuļu spazmas, krampji	0,85	0,01	0,06	**0,58**	0,16	0,38
14. Reibonis, ņirboņa acīs	0,86	0,19	0,06	**0,57**	0,19	**0,48**
19. Grēmas, sāpes vēderā, slikta dūša, dedzināšanas sajūta	1,14	0,30	0,24	**0,55**	0,02	**0,57**
13. Zvanīšana, dunoņa, dūkšana ausīs	0,80	0,13	0,17	**0,53**	0,12	**0,46**
18. Sausa mute, "kamola" sajūta kaklā	0,81	0,09	0,33	**0,52**	0,30	**0,60**
15. Aukstas vai nosvīdušas rokas, kājas	1,24	0,23	0,15	**0,50**	0,20	**0,53**
21. Bieža urinēšana (kas nav saistīta ar veselības problēmām)	0,68	0,24	0,19	**0,50**	0,05	**0,50**
3. Muskuļu sasprindzinājums, savilkti muskuļi, nespēja atslābināties	2,08	0,33	0,31	**0,49**	0,08	**0,63**
25. Nervozitātes, nemiera izpausmes	1,91	**0,40**	0,12	**0,47**	0,28	**0,63**
20. Gremošanas traucējumi (vēdera aizcietējumi, caureja)	1,21	**0,40**	0,15	**0,47**	-0,04	**0,51**
16. Pastiprināta svīšana	1,23	0,26	0,18	**0,44**	0,27	**0,55**
1. Galvassāpes	1,40	0,03	0,23	**0,41**	0,11	0,38
9. Nakts murgi, satraucoši sapņi	1,27	0,25	0,35	0,38	0,08	**0,55**
17. Ādas problēmas	1,05	0,15	0,17	0,36	0,24	**0,44**
8. Miega problēmas	2,38	0,34	0,33	0,35	0,09	**0,58**
46. Dusmu lēkmes, aizkaitināmība, neapmierinātība, naidīgums	1,74	0,19	0,26	0,23	**0,77**	**0,66**
45. Biežāka strīdēšanās, konflikti	1,40	0,21	0,19	0,19	**0,75**	**0,60**
47. Pārspīlētas, neadekvātas emocionālas reakcijas uz kaitinošām situācijām	1,65	0,30	0,24	0,19	**0,73**	**0,68**
48. Aizdomīgums, pārspīlēts jūtīgums pret citu teikto	1,55	0,28	0,34	0,22	**0,66**	**0,70**
49. Straujas garastāvokļa maiņas	1,57	0,23	0,32	0,34	**0,66**	**0,72**
41. Pārmērīga trauksme, satraukums, spriedze, raizēšanās, bažīšanās, nervozitāte	2,32	**0,42**	0,26	0,38	**0,48**	**0,75**
Īpašvērtība pēc rotācijas	--	9,06	8,98	6,96	5,10	--
% no dispersijas	--	16,18	16,04	12,42	9,11	53,75

Piezīme. N = 272. *Tabulā ir minēti apgalvojumu saīsinātie formulējumi un to kārtas numuri aptaujas sākotnējā versijā. *M* = panta reakcijas indekss. Fg = faktoru svari kopējā faktorā pirms rotācijas. Treknrakstā attēloti faktoru svari, kas lielāki par 0,40. Faktori izgūti ar galveno komponentu metodi (*Principal Component Analysis*), piemērojot varimaks rotāciju un Kaizera normalizāciju (faktoru skaits ir ierobežots līdz 4). KMO = 0,95, χ^2 = 11015,06, $p < 0,001$. 1. Apgrūtināto kognitīvo procesu funkcionēšana, 2. Psiholoģiskie stresa simptomi, 3. Fiziskie stresa simptomi, 4. Emocionālie stresa simptomi.

Iegūtā faktoru struktūra saturiski gandrīz pilnībā sakrīt ar teorētiski paredzēto, tikai atsevišķi apgalvojumi uzrādīja augstāku faktora svaru ne tajā faktorā, kurā tie bija paredzēti. Tādi ir trīs apgalvojumi no 3. skalas (Nr. 7., 23. un 10.), kuri augstāku faktoru svaru uzrāda 1., nevis 3. faktorā (tomēr, testa atslēgā tie, kā sākotnēji bija paredzēts, tiks atstāti 3. faktorā), un apgalvojums Nr. 64., kas sākotnēji bija paredzēts 2. faktorā, bet ievērojami augstāku faktoru svaru, tas

uzrāda 1. faktorā (un testa atslēgā, tas tika iekļauts 1. skalā, kaut arī saturiski, tas tikai daļēji ir tai atbilstošs).

Visi pārējie apgalvojumi ir "savās vietās", vienīgais, būtu jāatzīmē, kā apgalvojumi no 2. skalas ar sākotnējiem kārtas Nr. 9., 17. un 8. uzrāda nedaudz samazinātu, tomēr apmierinošu faktora svaru "savā" skalā (sk. 1. tabulā).

Iegūtās četras skalas var interpretēt kā: 1. Apgrūtināto kognitīvo procesu funkcionēšana, 2. Psiholoģiskie stresa simptomi, 3. Fiziskie stresa simptomi, 4. Emocionālie stresa simptomi. Kopumā šie četri faktori izskaidro 53,75% no dispersijas. Iegūtā faktoru struktūra ir pietiekami skaidra (tikai 7 apgalvojumi uzrāda paralēlus faktoru svarus (angl. *cross-loadings*) citā skalā, kas ir lielāki pa 0,40) (sk. 1. tabulu).

Apstiprinošās faktoru analīzes rezultāti

Lai apstiprinātu četru faktoru struktūru, apstiprinošā faktoru analīze tika veikta ar R 4.0.2. programmas un *lavaan* (Rosseel, 2012) datu apstrādes paketes palīdzību. Modeļa atbilstība tika novērtēta izmantojot MLR metodi. Analīzes rezultātā tika iegūti vairāki modeļa atbilstības indeksi (SRMR, CFI, un RMSEA) (skat. 3. tabulā). Kā var redzēt, četru faktoru risinājums uzrāda labākus modeļa atbilstības indeksus, nekā viena modeļa risinājums. Viena modeļa risinājuma gadījumā neviens no indeksiem nesasniedz vēlamo robežu, toties četru faktoru risinājumā divi (SRMS un RMSEA) no trīs indeksiem uzrāda apmierinošus rādītājus, un kopumā modeļa atbilstība četru faktoru struktūrai ir pieņemama.

3.tabula. ***Apstiprinošās faktoru analīzes rezultāti***
Table 3 ***Results of the Confirmatory Factor Analysis***

Modeļi	SRMR	RMSEA	RMSEA 90% Ticamības intervāls	CFI
Četru faktoru modelis	0,065	0,074	[0,071; 0,078]	0,790
Viena faktora modelis	0,073	0,092	[0,089;0,095]	0,668

Piezīme. N = 272. SRMR (Standardized Root Mean Square Residual) – aboslūtās piemērotības indekss, RMSEA (Root Mean Square Error of Approximation) – taupības piemērotības indekss, CFI (Caomparative Fit Index) – salīdzinošās piemērotības indekss. SRMR ≤ 0,08, RMSEA ≤ 0,08 un CFI ≥ 0,90 tiek uzskatītas par apmierinošām (Hu & Bentler, 1999; Marsh, Hau & Wen, 2004).

Stresa simptomu skalas psihometriskie rādītāji

Izveidotās SSS aptaujas psihometriskie rādītāji ir atspoguļoti 4. tabulā, apgalvojumu reakcijas indeksi – 2. tabulā. Kā var redzēt, lielākajai daļai apgalvojumu reakcijas indeksi iekļaujas vēlamajās robežās (kas šajā gadījumā (atbilžu skala no 0 līdz 5 ballēm) ir no 1,0 līdz 4,8). Tomēr, ir 10 apgalvojumi (5. *Tiki (acu plakstiņu, mutes kaktiņa u.c. raustīšanās), muskuļu spazmas, krampji;* 6. *Trīce, lūpu, roku trīcēšana;* 13. *Zvanīšana, dunoņa, dūkšana ausīs,*

14. *Reibonis, ņirboņa acīs;* 18. *Sausa mute, "kamola" sajūta kaklā, grūtības norīt;* 34. *Palēnināts runas vai kustību temps;* 59. *Nevēlēšanas dzīvot vai pašnāvnieciskas domas;* 60. *Nomācoša vainas vai kauna izjūta; un* 63. *Emocionālais trulums, vienaldzība*), kuriem reakcijas indeksi ir zem kritiskās robežās ir svārstās no 0,44 līdz 0,99. Tomēr neskatoties uz to, tika pieņemts lēmums atstāt šos apgalvojumus, jo tie ir specifiski, bet tomēr būtiski izteiktā un/vai hroniskā stresa simptomi. Kopumā, spriežot pēc vidējiem reakcijas indeksa rādītājiem, visās SSS aptaujas skalās ir vērojama nobīde uz zemākām ballēm, kas ir dabiski un sagaidāmi.

Balstoties uz reakcijas indeksa analīzi, augstākās balles tika iegūtas apgalvojumos ar sākotnējiem kārtas Nr. 10, 8., 7., 64., 50., 26., 3., un 38. (apgalvojumi norādīti pēc reakcijas indeksa rādītājiem dilstošā secībā).

Katrā skalā apgalvojumu diskriminācijas indeksi atbilst psihometrijā pieņemtajiem kritērijiem un svārstās diapazonā no 0,37 līdz 0,82, ar vidējiem diskriminācijas indeksa rādītājiem no 0,55 F skalā, līdz 0,76 – E skalā. Starppantu korelāciju vidējie rādītāji skalās svārstās no 0,34 līdz 0,64 (sk. 3. tabulā).

SSS aptaujas skalu iekšējās saskaņotības rādītāji svārstās no 0,91 līdz 0,97, pie tam Kronbaha alfa rādītāji aptaujas latviešu un krievu valodas versijām ir praktiski identiski un atbilst tiem, kas ir minēti 4. tabulā.

4.tabula. ***Aptaujas "Stresa simptomu skala" gala versijas skalu psihometriskie rādītāji***
Table 4 ***Psychometric Properties of the Final Version of the Stress Symptoms Scale***

Skala	k	α	Vid. reakcijas indekss	Reakc. indeksa diapazons	Vid. starppantu korelācijas rādītājs	Vid. Diskri-minācijas indekss	Diskriminācijas indeksa diapazons
SSS_k	56	0,97	1,48	0,44-2,39	0,39	0,62	0,37-0,77
K skala	14	0,94	1,74	0,77-0,24	0,52	0,61	0,48-0,71
P skala	15	0,95	1,30	0,44-2,24	0,57	0,73	0,70-0,80
F skala	21	0,91	1,37	0,66-2.40	0,34	0,55	0,39-0,67
E skala	6	0,91	1,70	1,40-2,32	0,64	0,76	0,64-0,82

Piezīme. N = 272. k = apgalvojum skaits skalā. α = Kronbaha alfa. SSS_k = Stresa simptomu kopskala; K = SSS aptaujas skala "Apgrūtināto kognitīvo procesu funkcionēšana"; P = SSS aptaujas skala "Psiholoģiskie stresa simptomi"; F = SSS aptaujas skala "Fiziskie stresa simptomi"; E = SSS aptaujas skala "Emocionālie stresa simptomi".

Stresa simptomu skalas validitātes pārbaude

Lai pārbaudītu izveidotās SSS aptaujas vienlaicīgo, jeb konkurento validitāti, tās skalu rādītāji tika korelēti ar PSS-4 aptaujas rezultātiem un piedzīvotā stresa pakāpes apvienoto rādītāju (balstoties uz piedzīvotā stresa intensitāti un pakāpi subjektīvo novērtējumu). Kā var redzēt 4. tabulā, SSS aptaujas skalu rādītāji statistiski nozīmīgi vidēji cieši līdz cieši korelē ar abiem

kritērija mērījumiem, Pīrsona korelācijas rādītāji ar PSS-4 skalu svārstās no 0,55 līdz 0,66, un ar STR – no 0,58 līdz 0,67 (sk. 5. tabulā), apstiprinot SSS aptaujas konkurentu validitāti, kas ir viens no kriteriālās validitātes (angl. *criterion validity*) veidiem.

5.tabula. ***Aptaujas "Stresa simptomu skala" gala versijas skalu psihometriskie rādītāji***
Table 5 ***Psychometric Properties of the Final Version of the Stress Symptoms Scale***

Mainīgie	1.	2.	3.	4.	5.	6.	7.
1. SSS kopskala	--						
2. K skala	0,90**	--					
3. P skala	0,90**	0,73**	--				
4. F skala	0,91**	0,77**	0,71**	--			
5. E skala	0,82**	0,69**	0,70**	0,68**	--		
6. PSS-4	0,66**	0,63**	0,63**	0,55**	0,55**	--	
7. STR	0,67**	0,60**	0,58**	0,60**	0,61**	0,59**	--
8. Vecums	-0,29**	-0,20**	-0,29**	-0,26**	-0,38**	-0,23**	-0,34**
M	82,88	24,41	19,56	28,69	10,22	11,05	12,51
SD	48,37	14,01	16,11	16,92	7,16	2,97	4,64

Piezīme. ** p = 0,01. N = 272. Tabulā ir atspoguļoti Pīrsona korelācijas koeficienti. SSS kopskala = Stresa simptomu kopskala; K = SSS aptaujas skala "Apgrūtināto kognitīvo procesu funkcionēšana"; P = SSS aptaujas skala "Psiholoģiskie stresa simptomi"; F = SSS aptaujas skala "Fiziskie stresa simptomi"; E = SSS aptaujas skala "Emocionālie stresa simptomi"; PSS-4 = Uztvertā stresa skalas saīsinātās versijas (Perceived Stress Scale-4) rādītājs; STR = Piedzīvotā stresa salīktais rādītājs. *M* = vidējais aritmētiskais. *SD* = Standartnovirze.

Piektajā tabulā ir atspoguļoti arī SSS aptaujas starpskalu korelācijas rādītāji. Kā var redzēt ar skalas kopējo rādītāju visas apakšskalas korelē no 0,82 līdz 0,90, kas apstiprina, ka visu šo skalu rādītāji ir ļoti cieši saistītas ar aptaujas kopējo rādītāju, kā arī savā starpā skalu rādītāji cieši saistīti, ko apstiprina korelācijas koeficienti, kuri svārstās no 0,68 līdz 0,77 (sk. 5. tabulā).

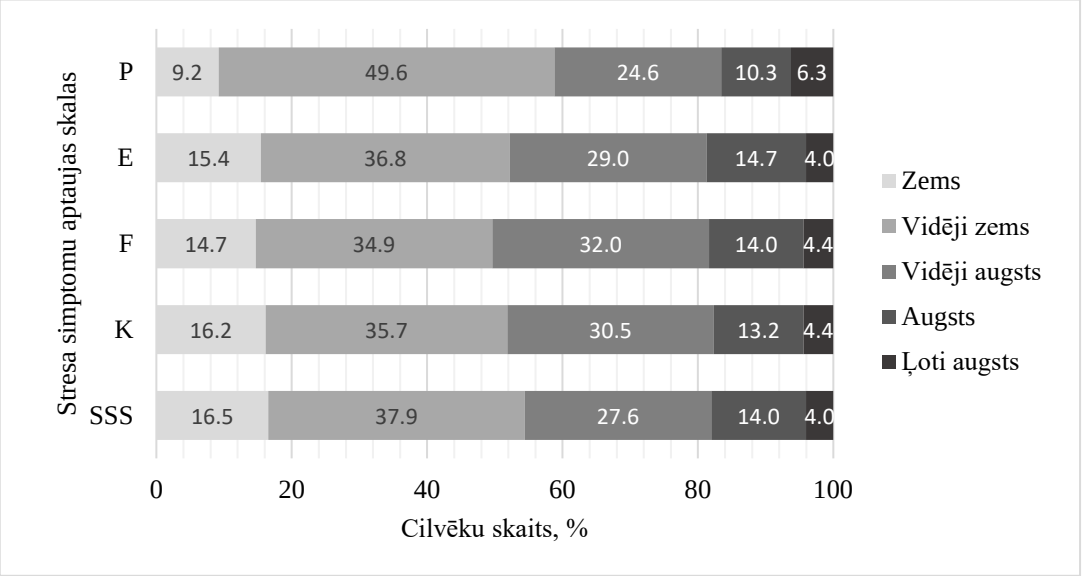
6.tabula. ***Aptaujas "Stresa simptomu skala" atšķirības sieviešu un vīriešu grupā***
Table 6 ***Gender Differences of the Stress Symptoms Scale***

SSS aptaujas skala	Sieviešu grupa (n = 236)		Vīriešu grupa (n = 36)		*t*
	M	*SD*	*M*	*SD*	
SSS kopskala	85,10	49,26	68,36	39,69	1,94
K skala	25,09	14,04	19,92	13,16	2,08*
P skala	19,92	16,36	17,17	14,30	0,96
F skala	29,71	17,27	22,03	12,75	2,56*
E skala	10,37	7,40	9,25	5,29	0,88

Piezīme. *p = 0,05. SSS kopskala = Stresa simptomu kopskala; K = SSS aptaujas skala "Apgrūtināto kognitīvo procesu funkcionēšana"; P = SSS aptaujas skala "Psiholoģiskie stresa simptomi"; F = SSS aptaujas skala "Fiziskie stresa simptomi"; E = SSS aptaujas skala "Emocionālie stresa simptomi"; *M* = vidējais aritmētiskais. *SD* = Standartnovirze, t = Stjudenta t-testa radītājs.

Visu SSS aptauju skalu rādītāji ir negatīvi statistiski nozīmīgi vāji saistīti ar vecumu (korelācijas rādītāji svārstās no -0,20 līdz -0,38); arī diviem kritērija mērījumiem (PSS-4 un STR) ir konstatētas līdzīgas vājas negatīvās korelācijas ar vecumu.

Lai būtu vieglāk interpretēt iegūtus rādītājus, un salīdzināt tos savā starpā sākotnējās balles, balstoties uz izlases aprakstošās statistikas rādītājiem (*M* un *SD*) tika pārkodēti standartizētajās T ballēs. Balstoties uz T ballēm, iegūtie rezultāti tika sadalīti piecās grupās: 1) 39 T balles vai zemāk = zems stresa līmenis; 2) no 40 līdz 49 T ballēm = vidēji zems stresa līmenis; 3) no 50 līdz 59 T ballēm = vidēji augsts stresa līmenis; 4) no 60 līdz 69 T ballēm = augsts stresa līmenis un 5) no 70 T ballēm un augstāk = ļoti augsts stresa līmenis. Pirmajā attēlā ir redzami iegūtie T baļļu sadalījumi katrā no SSS aptaujas skalām.



1. attēls. ***Stresa simptomu skalas standartizēto T baļļu sadalījums testa izstrādes izlasē***
Figure 1 ***Distribution of Standardized T-scores of the Stress Symptom Scale in the Test Development Sample***

Diskusija
Discussion

Pētījuma mērķis bija izstrādāt *Stresa simptomu skalas* (SSS) latviešu un krievu valodas versiju un veikt tās validācijas sākotnējo posmu.

Balstoties uz literatūras analīzi, sākotnēji tika izdalītas trīs simptomu grupas: 1) fiziskie stresa simptomi, 2) stresa ietekmē uz kognitīviem procesiem un 3) psiholoģiskie simptomi. Pēc faktoranalīzes rezultātiem sākotnēji paredzētā psiholoģisko simptomu grupa, sadalījās divās daļās, kur vienā no tām ir apvienojušies simptomi, kas ir raksturīgi izsīkuma stadijai (Selje, 2012) un lielā

mērā pārklājas ar depresijas simptomiem (P skala); savukārt otrā grupa apvienoja sevī emocionālas reakcijas, kas vairāk ir raksturīgas trauksmes stadijai (Selje, 2012). Iegūtā faktoru struktūra kopumā saskan ar citos pētījumos izdalītām simptomu grupām (O'Leary, 1990; Cohen, 1996; Evans, & Johnson, 2000; Quick, Quick, Nelson, & Hurrell, 2001; Jones & Bright, 2001; Olpin, & Hesson, 2010 u.c.). Tātad, izstrādāta Stresa simptomu skalā sastāv no 56 stresa simptomiem, kuri sadalās četrās skalās: Fiziskie stresa simptomi (F skala), Emocionālie stresa simptomi (E skala), Apgrūtināta kognitīvo procesu funkcionēšana (K skala), un Psiholoģiskie simptomi (P skala).

Izveidotajā aptaujā ir iekļauti daudzveidīgi simptomi, tai skaitā retāk sastopamie, kas pārsvarā ir raksturīgi izsīkuma stadijai un ilgstošam hroniskam stresam (piem., tiki, krampji, nevēlēšanas dzīvot, emocionālais trulums). Balstoties uz aptaujas rezultātiem (pantu reakcijas indeksiem), visbiežāk minētie stresa simptomi ir miegainība, miega problēmas, nespēks, spēku izsīkums, pastāvīgs nogurums, nervozitāte, muskuļu sasprindzinājums, koncentrēšanās grūtības, trauksme, spriedze, pārslodzes izjūta un uzmācīgas domas. Šie simptomi lielā mērā sakrīt ar citu pētījumu rezultātiem (piem., The American Institute of Stress, 2020b). Veiktā analīze liecina, ka izstrādātās aptaujas psihometriskie rādītāji pantu un skalu līmenī ir atbilstoši psihometriskajiem kritērijiem (sk. Raščevska, 2005), kas norāda uz tās piemērotību attiecīgās pazīmes mērīšanai Latvijas kultūrvides izlasē.

Salīdzinājumā ar citiem līdzīgiem instrumentiem (sk. 1. tabulā), SSS ir dažas atšķirības: 1) tika izmantota niansētāka atbilžu skala ar ērtākiem atbilžu variantiem; 2) tā ļauj detalizēti izzināt indivīda predispozīciju uz noteiktām stresa reakcijām, izzināt kādus un cik bieži stresa simptomus indivīds ir izjutis pēdējo divu nedēļu laikā; 3) lai saglabātu balansu, starp pantu skaitu un aptaujā iekļauto stresa simptomu daudzveidību, daži līdzīgi simptomi bija apvienoti vienā pantā (piem., "*Grēmas, sāpes vēderā, slikta dūša, dedzināšanas sajūta*"; "*Tiki (acu plakstiņu, mutes kaktiņa u.c. raustīšanās), muskuļu spazmas, krampji*", "*Sāpes vai smaguma sajūta krūtīs, sirdsklauves, neritmisks vai paātrināts pulss, problēmas ar asinsspiedienu*" u.c.), bet šobrīd ir grūti pateikt, vai šāda pantu formulēšanas stratēģija ir uzskatāma par šīs aptaujas priekšrocību vai trūkumu. Un, kā jau sākotnēji bija paredzēts, šajā aptaujā netika iekļauti daži ar izmaiņām uzvedībā saistītie stresa simptomi, tādi kā pastiprināta alkohola lietošana, smēķēšana, seksuālas intereses samazināšanās utt., bet tas tika izdarīts ar nolūku, lai šī aptauja būtu piemērota lietošanai ieslodzīto grupā.

Pētījuma ierobežojumi. Būtiskākie pētījuma ierobežojumi ir saistīti ar neviendabīgu respondentu dzimuma sadalījumu izlasē, un ar nelielu respondentu skaitu, kas aptauju aizpildīja krievu valodā. Nākotnē būtu nepieciešams detalizētāk pārbaudīt aptaujas latviešu un krievu valodas versiju psihometrisku

līdzvērtīgumu, taču uz doto brīdi nav pamata pieņemt, ka tulkojums nav ticams, vai aptaujas abu valodu versijas nav līdzvērtīgas, jo to psihometriskie rādītāji ir ļoti saskaņoti.

Neskatoties uz to, ka dzimuma atšķirības tika konstatētas tikai divās no piecām skalām, tomēr, iegūtie aptaujas sākotnējie normatīvie rādītāji vairāk ir piemēroti sieviešu dzimuma populācijas daļai un, tā kā ir konstatēta aptaujas rādītāju saistība ar dzimumu, nākotnē būtu svarīgi izstrādāt normatīvus rādītājus dažādām vecuma grupām.

Cits pētījuma un SSS ierobežojums ir saistīts ar to, ka daži no aptaujā minētajiem simptomiem, nav obligāti saistīti ar stresa negatīvo ietekmi, bet var būt saistīti ar citām veselības problēmām, līdz ar to, aptaujā būtu nepieciešams iekļaut kontroles jautājumu par hroniskām slimībām un citām veselības problēmām. Veicot individuālo izpēti, intervijas laikā ir svarīgi precizēt informāciju par somatiskiem simptomiem, un nepieciešamības gadījumā, veikt korekcijas skalu rādītājos, izslēdzot atbildes uz tiem pantiem, kuros ir minēti simptomi, kas, konkrētajām indivīdam ir saistīti ar citām veselības problēmām, nevis ar organisma reakciju uz stresu un to negatīvu ietekmi uz indivīda ikdienas funkcionēšanu.

Secinājumi
Conclusions

Iegūtie rezultāti apliecina, ka izstrādātā Stresa simptomu skala (SSS) ir drošs un valīds instruments, piemērots Latvijas kultūrvidei, ko psihologi var izmantot, lai labāk izprastu cilvēka individuālās reakcijas uz stresu. Izstrādāta aptauja ļauj novērtēt cik izteikti un kādā veidā izpaužas stresa negatīvā ietekmē uz cilvēka veselību un ikdienas funkcionēšanu. Aptauja var tikt izmantota, kā viens no instrumentiem, kas pietiekami ticami ļauj novērtēt indivīda stresa līmeni, sekot tā izmaiņām, balstoties uz stresa simptomu kopumu, un padziļināti izzināt specifiskās individuālās reakcijas uz stresu. Stresa simptomu skalas kopējais rezultāts var būt uzskatīts par rādītāju, kas integrētā veidā atspoguļo mijiedarbības rezultātu starp cilvēka vidi, viņa individualitāti un to, cik viņš/viņa veiksmīgi tiek galā ar vidi un dzīves izaicinājumiem. Šis rādītājs ir atkarīgs ne tikai no indivīda psiholoģiskajām īpašībām, bet arī no viņa bioloģiskajām īpatnībām.

Aptauja ir pieejama latviešu un krievu valodā; to var izmantot gan pētniecībā, gan klīniskajā praksē, piemēram, individuālās konsultācijās, psiholoģiskās izpētes nolūkos, klienta/pacienta aktuālā stāvokļa novērtēšanai un tā izmaiņu monitorēšanai. Lai iegūtu aptauju, lūdzam sazināties ar raksta autoriem.

Nākotnē būtu nepieciešams izstrādāt precizētus normatīvus rādītājus, balstoties uz reprezentatīvas, pēc dzimuma un vecuma faktora sabalansētas izlases

datiem, kā arī turpināt tās validācijas procesu, pārbaudot aptaujas rādītāju noturību laikā, un tās saistību ar citiem psihiskās, fiziskās veselības un psiholoģiskās labklājības rādītājiem, kā arī ar objektīviem stresa hormonu rādītājiem.

Summary

Stress is a natural physical and mental reaction to life experiences. Stress can affect all aspects of our life, including emotions, behaviours, thinking ability, and physical health. People handle stress differently, so symptoms of stress can vary. To handle stress, it is important to know and be aware of own stress symptoms. There is a lack of standardized tests in Latvia to assess the symptoms of stress. The aim of this study is to develop and to perform an initial validation of the Latvian and Russian version of the Stress Symptoms Scale. Three research questions were formulated: 1) What is the internal structure of the developed questionnaire? 2) What are the psychometric properties of the Stress Symptoms Scale? 3) Is SSS a reliable and valid measure of stress level? In order to answer these research questions, the following research objectives were set: 1) to develop the initial version of the questionnaire; 2) to collect data and, based on the psychometric analysis and factor analysis, to develop the final version of the SSS; 3) to check the reliability of the final version of the SSS (internal consistency of the scales), and construct, and concurrent validity of the SSS; 4) to develop norm scores of the SSS.

In the first stage of scale development, based on literature analysis, a list of most common symptoms of stress divided into three subsets: Physiological, Cognitive and Emotional reactions to stress were prepared and 65 preliminary items were formulated first in Latvian, and then they were translated into Russian. In the next stage, this preliminary version of the scale were administrated to the test development sample as an on-line survey. Additionally participants (N = 272 (n = 209 for Latvian version and n = 63 for Russian version of the scale), aged from 19 to 68, M = 37.2, SD = 11.6, 12% male) filled in the Latvian or Russian version of the Perceived Stress Scale-4 (PSS-4), and responded using 10-point scale on two criterion questions about the frequency and intensity of the experienced stress during the last two weeks. Information of their age, gender and education level were collected as well.

Based on performed psychometric analysis a final version of the SSS was developed. It consists of 56 items, which can be combined into four scales: 1) Impaired functioning of cognitive processes; 2) Psychological symptoms of stress; 3) Physical symptoms of stress; 4) Emotional symptoms of stress. Based on Exploratory and Confirmatory factor analysis a four-factor solution is preferable. Both versions (LV and RUS) of the scale show excellent internal consistency (Cronbach's alpha ranged from .91 to .98). Inter-scale correlations ranged from .68 to .77. Concurrent validity of the SSS was approved by high correlation with criterion-measures (r ranged from .55 to .67, $p < .001$). Based on standardised T scores five levels of stress level (low, moderately low, moderately high, high, and very high) were empirically established.

The developed Stress Symptoms Scale (SSS) is available in Latvian and Russian. Both versions of the SSS show acceptable to very good psychometric properties and can be used by psychologists and other mental health professional for the better understanding of individual's stress reactions and for a reliable evaluation of stress level based on the set of stress symptoms.

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UNIVERSITY STUDENTS' GROWTH GOALS, OPPORTUNITIES FOR GOAL FULFILLMENT, AND PERCEIVED UNIVERSITY AND MESOSYSTEM SUPPORT

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Abstract. *This study assessed the relationship between students' growth goals and perceived opportunities to achieve these goals in Latvia and the perceived support from the university and the mesosystem. Socialization models emphasize that the setting of personal goals occurs in continuous interaction with the sociocultural context, which includes perceived opportunities to achieve these goals and the interpersonal environment. Both – perceived support from close people (mesosystems) and perceived support from the university – are significant for students. The study involved 432 university students between 18 and 49. We have assessed the extent to which students' goals regarding education, work, and personal growth are predicted by perceived opportunities to achieve these goals in Latvia and by the perceived support from parents, relatives, friends, classmates, teachers, and the university as an institution. The results of structural equation modeling revealed that personal growth goals are positively predicted by all three elements - the perceived opportunities to achieve these goals and the perceived academic and mesosystem support. The support of the classmates was connected to the support of the mesosystem that indicates the importance of friendly relations among students. Students' growth goals were the most closely associated with the perceived support in their specific environment – the university. In general, the results confirm the complex interaction of personal growth goals with the social and cultural environment in particular circumstances.*
Keywords: *academic support; growth goals; mesosystem support; perceived opportunities.*

Introduction

People sometimes ask the question what their life would be if… Those considered "if`s" form different possible trajectories of individual's life how it would have been developed in one case or another. At the same time, asking such a question indicates that people are searching for fulfillment and meaning of their life.

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From a psychological perspective, the meaning of life is closely related to life goals as a group of highest priority goals for the individual (e.g., Emmons, 2003). Considering that life goals are made up of two main groups of goals – relationships and growth goals (e.g., Seginer, 2009), – in so-called W.E.I.R.D. (western, educated, industrialized, rich, and democratic) societies, initially growth goals play a more important role for adolescents and emerging adults. It is because most individuals of these age groups, before starting their own family, study to become economically independent members of society and so to become able from the economic perspective to fully participate in family formation (Nurmi, 1991; Seginer, 2009). Thus, for both adolescents and emerging adults, current issues of life are closely related to the educational institutions on the one hand, to the closest relevant social group on the other, as well as to continuous interaction with a wider socio-economic context, where they see opportunities to fulfill their plans.

To explain these relationships, we will ground our study on a synthesis of three theoretical models: J.-E. Nurmi's (2004) Socialization and self-development model, J. J. Arnett's (2000) Emerging adulthood theory, and R. Seginer's (2009) Future orientation approach.

Goals, Opportunities, and Support

Nurmi (2004) points out that the environment is a factor that includes all possible life trajectories. The choice of a trajectory is largely determined by personal goals, perceived opportunities, and perceived support to achieve them. Perceived opportunities and perceived support, as opposed to real ones, are the main factors in the choice of specific development trajectories. Besides, culture largely determines characteristics of the environment, and perceived opportunities and perceived support are culture-specific (Gudykunst, 2004).

By summarizing theoretical models, Nurmi (2004) inferred that the development, socialization, and future orientation of adolescents and emerging adults is determined by the sociocultural environment on the one hand and interpersonal relationship environment on the other. The mechanism by which this development takes place involves four processes. The first process is channeling. Sociocultural and institutional predeterminants define the range of possibilities or possible trajectories of one's development and future. The second process is the selection, which is the selective use of offered alternatives. It is determined by motivation, interests, and personal goals. They lead individuals to specific educational pathways, certain interest groups, and certain recreational activities. The third process is the adjustment. Receiving feedback about their chosen developmental trajectories, adolescents adjust their goals, plans, and thinking, preserving, modifying, or changing these choices. The fourth process –

the reflection – envisages the development of identity and self-conception, reflecting on current life and developmental issues. It takes place both by making conceptualizations about oneself and by communication with parents and peers.

Arnett (2000) points out that emerging adults' work experience is largely focused on the preparation for adult work roles and effective implementation of these roles. It leads to the conclusion that this age is crucial in the context of the individual`s future orientation since most individuals at this age choose opportunities they will stick to for the rest of their life. Therefore, such a perspective demands an understanding of underlying psychological mechanisms, especially in the interaction between channeling and selection. Research of this interaction can reveal the potential for successful adjustments or interventions in the life trajectories of emerging adults from both psychological and social perspectives. Simultaneously, it contains opportunities for individuals to understand and adjust their choices in a particular sociocultural environment and specific circumstances.

The second important aspect relates to the cultural factor. Arnett (2000) points out that emerging adulthood is currently very typical for industrial and postindustrial societies – Western cultures. Their specific requirements for the high level of education and training in information-based professions stimulate individuals to study longer and start families later. It determines the crucial role of education in industrial and postindustrial societies.

The qualitative analysis of the main goal formulations in Latvian adolescents and emerging adults (Kolesovs, Salima, & Maskovs, 2018) also indicates that the main goal (or group of highest priority goals) forms the basis of the sense of life purpose and meaning; this is how the individual defines him-/herself. The most common categories in the formulation of this kind of goal are work, family, satisfaction, growth, fulfillment, the person himself, and education (Kolesovs, Salima, & Maskovs, 2018). Thus, it confirms that the leading goals are related to the individual's growth, development, and close relationships.

Very important in the selection of future goals is the perceived support. Goal setting takes place in continuous interaction with interpersonal and institutional environments, including the learning environment (e.g., Machado, Brites, Magalhães, & Sá, 2011). It is also confirmed in a study in Latvia (Kolesovs, 2019) that for students, growth-related goals consist of educational, occupational, and personal growth goals. They are the same goals that later in life, during adulthood, most commonly becomes the foundation of the meaning of one's life. These goals are positively predicted by the student's perceived support, which is formed by their views both about the academic staff and the university as a whole system.

Researchers from Israel and the Netherlands (Seginer, Vermulst, & Shoyer, 2004) have investigated psychological mechanisms of future orientation,

distinguishing three main components – motivation, cognitive representations, and future-related behavior. The motivational component consists of the value of the prospective life, expectations to succeed in the future, and internal control over the implementation of plans. The cognitive one consists of goals and plans regarding specific domains. The behavioral component consists of exploration (gathering information, seeking advice, evaluating their validity) and commitment or decisions on the choice of particular opportunities and devotion to them.

Parental support promotes the development of positive self-esteem, which further facilitates the above-mentioned components of future orientation, especially in educational and occupational domains (Seginer et al., 2004). The higher support for adolescents' autonomy relates to the higher goal-oriented motivation, which further directly facilitates cognitive representations and future-related behavior aimed at goal achievement.

The Current Model

It can be concluded that adolescents and emerging adults set their goals in surrounding cultural and social environments channeling them in possible trajectories. During the interaction between personal goals and context, an individual perceives opportunities for goal fulfillment and support from the closest people, the mesosystem (Bronfenbrenner, 1979), and the academic environment that can further facilitate goal achievement or selection of alternative opportunities.

Based on this conclusion, the authors propose a model that predicts students' growth-oriented goals with perceived opportunities and perceived support from both – the university and the mesosystem (Figure 1).

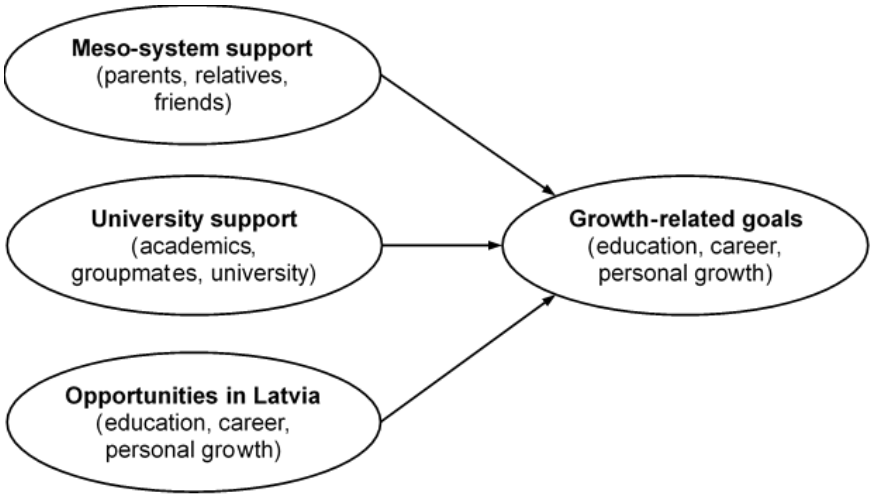

Figure 1 ***Conceptual Model of Prediction Students' Growth Goals*** *(this study)*

Method

Participants. Participants were 432 university students 18 to 49 (*M* = 25.01 years, *SD* = 6.73 years, 73% were females). The convenience sample involved students from social sciences predominantly, and 61% of them were employed, 28% were graduated, 18% were married, and 10% had children.

Measures. The assessment of growth-oriented goals was based on items presenting distant goals in the domains of education, occupation, and personal growth (Kolesovs 2019). Participants used a seven-point scale (from 'not topical' to 'maximally') to answer the question: "To what extent your long-term goals are associated with the following domains [Cik lielā mērā Jūsu ilgtermiņa mērķi ir saistīti ar sekojošām jomām]?"

Perceived support at a mesosystem level was assessed by a measure suggested by Kolesovs (2015). It was assessed as support for goal attainment provided by parents, siblings, relatives, and friends. The assessment of educational support included three items presenting perceived support from groupmates, academic staff, and university in general. In this subscale, groupmates were added to the measure of educational support suggested by Kolesovs (2019).

To evaluate both kinds of social support, students answered the question: "To what extent your goals are supported by... [Cik lielā mērā Jūsu mērķu sasniegšanu atbalsta...]?" They used a seven-point scale (from 'no support' to 'maximally')

Perceived opportunities for growth-oriented personal goals were assessed by answering the question: "To what extent do you perceive opportunities to fulfill your personal goals in Latvia in the given domains [Vai Latvijā redzat iespējas Jūsu mērķu sasniegšanai norādītajās jomās]?" Three domains – education, occupation, and personal growth – were assessed on a seven-point scale (from 'minimally' to 'maximally').

Procedure. The study was conducted in 2019 and 2020. Participation in the study was voluntary and anonymous. The scale was administered in Latvian. Structural equation modelling (SEM) was performed by 'lavaan' (0.6-6) for R (Rosseel, 2012).

Results

The first step of SEM revealed slightly reduced fit of the model: $\chi^2(59) = 224.91$, $p < .001$, CFI = .89, TLI = .85, RMSEA = .081 (90% CI from .070 to .091, $p < .001$), SRMR = .06.

A minimal modification of the model – adding factorial loading of the perceived support from groupmates on mesosystem support (Figure 2) – resulted in an acceptable fit of the model at the second step: $\chi^2(58) = 162.04$, $p < .001$, CFI = .93, TLI = .91, RMSEA = .064 (90% CI from .054 to .075, $p = .015$), SRMR = .05.

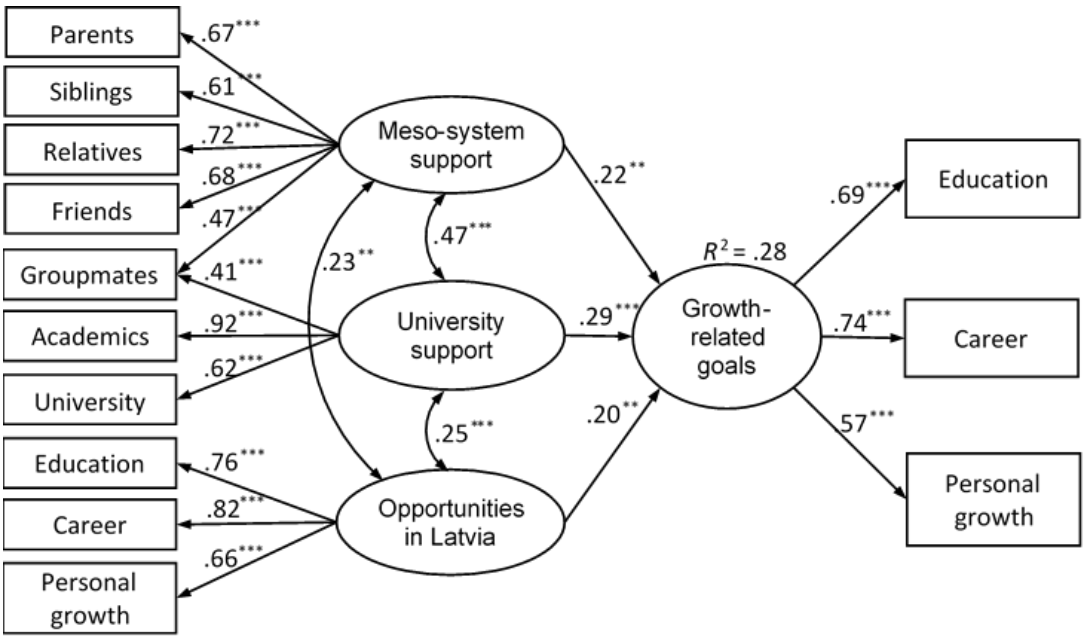

Figure 2 ***Predicting Students' Growth Goals by Perceived University and Mesosystem Support and Perceived Opportunities for Goal Achievement in Latvia***
*(** $p < .01$, *** $p < .001$)*

Simultaneously with acceptable fit, the improved model demonstrated metric invariance regarding students' gender, $\chi^2(10) = 10.65$, $p = .385$, and employment, $\chi^2(10) = 10.71$, $p = .381$.

Discussion

The authors tested the effect of channeling on personal goals (Nurmi, 2004) within a model considering students' growth-oriented goals as predicted by perceived opportunities and perceived support from both the university and the mesosystem.

Acquired results confirmed that perceived support from the mesosystem and university predicts students' growth goals positively. Perceived opportunities for the achievement of these goals in Latvia also predicted students' growth goals positively. Significant covariations indicated positive relationships among predictors. Among them, an association between both sources of support was closer than their associations with perceived opportunities. The level of explained

variance of students' growth goals was not high (28%). However, it confirmed a significant role of perceived support and opportunities in predicting these goals.

From a theoretical perspective, the results confirm that goal setting occurs in continuous person-context interaction. Perceived institutional support, interpersonal relationships, and perceived macro-contextual opportunities are elements of channeling (Nurmi, 2004), which provides the frame for selection and predicts growth-oriented goals.

The perceived specific support from the educational environment – university support – is the most significant predictor of growth-oriented goals. This finding is in line with Arnett`s (2000) emerging adulthood theory, showing that education has a crucial role in forming possible life trajectories for students or, in most cases, emerging adults. Particularly, this kind of perceived support has the largest influence on selecting trajectories in the domain of education, career, and personal growth.

This study also confirms Seginer`s et al. (2004) future orientation approach and goes in line with studies done in Latvia (Kolesovs, 2015; 2019). First, Seginer's approach considers an opportunity to separate individual orientation to growth as an independent sphere of personal goals. In our study, it was supported by confirming the structure of latent variables. Second, our research shows environmental contribution facilitating personal goals – this goes along with Seginer's (2009) theory of future orientation.

Limitations and Further Directions

It should be noted that our study has several limitations. Participants were motivated to involve in the study. Therefore, the level of involvement in the study can interfere with the level of goals and university support. It is useful to replicate these results involving an alternative model of interaction, for example, asking other students to be data collectors.

Some sources of perceived support (e.g., romantic partner) were not included in the analysis, therefore it would be added value in future research, understanding their influence within the proposed model of goal-context interaction. Similarly, the prediction of other kinds of goals (e.g., relational or pragmatic) can be assessed in the future.

Regarding ecological validity, one of the contextual implications for this study is concerned with the Covid-19 pandemic. The research was done during changes in studying format because of the pandemic, so there is a possibility that reducing physical social interaction with groupmates and academic staff could influence perceived support from both the university and the mesosystem.

For a generalization outside the Latvian sociocultural context, a cross-cultural study will be helpful. Moreover, there is a necessity to replicate results not only in the so-called W.E.I.R.D. societies, but in other sociocultural models. It will give a broadened perspective on aspects like – does it always work for adolescents and emerging adults; are there other educational models or none of them; are the results similar for individualistic and collectivistic cultures, or do they have distinct patterns.

Conclusions

To sum up, the results confirm the complex interaction of personal growth goals with the social and cultural environment. Focusing on two sources of support – mesosystem and university – revealed their mutual relationships and predictive potential for the individual pursuit for personal growth in a specific sociocultural context. Opportunities for achieving personal goals in Latvia are also a positive predictor for orientation to these goals. However, the most significant predictor was perceived support from the university – as a context for students' development and growth.

Acknowledgements

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PROFESSIONAL BURNOUT SYNDROME IN SOCIAL WORKERS, EMPLOYED IN COMMUNITY REHABILITATION CENTRES FOR ADDICTIVE DISEASES: THE CONTEXT OF INTERPERSONAL RELATIONSHIPS

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Abstract. *The article overviews the problematic questions of the study: 1) What interpersonal factors cause professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases; 2) How communal relationships with colleagues can help overcome professional burnout. Research object: interpersonal relationships of social workers. The aim of the article is to reveal possibilities of overcoming professional burnout syndrome on the basis of the experiences of social workers' interpersonal relationships.*
Research methods: academic literature analysis, document analysis, the method of a semi-structured interview, quality (content) analysis, summarizing method were used. The study was conducted in January – March of 2020 in the community rehabilitation centre for addictive diseases.
Empirical research has shown that social workers, employed in community rehabilitation centres for addictive diseases, believe that the threat and risk of professional burnout syndrome arise, first of all, from interpersonal relationships with clients: their negative attitude towards social workers, inadequate client communication culture, lack of positive feedback. Secondly, it is important for social workers to feel emotional and moral support and help of colleagues, share responsibility for work. Joint leisure time improves the quality of communication between colleagues, strengthens the inner relationship in the collective, increases work efficiency.
Keywords: *community rehabilitation centre for addictive diseases, depersonalization, emotional exhaustion, professional burnout syndrome, social workers, interpersonal relationships.*

Introduction

Burnout at work is a long-lasting reaction of an individual to constant emotional and interpersonal stressors in professional activities (Leiter, Bakker, &

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Maslach, 2014). According to Abromaitienė and Stanišauskienė (2014), "burnout syndrome is a state of emotional, psychological, as well as physical exhaustion that develops in the work environment through unresolved long-term stressful situations". The positive and negative combination of psychological state in professional activities influences incidents at work, as well as changes in health or overall life experience (Leiter, 2017).

Burnout syndrome at work can result from work content, working conditions, employment conditions, or employment relationships. The content of the work, as a factor influencing the occurrence of stress, is associated with an inappropriate workload (Župirkienė & Babičaitė, 2014). Bullying is also considered an extreme social stressor in the workplace. Stress can lead to negative employee behaviour, which causes low work morality, unemployment, job dissatisfaction, and even leaving the organization (Giorgi, 2015). When social support is felt at work, employees are in better health and psychological states; without feeling support, employees often feel anxious, are prone to depression, complain of poor well-being, and feel dissatisfaction with work (Raižienė & Bakšytė, 2010). Individuals, who experience social support from managers or co-workers at work, feel greater psychological security (Sverk et al., 2002). The analysis of literature shows that social support is very significant, because not only does it improve the involvement of specialists in professional activities, but also with the help of social support significantly better work results are observed.

Research problem. Gudžinskienė & Pozdniakovas (2020) revealed the manifestation of professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases, though in order to prevent or successfully deal with professional burnout, it is necessary at the theoretical and empirical levels reveal factors that cause professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases. One of the factors that cause professional burnout syndrome, is interpersonal factors. Social workers, employed in community rehabilitation centres, are in a state of constant contact with clients and communication. Intensive contact with clients and difficult working conditions with unpredictable results make employees experience high levels of emotional and mental stress, which escalates into weakened motivation, emotional exhaustion, deterioration of physical health, and impaired communication; finally, work quality and performance of social workers decline. Negative consequences of professional burnout are manifested in the social environment, family relationships, as well as work communication between colleagues and clients. Therefore, the problem of disclosing interpersonal actions of the burnout syndrome in social workers, which the following article attempts to address, is of great importance. Only by having knowledge about interpersonal factors that cause professional burnout syndrome,

is it possible to manage the current problem or take measures to prevent professional burnout. The problem can be formulated by the question: what are the interpersonal factors that cause professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases?

The novelty of this article is that the research involved social workers, who provide social services to clients in community rehabilitation centres for addictive diseases. Research results and scientific knowledge gained about interpersonal factors that cause professional burnout syndrome, are especially relevant for those social workers, who work in close relationships with others by trying to help them by providing services, despite the complexity of addictive diseases, and without recognizing their professional burnout syndrome and factors that cause it, overload themselves.

Research object: interpersonal relationships of social workers, employed in community rehabilitation centres for addictive diseases.

This article overviews problematic question of the study: 1) What interpersonal factors cause the professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases; 2) How communal relationships with colleagues can help overcome professional burnout.

The *aim of the article* is to reveal possibilities of overcoming professional burnout syndrome on the basis of the experiences of social workers' interpersonal relationships.

Research methods: academic literature analysis, document analysis, qualitative research type was chosen for the study. In the study, the method of a semi-structured interviews quality (content) analysis, summarizing method was used.

Method

Research methods. Qualitative research type was chosen for the study. According to Žydžiūnaitė & Sabaliauskas (2017), the purpose of a qualitative study is to reveal possibilities of overcoming professional burnout syndrome on the basis of the experiences of social workers' interpersonal relationships. The method of a semi-structured interview was used in the study. This article overviews problematic question of the study: 1) What interpersonal factors cause the professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases; 2) How communal relationships with colleagues can help overcome professional burnout. The obtained data were analysed by using the content analysis method. The qualitative content analysis was performed in the following sequence: the repeated reading of the content of transcribed interview texts, the distinction of meaningful elements in the text

analysed, the grouping of the distinguished meaningful elements into categories and sub-categories, integration of the categories/sub-categories into the context of the phenomenon analysed and the description of their analysis (Žydžiūnaitė et al., 2017). P. Mayring (2000) emphasises that content analysis is a valid method for making specific inferences from the analysed text.

The sample of the research. A criteria-based sample was used in the study. The informants (social workers) were chosen according to the following criteria: 1) social workers who have a degree in the area of social work; 2) are engaged in social work with persons addicted to psychoactive substances (alcohol, drugs); 3) have less than 2-year experience related to work with persons addicted to psychoactive substances (addicted to alcohol, drugs); are employed in the community rehabilitation centres for addictive diseases.

The study was conducted in the January – March of 2020 in the community rehab centres of addictive diseases. 7 social workers participated in the study. Each interview continues form 50 -140 minutes.

Ethics of the research. During the research, the following essential principles of research ethics were complied with (Žydžiūnaitė et al., 2017): **a right not to be vulnerable**, i.e. not making any negative impact on their physical, mental and social health; **a right not to be abused** by ensuring that participation of research participants and information provided to them will not be used against them; **usefulness of the research** – the research participants will fully agreed to participate in the research because their participation in a specific research makes a positive impact on the development of society and knowledge, as well as the research of new opportunities in Lithuania; **respect for personal dignity** – the research participants were interpreted as independent persons, who were able to control their personal behaviour; every research participant had **a right to make a personal decision whether to participate in the research or not**; **justice** – such factors as the benefit, credulity or compromise was not used in order to involve the "necessary" persons in the research; the participants had an opportunity to ask about the research and receive comprehensive information; the research participants were treated in a respectful and helpful manner; **confidentiality** – the research participants were assured that information provided during the research (the collected qualitative data) will not be disseminated; the unprocessed information will not be available to any person, who is not related to the thesis and, specifically, to the exploratory part of the thesis; **anonymity** – the research participants were assured that their provided accurate personal data will not be published without coordinating such possibility in advance. In order to maintain confidentiality, respondents were encoded in letters A, B, C, D, E and F.

Social work in community rehabilitation centres for addictive diseases requires to maintain not only formal relationships, and interpersonal relationships

play an important role in such an organization. Social workers, however, have to deal with clients' character traits, such as lack of gratitude and/or resistance, that do not satisfy interpersonal relationships between social workers and their clients, which leads to frustration that eventually escalates into symptoms of professional burnout (Targamadzė & Talkovskytė, 2015, Drug Control Department under the Government of the Republic of Lithuania, 2008).

Interpersonal factors that cause professional burnout syndrome are manifested as reactions to emotional requests, deficiencies in reciprocal communication, worries due to injustice (Ide, 2018). Research on burnout syndrome revealed that people expect fair interpersonal relationships, in which the amount they invest must be proportionate to the amount they receive (Katashinskaja, 2015).

Scientific research on community psychology analyses importance of security, ability to competently act in the community, social guarantees, and social structures, i.e. strength, purpose and adequate control of interpersonal relationships. The following conditions of self-creation are necessary for the formation of an institutional community: 1) attitude of people and groups of people to the commonality that is formed by the element of preconceived moral attitudes: conscience, respect, voluntariness, responsibility, social relations, self-assessment; 2) real social status (activity, field, meaning); 3) quality of communication that consists of possibilities of communication, peculiarities or possibilities of the assessment of reciprocity (interaction or cooperation); 4) moral compatibility of social groups; 5) peculiarities of activity of social groups: purposefulness, publicity, positivity, openness. Community traits are universal and can be applied to various types of communities (Peterson, Speer, & McMillan, 2008).

An institutional community is people, who have a common goal or interests, for which they feel and take mutual responsibility, acknowledge interrelationships, respect individual differences of members, and are honestly committed to the well-being of each other and of the group (Wood & Judikis, 2002). Community provides feelings of belonging, identity, emotional connection, and well-being. By experiencing and perceiving a sense of community, people adapt better, maintain relationships with others, feel stronger social and spiritual support of the surrounding people, pursue higher goals than personal ones. A strong sense of community acts as a protection against threats, helps to overcome unforeseen changes.

The expression of community in an institution is complicated by: employee inactivity, negative values, hierarchy within the institution (unequal relations), indifference of employees to the goals of the institution, individualistic needs (Šinkūnienė, 2012). Therefore, the following phenomenon existing within the

institution, i.e. community, determines the quality of the activity of a social institution by encompassing a wide variety of complex emotional, cognitive and activity areas that create the microclimate and spiritual atmosphere of the institutional community.

Results

Interpersonal causes that are related to the occurrence of professional burnout syndrome. The analysis of data on interpersonal causes allowed to distinguish two categories of interpersonal causes that lead to professional burnout syndrome: ***causes related to clients and causes related to the collective*** (Fig. 1).

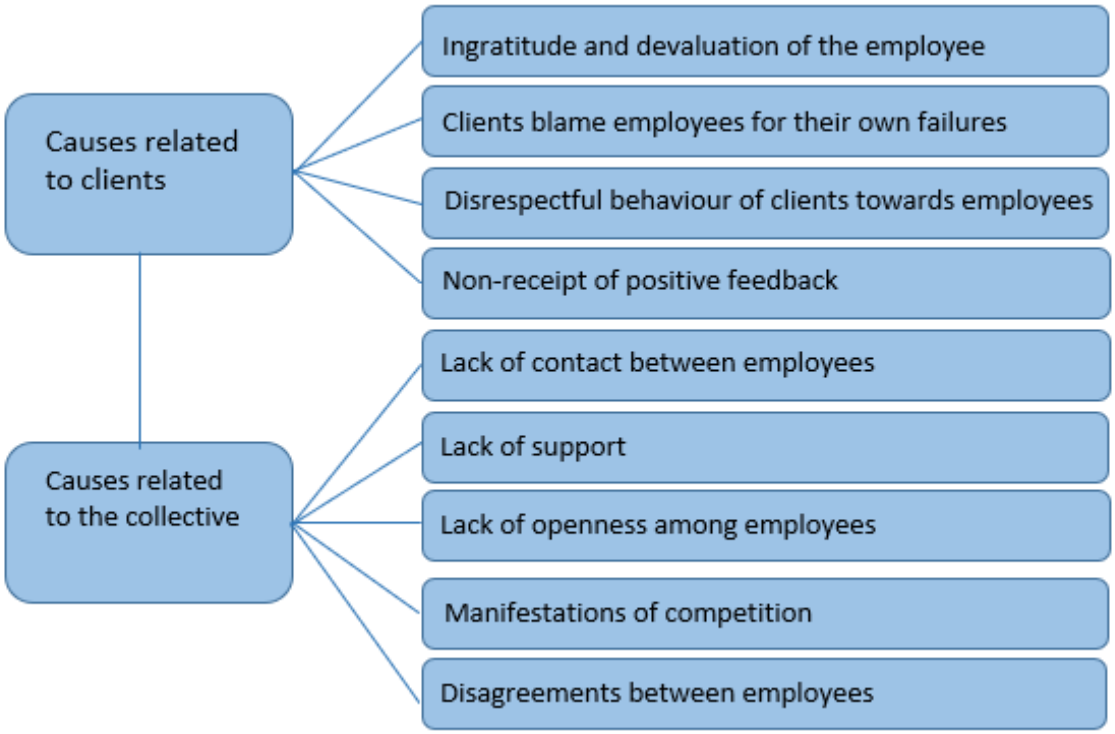

Figure 1 ***Interpersonal Causes Related to the Occurrence of Professional Burnout Syndrome***

One of the categories distinguished after analysing interviews of the research participants about interpersonal causes – ***causes related to clients*** includes four subcategories: ingratitude and devaluation of the employee; clients blame employees for their own failures; disrespectful behaviour of clients towards specialists; non-receipt of positive feedback. In terms of ingratitude and devaluation of the employee, informants claimed: *"... <...> give up on you..." (A),*

"...many people say that it is an ungrateful job, that is nobody will make much of you and won't praise <...>; <...> like a floor cloth, wiped their feet on you and "that's all, thank you"..." (D). Even though social workers are professionals, the following ungrateful behaviour of clients can negatively affect both the novice employee and the professional. There are cases when clients blame employees for their own failures; participants of the research indicated that: *"...give you such a look that it seems you are to blame for his problems." (A), "...blamed me..." (D), "...always wants to justify his leave, all around are to blame for this, but just not himself..." (F).* Accusations are often unfounded, individuals who are addicted to psychoactive substances are more likely to look for culprits in the environment than change their destructive behaviour. The following behaviour manifested itself not only in accusation of employees, but also in disrespectful behaviour: *"...and insults <...>, <...> simply, flings some kind of a remark..." (C), "...biting jokes sometimes..." (F), "...looks as if at a policeman..." (E).* In the long run, the following behaviour of clients disappeared, if individuals involved in the recovery process were able to go through the programme from start to finish. Since the recovery path is a long-term process and not all clients successfully go through it, social workers identified a lack of positive feedback from individuals, who are or were treated in the community rehabilitation centre for addictive diseases: *"...the main thing <...> when you don't get that feedback..." (A), "Lack of feedback..." (D), "...ungrateful profession...want to hear a good word <...> but there is no..." (F).* Employees also have feelings and expectations, it is natural to want to receive positive feedback that would increase motivation to continue working. Without receiving encouraging words from clients, social workers expect to receive them from colleagues.

The analysis of research data on interpersonal causes of professional burnout syndrome revealed another category – ***causes related to the collective*** (Fig. 1). Paradoxically, social workers, employed in community rehabilitation centres for addictive diseases, experience great stress when working with individuals addicted to psychoactive substances, and as a result, the collective seems to be an emotional support for the social worker, whose strong connection would compensate for negative experiences with clients. However, participants of the research claimed: *"Lack of connections is distracting..." (A), "...lack of communication... " (E)*; lack of connection between employees complicates both the work efficiency of social workers and the formation of friendly atmosphere at work. Informants also noted that: *"...lack of that peer support of some kind..." (B), "...feeling that I am alone <...> I needed support...but there was no" (D)*; the desire to feel support of colleagues is extremely important, but not always achievable. In addition to the aforementioned, there is a lack of openness among employees, social workers who participated in the research claimed: *"...I never*

said that aloud, I never talked about that <...>; <...> I didn't say that, thought "aw", no point of speaking <...> they won't understand anyway..." (D), "...had to manoeuvre..." (C), "...don't want to burden others with my problems..." (F). It is impossible to maintain a friendly relationship based on mutual understanding in the collective without sincere and open communication between colleagues. Relationships tend to evolve into manifestations of competition. Participants of the research indicated: *"...that competition was felt..." (A), "competition, some kind of <...>, <...> I don't even know how to name it, matches, races, such friction inside and that evokes such a feeling <...>, <...> something like competitiveness <...>; <...> always wanting to do well and better than others, well, it's very difficult that somebody will do better than you..." (C).* Failure to work on strengthening the collective in a timely manner might result in manifestations of competition turning into disagreements between employees. Informants pointed out: *"...difficulties, and if on top of that while speaking to colleagues <...>, <...> there are some disagreements in communication <...> that affect your expressed opinion, or if you don't want to express, refrain from expressing it, because you don't want to offend <...>, <...> had to manoeuvre..." (C), "...conflict situations..." (B), "...personal disagreements with a nearby, volunteer, staff, employee..." (A), "...difference of opinions..." (D).* Attention is drawn to the fact that disagreements among employees can divide the team, which can disrupt the functioning of the whole community as a system.

The analysis of experiences of social workers, employed in community rehabilitation centres for addictive diseases, revealed that interpersonal causes that lead to professional burnout syndrome are closely related to clients, their negative attitude towards social workers, negative client communication culture towards employees. It is very important for employees to feel emotional support from colleagues, while lack of abilities to maintain strong interpersonal relationships with colleagues leads to competition and disagreements, which can cause professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases.

Help and support of colleagues in overcoming professional burnout syndrome. The analysis of obtained results on the help of colleagues and support of social workers in overcoming professional burnout syndrome, allowed to distinguish three categories: moral support of colleagues; support in helping to do the necessary work; free time with colleagues (Fig. 2).

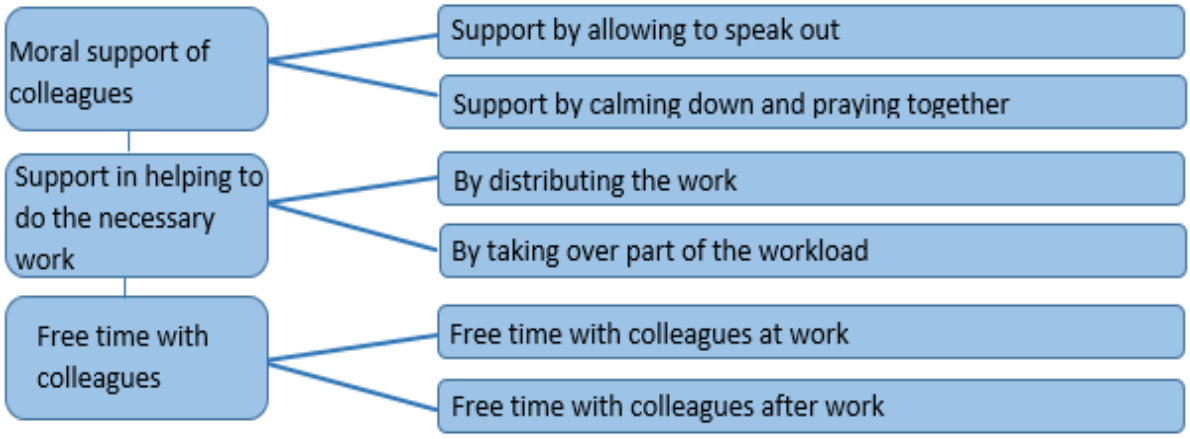

Figure 2 ***Help and Support of Colleagues in Overcoming Professional Burnout Syndrome***

The research revealed that social workers rely on the moral support of colleagues. The analysis of informants' responses about the moral support of colleagues allowed to distinguish two subcategories: support by allowing to speak out; support by calming down and praying together. Research participants claimed: *"...help by talking <...> to those, with whom I work..." (A), "...I speak it out that way..." (C), "...drink tea, talk <...> strong support..." (D), "...at times a simple conversation is enough <...> it comforts, and we talk..." (E).* Informants pointed out that support of colleagues by allowing to speak out, is an effective tool that helps to calm down and stop stress. The informants also indicated that colleagues are able to calm them down: *"...see, perhaps, that I have anxiety <...>, support by good word <...>; <...> at the same time help <...> by understanding..." (A),* and support them by praying together: *"Common prayer..." (B).* The possibility for research participants to receive support of colleagues at work greatly facilitates the overcoming of professional burnout syndrome, because it is in the work environment, which is the main risk factor for the development of professional burnout, that there is the greatest probability of "burnout".

The research revealed that support of colleagues in helping to do the necessary work manifests through: distribution of work among themselves; help by taking over part of the workload. Research participants specified: *"...I often share work..." (F), "...the workload is such, it is simply distributed..." (C), "...we share those tasks..." (E).* It is very important that informants have the opportunity to share responsibilities and tasks; it significantly reduces the risk of fatigue and ending up in a state of constant stress, and it also reduces the risk of professional burnout. Social workers, who participated in the research, claimed: *"...taking some workload..." (B), "...I can take that load off a bit, there are more people,*

they take it over...” (C), “...there were cases when I also didn’t do that, it was done for me…or I do it” (D). Research participants indicated that the ability to delegate some of the work, which could not be done on time due to various reasons, to colleagues, helped to maintain mental and physical health, remain able to work, because there was no need to overwork.

The analysis of informants’ responses about free time with colleagues, allowed to distinguish two subcategories: free time with colleagues at work; free time with colleagues after work (Fig. 2). Participants of the research said that there are cases when they spend their free time with colleagues at work: *“...in summer we promote active leisure time <...> volleyball...” (F), “...more active sports, that is football <...> we go to play basketball...” (A), “...volleyball in summer...” (E).* Active sports with colleagues provided social workers, employed in the community rehabilitation centre for addictive diseases, an opportunity to offload by playing team games and at the same time strengthen the connection in the collective. Since communication between colleagues is one of the key factors in overcoming professional burnout syndrome while working in a team in the community rehabilitation centre for addictive diseases, trips for the collective were organized. Informants claimed: *“...first times going to Poland, to the water park <...>; <...> to bowling...” (C), “...go <...> to the sauna <...> but not with rehabilitees...” (B), “...bowling with colleagues...” (A).* For social workers, who participated in the research, free time with colleagues outside the work environment helps to bring together the collective, become more united, increase work efficiency, improve communication, time spent and positive emotions experienced together bring people closer and create conditions to relax together.

In summarizing the role of help and support of colleagues in overcoming professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases, the research revealed: moral support of colleagues helps research participants to calm down, stop stress, and facilitates the overcoming of professional burnout syndrome in the work environment; support of colleagues in helping to do the necessary work significantly reduces the risk of fatigue, ending up in a state of constant stress, as well as helps to maintain mental and physical health; free time with colleagues provided informants with the opportunity to offload physically, strengthen interpersonal relationships of the collective, increase work efficiency, improve communication between colleagues.

Discussion

While theoretically analysing professional burnout syndrome in social workers and its overcoming, other works that would have examined experiences

of social workers, employed in community rehabilitation centres for addictive diseases, related to professional burnout and coping with it, were not found. The examination of the empirical data obtained from social workers who participated in the research, confirmed certain theoretical statements: interpersonal factors (Targamadzė & Talkovskytė, 2015) were revealed in the research through clients' ingratitude and devaluation of employees, accusations of employees for clients' failures, disrespectful behaviour of clients towards research participants, non-receipt of positive feedback, lack of connection between employees, lack of openness between employees, manifestations of competition and disagreements between employees.

The analysis of research participants' responses also highlighted certain contradictions to some theoretical statements: according to the Drug Control Department under the Government of the Republic of Lithuania (2008) and S. Mačiulaitė (2012), individuals participating in the recovery program follow employees' example of social communication and problem solving in a collective. The following role prevented research participants from being themselves, high demands for themselves led to professional burnout. S. Mačiulaitė (2012) claims that it is not enough for social workers to maintain only formal relationships with clients, as personal involvement and interest of social workers help community members to become more successfully involved in the recovery process. However, the research revealed that a clear non-separation of private life from work for social workers, employed in community rehabilitation centres for addictive diseases, as claimed by them, contributed to the occurrence of the professional burnout syndrome.

Due to little or no research on professional burnout syndrome in social workers, employed in community rehabilitation centres for addictive diseases, or its overcoming, practical significance of the obtained results allows to better understand the specifics of the research participants' work, reveal research participants' experiences of professional burnout and possibilities of overcoming it while working in a specific social service institution with individuals addicted to psychoactive substances.

Conclusions

Empirical research has shown that social workers, employed in community rehabilitation centres for addictive diseases, believe that the threat and risk of professional burnout syndrome arise, first of all, from interpersonal relationships with clients: their negative attitude towards social workers, inadequate client communication culture, lack of positive feedback. Secondly, lack of communal interrelationships lead to disagreements and competition. It is important for social

workers to feel emotional and moral support and help of colleagues, share responsibility for work. Joint leisure time improves the quality of communication between colleagues, strengthens the inner relationship in the collective, increases work efficiency. Positive interpersonal relationships of social workers, employed in community rehabilitation centres for addictive diseases, reduce the risk of fatigue, constant stress, and help maintain mental and physical health.

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MŪZIKAS KLAUSĪŠANĀS PERCEPTĪVIE ASPEKTI: TEORĒTISKS PĀRSKATS

Perceptual Aspects of Music Listening: a Theoretical Review

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Abstract. *Human beings exist within a perpetual sound environment, where ambient noises, work environment, conversations, music in supermarkets, cafes and other public establishments, as well as other sources of sound create a complex soundscape. To be able to navigate this environment, to receive timely warning signals and to participate in the communication process with the people around us, constant listening is required.*
Listening is our way to experience, sense, understand and coherently react to this world. Although the term "listening" by which we define this activity affects almost the entire scope of our daily lives, one of the aspects that has been of interest to a wide spectrum of specialists, including philosophers, scientists, theoreticians and teachers is the listening to music. During the last decade, the interest in the research of several components of this activity has increased also in the field of music psychology, especially in the context of neuropsychology. However, until now, no in-depth analysis of the interaction of perceptual aspects of music listening has been conducted.
The purpose of this article is to provide a theoretical overview on the latest findings in the analysis of the perceptual factors in music listening, defining their mutual interaction. The findings of this article substantiate the statement that music listening can be viewed as a continuous and individualized interaction of perceptual processes that on various levels of cognition are fostered by the individual's musical experience. The entirety of findings invites deeper analysis of the complex nature of this dual concept.
Keywords: *music listening, music perception, musical experience.*

Ievads
Introduction

Mūzikas klausīšanās ir divu patstāvīgu vārdu apvienojums, kas kļuvis par ierastu un visiem šķietami saprotamu darbības apzīmējumu. Tomēr, sastopoties dažādu mūzikas disciplīnu pārstāvjiem, rodas diskusija par šī jēdzienpāra izpratni. Kāds izceļ mūzikas estētiskuma novērtējumu klausīšanās laikā, cits – mūzikas

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analīzi, vēl kāds – pedagoģiskus problēmjautājumus. Turklāt atšķiras arī pats klausītājs. Piemēram, viens no tiem ikdienā klausās viegli uztveramu, melodiski, harmoniski, ritmiski vienkārši mūziku. Kāds cits – ikdienā izvēlas satura ziņā sarežģītu un daudzveidīgu mūziku no renesanses laika skaņdarbiem līdz mūsdienām. Rodas jautājums, kas kopīgs un kas ir atšķirīgs dažādu veidu klausītājiem? Šajā rakstā autori, abstrahējoties no mūzikas estētiskajiem un analītiskajiem aspektiem, mūzikas klausīšanās jēdzienu pamato, izceļot akustiskās informācijas uztveres un kognitīvās apstrādes komponentus, kas neatkarīgi no mūzikas stila un citiem mūziku raksturojošajiem parametriem mijiedarbojas un nodrošina klausīšanās procesa norisi.

Mūzikas klausīšanos raksturojošie aspekti
Components of Music Listening

Pēdējo 30 gadu laikā mūzikas psiholoģijā manāma arvien lielāka tendence pētīt un skaidrot mūzikas klausīšanās laikā aktivizētos prāta izziņas procesus. Turklāt arī pats process – mūzikas klausīšanās – mūzikas psiholoģiskā skatījumā, tiek raksturota kā kognitīva, t.i., ar izziņu saistīta, darbība (Reitan, 2013). Tiek apgalvots, ka pat pasīva klausīšanās prasa sarežģītu akustiskās informācijas apstrādes procesu (Jaušovec & Habe, 2004; Särkämö, Tervaniemi, & Huotilainen, 2013). Šāda atziņa pausta arī pētījumos, kur mūzikas klausīšanās tiek izvirzīta kā viens no galvenajiem izpētes objektiem (Altenmüller, Bangert, & Gruhn, 2000; Särkämö et al., 2013; Angulo-Perkins et al., 2014). Turklāt nereti visi aktivizētie informācijas izziņas un apstrādes procesi apzīmēti plašāk kā mūzikas percepcija (*music perception*) un mūzikas apstrāde (*music processing*) (Altenmüller, Schürmann, Lim, & Parlitz, 2002; Stewart, Kriegstein, Warren, & Griffiths, 2006; Deutsch, 2007; Särkämö et al., 2013; Hausmann, Hodgetts, & Eerola, 2016). Tādējādi, lai viestu skaidrību par mūzikas klausīšanos nodrošinošajiem pamatprocesiem, nepieciešams padziļināti skatīt arī abu izvirzīto atslēgas vārdu teorijas.

Pētījumos, kuros skatīti ar mūzikas apstrādi saistītie problēmjautājumi, visbiežāk tiek analizētas smadzeņu (*brain*) darbības īpatnības (Altenmüller et al., 2000; Wessinger et al., 2001; Peretz & Zatorre, 2005; Jentschke & Koelsch, 2009; Angulo-Perkins et al., 2014; Janzen & Thaut, 2018), kā arī tiek skaidrotas dzirdes (*hearing*) fizioloģiskās īpatnības (Moore, 2012) un dzirdes sistēmas (*auditory system*) darbības iesaiste akustiskas informācijas uztverē un tālākajā apstrādē (Kraus & Slater, 2015; Werner, 2007; McDermott & Oxenham, 2008; Winkler, Denham, & Nelken, 2009; Kraus & Chandrasekaran, 2010). Tiek uzskatīts, ka augšupejošais (*bottom-up*) un lejupejošais (*top-down*) apstrādes virziens dzirdes sistēmā un smadzeņu garozā kopumā analizē mijiedarbi starp visiem mūzikas apstrādē iesaistītajiem procesiem kopumā (Pearce & Wiggins, 2006; Strait, Kraus,

Parbery-Clark, & Ashley, 2010; Moore, 2012; Disbergen, Valente, Formisano, & Zatorre, 2018). Visi ar mūzikas apstrādi minētie atslēgas vārdi raksturo akustiskās informācijas neirofizioloģisko apstrādes līmeni, un tiek izvirzīti kā mūzikas klausīšanos raksturojošie komponentiem.

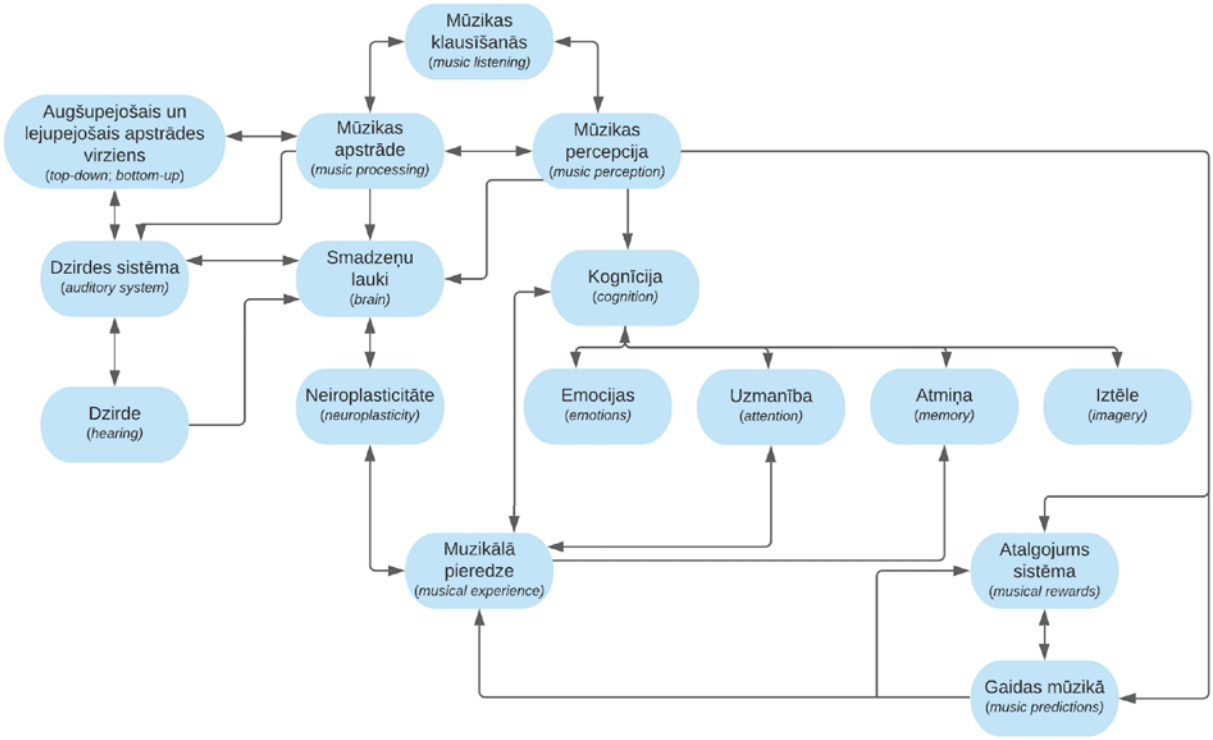
Kā viens no mūzikas apstrādes un smadzeņu lauku aktivizācijas ietekmējošiem faktoriem pētījumos tiek minēta muzikālā pieredze (*musical experience*) (Schlaug, 2001; Trainor, Shahin, & Robberts, 2003; D'Ausilio, Altenmüller, Belardinelli, & Lotze, 2006; Fujioka, Ross, Kakigi, Pantev, & Trainor, 2006; Seppänen, Braticco, & Tervaniemiet, 2007; Jentschke & Koelsch, 2009; Kraus & Chandrasekaran, 2010; Strait et al., 2010; Seither-Preisler, Parncutt, R., & Schneider, 2014; Kraus & Slater, 2015; Serrallach et al., 2016; Benner et al., 2017). Kopumā muzikālā pieredze veidojas gan implicīto un eksplicīto zināšanu rezultātā, gan muzikāla treniņa ceļā, raksturojot smadzeņu neiroplastiskumu (*neuroplasticity*) (Schlaug, 2001; Trainor et al., 2003; D'Ausilio et al., 2006; Fujioka et al., 2006; Kraus & Chandrasekaran, 2010; Seither-Preisler et al., 2014; Kraus & Slater, 2015).

Savukārt saistībā ar mūzikas percepciju mūzikas klausīšanās laikā līdzās smadzeņu garozas lauku aktivizācijai (Altenmüller et al., 2002; Schneider & Wengenroth, 2009) tiek skarti arī ar kognīciju (*cognition*) (Altenmüller et al., 2000; Koelsch & Siebel, 2005; Peretz & Zatorre, 2005; Stewart et al., 2006; Pearce & Wiggins, 2012; Rohrmeier & Koelsch, 2012; Särkämö et al., 2013; Hausmann et al., 2016) saistīti jautājumi. Tostarp tiek skatīti tādu kognitīvo procesu aktivizācijas īpašības mūzikas klausīšanās laikā kā uzmanība (*attention*) (Janata, Tillmann, & Bharucha, 2002; Strait et al., 2010; Spence & Santangelo, 2010; Putkinen, Saarikivi, & Tervaniemi, 2013; Särkämö et al., 2013; Serrallach et al., 2016; Disbergen et al., 2018), atmiņa (*memory*) (Peretz & Zatorre, 2005; Strait et al., 2010; Särkämö et al., 2013; Turker, Reiterer, Seither-Preisler, & Schneider, 2017), emocijas (*emotions*) (Altenmüller et al., 2002; Janata et al., 2002; Peretz & Zatorre, 2005; Salimpoor, Benovoy, Longo, Cooperstock, & Zatorre, 2009; Särkämö et al., 2013; Koelsch, 2010; Hausmann et al., 2016), iztēle (*imagery*) (Zatorre, Halpern, 2005). Tādējādi iepriekš izvirzītais apgalvojums par mūzikas klausīšanos kā par kognitīvu darbību tiek pamatots ar atsevišķu kognitīvo procesu saistītajiem problēmjautājumiem.

Pētījumos par mūzikas percepciju un mūzikas apstrādi tiek skaidrota arī gaidu sistēmas darbība (Winkler et al., 2009; Pearce & Wiggins, 2012; Rohrmeier & Koelsch, 2012; Salimpoor, Zald, Zatorre, Dagher, & McIntosh, 2015), kā arī atalgojuma sistēmas saikne ar pozitīvo emocionālo pārdzīvojumu mūzikas klausīšanās laikā (Salimpoor et al., 2009; Mas-Herrero, Marco-Pallares, Lorenzo-Seva, Zatorre, & Rodriguez-Fornells, 2013; Salimpoor et al., 2015), kas

ļauj gan gaidu sistēmu (*music predictions*), gan atalgojuma sistēmu (*musical rewards*) izvirzīt kā mūzikas klausīšanās procesu skaidrojošos atslēgas vārdus.

Visi iepriekšējās rindkopās izceltie mūzikas klausīšanos raksturojošie komponenti raksturo atšķirīgu ar mūzikas klausīšanos saistītu rakursu. Tie apkopoti vienotā grafiskā attēlojumā (skat. attēlu nr. 1), kurā atspoguļots mūzikas klausīšanās procesu skaidrojošo jēdzienu kopums. Literatūras avotos tika rastas atbildes arī par izvirzīto komponentu savstarpējo mijiedarbi un nozīmi mūzikas klausīšanās procesā.



1.attēls. ***Mūzikas klausīšanās komponenti***
Figure 1 ***Components of Music Listening***

Mūzikas klausīšanās norises pamatā, neatkarīgi no *mūzikas* veida, ir kompleksa akustiskās informācijas apstrāde. To raksturo plašs jēdzienu klāsts, kas izcelts gan iepriekšējās rindkopās, gan apkopoti attēlā nr. 1. Turklāt visi izceltie atslēgas vārdi var tikt apzīmēti kā klausīšanās perceptīvie (*perceptual*) aspekti, norādot uz visu ar informācijas izziņu saistīto uzdevumu vienotu apkopojumu (Putniņš et al., 2016, 100). Starp šiem jēdzieniem pastāv mijiedarbe, kas tiek raksturota turpmāk.

Mūzikas klausīšanās perceptīvo aspektu mijiedarbe
Perceptual Aspects of Music Listening

Jebkurš akustisks kairinājums, tostarp arī mūzikas skaņas, sākotnēji aktivizē dzirdes sistēmu, bet pēcāk arī sarežģītu smadzeņu garozas lauku apstrādes mehānismu, kas kopumā tiek dēvēts par mūzikas percepciju (Särkämö et al., 2013). Tas nozīmē, ka akustiskā informācija caur dzirdes sistēmas mehānismu tiek novadīta līdz apstrādei dzirdes garozā, vispirms aktivizējot deniņu daivā lokalizēto pirmējo dzirdes lauku. Savukārt turpmākajā apstrādē tiek iesaistīts hierarhiski un funkcionāli izkārtots smadzeņu lauku tīklojums deniņu, pieres un paura daivās (Särkämö et al., 2013; Angulo-Perkins et al., 2014). To aktivizācija ir nepieciešama, lai saņemtā informācija varētu tikt apzināti novērtēta un analizēta (Alberti, 2012).

Viena no smadzeņu garozas neirofizioloģiskajām īpatnībām ir mūzikas apstrādes hierarhiskums. To raksturo atziņas par dzirdes pirmējas (primāras), otrējas (sekundāras) un trešējas (tercāras) apstrādes smadzeņu laukiem. Tie ļauj spriest par savstarpējām funkcionālām atšķirībām kopējā mūzikas izziņā. Katram no šiem hierarhiski izklāstītiem līmeņiem ir noteiktas muzikālās informācijas apstrādes funkcijas. Turklāt katrs no šiem apstrādes līmeņiem tiek aktivizēts paralēli, katram līmenim vienlaikus analizējot atbilstošos mūzikas komponentus (Altenmüller et al., 2000).

Paralēlā un hierarhiski izkārtotā mūzikas apstrādē pirmējas apstrādes lauki ir vistiešāk saistīti ar kairinātāju un tie atpazīst skaņas pamatparametrus. Par primāras apstrādes lauku tiek uzskatīts Hešla krokā (*gyri temporales transversi*) lokalizētais pirmējais dzirdes centrs. Tā aktivizācija ir būtiska, lai nodrošinātu sekmīgu akustiskās informācijas turpmāko analīzi sekundāras un tercāras apstrādes laukos (Altenmüller et al., 2000). Par sekundāras apstrādes lauku tiek uzskatīts līdzenais galvaskausa laukums zem apakšējās deniņu līnijas jeb *planum temporale*, kas atrodas dzirdes garozā, Hešla krokas aizmugurējā daļā (Baars & Gage, 2013; Benner et al., 2017). Savukārt tercāras apstrādes lauki atrodas viscaur smadzeņu garozā un tie tiek raksturoti kā lauku tīklojums dzirdes, pieres un paura daivās (Särkämö et al., 2013).

Dzirdes garozā lokalizētā Hešla kroka nereti kļūst par izpētes objektu mūzikas neirozinātniskos pētījumos. Šāda tendence saistīta ar Hešla krokas kā dzirdes lauka īpašībām. Novērots, ka akustiskas stimulācijas laikā tiek aktivizētas visas Hešla krokas daļas (Benner et al., 2017). Tā funkcijas kopējā mūzikas apstrādē ir agrīnā sensorā analīze (Baars & Gage, 2013). To nodrošina gan iepriekš minētais pirmējais dzirdes lauks, kas atbild par skaņas pamata parametru agrīno apstrādi, gan arī tam līdzās izvietotais sekundārais dzirdes centrs. Šī lauka aktivitāte saistīta ar agrīnu kompleksas akustiskās informācijas analīzi, piemēram,

skaņaugstuma izmaiņu, intervālu un melodiju kontūru analīzi (Peretz & Zatorre, 2005), metra un ritma paternu identificēšanu (Wessinger et al., 2001; Serralach et al., 2016) un tembra atšķiršanu (Schneider & Wengenroth, 2009).

Līdzās Hešla krokai mūzikas apstrādes procesā aktivizējas līdzenais galvaskausa laukums zem apakšējās deniņu līnijas (*planum temporale*) (Schneider et al., 2005; Baars & Gage, 2013; Bernhofs, 2013, 45), kas tiek uzskatīts arī par sekundāras apstrādes lauku jeb asociatīvo lauku (Stewart et al., 2006). Šī lauka aktivitāte saistīta ar kompleksu mūzikas parametru analīzi. Pētījumos novērots, ka lai gan *planum temporale* līdz ar Hešla kroku aktivizējas jebkura akustiska stimula apstrādē, tostarp valodas, mūzikas, trokšņu u.c. (Binder et al., 2000; Angulo-Perkins et al., 2014), to aktivitātē manāmas atšķirības. Piemēram, *planum temporale* izteiktāka apstrādes aktivitāte ir saistīta ar verbālu, t. sk. valodas, stimulu apstrādi. Turpretim Hešla krokas izteiktāka aktivitāte ir manāma neverbālu, t.sk. muzikālu, skaņas avotu apstrādē (Schneider & Wengenroth, 2009; Baars & Gage, 2013). Līdz ar to var spriest, ka abiem dzirdes garozā lokalizētajiem laukiem ir ne tikai atšķirīgas hierarhiskās apstrādes funkcijas, bet to aktivitāte saistāma arī ar atšķirīgu stimulu apstrādi.

Augstāk raksturotās mūzikas apstrādes īpašības ir saistītas galvenokārt ar dzirdes garozā lokalizētajiem laukiem. Tomēr mūzikas klausīšanās ir saistīta ar kompleksu apstrādes procesu, ko nodrošina plašs smadzeņu lauku tīklojums gan dzirdes garozā, gan dziļākās struktūrās. Pētījumos novērots, ka mūzikas klausīšanās laikā manāma mijiedarbe starp deniņu un pieres daivā esošajiem laukiem, t.i. dzirdes un motoriskajā garozā (Janata et al., 2002; D`Ausilio et al., 2006; Särkämö et al., 2013). Tas ir saistīts ar cilvēka spēju iztēloties motorās darbības mūzikas klausīšanās laikā (Janata et al., 2002). Savukārt mijiedarbe starp deniņu, pieres un paura daivas laukiem norisinās tādu darbību laikā kā uzmanīga sekošana līdzi mūzikai, kas prasa uzmanības un atmiņas iesaisti (Janata et al., 2002; Särkämö et al., 2013).

Pētījumos novērots, ka smadzeņu garozā kopumā pastāv atšķirības dažādu stimulu apstrādē. Pereca un kolēģi (Peretz & Zatorre, 2005) izveidojuši mūzikas percepcijas modeli smadzeņu garozā, kurā norādīts, ka labās puslodes lauki izteiktāk saistīti ar melodisko komponentu analīzi, bet kreisās puslodes – ar temporālo. Šāds skatījums ļauj pētniekiem spriest par mūzikas apstrādes lokalizāciju labajā puslodē un valodas apstrādi – kreisajā puslodē (Särkämö et al., 2013). Līdz ar to tiek secināts, ka dažādi smadzeņu garozas lauki abās puslodēs tiek atšķirīgi aktivizēti dažādu stimulu apstrādē. Labās puslodes dzirdes garozā izteiktāka aktivitāte manāma mūzikas, bet kreisajā – lingvistiskas informācijas analīze.

Iepriekš minētie piemēri ļauj secināt, ka smadzeņu garozas neirofizioloģiju raksturo funkcionālas atšķirības akustiskās informācijas parametru apstrādē. Tomēr vēl viena smadzeņu garozas īpašība ir neiroplasticitāte, kas var ietekmēt

apstrādes norisi (Altenmüller et al., 2000; Fujioka et al., 2006). Tādējādi iegūstot arvien jaunu muzikālo informāciju, smadzeņu garozas struktūra tiek nepārtraukti pārveidota, jo atkārtotu darbību rezultātā tiek veidoti arvien jauni un stiprināti jau esošie neirālie sazarojumi. Līdz ar to vienas un tās pašas darbības veikšanā iesaistās arvien lielāks daudzums neironu (Fujioka et al., 2006) un tādējādi tiek nodrošināta efektīvāka un noturīgāka mūzikas apstrāde.

Mūzikas perceptīvajā apstrādē iesaistās vairāki paralēli, anatomiski izkārtoti un fizioloģiski atšķirīgi dzirdes ceļi. Tie nodrošina mūzikas paralēlapstrādi virzienā no auss uz smadzeņu garozu, ko dēvē par augšupejošo informācijas apstrādes procesu (*bottom-up*), un otrādāk – virzienā no smadzeņu garozas uz perifēro dzirdes sistēmu, kas tiek dēvēts par lejupejošo informācijas apstrādes procesu (*top-down*) (Middlebrooks, 2009; Moore, 2012). Posmā no perifērās dzirdes sistēmas uz smadzeņu garozu un otrādāk šie ceļi krustojas zemgarozas laukos, precīzāk vidussmadzeņu ceļa kodolā (*nucleus mesencephalic*), sasniedzot pirmējo dzirdes lauku dzirdes garozā (Middlebrooks, 2009; Kraus & Chandrasekaran, 2010). Tomēr jāmin, ka deniņu daivā lokalizētā dzirdes garoza nav noslēdzošais posms informācijas apstrādes ceļā, bet tā kalpo kā centrs, kas sekmē informācijas apstrādi citviet smadzeņu garozas laukos (Baars & Gage, 2013). Tādējādi, ņemot vērā visus minētos apstrādes komponentus, tiek secināts, ka abi apstrādes virzieni vienlaicīgās aktivitātes dēļ nodrošina mijiedarbi starp zemgarozas un smadzeņu garozas laukiem, kas aktivizējas mūzikas perceptīvajā apstrādē.

Mūzikas klausīšanās laikā notiek aktīvs akustiskās informācijas apstrādes process, kura ietvaros tiek sekmēts informācijas izziņas process. Zinātniskajā literatūrā par mūzikas klausīšanos visbiežāk tiek minēti tādi kognitīvie komponenti kā uzmanība, atmiņa un emocijas (Altenmüller et al., 2000; Altenmüller et al., 2002; Janata et al., 2002; Peretz & Zatorre, 2005; Salimpoor et al., 2009; Koelsch, 2010; Särkämö et al., 2013; Hausmann et al., 2016; Disbergen et al., 2018), kas tiek uzskatīti par primārajiem jeb agrīno pamatapstrādi nodrošinošiem kognitīvajiem procesiem. Katram no tiem ir savas funkcijas, kas kopumā nodrošina indivīda spēju klausīšanās laikā uztvert, analizēt mūziku un reaģēt uz to.

Viens no jēdzieniem, kas tiek lietots, lai raksturotu mūzikas klausīšanās perceptīvo aspektu individualizāciju, ir muzikālās zināšanas (*musical knowledge,* dažkārt arī *musical expertise*) (Hannon & Trainor, 2007; Angulo-Perkins et al., 2014; Salimpoor et al., 2015). Tiek uzskatīts, ka cilvēks iegūst divu veidu muzikālās zināšanas: implicītās un eksplicītās. Implicītās zināšanas tiek iegūtas nepastarpinātā veidā, ikdienā klausoties mūziku un tādējādi apgūstot kultūrspecifiskus muzikālus modeļus (Koelsch & Siebel, 2005). Tāpēc citkārt implicītās zināšanas tiek dēvētas arī par cilvēka klausīšanās pieredzi (Hannon &

Trainor, 2007). Šādā veidā Rietumeiropas muzikālajā telpā esošajam klausītājam rodas priekšstats par skaņaugstumu un skaņkārtiskajām funkcijām, kā arī metrisko regularitāti (Tillmann, Bharucha, & Bigand, 2003; Putkinen et al., 2013). Cilvēks spēj precīzi ritmizēt, dejot, atcerēties pazīstamas melodijas un noteikt nesaderīgās skaņas, kā arī reaģēt emocionāli uz klausāmo mūziku (Corrigall & Trainor, 2010). Tādējādi implicītās zināšanas raksturo cilvēka muzikālās pamatprasmes.

Savukārt eksplicītās zināšanas ir saistītas ar tādu mūzikas apguves procesu, kas attīstīta cilvēka mūzikas percepcijas un reproducēšanas prasmes augstā līmenī (Hannon & Trainor, 2007). Tās tiek iegūtas, vairākkārtīgi saskaroties ar vienu un to pašu muzikālo darbību un materiālu (Salimpoor et al., 2015). Tādējādi eksplicītās zināšanas ir saistītas ar formālo mūzikas apmācību, ar to saprotot, piemēram, mūzikas instrumenta apguvi mūzikas skolā un citās izglītības iestādēs. Citkārt šādu zināšanu ieguves procesu dēvē par muzikālo treniņu (Drake & Bertrand, 2003; Fujioka et al., 2006). Šādu zināšanu ieguves rezultātā apgūtās muzikālās prasmes rada ne tikai izpratni par mūzikas valodas loģiku, bet tās tiek reproducētas arī darbībā, piemēram, atskaņojot skaņdarbu vai lasot nošu partitūru (Hannon & Trainor, 2007; Putkinen et al., 2013). Un šādā veidā iegūtās zināšanas sekmē cilvēka spēju analizēt mūziku, atpazīstot un raksturojot arī specifiskus mūzikas valodas elementus.

Uzkrājot zināšanas par mūziku veidojošiem elementiem, veidojas divu veidu muzikālās gaidas. Viena no tām ir saistīta ar mūzikas strukturālo izklāstu un atbild uz jautājumu, ko gaidīt un paredzēt. Savukārt otra ir saistīta ar mūzikas temporālo izklāstu un atbild uz jautājumu, kad gaidīt (Rohrmeier & Koelsch, 2012). Turklāt mūzikas klausīšanās procesā notiek abu virzienu mijiedarbe. Tātad mūzikas temporālie aspekti, t.i., metroritma aspekti, sekmē strukturālo aspektu priekšnojautas veidošanos un otrādāk. Iegūstot zināšanas par mūzikas struktūru un temporālo izklāstu, tiek sekmēta arī lielāka mijiedarbe starp abiem procesiem. Līdz ar to cilvēkiem, kam šīs zināšanas ir iegūtas, atrisinājuma akords ārpus metriskās kadences zonas šķiet nelaikā (Rohrmeier & Koelsch, 2012), t.i. pārāk agri vai ar novēlošanos. Var secināt, ka muzikālās zināšanas sekmē kopējo mūzikas valodas likumsakarību izpratni, kas rezultējas arī smadzeņu neirofizioloģiskajās izmaiņās un muzikālo gaidu veidošanās efektivitātē.

Muzikālās zināšanas un tādējādi arī muzikālās gaidas var tikt skatītas arī kā sensorās, kognitīvās un emocionālās sistēmas mijiedarbes rezultāts (Salimpoor et al., 2015). Sensorā sistēma, t.i., dzirdes sistēma, sekmē ienākošā akustiskā stimula primāro apstrādi. Pēcāk tas tiek salīdzināts ar atmiņā uzglabātajām zināšanām, kā rezultātā tiek veidotas arī iespējamās gaidas. Ņemot vērā, ka atmiņā tiek noglabāta dažāda līmeņa informācija, gan konkrētā brīdī apstrādei pakļautā un reāli skanošā mūzika, gan zināšanu veidā uzkrātā un iepriekš dzirdētā mūzika (Rohrmeier & Koelsch, 2012), šis kognīcijas aspekts ļauj klausītājam orientēties un veidot dažāda līmeņa muzikālās gaidas. Tas nozīmē, ka cilvēks klausīšanās

procesā spēj ne tikai paredzēt lokālu, t.i., konkrētas muzikālās struktūras turpinājumu, bet arī parametru plašāku attīstību, piemēram mūzikas formas attīstību.

Savukārt emociju sistēma zināšanu un muzikālo gaidu kontekstā ir saistīta ar pozitīva pārdzīvojuma veidošanos. Klausoties mūziku kā akustisku notikumu plūsmu un paredzot to turpinājumu (Salimpoor et al., 2015), cilvēks pārdzīvo emocionālu reakciju (Koelsch, 2010). Tā veidojas atalgojuma prognozēšanas kļūdas (*reward prediction error*) rezultātā, kas raksturo atšķirības starp gaidāmo un reāli saņemto akustisko notikumu (Gold et al., 2019). Tādējādi, ja gaidāmais notikums izrādījies tāds pats vai labāks nekā paredzēts, cilvēkam rodas pozitīvas emocijas. Tomēr šo emociju veidošanās ir subjektīvs faktors (Salimpoor et al., 2015). Par to var spriest arī no klausītāju dažādiem spriedumiem par mūziku. Piemēram, skaņdarbs, kas patīk vienam, var nepatikt kādam citam tikpat pieredzējušam klausītājam.

Vēl viens būtisks atšķirības raksturojošs faktors ir muzikālais treniņš (*musical training* un *musical practice*). Turklāt literatūrā līdzās šim apzīmējumam parādās arī tādi vārdi kā mūziķis (*musician*) un nemūziķis (*nonmusician*), kas atšķir cilvēkus ar vai bez muzikālā treniņa. Šis secinājums izriet no novērojuma, ka pētījumos par mūzikas perceptīvās apstrādes atšķirībām respondenti tiek iedalīti divās grupās: mūziķis vai nemūziķis (Schneider et al., 2005; Mass-Herrero et al., 2013; Angulo-Perkins et al., 2014; Serrallach et al., 2016). Turklāt nereti izvēlētie respondenti, šajā gadījumā mūziķi, tiek aptaujāti par to, cik bieži un ilgi viņi velta laiku muzikālo prasmju attīstībai. Tas ļauj pētniekiem secināt par likumsakarībām starp muzikālā treniņa intensitāti un mūzikas perceptīvās apstrādes norises atšķirībām. Muzikālais treniņš tiek saprasts kā praktiska mūzikas instrumenta spēle vai arī citu muzikālo prasmju, piemēram, dziedāšana vai diriģēšana, regulāra attīstīšana.

Šnaiders un kolēģi, kā arī citi autori (Schneider et al., 2005; Schneider & Wengenroth, 2009; Seither-Preisler et al., 2014; Benner et al., 2017) novērojuši, ka starp indivīdiem pastāv būtiskas Hešla krokas formas, izmēra un krokojuma atšķirības. Tās morfoloģija variējas sākot no viena veseluma līdz pat trīskāršam krokojumam. Tieši Hešla krokas morfoloģiskās atšķirības raksturo perceptīvo aspektu individualizāciju. Ir novērots, ka mūziķiem Hešla krokas uzbūve abās smadzeņu puslodēs ir vairāk rievota un krokota, un tādējādi arī izmēra ziņā lielāka, turpretim nemūziķiem ir raksturīga viendabīga Hešla kroka, kas izmēra ziņā ir salīdzinoši mazāka (Schneider & Wengenroth, 2009). Tas nozīmē, ka lauks, kas atbild par mūzikas pamatparametru analīzi, mūziķu dzirdes garozā pārklāj lielāku daļu. Tiek pausta atziņa, ka tas ir saistīts arī ar palielinātu muzikālās informācijas apstrādes spēju, kas raksturīga cilvēkiem, kas guvuši muzikālo treniņu (Schneider et al., 2005). Turklāt arī muzikālā treniņa intensitāte

un vecums, kurā tas uzsākts, korelē ar Hešla krokas morfoloģiskajiem rādītājiem (Benner et al., 2017). Ar to tiek saprasts, ka, jo intensīvāks muzikālais treniņš un jo agrākā vecumā tas uzsākts, jo lielāks Hešla krokas izmērs, ko sekmē tai raksturīgais krokojums un dalījums. Savukārt tas ļauj secināt, ka tiek atšķirīgi ietekmēta arī perceptīvās apstrādes efektivitāte.

Katram klausītājam ikdienas dažādo situāciju dēļ veidojas individuālas mūzikas perceptīvo aspektu iezīmes (Peretz & Zatorre, 2005). Lai apzīmētu šīs atšķirības kopumā, var tikt izmantots tāds vārdu savienojums kā muzikālā pieredze (*musical experience*). Šāds apzīmējums bieži dzirdams gan ikdienas sarunvalodā, gan pētniecības praksē. Piemēram, lai raksturotu indivīdus ar augstiem muzikāliem sasniegumiem, nereti tiek izmantoti tādi vārdi kā *pieredzes bagāts* vai *pieredzējis.* Dažkārt muzikālās pieredzes apzīmējums tiek lietots, lai norādītu, ka mūziķis daudzu gadu garumā ir apguvis savu instrumentspēli, piedalījies neskaitāmās koncertprogrammās utt. Arī zinātniskajā literatūrā ar mūzikas klausīšanos saistītajās teorijās (Koelsch & Siebel, 2005; Fujioka et al., 2006; Hannon & Trainor, 2007; Särkämö et al., 2013; Turker et al., 2017) šis vārdu savienojums tiek lietots, lai raksturotu vispārējas atšķirības, kas tiek sekmētas saskarē ar mūziku un tās dažādajām izpausmēm, tostarp saskarē ar muzikālo zināšanu ieguvi un muzikālo treniņu. Par muzikālās pieredzes kā par individualizācijas faktoru vispārinājumu var spriest arī no literatūrā sniegtajiem dažādiem apzīmējumiem. Dažkārt manāms, ka muzikālā pieredze tiek saprasta, kā cilvēka saskarsme un mijiedarbe ar viņa kultūrai specifisko mūziku, kā rezultātā tiek iegūtas zināšanas par šo muzikālo sistēmu (Corrigall & Trainor, 2010). Noprotams, ka šajā gadījumā viens no būtiskākajiem saskarsmi nodrošinošiem veidiem ir klausīšanās. Citkārt tiek lietots tāds vārdu savienojums kā dzīves laikā iegūta skaņu pieredze (Kraus & Chandrasekaran, 2010), lai norādītu uz cilvēka muzikālo pieredzi. Savukārt Altenmillers muzikālo pieredzi apzīmē kā indivīda dzirdes biogrāfiju (*auditory biography*) (Altenmüller et al., 2000, 105). Ar to tiek saprasts, ka klausīšanās laikā saņemtā informācija veido noturīgus neirālos sazarojumus un veido cilvēka muzikālo pieredzi.

Par muzikālās pieredzes kā par individualizācijas faktoru vispārinājumu var spriest arī no pētījumiem, kuros skatīta muzikālās pieredzes korelācija ar perceptīvo aspektu izmaiņām. Tostarp ir pētījumi par smadzeņu neirofizioloģisko īpašību (Peretz & Zatorre, 2005; Kraus & Chandrasekaran, 2010; Angulo-Perkins et al., 2014; Serrallach et al., 2016; Alluri et al., 2017), kognīcijas un emociju Peretz & Zatorre, 2005) izmaiņām saskarsmē ar muzikālajām darbībām. Tādējādi muzikālā pieredze var tikt lietota, lai apzīmētu mūzikas perceptīvo aspektu mijiedarbes individualizāciju, jo tās rezultātā tiek atšķirīgi ietekmēti perceptīvie aspekti.

Var secināt, ka mūzikas klausīšanos nodrošina dažāda līmeņa aspektu mijiedarbe: gan perceptīvo aspektu savstarpējā mijiedarbe, gan perceptīvo un

pieredzes aspektu savstarpējā mijiedarbe. Mijiedarbes nodrošinātāji ir augšupejošais sensorais un lejupejošais kognitīvais mūzikas apstrādes process. Šajā mijiedarbē augšupejošais informācijas apstrādes process sekmē akustiskās informācijas, tostarp arī mūzikas pamatapstrādi, bet lejupejošais – tās analīzi un salīdzināšanu ar atmiņā noglabāto iepriekšējo muzikālo pieredzi. Šī mijiedarbe notiek vienlaicīgi un nepārtraukti, t.i., muzikālā pieredze katrreiz ietekmē mūzikas perceptīvās apstrādes aspektus. Tādējādi muzikāli pieredzējuši indivīdi spēj efektīvāk izvēlēties klausīšanās veidu, analizēt akustisko informāciju, identificēt un visbeidzot arī daudzveidīgi reaģēt (Kraus & Chandrasekaran, 2010).

Secinājumi
Conclusions

Mūzikas klausīšanās perceptīvo aspektu mijiedarbi var raksturot kā individualizētu apstrādes procesu, ko sekmē cilvēka muzikālā pieredze. Katram indivīdam muzikālās pieredzes dēļ ir izveidojies atšķirīgs jeb individualizēts mūzikas klausīšanās perceptīvo aspektu mijiedarbes process. Tas nozīmē, ka mūzikas klausīšanās kā darbības efektīvākai perceptīvajai norisei nepieciešama muzikālā pieredze, piemēram, muzikālo zināšanu uzkrāšana vai muzikālais treniņš. Turklāt mūzikas klausīšanās var būt arī par darbības formu, kādā tiek uzkrāta nepieciešamā muzikālā pieredze. Kopumā šāda mērķtiecīga virzība var sekmēt cilvēka klausīšanās prasmes – klausīties uzmanīgi, vērīgi, plaši, daudzveidīgi, mērķtiecīgi, zinoši.

Summary

Music listening is an important and seemingly ordinary human activity. From a psychological perspective on music, music listening may be described as a cognitive activity. It is indicated that even passive listening to music activates complex perceptual processes. Thus, music psychologists have attempted to explain this particular concept. The aim of this paper is to give an insight into the perceptual components that are connected to the process of listening to music.

Research findings have shown that music listening involves complex and continuous music processing and music perception. With regard to this, a number of researchers have described how acoustic information is processed in the auditory system and cerebral cortex also pointing out the cognitive top-down and sensory bottom-up processing as a significant feature of the interaction of all perceptual components mentioned above. In addition, the music processing is influenced by musical experience that can be acquired through musical knowledge and musical training. Due to neuroplasticity of the brain, musical experience contributes to neuropsychological changes in the above-mentioned processing components. Regarding music perception, researchers describe all cognitive processes that are involved in music listening, including attention, memory, emotions and imagery. Similarly, expectations in music and music reward system are described. These findings focus on the rewarding aspects and positive

emotional arousal of listening to music. All findings mentioned above are summarized in order to develop an integrated theoretical review of listening to music.

This paper gives evidence that it is possible to consider listening to music as an individualized perceptual process, fostered by musical experience. It means that in order to listen more effectively to music, experience should be obtained through musical knowledge or musical training. In addition, necessary musical experience may be gained from merely listening to music. Overall, the result of such activity makes it possible for individuals to develop listening skills and listen to music more attentively, in a versatile manner as well as purposefully and sophisticatedly.

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PERFECTIONISM: RESOURCE OF PATHOLOGY

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Abstract. *The main trait differing perfectionists from other individuals is high standards, which is the unifying feature in all models. No matter how well the theories and models of perfectionism are developed, there has always been disagreement about the nature of perfectionism – is it 'The Good, the Bad or the Ugly?' The paper aims to review the studies focused on the mechanisms behind perfectionistic representation, its threats to psychological wellbeing, caused by its pathological side, and look into perfectionism as a possible resource for personal growth and achievement. In the first section of the paper, the aetiology of perfectionism is viewed to see if the foundations add to the type of perfectionism formed. In the second section, models of perfectionism are discussed to see their ability to distinguish between adaptive and maladaptive perfections. Finally, in the third section, perfectionism's positive and negative sides are discussed to understand when perfectionism becomes pathological and when it can be viewed as a resource. In the research of perfectionism, the quantitative approach is mostly used. However, the literature review provides the possibility to have an overview of current knowledge on the nature of perfectionism and to identify gaps in the existing research. The results show that although perfectionism may be viewed both as a positive and negative trait, its negative consequences prevail over its possible positive outcomes. Complex research involving several perfectionism measurements is needed to understand the impact of different combinations of perfectionism types on positive and negative outcomes. The findings of the literature review will serve as the theoretical background for studying perfectionism, its pathological traits, and its possible contribution to achievement.*
Keywords: *adaptive perfectionism; literature review; maladaptive perfectionism; negative perfectionism; pathological perfectionism; positive perfectionism; resource.*

Introduction

Perfectionism had captured scientific interest since the middle of the 20th century. It was first mentioned in the works of Horney (1950), describing personality types, Adler (1956) in the context of striving for excellence, Missildine (1963) describing the early development of perfectionism and its connection to self-esteem, Maslow (1970) in the context of his self-actualisation theory and many other scientists, who have shown interest in the phenomena of perfectionism and its role in the individual's life. The first models of perfectionism looked at it mostly as a one-dimensional trait, until Hamachek (1978) proposed the idea of the duality of perfectionism, stating that perfectionism could be viewed

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as normal or neurotic, meaning that depending on its orientation, it can positively or negatively affect the development of personality. Since then the several multidimensional models of perfectionism were published (see Frost et al., 1990; Hewitt & Flett, 1989, 1990; Smith, Saklofske, Stoeber & Sherry, 2016) and a number of studies on perfectionism and its relationship to a variety of variables, such as depression (Hewitt & Flett, 1990), stress (Smith, Saklofske, Yan, & Sherry, 2017), personality traits (Cruce, Pashak, Handal, Munz, & Gfeller, 2012) coping strategies (Gnilka, McLaulin, Ashby, & Alle, 2017), achievement (Damian, Stoeber, Negru, & Baban, 2014b), and many others, have increased in both general and clinical populations. The researchers are trying to look into the positive and negative sides of perfectionism and also its pathological side as perfectionism is included in DSM-5 as one of the symptoms of Obsessive-compulsive personality disorder (DSM-5, 2000). Taking into account the tendency for perfectionistic traits to increase in the last decades (Curran & Hill, 2017), it becomes essential to understand the mechanisms behind perfectionistic representation, danger to psychological wellbeing caused by its pathological side, and to look into perfectionism as a possible resource for personal growth and achievement.

Aim and Method

The research aims to clarify mechanisms behind perfectionistic representation, its threats to psychological wellbeing and looks into perfectionism as a possible resource for personal growth and achievement. The theoretical literature review approach was used for the study purpose, as it allows to focus on a pool of perfectionism theories, positive and negative traits of perfectionism and find new theories to be tested in the future. Computerised literature searches were conducted on Scopus and Web of Science. As the terms for the search were used “perfectionism”, “positive”, “negative”, “adaptive”, “maladaptive” and “pathological” and “resource”, using Boolean operators (“AND”, “OR” and “NOT”). In addition, backward citation searching was used.

Studies were included in the review if they met the following criteria: a) met the search criteria, b) were published in European countries or North America to exclude cultural differences; c) for quantitative studies as a measure of perfectionism valid and reliable approach was used, d) were published in English, e) the study was carried out in a population of adolescents and adults. The screening of the initial 72 articles was done, and 48 articles and literature sources were retrieved.

Perfectionistic Trait Formation Models

To understand the mechanisms behind perfectionistic representation, the aspects of perfectionism formation and its connection to the type of perfectionism should be clarified. It is clear that perfectionism develops in the context of early childhood experiences with significant others (see, Missildine, 1963; Rothstein, 1991), and it involves several factors, such as family factor, response to specific child needs factors, and environmental factors (Flett, Hewitt, Oliver, & Macdonald, 2002). As many theorists have noted, early relationships with parents, caregivers, siblings, and experienced neglect or inability to attune to child's needs play the essential role in forming perfectionistic behaviour in early childhood, as well the throughout the individual's life (e.g., Greenspon, 2008; Frost et al., 1990; Hamachek, 1978; Hollender, 1965). Perfectionism is formed as an internal model of the relationship between oneself and others, developing self-concept, basing on attachment to caregivers (Hewitt, Flett, & Mikail, 2017).

There are two main approaches in explaining the development of perfectionism. The first approach is the Family history models proposed by Flett and colleagues (Flett, Hewitt, Oliver, & Macdonald, 2002) and later studied in the framework of qualitative methodology (see Speirs-Neumeister, 2004; Speirs-Neumeister, Williams, & Cross, 2009; Damian, Stoeber, Negru, & Baban, 2013). This approach includes four models. The social expectation model is based on the sense of conditional self-worth provided by caretakers or the environment. On the other hand, the social reaction model assumes that perfectionism forms under a harsh environment (abuse, maltreatment, exposure to shame, etc.) as a coping mechanism. Perfectionistic parents' behaviour is imitated, or parents (or caregivers) are idealized in the social learning model. The anxious rearing model is less studied than previous ones. It aims to clarify the development of perfectionism as exposure to parental worry that forms overprotection and a constant reminder to avoid possible mistakes, later forming a strongly pronounced fear of mistakes.

The second approach is the Perfectionism social disconnection model (PSDM), proposed by Hewitt and colleagues (Hewitt, Flett, Sherry, & Caelian, 2006), pointing out that interpersonal difficulties tend to form perceived social disconnection in perfectionists together with a variety of challenges: interpersonal over-sensitivity and hostility resulting in social disconnection, alienation, or a sense of not belonging.

Although the models mentioned above are based on early experiences with caregivers, it does not necessarily mean that parents should always take responsibility for perfectionistic struggles or difficulties of their children arising from this specific personality structure (Hewitt, Flett, & Mikail, 2017). Genetics

and cognitive neuroscience should be taken into account, suggesting that child's temperament is what mostly determines interaction with the parents and the behaviour of the parents, in turn, shapes the child's personality, meaning that the development of perfectionism forms in the interaction of child's inherent personality traits, parents' psychological characteristics and compatibility between both (Gabbard, 2004).

The models described aim to explain the development of perfectionism in early childhood and point out some essential characteristics of different models that contribute to the formation of positive or negative perfectionism.

Concepts of Perfectionism

To understand the concept of positive and negative perfectionism, the existing perfectionism models should be investigated. Several theories on types of perfectionism and several measurements have proved their validity and reliability to measure the specific types of perfectionism.

Although several multidimensional perfectionism constructs have been proposed, there are still one-dimensional models and measurements in use. For example, Perfectionism Cognitions Inventory (PCI) (Flett, Hewitt, Blankstein, & Gray, 1998) based on the assumption that perfectionists, who sense a discrepancy between their actual self and the ideal self, or their level of goal attainment and high ideals will tend to experience automatic thoughts that reflect perfectionistic themes. What is unique about this concept is that it measures the frequency of perfectionistic thoughts and thus could be of use in cases where the need for achievement plays an important role, for example, in sport. It must be noted that this measurement alone would not clarify whether the perfectionistic thoughts contribute to the achievement and could be used as a resource or are to be viewed as pathological traits interfering with needed and wished-for achievement.

Following the idea of perfectionism as a positive or negative trait, several perfectionism models and their measurements are widely used, for example, Almost Perfect Scale-Revised (APS-R) (Slaney, Rice, Mobley, Trippi, & Ashby, 2001) measuring: *High Standards, Order*, and *Discrepancy* and so distinguishing adaptive and maladaptive perfectionism. Features like High standards and Order are similarly pronounced in both positive and negative perfectionists, but what distinguishes them is high Discrepancy levels in negative perfectionists.

One of the three-dimensional perfectionism models widely used is the Multidimensional Perfectionism Scale (HFMPS) (Hewitt & Flett, 2004). The three dimensions it is based on are Self-Oriented Perfectionism (high standards for the self), Other-Oriented Perfectionism (expecting others to be perfect), and Socially Prescribed Perfectionism (adopting high standards perceived as coming from others). Of all three, Socially prescribed perfectionism is particularly

important in the research of wellbeing and health in society, showing the negative effect of perfectionism.

Another three-dimensional model developed recently is The Big Three Perfectionism Scale (Smith, Saklofske, Stoeber, & Sherry, 2016). The three dimensions proposed in this model are Rigid perfectionism, Self-critical perfectionism, and Narcissistic perfectionism.

The 2 x 2 model of perfectionism states that rather than looking at distinct types of perfectionism, combinations of Self-oriented perfectionism and Socially prescribed perfectionism and four combinations among them: pure Self-orientated perfectionism, Mixed perfectionism, pure Socially prescribed perfectionism, and Non-perfectionism should be studied and taken into account in the outcomes of perfectionism (Gaudreau & Thompson, 2010).

Another widely used model - The Frost Multidimensional Perfectionism model (FMPS) (Frost, Marten, Lahart, & Rosenblate, 1990), consists of six dimensions: Personal Standards (setting self-determined high standards for personal performance), Concern Over Mistakes (a tendency to be overly critical of one's performance), Doubts About Actions (a tendency to have doubts about the quality of one's performance), Organization (emphasizing Order and precision), Parental Expectations (placing considerable value on parents' expectations), and Parental Criticism (putting significant weight on parents' disapproval and criticism) and proved itself to be of use in both personality and clinical psychology.

All of the models of perfectionism mentioned above have given their share in the research of perfectionism, allowing to measure the inherent type of perfectionism and its relationship to different variables, so investigating the adaptive or maladaptive nature of perfectionism.

The Positive and Negative Aspects of Perfectionism

Throughout its history, perfectionism has been studied a lot concerning psychological, emotional, and physical difficulties, and some adaptive aspects of perfectionism were pointed out as well. It is relatively straightforward that discussion about perfectionism's positive and negative aspects is needed.

As it is found in earlier works on perfectionism (see Hamachek, 1978; Hollender, 1965), maladaptive (or neurotic) perfectionists are characterized as the ones who set unattainably high standards, have exaggerated concerns over mistakes, and show almost no content or satisfaction with their performance or achievements. On the other hand, some perfectionists have high standards but are more flexible – able to adjust (Hamachek, 1978).

Closer to nowadays, many studies and theories demonstrate a two-dimensional understanding of perfectionism's nature, supporting previous theories on its adaptive and maladaptive features (see, Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Slaney, Ashby, & Trippi, 1995). Maladaptive perfectionism emphasizes the pathological aspects that are found to correlate to, for example, depressive symptoms, suicidal thoughts, rumination and anxiety (Rice, Ashby & Slaney, 1998; Flett, Coulter, Hewitt, & Nepon, 2011), negative affect in general (Hewitt & Flett, 1991), and other undesirable outcomes. The adaptive dimension of perfectionism shows at least some positive aspects of perfectionism and is related to positive affect (see, Frost et al., 1993). On the contrary to pathological, so-called normal factors will be seen in those who set high but attainable standards, enjoy their performance, and overall tend to be more optimistic about future success (Enns, Cox, & Clara, 2002). In similar studies, it was found that adaptive perfectionists experience less negative affect, lower levels of procrastination, higher levels of self-efficacy and self-esteem if compared to maladaptive perfectionists (see Lo & Abbott, 2013; Slaney, Rice, Mobley, Trippi, & Ashby, 2001). The concept of ability or inability to adapt is found in the work of Dunkley, Zuroff, and Blankstein (2003), supporting the idea of two-dimensional perfectionism as Self-critical perfectionism and Personal Standards perfectionism. Self-critical perfectionism is described as constant and harsh self-scrutiny, overly critical evaluations of one's behaviour, an inability to derive satisfaction from successful performance, and chronic concerns about others' criticism and expectations, and Personal Standard's perfectionism typically involves the setting of high standards, where increased levels of stress may as well be experienced. However, these individuals tend to engage in active, problem-focused coping strategies (Dunkley, Zuroff, & Blankstein, 2003). It was also proposed that perfectionistic strivings are a somewhat positive factor of perfectionism compared to unhealthy perfectionists and non-perfectionists. Furthermore, type of perfectionism plays an important role, as it is suggested that self-oriented perfectionists' strivings could be perceived as more positive, except that they are not overly concerned about mistakes and negative evaluations by others (Stoeber & Otto, 2006). In the context of previous theories and findings, it may be concluded that perfectionism indeed is two dimensional, differing in the levels of ability to adapt.

The previous approaches tend to explain the dual nature of perfectionism. However, Slade and Owens went even further. They proposed the *dual-process model* of perfectionism, not just distinguishing a normal/healthy form and a pathological form of perfectionism, but also describing positive perfectionism as a *predominantly normal* and as the one that should be encouraged, thus in a way reflecting some principles of reinforcement attributable to positive perfectionism (Slade & Owens, 1998). Interestingly enough, Flett and colleagues discussed a

similar idea several decades later while trying to explain the persistence of perfectionism even though perfectionism is not attainable (in the meaning that the perfectionistic standards are not reachable). All it could bring to a person are aversive emotions, depressive affect, and lack of reward, which should be just the opposite of reinforcement and should decrease the frequency of perfectionistic behaviour, but it does not (Hewitt, Flett, & Mikail, 2017). Perhaps, the effect of reinforcement could be paid more attention to in future studies.

Some scientists are very harsh critics of the idea of positive perfectionism as such. Even though at times, perfectionism may be perceived as an inner motivational force, it most likely arises from a wish to fulfil somebody else's desires or to avoid shame and guilt, as it is relatively straightforward that perfectionistic behaviour is the need of appreciation in the interaction with others, and as such is dependent (Greenspon, 2000). The fact that there is no positive side of perfectionism might be proved by four well-known facts: a) perfectionism is viewed as a risk factor for different psychopathologies (depression, eating disorders, etc.), b) high levels of perfectionism are often associated with various psychopathologies, c) perfectionism serves as an explanatory mechanism of a variety of psychopathologies and d) treated perfectionism reduces these psychopathologies (Egan, Wade, & Shafran, 2011).

On the other hand, several studies, mostly in achievement studies, where perfectionism is regarded at least partly as a positive resource. Achievements in general and academic achievement, in particular, are believed to correlate with some aspects of perfectionism positively. Self-oriented perfectionism positively predicts mastery-approach and mastery-avoidance orientations. In contrast, socially prescribed perfectionism positively predicts performance-approach orientation (Damian, Stoeber, Negru, & Baban, 2014a). It is also found that perfectionistic strivings potentially may promote academic achievement, and perfectionistic concerns potentially impair academic achievement in students (Madigan, 2019). Clarifying whether perfectionism should be a desirable trait at the workplace (striving for perfection could be something valued by the employer), it was concluded that perfectionism is not likely to be valuable behaviour. High levels of perfectionism could appear in the form of failure avoiding, and that does not exceed the supposed advantages (i.e., motivation, engagement) of perfectionism, as it has a mostly negative effect on mental wellbeing (Harari, Swider, Steed, & Breidenthal, 2018).

It is possible to find some positive aspects of perfectionism that in a way promote achievement at work, academic achievement, achievement in sports or other areas by perfectionistic strivings, engagement, motivation (Harari, Swider, Steed & Breidenthal, 2018). It also promotes higher levels of self-efficacy and self-esteem (Lo & Abbott, 2019). However, on the other hand, it comes for the

price that could be burnout (Garratt-Reed, Howell, Hayes, & Boyes, 2018), depression and anxiety (Gnilka, & Broda, 2019), eating disorders (Wade, O'Shea & Shafran, 2016) and other negative effects of perfectionistic strivings.

Conclusions

The aim of the paper was to review studies focused on the mechanisms of perfectionistic representation, by looking into its threats to psychological wellbeing, caused by its pathological side, as well as, look into perfectionism as a possible resource for personal growth and achievement.

The mechanisms behind perfectionistic representation can be explained by its aetiology – the early interaction with caregivers and the necessity of attachment in the form that is possible in the given circumstances and environment and also by genetic predisposition. The form of interaction with early caregivers impacts the type of perfectionism being formed. There are several concepts of perfectionism and each has contributed to explaining perfectionistic behaviour and difficulties arising from it.

Most theories and studies insist on the dual nature of perfectionism. However, its negative consequences prevail over its possible positive outcomes, perhaps, because the negative consequences are indeed pathological (for example, depression, anxiety, suicidal thoughts), whether positive outcomes are mostly seen as some form of achievement.

It should also be noted that complex research involving several perfectionism constructs and possibly personality traits is needed to distinguish if and what combinations of perfectionism and personality traits contribute to perfectionism's positive and negative outcomes. Several aspects mentioned in this study may also be helpful in providing psychological support for perfectionists, as it clarifies the aetiology and positive and negative aspects of perfectionism,

As the limitations of this study must be mentioned, perfectionism is predominately studied using quantitative methods, but several qualitative studies are worth looking into, of which only a few were mentioned here.

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STUDIJU PROCESA STRESA FAKTORI, TO EMPĪRISKA IZPĒTE RĒZEKNES TEHNOLOĢIJU AKADĒMIJĀ

Stressors of the Study Process, Their Empirical Research at Rēzekne Academy of Technologies

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Abstract. *This scientific article presents a theoretical review of stress factors of young students and the results of empirical research of these factors at the Rezekne Academy of Technologies. The need for such research is justified by International studies (n=540 000), in which was found that the study process causes high level of stress in 37% of students. The results of other studies in different countries also show that the prevalence and severity of mental problems among students is increasing. Overall, these studies indicate that students are increasingly experiencing symptoms of increased anxiety and stress, as well as depression. Thus, increase in student stress levels and related deterioration of students' psychological well-being is a major challenge in today's higher education institutions.*
Taking into account the mentioned findings, the aim of this article is to identify the most common stress factors in the study process at the Rezekne Academy of Technologies.
The analysis of scientific literature and empirical results were used as basic methods in the development of the article.
Keywords: *students, stress level, stressors directly related to study process, stressors indirectly related to study process, academic achievements, psychological well-being.*

Ievads
Introduction

Studenti augstākās izglītības iestādēs saskaras ar plašu normatīvo stresa faktoru klāstu, kurus var definēt kā parastas ikdienas grūtības, piemēram, esošās akadēmiskās prasības.

Ekonomiskās sadarbības un attīstības organizācija (OECD) veica aptauju, kurā piedalījās 72 valstis (540 000 respondenti). 66% studentu ziņoja, ka izjūt stresu, kas saistīts ar zemiem akadēmiskajiem sasniegumiem, bet 59% respondentu atzina, ka bieži uztraucas par to, ka akadēmisko saistību kārtošana būs sarežģīta. Savukārt 55% studentu atzina, ka jūtas ļoti noraizējušies, pat tad, ja ir labi sagatavoti.

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Kopumā minētais pētījums parādīja, ka studiju process izraisīja augstu sasprindzinājumu 37% studējošo, turklāt sievietes uzrādīja augstāku stresa līmeni saistībā ar studiju procesu, salīdzinot ar vīriešiem (OECD, 2017).

Šī akadēmiskā stresa ietekme uz studentu sasniegumiem un psiholoģisko labklājību nav pietiekami izpētīta. Turklāt straujās sociāli ekonomiskās izmaiņas un Covid-19 pandēmija rada papildus izaicinājumus studējošo psiholoģiskajai labklājībai (Fawaz & Samaha, 2020).

Studējošo jauniešu stresa un to izraisošo faktoru izpētes nepieciešamību pamato arī citi dažādās valstīs veiktie pētījumi (Baik et al., 2015; Cvetkovski, Reavley, & Jorm, 2012; Eisenberg et al., 2009; Larcombe et al., 2016; Slavin et al., 2014; u.c.), kuri liecina, ka studentu vidē vērojama psiholoģiskās labklājības pazemināšanās, kas saistīta ar studentu profesionālās pašnoteikšanās, materiālās nodrošinātības, sadzīves un sociālās adaptācijas problēmām, kā arī garīgo slimību izplatību. Minētie autori secina, ka studējošo jauniešu vidē aizvien vairāk tiek konstatēti paaugstinātas trauksmes un stresa, suicidālo ideju, obsesīvi kompulsīvo traucējumu, kā arī depresijas simptomi.

Ņemot vērā minētās atziņas, šī raksta mērķis ir apzināt Rēzeknes Tehnologiju akadēmijas izplatītākos studiju procesa stresa faktorus (stresorus).

Raksta veidošanā kā pamatmetodes tika izmantotas zinātniskās literatūras un empīrisko rezultātu analīze.

Sudiju procesa stresa faktoru sociāli psiholoģiskie aspekti
Socio-psychological Aspects of Study Stressors

Izplatītākos studiju stresa faktorus var iedalīt divās grupās: 1) ar studiju procesu tieši saistītie stresori, 2) ar studiju procesu netieši saistītie stresori.

Studiju stresa faktoru teroētiska analīze sākas ar to studiju stresoru analīzi, kuri tieši saistīti ar studiju procesu.

Zināšanu pārbaude paredz paaugstinātu kognitīvo un emocionālo slodzi. Tās laikā daudziem studentiem rodas pastiprināta stresa reakcija, īpaši gadījumos, ja studiju materiāls ir apgūts nepilnīgi vai arī studentam ir pazemināts pašvērtējums, paaugstināta personības trauksmainība, kā arī paaugstināts zināšanu pārbaudes subjektīvais nozīmīgums (Eisenber et al., 2007; Eisenber et al., 2009).

Studiju materiāla sarežģītība un ar to saistītās grūtības apgūt noteiktu studiju materiālu paredz paaugstinātu kognitīvo slodzi, kā arī var izraisīt vilšanos sevī un nepārliecinātību par savām spējām. Turklāt grūtības apgūt studiju materiālu bieži rada negatīvas prognozes par rezultātiem zināšanu pārbaudes laikā noteiktā studiju kursā. Minētie fenomeni spēj izraisīt spēcīgu stresa reakciju studējošajiem (Heider, 2017).

Attālinātā studiju forma ir kļuvusi par nopietnu mūsdienu stresoru daudziem studējošajiem. Šī studiju forma ir jauna un neierasta, jo iepriekšējais mācību

process skolā notika pārsvarā klātienes formā. Attālinātās studiju formas laikā studējošie neizjūt pietiekamu pasniedzēja atbalstu, bieži ir grūtības precizēt sev nesaprotamus studiju materiāla jautājumus. Savukārt pasniedzēji nesaņem pietiekamu atgriezenisko saiti par to, vai studējošie spēj pietiekami labi sekot studiju materiāla izklāstam, lai pielāgotos studējošo vajadzībām. Minētie fakti paaugstina studējošo stresa līmeni (Fawaz & Samaha, 2020).

Neskatoties uz iepriekšējo mācību procesa pieredzi skolā, studējošie dažkārt izjūt *adaptācijas grūtības* augstākās mācību iestādes vidē. Studiju vide pieprasa lielāku studējošā patstāvību, spēju veidot sadarbību ar studiju biedriem un pasniedzējiem, noteiktas sadzīves iemaņas, kas nepieciešamas dzīvei kopmītnē. Studējošajiem jāprot pielāgoties noteiktam studiju grafikam un citām formālajām studiju procesa prasībām. Pastāv arī adaptācijas pilsētvidei problēma studējošajiem, kuri iepriekš dzīvoja laukos. Nepieciešamība adaptēties saistīta ar noteiktu stresa līmeni, kurš, vairumā gadījumu, pazeminās 1. studiju semestra laikā (Baik et al., 2015; Cvetkovski et al., 2012; Denovan & Macaskill, 2017).

Vienmuļa un nomācoša studiju vide. Studējošo psiholoģisko labklājību ietekmē arī studiju vides emocionālie parametri: telpu dizains, studentu apvienības, interešu grupas, sporta un izklaides pasākumi. Neveiksmīga studiju vides organizācija pēc minētajiem parametriem rada vienmuļu, nomācošu emocionālo atmosfēru, kas var kļūt par papildus stresoru studiju procesā (Larcombe et al., 2016; Walburg, 2014).

Grūtības atrast nepieciešamo studiju literatūru. Sakarā ar interneta saturisko pilnveidošanos, mūsdienu studējošajiem ir aizvien lielākas iespējas iegūt vajadzīgo informāciju studijām. Tomēr bieži vajadzīgie materiāli nav atrodami interneta vidē, tādēļ joprojām ir aktuāls jautājums par specializētas studiju literatūras pieejamību. Studiju literatūras pieejamība ir īpaši aktuāla nepilna laika studējošajiem un tiem jauniešiem, kas strādā paralēli studiju procesam. Grūtības atrast nepieciešamo studiju literatūru būtiski apgrūtina noteikta studiju kursa apguvi un paaugstina studējošo stresa līmeni (Haider, 2017; Walsh et al., 2010).

Vāji pārdomāts nodarbību grafiks. Katram studentam ir individuāls dienas režīms, sadzīves un kognitivās sfēras darbības īpatnības, tādēļ nav iespējams izveidot ideālu nodarbību grafiku, kas apmierinātu ikvienu studējošo. Tomēr nodarbību grafiks, kad pirmā nodarība notiek agri no rīta (visbiežāk līdz plkst.9.00) vai arī vēlu vakarā (pēc plkst.17.00), kā arī starp nodarbībām vienā dienā ir pārtraukumi, kas ilgst vairākas stundas, var kļūt par būtisku studiju procesa stresoru. Līdzīgi notiek arī gadījumos, kad nedēļas ietvaros ir brīvas dienas starp tām dienām, kad notiek studijas (Cvetkovski et al., 2012; Eisenberg, 2007; Ozen, 2010).

Attiecības ar pasniedzējiem. Zema pasniedzēju komunikatīvā kompetence, vēlēšanās norobežoties, savstarpēji konflikti ar studentiem, autoritatīvais vadības stils, stereotipiska studējošo uztvere, nevēlēšanās saprast aktuālas jauniešu

vajadzības un dzīves uztveri – minētie faktori pasliktina attiecības starp pasniedzējiem un studentiem, radot nelabvēlīgu emocionālo atmosfēru, kas var veicināt studiju stresa līmeņa paaugstināšanos (Boulton & O'Connell, 2017; Frymier & Houser, 2000).

Būtisks studiju procesa stresors ir zema atsevišķu *studiju kursu pasniegšanas kvalitāte*. Tā ir atkarīga no pasniedzēja kompetences noteiktā zinātņu jomā, viņa motivācijas līmeņa, spējas nodot savas zināšanas studējošajiem. Neapmierinoša studiju kursu pasniegšana rada paaugstinātu kognitīvo slodzi, kā arī pazemina studiju motivāciju (Liu, 2015; Ozen, 2010).

Sliktas *attiecības ar studiju biedriem*: atklātības, savstarpējās uzticības un atbalsta trūkums, biežas konfliktsituācijas, atstumtā loma vai arī vēlme izcelties (hipertrofizētas pārākuma tieksmes) savā studentu grupā rada nelabvēlīgu emocionālo atmosfēru, paaugstina studējošo stresa līmeni, kas būtiski kavē sekmīgu studiju materiāla apguvi (Lin, Huang, 2014).

Turpmāk tiek aprakstīti stresori, kuri nav tieši saistīti ar studiju procesu.

Brīvais laiks nepieciešams studējošā kognitīvo, emocionālo un fizisko spēju atjaunošanai. Vāji pārdomāts studiju grafiks, sadzīves apstākļu īpatnības, studiju materiāla sarežģītība, pārmērīgs patstāvīgā darba apjoms, nepieciešamība strādāt paralēli studiju procesam bieži rada brīvā laika trūkumu, paaugstinot studiju stresu. Turklāt svarīgs ir arī brīvā laika saturs: uzspiestas aktivitātes, kopēja alkohola un citu psihoaktīvo vielu lietošana, bieža naktsklubu apmeklēšana vai bezdarbība var kļūt par būtisku stresoru, kas pasliktina studējošo psiholoģisko labklājību (Lin & Huang, 2014; McKean, 2000).

Nepieciešamība strādāt paralēli studiju procesam. Vēlme vai nepieciešamība uzlabot savu materiālo stāvokli ir pamatā tam, ka daudzi mūsdienu studējošie strādā paralēli studiju procesam. Šajā gadījumā daudziem studentiem nav iespējas pilnvērtīgi apmeklēt nodarbības, kā arī bieži rodas brīvā laika trūkums, kas būtiski paaugstina studējošo stresa līmeni un pazemina studiju sasniegumus. Turklāt papildus stresu rada arī tiešie darba pienākumi un tā grafiks. Daudziem studentiem pakāpeniski rodas grūtības apvienot studijas un profesionālo darbību, tādēļ dažreiz jaunieši nonāk izvēles priekšā: strādāt vai turpināt studijas (Bexley et al., 2013; Nepomuceno et al., 2016; Ozen, 2010).

Nepietiekama *materiālā nodrošinātība* paaugstina studentu stresa līmeni ikdienā, veicina šaubu par sekmīgu augstākās mācību iestādes absolvēšanu rašanos, rada nepieciešamību strādāt paralēli studiju procesam, kas negatīvi ietekmē studentu psiholoģisko labklājību un studiju sasniegumus (Nepomuceno et al., 2016; Ryan, 2014).

Studentu *sadzīves apstākļu* sociālie un fizikālie faktori kopmītnēs vai ārpus tās var būtiski paaugstināt viņu stresa līmeni. Trokšņi, pazemināta vai paaugstināta temperatūra telpās, liels studentu skaits vienā dzīvojamajā platībā, sadzīves konflikti, atšķirīgs dienas režīms, psihoaktīvo vielu lietošana ir

izplatītākie sadzīves faktori, kas pazemina studentu psiholoģisko labklājību ikdienā (Larcombe et al., 2016; Lee et al., 2013).

Turpmāk tiek raksturota minēto stresa faktoru izpēte Rēzeknes Tehnoloģiju akadēmijas studiju vidē.

Studiju procesa stresa faktoru izpētes rezultāti
Results of Study Process Stressors Research

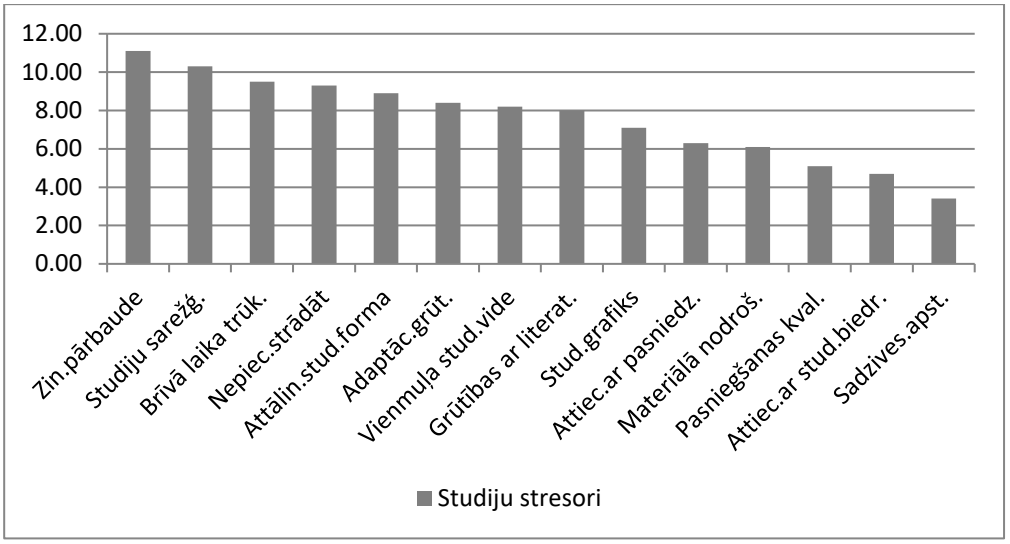
Studiju procesa stresoru empīriska izpēte tika realizēta Rēzeknes Tehnoloģiju akadēmijā, iesaistot 120 pirmo kursu studentus no dažādām studiju specialitātēm.

Šim pētījumam tika izvirzīts mērķs apzināt izplatītākos faktorus, kas izraisa stresu studiju procesā.

Mērķa realizācijai tika izmantota raksta autora izveidota anketa, kurā studentiem tika piedāvāts ranžēt noteiktus studiju procesa stresorus pēc subjektīvā nozīmīguma 14 ballu rangu skalā. Vismazāk nozīmīgajam faktoram tika piešķirts rangs "1", bet visnozīmīgākajam – "14". Anketā bija iespēja minēt arī savu studiju stresora variantu. Pētījums notika attālinātā formā, izmantojot e-kursu studiju vidi.

Rezultātu apstrādes gaitā primārajiem anketu datiem tika aprēķinātas vidējās vērtības, kuras turpmāk tika izmantotas rezultātu analīzē.

Pirmajā posmā tika noteikti izplatītākie studiju procesa stresori visā pētāmajā izlasē (skat.1. attēlu).



1.attēls. ***Studiju stresa faktori pētāmajā izlasē***
Figure 1 ***Study Stressors in the Research Sample***

Saskaņā ar pētījuma rezultātiem, zināšanu pārbaude ir faktors, kas visbiežāk izraisa stresa reakciju studējošajiem jauniešiem. Tādējādi aktualizējas jautājums par zināšanu pārbaudes formas noteikšanu, kura izraisītu vājāku stresa reakciju.

Nākamais nozīmīgākais studiju stresa faktors ir studiju materiāla sarežģītība, kas rada grūtības apgūt noteiktu studiju kursu. Šādi rezultāti var būt daļēji saistīti ar attālināto studiju formu, kuru studenti atzīmē kā piekto nozīmīgāko studiju procesa stresoru. Protams, nozīmīga ir noteikta studiju kursa pasniegšanas kvalitāte, kā arī studējošo jauniešu iepriekš iegūtās izglītības kvalitāte.

Brīvā laika trūkums un nepieciešamība strādāt paralēli studiju procesam, pēc aptaujāto studentu domām, ir nākamie būtiskākie faktori, kas paaugstina viņu stresa līmeni un rada grūtība studiju procesā. Brīvā laika un atpūtas trūkums, kā arī profesionālā darbība, kas nav saistīta ar studijām, rada paaugstinātu kognitīvo un emocionālo slodzi, kas var negatīvi ietekmēt studiju rezultātus.

Kā jau minēts, attālinātā studiju forma ir būtisks faktors, kas paaugstina studiju stresu. Jaatzīmē, ka vairākiem studējošajiem šis faktors tika minēts kā galvenais, kas rada studiju stresu. Šīs studiju formas gadījumā studējošie bieži kautrējas uzdot jautājumus docētājiem, arī docētāji nesaņem pietiekami kvalitatīvu atgriezenisko saiti par to, cik sekmīgi studējošais izprot noteiktu apgūstamo tēmu. Attālinātās studiju formas gadījumā nenotiek "dzīvā" saskarsme starp docētāju un studējošo, kas ir ļoti nepieciešama sekmīgai studiju materiāla apguvei.

Būtisks studiju procesa stresors, saskaņā ar veikto anketēšanu, ir adaptācijas studiju vidē grūtības. 11 studentiem šis faktors tika minēts kā galvenais, kas rada stresu studiju procesā. Šādi rezultāti aktualizē mentoru un psiholoģiskā atbalsta kvalitatīvākas iesaistes studiju procesā nepieciešamību.

Vienmuļa, nomācoša studiju vide ierindojās 7. vietā. Šāda studiju vides uztvere var pazemināt atsevišķu studējošo emocionālo labklājību ikdienā, kas var ietekmēt viņu studiju motivāciju.

Kā nākamais pēc nozīmības tika minēts faktors „Grūtības atrast vajadzīgo studiju literatūru". Daudzi jaunākie literatūras avoti nav brīvi pieejami internetā vai bibliotēkās, kas rada papildus slodzi studējošajiem. Tas aktualizē nepieciešamību izstrādāt kvalitatīvus studiju materiālus e-vidē vai drukas formātā.

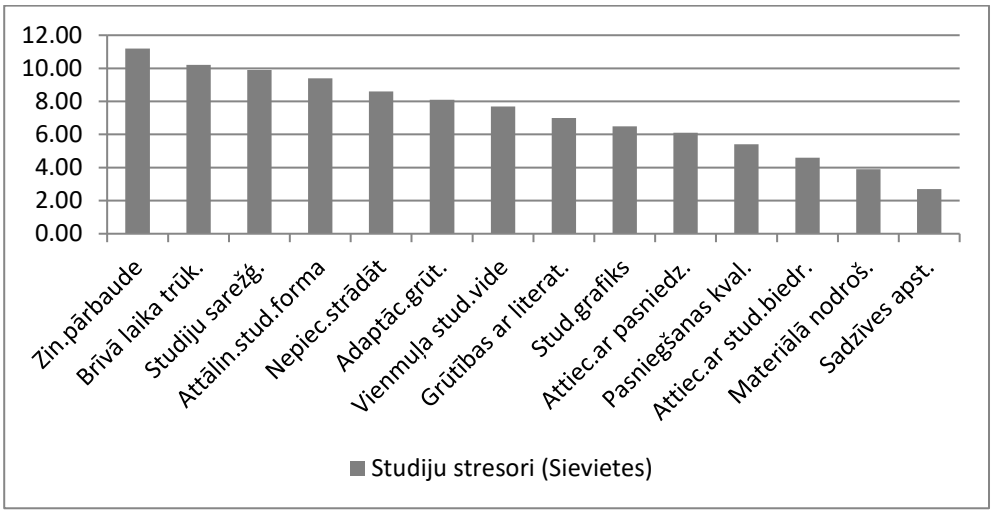
Faktors „Vāji pārdomāts studiju grafiks" pēc nozīmības ierindojās 9. vietā. Tādejādi tā ietekmi uz studiju stresu iespējams vērtēt kā mērenu. Vairāk šis stresors ietekmē studentus, kuriem nepieciešams strādāt paralēli studiju procesam.

Attiecības ar pasniedzējiem, materiālā nodrošinātība un studiju kursu pasniegšanas kvalitāte tika ranžēti attiecīgi 10., 11. un 12. vietās, tādēļ tie nav uzskatāmi par būtiskiem studiju procesa stresoriem pētāmajā izlasē.

Savukārt, par vismazāk nozīmīgiem stresoriem studenti uzskata attiecības ar vienaudžiem un sadzīves apstākļus.

Raksta ievadā minētais OECD pētījums (OECD, 2017) apliecināja, ka

studējošās jaunietes izjūt augstāku studiju stresa līmeni, salīdzinājumā ar jauniešiem, tādēļ pētījuma gaitā tika veikts studiju stresoru salīdzinājums vīriešu un sieviešu izlasēs. 2. attēlā ilustrēts izplatītāko studiju stresoru ranžējums sieviešu respondentu grupā.



2.attēls. ***Studiju stresa faktoru ranžējums sieviešu izlasē***
Figure 2 ***Ranking of Study Stressors in a Sample of Women***

Kā redzams 2. attēlā, būtiskākie faktori, kas izraisa stresu studiju procesā sieviešu respondentu grupā ir (minēti nozīmīguma samazināšanās secībā): zināšanu pārbaude, brīvā laika trūkums, studiju materiāla sarežģītība, attālinātā studiju forma, nepieciešamība strādāt paralēli studijām, kā arī adaptācijas grūtības.

Tādu faktoru kā: "Vienmuļa un nomācoša studiju vide", "Grūtības atrast vajadzīgo studiju literatūru", "Vāji pārdomāts studiju grafiks" un "Attiecības ar pasniedzējiem" un "Studiju kursu pasniegšanas kvalitāte" nozīmīgums studiju stresa rašanās procesā vērtējams kā mērens.

Savukārt attiecības ar studiju biedriem, materiālā nodrošinātība un sadzīves apstākļi nav nozīmīgi studiju procesa stresori sieviešu respondentēm.

Jāatzīmē, ka sievietes kā savu subjektīvo stresora variantu visbiežāk minēja pārmērīgu patstāvīgā darba apjomu, turklāt četrām respondentēm šis faktors tika minēts kā galvenais stresa izraisītājs studiju procesā. 3. attēlā ilustrēti studiju stresoru izpētes rezultāti vīriešu respondentu grupā.

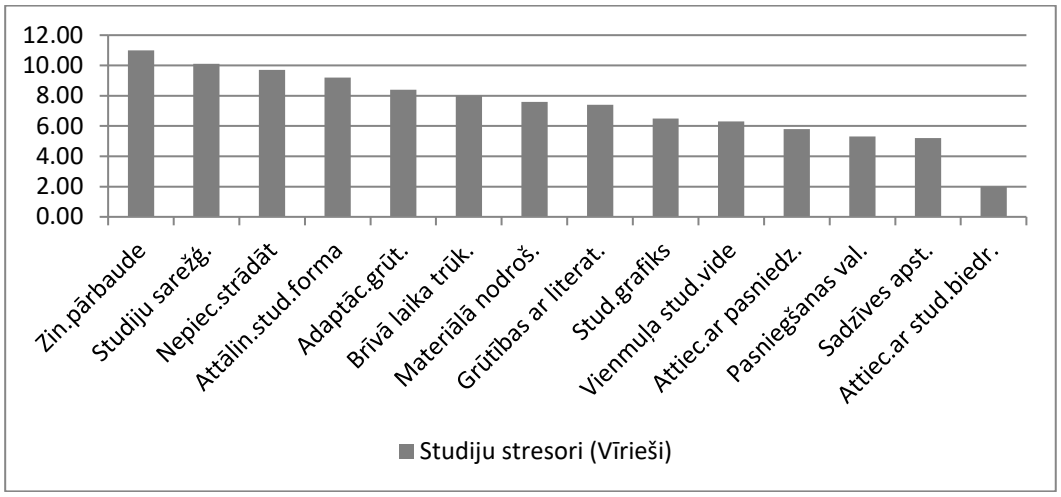
Minētajā grupā nozīmīgākie studiju stresori (nozīmīguma samazināšanās secībā) ir: zināšanu pārbaude, studiju materiāla sarežģītība, nepieciešamība strādāt paralēli studiju procesam, attālinātā studiju forma, adaptācijas grūtības un brīvā laika trūkums.

Savukārt materiālā nodrošinātība, grūtības atrast vajadzīgo studiju literatūru, vāji pārdomāts studiju grafiks, vienmuļa un nomācoša studiju vide, attiecības ar

pasniedzējiem būtiski neietekmē studiju stresa rašanos.

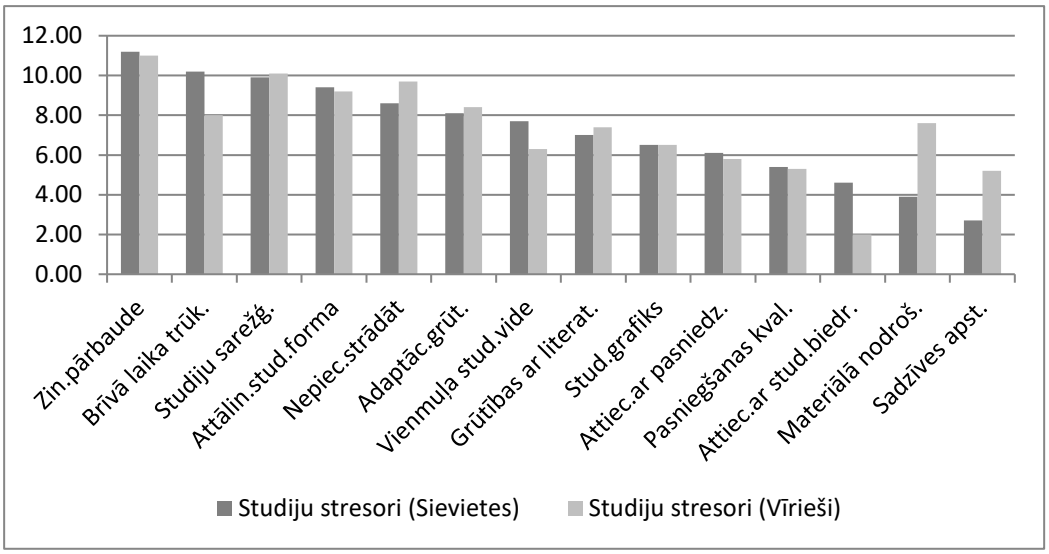
Zemākais nozīmīgums raksturo faktorus: "Studiju kursu pasniegšanas kvalitāte", "Sadzīves apstākļi" un "Attiecības ar studiju biedriem".

Vīrieši kā savu subjektīvo stresora variantu visbiežāk minēja neapmierinošu e-kursu vietnes organizāciju.



3.attēls. ***Studiju stresa faktoru ranžējums vīriešu izlasē***
Figure 3 ***Ranking of Study Stressors in a Sample of Men***

4. attēlā ilustrēts vīriešu un sieviešu studiju stresoru novērtējuma salīdzinājums.



4.attēls. ***Studiju stresa faktoru salīdzinājums vīriešu un sieviešu izlasēs***
Figure 4. ***Comparsion of Study Stressors in Man and Woman Samples***

Zināšanu pārbaude ir nozīmīgākais studiju stresa faktors abu dzimumu grupās.

Brīvā laika trūkums sievietēm ir otrais nozīmīgākais stresa faktors, turpretī vīriešiem tā nozīmums ir būtiski zemāks – šis faktors tiek novērtēts kā sestais nozīmīgākais.

Studiju procesa sarežģītība vīriešu izlasē ir otrais nozīmīgākais stresa faktors, bet sieviešu izlasē - trešais pēc nozīmīguma.

Būtiskas atšķirības starp attālinātās studiju formas novērtējumu vīriešu un sieviešu izlasēs netika konstatētas, tas ir ceturtais nozīmīgākais studiju procesa stresors abās grupās.

Nepieciešamības strādāt paralēli studiju procesam nozīmīgums ir augstāks vīriešu izlasē, kurā tas ir trešais nozīmīgākais stresa faktors, savukārt sieviesu izlasē tas ierindojās piektajā vietā.

Adaptācijas grūtības ir nozīmīgākas vīriešu respondentiem – piektā vieta, bet sievietēm tas ir sestais nozīmīgākais faktors.

Būtiski atšķiras studiju vides emocionālās ietekmes novērtējums: vienmuļa, nomācoša studiju vide sieviešu izlasē ir septītais nozīmīgākais studiju procesa stresors, turpretī vīriešiem tā nozīmīgums nav augsts, šis faktors tika novērtēts kā desmitais.

Grūtības atrast nepieciešamo studiju literatūru ir nozīmīgākas vīriešu izlasē, tomēr abu dzimumu grupās šis faktors ir astotais nozīmīgākais.

Atšķirības starp vāji pārdomāta studiju grafika novērtējumu vīriešu un sieviešu izlasēs netika konstatētas, tas ir devītais nozīmīgākais studiju procesa stresors abās grupās.

Attiecības ar pasniedzējiem ir desmitais pēc nozīmes studiju stresors sieviešu respondentiem, bet vīriešu izlasē tas ir vienpadsmitais. Kopumā šis studiju stresa faktors, tāpat kā studiju materiāla pasniegšanas kvalitāte un attiecības ar studiju biedriem abu dzimumu respondenti novērtē kā maznozīmīgus. Tomēr vērojamas nelielas atsķirības: sievietes attiecības ar pasniedzējiem un studiju materiāla pasniegšanas kvalitāti vērtē kā nedaudz nozīmīgākus stresorus, nekā vīrieši.

Savukārt attiecību ar studiju biedriem novērtējumā vērojamas būtiskas atšķirības: vīrieši šo faktoru novērtē kā vismazāk nozīmīgu (14. vieta), turpretī sievietes – kā 12. nozīmīgāko stresa faktoru.

Būtiskas atšķirības konstatētas materiālās nodrošinātības novērtējumā. Sievietes šo faktoru novērtē kā maznozīmīgu (13. vieta), savukārt vīriešu vērtējumā šis ir samērā nozīmīgs studiju procesa stresors, kurš tika novertēts kā septītais pēc nozīmīguma.

Nenozīmīgs studiju stresors respondentu vērtējumā ir sadzīves apstākļi: 13. pēc nozīmības faktors vīriešu izlasē un 14. – sieviešu izlasē.

Turpmāk tiek sniegti apkopojoši secinājumi par veiktās studiju stresoru izpētes rezultātiem.

Secinājumi
Conclusions

Veiktā zinātniskās literatūras un empīriskā pētījuma rezultātā autors nonāca pie šādiem secinājumiem:

1. Konstatēta studējošo jauniešu psihiskās veselības pasliktināšanās tendence, kas saistīta ar straujajām sociāli ekonomiskajām un tehnoloģiskajām izmaiņām sabiedrībā, kuras rada paplidus stresu un izvirza kompilcētas prasības studentu kognitīvajām spējām un emocionālajai noturībai.
2. Būtiskākie stresu izraisošie faktori pētāmajā izlasē ir: zināšanu pārbaude, brīvā laika trūkums, studiju materiāla sarežģītība, nepieciešamība strādāt paralēli studiju procesam, attālinātā studiju forma un adaptācijas grūtības.
3. Mērena ietekme uz stresa reakcijas rašanos studiju procesā raksturo attiecības ar pasniedzējiem, vāji pārdomāts studiju grafiks, studiju kursu pasniegšanas kvalitāte, ka arī materiālā nodrošinātība. Tomēr jāatzīmē, ka materiālā nodrošinātība ir būtiskāks stresa faktors vīriešu izlasē.
4. Vismazāk nozīmīgie studiju stresa faktori ir attiecības ar studiju biedriem un sadzīves apstākļi.
5. Nozīmīgs studiju stresu izraisošs faktors ir pārmērīgs patstāvīgā darba apjoms. Tas ir biežāk minētais individuālālās izvēles factors.
6. Konstatētas atšķirības vīriešu un sieviešu respondentu grupās: brīvā laika trūkums ir otrs nozīmīgākais stresa faktors sieviešu izlasē, bet vīriešiem šis faktors nav nozīmīgs. Nepieciešamība strādāt paralēli studiju procesam ir nozīmīgāks stresors vīriešu izlasē, salīdzinot ar sieviešu respondentiem. Vienmuļa un nomācoša studiju vide ir nozīmīgāks stresors sieviešu grupā, bet vīriešiem būtiskāka ir zema materiālā nodrošinātība.

Summary

The study process puts high demands on the plasticity of the psyche of young people. When enrolled in a higher education institution, the student is forced to adapt to a new set of factors that often negatively affect their psychological well-being.

As a result of scientific literature and empirical research, the author came to the following conclusions:

1. A tendency of deterioration of mental health of young students has been identified, which is related to the rapid socio-economic and technological changes in the society, which cause widespread stress and set composite requirements for students' cognitive abilities and emotional resilience.
2. The most important stress-inducing factors in the research sample are: knowledge test,

lack of free time, complexity of study material, need to work in parallel with the study process, distance learning form and adaptation difficulties;

3. Moderate influence on the occurrence of stress response in the study process is characterized by relations with lecturers, poorly thought-out study schedule, quality of study course teaching, as well as material security. However, it should be noted that material security is a more important stress factor in the male sample.
4. The least important study stress factors are relationships with fellow students and living conditions.
5. An important factor causing study stress is the excessive amount of independent work. This is the most frequently mentioned factor of individual choice.
6. Differences were found in the groups of male and female respondents: lack of free time is the second most important stress factor in the sample of women, but for men this factor is not significant. The need to work in parallel with the study process is a more significant stressor in the male sample compared to female respondents. A monotonous and depressing study environment is a more significant stressor in the group of women, but low material security is more important for men.

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EMOCIJU REGULĀCIJAS PRASMJU APTAUJAS ADAPTĀCIJA LATVIEŠU VALODĀ

Reliability and Validity of the Latvian Version of the Emotion Regulation Skills Questionnaire

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Abstract. *The aim of this study was to carry out the adaption of the Latvian version of the Emotion Regulation Skills Questionnaire (ERSQ-27)(SEK-27, Berking & Znoj, 2008) for adults witch evaluates nine dimensions of emotion regulation skills. The questionnaire was completed by 376 adults (82% women and 18% men), aged 18 – 69 years (M = 31.2, SD = 12.99). The calculations for the adapted questionnaire were made for the Cronbach's alpha, test-retest reliability and determination of the convergent and factorial validity. The five-factor solution proposed by the exploratory factor analysis (EFA) was tested and compared with the theoretically postulated nine-factor solution using confirmatory factor analysis (CFA). The nine-factor model results in the Latvian version questionnaire explain 72% of varienace, but five-factors – 59.76%. The results for EFA and CFA were both higher in the nine-factor model. The internal consistency coefficients (Cronbach's alpha) of the scales varied from 0.64 to 0.82, test-retest correlations ranged between 0.82 – 0.94. Similar results of the factor analysis were found in other research studies. Findings from this study showed significant evidence for the reliability and validity of the ERSQ-27 and it would be advisable to continue using it in scientific research.*
Keywords: *emotion regulation, emotion regulation skills, emotion regulation skills questionnaire, ERSQ-27, psychometric properties, reliability, validity.*

Ievads
Introducation

Emociju regulācija (ER) zinātniskajā literatūrā tiek atspoguļota kā viens no būtiskākajiem faktoriem, kas ietekmē psihisko veselību, proti, nepietiekami attīstītas prasmes regulēt emocijas prognozē psihisko traucējumu attīstību

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(Berking & Whitley, 2014). Pētījumi apstiprina, ka ER prasmju rādītājiem ir saistība ar depresijas simptomiem (Ehring et al., 2008; Berking, Ebert, Cuijpers, & Hofmann, 2013), trauksmes traucējumiem (Turk, Heimberg, Luterek, & Mennin, 2005; Tull, Barrett, McMillan, & Roemer, 2007), robežstāvokļa parsonības (borderline) traucējumiem (Lynch et al., 2007; Selby, Fehling, Panza, & Kranzler, 2016), ēšanas traucējumiem (Harrison, Sullivan, Tchanturia, & Treasure, 2009; Lavender et al., 2015), alkohola lietošanu (Fox, Hong, & Sinha, 2008; Ghorbani, Khosravani, Sharifi Bastan, & Jamaati, 2017), uzmanības deficīta un hiperaktivitātes sindroma traucējumiem (Shaw, Stringaris, Nigg, & Leibenluft, 2014), bipolāriem traucējumiem (Van Rheenen, Murray, & Rossell, 2015) u.c.

Kopš šī gadsimta sākuma ir izveidotas vairākas aptaujas ER izvērtēšanai, kas ietver kādus konkrētus aspektus, piemēram, kognitīvo (*Cognitive emotion regulation questionnaire*, CERQ, Garnefski, Kraaij, & Spinhoven, 2001) vai disfunkcionālo (*Difficulties in emotion regulation scale,* DERS, Gratz & Roemer, 2004). Pētījumos bieži tiek izmantota (arī Latvijā) (Vende, 2014, Paiča, Mārtinsone, & Taube, 2020) Emociju regulēšanas aptauja (*ERQ;* Gross & John, 2003), kas izvērtē divu emociju regulēšanas stratēģiju izmantošanu, proti, emocionālās reakcijas apspiešanu (*superession*) un kognitīvo pārvērtēšanu (*reappraisal*), kopumā neļaujot analizēt dažādu ER prasmju / stratēģiju mijiedarbību.

Atšķirīga pieeja ir vācu psihologam Matiasam Berkingam (*Matthias Berking*), kurš ar kolēģi izstrādāja *Emociju regulācijas prasmju aptauju* (*Selbsteinschàtzung Emotionaler Kompetenzen*, SEK-27, Berking & Znoj, 2008), kuru veido divas daļas: emociju / emocionālo stāvokļu piedzīvošanas biežuma aptauja (A daļa) un emociju regulācijas prasmju aptauja (B daļa). Aptauja pamatojas *Adaptīvās emociju regulācijas modelī* (*Adaptive coping with emotions, ACE model*) (Berking, 2008; Berking & Whitley, 2014), kas integrē vairākus citus emociju regulācijas modeļus (*Eisenberg*, 2000; *Gottman & Katz*, 1989; *Gross*, 1998; *Larsen*, 2000; *Lazarus* 1991; *Leahy*, 2002; *Saami*, 1999; *Salovey & Mayer*, 1990, kā minēts Berking, 2008). Aptauja ļauj novērtēt adaptīvās ER prasmes, ieskaitot emociju modifikācijas un uz pieņemšanu balstītas prasmes (Berking et al., 2012).

Tā ir veiksmīgi adaptēta angļu (Grant, Salsman, & Berking, 2018), turku (Vatan & Oruçlurar Kahya, 2018) un japāņu valodā (Fujisato et al., 2016), kur aptaujas angļu un japāņu valodas versijas izstrādē kā līdzautors piedalījies arī Berkings (*Berking*). Aptauja angļu valodā nosaukta par - *Emotion regulation Skills Questionnaire*, ERSQ-27, un uz šo nosaukumu atsaucas arī šī raksta autori.

Aptaujas adaptācija latviešu valodā būtu ieguvums psihologiem, īpaši klīniskiem nolūkiem, jo ar aptaujas palīdzību var ne vien identificēt klienta ER prasmju grūtības, bet - tā dod orientierus, kā ER prasmes attīstīt un pilnveidot.

Pētījuma mērķis: veikt *Emociju regulācijas prasmju aptaujas* (SEK-27, Berking & Znoj, 2008; ERSQ27 Grant et.al., 2018) adaptāciju latviešu valodā pieaugušajiem. Tika formulēti vairāki pētījuma jautājumi: Kādi ir adaptētās aptaujas B daļas reakcijas un diskriminācijas indeksi? Kādi ir aptaujas B daļas faktori un vai to struktūra atbilst oriģinālam? Kādi ir A un B daļas iekšējās saskaņotības rādītāji?

Literatūras apskats
Literature Review

Aptauju veido divas daļas. Pirmā (A) daļa sastāv no 50 dažādu izjūtu un emociju saraksta, kur respondents atzīmē, kā pagājušā nedēļā ir juties. Tiek izmantota piecu punktu Likerta skala no 'nekad' līdz 'ļoti bieži'. Aptaujas pirmā daļa veido pozitīvā un negatīvā afekta skalas, kā arī atsevišķu emociju skalas, piemēram, baiļu, dusmu, skumju vai kauna. Otrā (B) daļa satur 27 apgalvojumus par emociju piedzīvošanu un mēra septiņas adaptīvās ER prasmes saskaņā ar *Adaptīvo emociju regulācijas modeli*: 1. jūtu un ķermeņa sajūtu apzinātu apzināšanos (*conscious awareness*); 2. identificēšanu, nosaukšanu vārdā (*identifying & labeling*), 3. izpratni un skaidrību par to, kādi cēloņi izraisa un uztur noteiktu emocionālo stāvokli (*understanding*); 4. spēju aktīvi mainīt nevēlamo emociju intensitāti/ilgumu (*modification*); 5. spēju izturēt un pieņemt nevēlamas emocijas (*acceptance & tolerance*); 6. gatavību konfrontēties ar nevēlamām emocijām, kad tas nepieciešams sev svarīga mērķa sasniegšanai (*readiness to confront*); 7. efektīvu sevis atbalstu stresa situācijās (*effective self-support*) (Berking, 2008; Berking & Whitley, 2014).

Aptaujā divām ER prasmēm - *jūtu un ķermeņa sajūtu apzināšanās* un *spēja izturēt un pieņemt*, katrai ir divas skalas, tādējādi septiņas prasmes tiek mērītas ar deviņām skalām: 1) izjūtu apzināšanās, 2) ķermeņa sajūtu apzināšanās, 3) skaidrība, 4) izpratne, 5) modifikācija, 6) pieņemšana, 7) izturēšana (tolerance), 8) gatavība konfrontēties un 9) sevis atbalstīšana. Aptaujas autori atzīst, ka skalu iedalījums ir teorētisks, tomēr tām ir praktiska nozīme, jo ļauj precīzāk identificēt klienta grūtības (Berking & Znoj, 2008). Katras prasmes mērīšanai izveidoti trīs panti. Autori aptauju ir veidojuši kā pozitīvi noformulētus apgalvojumus, piemēram, *pagājušās nedēļas laikā es pievērsu uzmanību savām emocijām, grūtā brīdī spēju sevi atbalstīt, spēju ietekmēt savas negatīvās emocijas* u.c. Panti ir jānovērtē piecu punktu Likerta skalā no 'nekad'(0) līdz 'gandrīz vienmēr'(4).

Aptaujas A daļa palīdz izvērtēt klientu emociju piedzīvošanas biežumu. Jo vairāk ir punktu kādā no skalām, jo biežāk attiecīgās emocijas piedzīvotas. B daļa ļauj novērtēt klientu emociju regulēšanas prasmju līmeni. Jo zemāks ir vidējais

rādītājs kopumā vai kādā no skalām, jo vājākas ir attiecīgās ER prasmes. Tas dod iespēju identificēt, kura veida prasmes indivīdam ir mazāk attīstītas un kuras būtu jāattīsta, kā arī izvēlēties metodi, kas veicina noteiktu emociju efektīvu regulēšanu.

Aptaujas izveides laikā B daļai tika veikta izpētošā un apstiprinošā faktoru analīze (Berking & Znoj, 2008). Skalas uzrāda labu iekšējo saskaņotību (0.71 – 0.83), atbilstošus retesta ticamības rādītājus (0.58 – 0.76) (*re-test reliability*) (Berking & Znoj, 2008; Berking, Orth, Wuppermann, Meier, & Caspar, 2008a, Berking et al., 2008b, Berking, Meier, & Wupperman, 2010, Berking et al., 2011, Berking et al., 2012, Berking, Ebert, Cuijpers, & Hofmann, 2013, Berking, Wirtz, Svaldi, & Hofmann, 2014; Eckert et al., 2015; Radkovsky et al., 2014; Wirtz et al., 2014; Fujisato et al., 2017; Grant et al., 2018, Vatan, & Oruçlular Kahya, 2018).

Aptauja sākotnēji tika veidota lietošanai klīniskā vidē, galvenokārt pacientiem ar depresiju, bet vēlāk to sāka izmantot pētījumos arī citām grupām. Tās psihometriskie rādītāji ir pārbaudīti pētījumos par emocionālo pielāgošanos (*emotional adjustment*) (Berking et al., 2008a), alkohola atkarību (Berking et al., 2011), trauksmi (Wirtz et al., 2014), bērnības traumu (*childhood trauma*) (Hopfinger et al., 2016) u.c.

Arī Latvijā ir veikta šī instrumenta pirmā posma adaptācija (Paiča & Mārtinsone, 2019). Pēc atļaujas saņemšanas no autoriem, to tulkoja trīs neatkarīgi bilingvāli profesionāli tulkotāji no vācu un angļu valodas uz latviešu un atpakaļ no latviešu uz angļu valodu. No tulkojumiem tika izvēlēts labākais katra panta tulkojums.

Pirmajā aptaujas adaptācijas posmā piedalījās 202 dalībnieki (vidējais vecums M=33.4; 81.7% sievietes, 18.3% vīrieši). Tika aprēķināts noturīgums laikā, proti, veikts B daļas retests (n=30), izmantojot Spīrmena korelācijas koeficientu: aptaujas kopējais r = 0.89, skalām no 0.82 – 0.94 (Paiča & Mārtinsone, 2019) (orģinālpētījumā r_s = 0.78, skalām no 0.58 – 0.76, N=220; r = 0.75, skalām no 0.48 – 0.74, N = 154, Berking & Znoj, 2008).

Tika noteikta ERSQ-27 B daļas latviešu valodas versijas konverģentā pamatotība ar divām, latviešu valodā adaptētām, aptaujām, kurām saņemta atļauja to lietošanai: *Emociju regulācijas aptauja* (*Emotion Regulation Questionnaire*, ERQ, Gross & John, 2003; Morozova, 2011; aptaujas Kronbaha alfa α = 0.56) un *Aptauja emociju regulācijas grūtību noteikšanai* (*Difficulties in Emotion Regulation Scale,* DERS, Gratz & Roemer, 2004; Jansone, 2011; aptaujas Kronbaha alfa α = 0.92, skalām = 0.73 – 0.91) (Paiča & Mārtinsone, 2019).

Dati tika korelēti, izmantojot Spīrmena korelācijas koeficientu, ar ERSQ-27 atsevišķām apakšskalām, piemēram, *izjūtu apzināšanās* ar DERS skalu *apzināšanās trūkums* (- 0.53, $p < 0.001$)*, pieņemšana* ar DERS skalu *grūtības pieņemt* (- 0.36, $p < 0.001$) un *modifikācija* ar ERQ *kognitīvās pārvērtēšanas skalu* (0.42, $p < 0.001$), ņemot vērā saturisko līdzību ERSQ-27 B daļas konstruktam.

Savstarpējās korelācijas starp skalām ir statistiski nozīmīgas, sakarības ir vidēji ciešas, tomēr vērā ņemamas, līdzīgi kā autoru orģinālpētījumā (Paiča & Mārtinsone, 2019).

Metode
Method

Dalībnieki:

Pētījumā piedalījās 376 pieaugušie vecumā no 18 līdz 69 gadiem (M = 31.2, SD = 12.99), 308 sievietes (82%), 68 vīrieši (18%). Dalībnieku sadalījums pēc izglītības līmeņa: 7.2% ar pamata izglītību, 44.7% – vidusskolas izglītību, 48.1% – augstāko izglītību.

Instrumentārijs:

Sociāli demogrāfisko datu aptauja – dzimums, vecums, izglītība.

Emociju regulācijas prasmju aptauja (*Emotion regulation Skills Questionnaire, ERSQ-27,* Berking & Znoj, 2008, Paiča, Mārtinsone, 2019).

Procedūra:

Dati tika ievākti divos posmos. Pirmajā posmā - papīra formātā no 2018.gada decembra līdz 2019.gada decembrim aptauju aizpildīja 202 respondenti, tai skaitā 70 Rīgas Psihiatrijas un narkoloģijas centra (RPNC) pacienti ar depresiju (F32, F33 pēc SSK-10) (Tika iegūtas RPNC un Rīgas Stradiņa universitātes Ētikas komitejas atļaujas). Pirmajā adaptācijas posmā 30 respondentiem lūdza atkārtoti aizpildīt anketu pēc 14 dienām.

Otrajā posmā - tiešsaistē e-vidē no 2019. novembra līdz decembrim, izmantojot *google.com* anketēšanas rīku, ievācot 174 dalībnieku datus. Visi dalībnieki brīvi pārvaldīja latviešu valodu. Tika ievērota personas datu aizsardzība un saņemta respondentu piekrišana dalībai pētījumā.

Datu analīze:

Dati tika aprēķināti programmā SPSS 24. Tika noteikti aprakstošās statistikas rādītāji, Kronbaha alfas rādītāji, Spīrmena korelācijas koeficienti un veikta izpētošā faktoranalīze. Apstiprinošā faktoranalīze tika veikta, izmantojot R-Studio.

Lai pārbaudītu datu piemērotību faktoru analīzes veikšanai, tika aprēķināts Kaizera-Meyera-Olkina kritērijs > 0.70 (KMO = 0.91) un Bartleta testa $p < 0.05$ vērtība ($p = 0.000$). Teorētiski postulētais deviņu faktoru risinājums tika pārbaudīts, izmantojot apstiprinošo faktoru analīzi (CFA) un salīdzināts ar izpētošās faktoru analīzes (EFA) piedāvāto piecu faktoru risinājumu.

Rezultāti
Results

Lai atbildētu uz pirmo pētījuma jautājumu, tika aprēķināti ERSQ-27 B daļas pantu psihometriskie rādītāji – reakcijas un diskriminācijas indeksi. Tika secināts, ka tie atbilst pieņemtiem psihometriskiem kritērijiem. 1.tabulā redzams, ka panti iekļaujas reakcijas (1.91 – 2.68, M = 2.42) un diskriminācijas (.29 – .70, M = .57) indeksa robežās, kas apliecina, ka skalās pastāv līdzsvars starp viena un otra pola atbildēm un ka pantu tulkojums ir pilnvērtīgs.

1.tabula. ***ERSQ-27 aptaujas latviešu valodas versijas B daļas pantu psihometriskie rādītāji un galveno komponentu analīzes faktoru risinājums***
Table 1 ***Psychometric Indicators and Principal Component Analysis with Oblique Factor Rottation of Latvian Version of ERSQ-27***

Npk	Skala	Reakcijas indekss (M/SD)	Diskriminācijas indekss	1	2	3	4	5	6	7	8	9
3	Izpratne	2.45/.98	.57	.48								
11	Izpratne	2.57/.95	.60	.59							.45	
20	Izpratne	2.68/1.03	.59	.58							.48	
6	Skaidrība	2.50/1.03	.60	.73								
13	Skaidrība	2.59/.97	.65	.79								
25	Skaidrība	2.54/.95	.64	.77								
7	Ķermeņa sajūtu apzināšanās	2.58/1.00	.44	.71								
19	Izjūtu apzināšanās	2.31/1.01	.49	.48								
9	Sevis atbalstīšana	2.46/1.02	.65		.70							
15	Sevis atbalstīšana	2.36/.99	.68		.80							
27	Sevis atbalstīšana	2.38/1.09	.70		.76							
8	Gatavība konfrontēties	2.34/1.12	.61			.81						
16	Gatavība konfrontēties	2.47/1.04	.65			.78						
22	Gatavība konfrontēties	2.33/1.05	.64			.71						
4	Tolerance	2.27/1.04	.54				.86					
5	Pieņemšana	2.39/.99	.46				.79					
2	Modifikācija	2.02/.93	.49					.84				
10	Modifikācija	1.91/.96	.55		.43			.52				

21	Modifikācija	2.26/1.07	.53					.60			.43	
17	Pieņemšana	2.67/0.98	.44						.68			
18	Tolerance	2.28/1.11	.66				.44		.61			
26	Tolerance	2.36/1.09	.65				.40		.56			
1	Izjūtu apzināšanās	2.56/1.00	.52							.88		
12	Izjūtu apzināšanās	2.48/1.05	.63							.66		
23	Pieņemšana	2.56/.98	.46								.72	
14	Ķermeņa sajūtu apzināšanās	2.54/1.07	.46	.43								.50
24	Ķermeņa sajūtu apzināšanās	2.53/1.04	.46									.83

Piezīme. N=376, Reakcijas indeksa robežas: .80 – 3.20, Diskriminācijas indeksa robežas: .20 – .80

Faktoru analīzes rezultāti parādīja, ka visu pantu faktoru svari ir lielāki par .40 (skat. 1.tabulā). Par modeļa atbilstības indikatoriem izmantoti salīdzinošās piemērotības indekss (CFI), absolūtās piemērotības indekss (SRMR) un taupības piemērotības indekss (RMSEA) (skat. 2.tabulā). Izpētošās faktoru galveno komponentu (*Principal Component*) analīzes piedāvātais piecu faktoru risinājuma dispersijas kumulatīvais procents, kas raksturo šo modeli, bija 59.76%, savukārt, deviņu faktoru risinājumam tas bija 72%.

ERSQ-27 orģinālpētījumā katram faktoram ir izveidoti trīs panti, kuri piesaistīti konkrētajai skalai. Šajā pētījumā parādās nelielas atšķirības: skalas *izpratne, skaidrība,* kā arī viens apgalvojums no skalas *ķermeņu sajūtu apzināšanās* (7. apgalvojums -…*labi izjūtu emocijas savā ķermenī*) un viens no *izjūtu apzināšanās* (19. apgalvojums -…*biju apzinātā kontaktā ar savām izjūtām*), proti, astoņi apgalvojumi apvienojas pirmajā faktorā. Ceturtais apgalvojums no skalas *tolerance* un piektais no skalas *pieņemšana* apvienojas ceturtajā faktorā. Savukārt, skalas *izjūtu apzināšanās* un *ķermeņu izjūtu apzināšanās* iekļaujas septītajā un devītajā faktorā, kur katru sastāda divi apgalvojumi, un skalu *pieņemšana* veido tikai viens apgalvojums.

Septiņi apgalvojumi ar mazāku svaru iekļaujas arī citā faktorā. Tas rada jautājumu, vai apgalvojums ar lielāko šī koeficienta slodzi atspoguļo pārējos apgalvojumus tik labi, ka tos varētu izlaist, nezaudējot informāciju, vai arī vajadzētu izlaist svarus apgalvojumiem, kuri ar mazāku svaru iekļaujas citā faktorā, lai panāktu labāku piemērotību. Tomēr uzskatām, ka pašreizējā pētniecības posmā šāda pieeja nav piemērota un iesakām saglabāt visas aptaujas skalas, vismaz līdz brīdim, kad tiek pierādīts, ka rezultāti uzrāda līdzīgus rezultātus arī citos pētījumos.

2.tabula. ***ERSQ-27 B daļas modeļa atbilstības indeksu vērtības***
Table 2 ***Model Compilance Index Values of the ERSQ-27***

Mainīgie	SRMR	RMSEA	CFI
Piecu faktoru modelis	.058	.078	.89
Deviņu faktoru modelis	.046	.069	.93
Deviņu faktoru modelis*	-	.005	.93

*Piezīme. N = 376. Rezultāti iegūti R-Studio programmā. SRMR – aboslūtās piemērotības indekss, RMSEA – taupības piemērotības indekss, CFI – salīdzinošās piemērotības indekss. *Berking & Znoj, 2008*

2.tabulā redzams, ka apstiprinošā faktoru analīze labākus rādītājus uzrāda deviņu faktoru risinājums: SRMR iekļaujas diapazonā ≤ .08 (.046), RMSEA vērtības līdz .08 (.069) un CFI vērtības no .90 (.93) tiek uzskatītas par apmierinošām (Hu & Bentler, 1999; Marsh, Hau & Wen, 2004). Kopumā modeļa atbilstība deviņu faktoru struktūrai ir pieņemama un daļēji līdzīga ar orģinālaptaujas apstiprinošās faktoranalīzes pētījuma rezultātiem.

Lai novērtētu ERSQ-27 un tā apakšskalu ticamību, tika aprēķināts Kronbaha alfa koeficients: A daļai α = .83 (pozitīvā afekta skala α = .94, negatīvā afekta skala α = .94), aptaujas B daļai kopā α = 0.92 (skalām no .64 – .82) (skat. 3.tabulu). B daļas rezultāti bija līdzīgi ar aptaujas rādītājiem orģinālpētījumā: pirmā izlasē α = .93 (skalām no .62 – .83; N = 363), otrajā α = .90 (skalām no .68 – .81; N = 183).

3.tabula. ***ERSQ-27 B daļas skalu aprakstošā statistika, Kronbaha alfas rādītāji***
Table 3 ***ERSQ-27 Part B Scale Descriptive Statistics, Cronbach's Alpha***

Skalas	M	SD	α
Izjūtu apzināšanās	2.45	.82	.73
Ķermeņa sajūtu apzināšanās	2.55	.79	.64
Skaidrība	2.55	.82	.79
Izpratne	2.57	.81	.76
Pieņemšana	2.54	.75	.64
Tolerance	2.30	.90	.78
Gatavība konfrontēties	1.87	.72	.79
Sevis atbalstīšana	2.40	.88	.82
Modifikācija	2.06	.78	.71
Kopējā ERSQ	2.42	.59	.92

Piezīmes. N=376, M - aritmētiskais vidējais, SD - standartnovirze, α - Kronbaha alfa

Diskusija un secinājumi
Discussion and Conclusions

Šī pētījuma mērķis bija veikt *Emociju regulācijas prasmju aptaujas* (*Emotion regulation Skills Questionnaire,* ERSQ-27, Berking & Znoj, 2008) adaptācijas otro posmu latviešu valodā pieaugušajiem. Faktoru analīzes rezultāti, apstiprina pieņemto deviņu faktoru pamatstruktūru un daļēji saskan ar aptaujas autoru (Berking & Znoj, 2008) un citu pētījumu rezultātiem (Fujisato et al., 2017; Grant et al., 2018). Reakcijas un diskriminācijas indeksi iekļaujas pieļaujamo normu diapazonā. Apstiprinošās faktoranalīzes rezultāti ir pieņemami un līdzīgi ar orģinālaptaujas pamatotības pētījumā iegūtajiem (Berking & Znoj, 2008).

Iekšējās saskaņotības rezultātiem, šīs izlases ietvaros, bija augsta ticamība septiņās skalās un aptaujai kopumā, izņemot skalām *ķermeņa izjūtu apzināšanās* un *pieņemšana* – pieņemama, līdzīgi kā orģinālaptaujas pētījumā (Berking & Znoj, 2008).

Pie pētījuma ierobežojumiem jāmin, pirmkārt, izlases neviendabīgums: kā dzimuma atšķirības, kur dominē sieviešu īpatsvars (82% sievietes, 18% vīrieši), un izglītības līmenis (7% ar pamata izglītību, 44% ar vidējo un 48% ar augstāko). Otrkārt, lai gan aptauja radīta Eiropā, tomēr nav precīzas informācijas par to, kā Latvijas iedzīvotājs, ar savu kultūras mantojumu, izprot un apzinās ar emocijām saistītās sajūtas un izjūtas.

Lai gan šī pētījuma izlasē skalu struktūra daļēji atbilst *Adaptīvās emociju regulācijas modelim* (*Adaptive coping with emotions, ACE model*) (Berking, 2008; Berking & Whitley, 2014), tomēr rezultāti kopumā apliecina, ka ERSQ-27 ir uzticams, derīgs un izpētei atbilstošs instruments ER prasmju pašnovērtēšanai. Tā lietošana šobrīd būtu ieteicama zinātniskos pētījumos, kas mēģina izskaidrot, kuras emocionālās kompetences būtu jāuzlabo, kā arī mēģināt saprast, kā tās apzinās, izprot, pieņem un/vai attiecina uz sevi cilvēks Latvijā. Turpmāk aptauju varētu izmantot arī psiholoģiskajā praksē kā indikācijas kritēriju psiholoģiskās palīdzības plānošanā un kā psiholoģiskās palīdzības kvalitātes papildināšanas un nodrošināšanas instrumentu.

Summary

The aim of this study was to carry out the adaption of the Latvian version of the *Emotion regulation Skills Questionnaire* (ERSQ-27, Berking & Znoj, 2008) for adults to determine seven adaptive emotion skills, including emotion modification and acceptance based skills (Berking et al., 2012). This study is a continuation of the ERSQ-27 adaption started in 2019 (Paiča & Mārtinsone, 2019) in which the first stages were translation with three bilingual experts, calculation of internal coherence of scales and calculation of internal convergent validity. The following questionnaire were used to determine the convergent validity: *Emotion Regulation Questionnaire,* ERQ, Gross & John, 2003 and *Difficulties in Emotion Regulation*

Scale, DERS, Gratz & Roemer, 2004. In the first stage, there were 202 participants (average age M=33.4; 81.7% women, 18.3% men). In the second stage, additional data were collected from 174 respondents which made for a total of 376 participants (82% women, 18% men), aged 18 – 69 years (M = 31.2, SD = 12.99). In this study, the five–factor solution proposed by the exploratory factor analysis (EFA) was tested and compared with the theoretically postulated nine-factor confirmatory factor analysis (CFA). The results of the CFA confirm the accepted basic structure of nine factors. Response and discrimination indices are within the range of permissible norms. The results of the CFA are acceptable and similar to those obtained in the original questionnaire validity study (Berking & Znoj, 2008). The results of internal consistency within this sample had good reliability: for part A α = .82 (positive affect α = .94, negative affect α=.94), for part B α = .92 (for scales .64 – .82), similar to the original questionnaire (α = .93, for scales from .62 – .83; N = 363). Overall, the results confirm that ERSQ-27 in Latvian is a reliable, valid diagnostic tool for self-assessment of the emotion regulation skills. However, it would be advisable to continue research that tries to explain which emotional competencies should be improved, as well as to try to understand how a individual in Latvia perceives, accepts and / or applies it to oneself.

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HELPING PROFESSIONS FOR SOCIAL PROGRESS: PERSPECTIVES OF THE GRADUATE STUDENTS

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Abstract. *The paper aims to explore how future practitioners in helping professions grasp the wider societal problems and represent their professional practice in terms of social progress. The inquiry illustrates the perspectives of students by triangulation between their understanding of main societal issues in Latvia in the context of national planning documents (NPDs), social capital (SC), and expectations about their future work. Data of 34 first-year graduate students were collected using the open questionnaire and analyzed employing inductive and deductive thematic analysis. The largest group of societal issues contained the socio-psychological problems followed by economic challenges. Only half of the answers concerning SC were in tune with the theoretical conceptualization of this term. The students' views on societal issues and SC did not align well with the NPDs. The mentioned socio-psychological problems contained the issues of relationship and value aspects of SC, omitting the social networks. One-third of answers in terms of professional expectations were related to the development of SC, other answers focused on the demands of external entities, and the students' features. The views of graduate students can become an important signpost for the development of graduate programs in times of global interest in core competencies for helping professions.*
Keywords: *graduate students, helping professions, national planning documents, professional practice, social capital, social problems, thematic analysis.*

Introduction

The study describes how the graduate students represent their future professional practice in helping professions in a wider context of social progress and advancement. Triangulation between the students' understanding of main societal issues in Latvia in the framework of national planning documents (NPDs), social capital (SC), and students' expectations about their future job will provide a clearer view on the research topic. Thus, the theoretical background of the study connects the graduate students' interpretation of main societal issues in the country with the content of current NPDs and theoretical concept of SC (as the determinants and prerequisites of social progress and SD), while linking with

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the students' expectations for their future practice in helping professions. Figure 1 illustrates the relationships between the main conceptual categories of the study, including the NPDs and SC as both current and future-oriented prerequisites of social advancement and sustainable development (SD) of the society. It should be mentioned that these, of course, are not the only determinants of social progress. A short description of these conceptual categories will be provided below the Figure 1.

Figure 1 ***Main Conceptual Categories of the Study***

Helping professions and professional practice

Helping professions represent the career for those who strive to help others live better, providing health and educational services to individuals and groups. People in this type of occupation nurture the growth of or address the problems of a person's physical, psychological, intellectual, emotional, or spiritual well-being. Helping professions include, for example, social work, psychology, counseling, and public health (APA, 2020). Professionals in these occupations may deliver patient care, provide help in making the community safer, or deliver programs to protect and rehabilitate vulnerable populations. Helping professions could also be defined as those providing human and social services (Miller & Considine, 2009). Addressing the practice of the helping professions in the context of social progress, it seems that, in the past, social development was mainly oriented toward social equalization, while today it is aimed mostly to promote individual idiosyncrasy. However, individual autonomy is based on a person's relational nature, according to one's history and characteristics. Also, it should be stressed that human dignity is the core value to activate each person's fulfillment, thus promoting a better society (Ricou, Cordeiro, Franco, & Lobo, 2014).

Social capital for social advancement

The SC is a concept, under which the social structure, its constituent elements, the factors affecting these elements, and the results of this interaction, both at the individual and society level, are examined (Šuriņa & Mārtinsone, 2020). The concept is rooted in sociology, but it is often studied in other scientific disciplines and interdisciplinary research (Claridge, 2018). Our study will focus on the following theoretical concept of three dimensional SC: Structural SC relates to the social structure and designates the roles, rules, precedents, behaviors, social networks, institutions, Cognitive SC emphasizes the shared understandings and contains language, codes, narratives, values, attitudes, and beliefs, while Relational SC features the nature and quality of relationships reflected by trust and trustworthiness, norms and sanctions, obligations and expectations, identity and identification (Claridge, 2018; Lin, 2001; Turner, 2011).

SC plays an important role in the social production of health in general (Song, Son, & Lin, 2010) and, specifically, mental health (McKenzie, Whitley, & Weich, 2002). SC was found to be positively associated with life satisfaction, self-reported health net of social support and personal capital (Song & Lin, 2009) and negatively related to anomie (Acock & Hurlbert,1993), the incidence of common mental disorders (Webber & Huxley, 2007), and psychological distress. All in all, SC has proved to be one of the "most robust correlates of subjective well-being" (Helliwell & Putnam, 2004, p.1437).

Despite the strong development of interpersonal informal networking, similarly, like other European post-communist countries (Heineck & Sussmuth, 2010), Latvia features low levels of SC (Sechi & Šķilters, 2018). The level of trust and cooperation attitude among Latvian people is considerably lower than the EU average (EUI, 2020), and the engagement in socially conscious activities is low as well. The generalized trust showed a sharp decrease after the 2008-09 crisis. Also, intra-community gaps like generational, ethnic gaps are evident in society. The studies show a problematic relationship between integration and linkage (Woolcock, 1998): trust and goodwill limited to the family members, friends, and close acquaintances, insufficient exploitation of potential civic linkages, and the missing link between community and institutions (Laboratory of Analytic and Strategic Studies, 2007; Zobena, 2007).

National planning documents for social advancement

Although, the national planning documents (NPDs) in Latvia can be described as long, medium, and short term documents, we will analyze only the main features and principles of the highest national-level development planning

documents according to the field of research. The main long term document in this context (at the moment the data were collected) was the Sustainable Development Strategy of Latvia until 2030 (Latvia 2030) outlining seven priorities for national development. The next important medium-term documents were the National Development Plan of Latvia for 2014-2020 (NDP 2020) with its focus on economic development and human securitability and the project of the National Development Plan of Latvia 2021-2027 (currently NDP 2027) featuring the framework or context, axioms, and aims of national development.

Latvia 2030 is hierarchically the highest national-level, long-term planning document, outlining the following development priorities: 1) development of cultural space, 2) investment in human capital, 2) change of paradigm in education, 3) innovative and eco-efficient economy, 4) nature as a future capital, 5) perspective of spatial development, 6) innovative government, and 7) participation of the society. In its turn, NDP 2020 set the most important medium-term objectives, priorities, and performance indicators, areas of action, outcomes, and responsible institutions. The guiding principle for NDP 2020 was "economic breakthrough" in coordination with three priorities, namely, the growth of the national economy, human securitability (a form of resilience), and growth for regions. The NDP 2027 project envisaged the framework determined by the crisis of trust/polarization, population aging, migration and urbanization, the fourth industrial revolution, climate change, and integration of the economy in global value chains. The project was based on the axioms like responsible fiscal policy/cyclicality, productivity – key toward competitiveness, innovation, digital economics, SD, reducing inequality/equal opportunities, and social trust. The NDP 2027 project was aimed toward stable growth and an increase in quality of life for all. This included increased birth rate and survival, related to a healthy lifestyle, health care, and social inclusion as well as development of statehood and sense of belonging to the country (security, justice, belonging, cohesion, participation).

The NPDs can be analyzed from different points of view, one of such perspectives would be the exploration of possibilities for the real-life implementation of these documents, related to the quality of communication and dissemination of the main ideas to the wider society (Kruks, 2021). In this paper, we will describe the consistency between the perspective on societal issues by the future practitioners and NPDs.

According to the theoretical framework, the study aimed to explore how the future practitioners in helping professions grasp the wider social issues and represent their profession in terms of social progress. Following research questions were set for this study, namely:

1) What are the main issues of Latvia from the perspective of graduate students in helping professions?

2) How the mentioned issues coincide with the current NPDs (for Latvia)?
3) What is the SC from the perspective of graduate students in helping professions?
4) Do the graduate students in helping professions see the issues of SC among the main issues of Latvia?
5) Do/how the graduate students in helping professions include the development of SC in their professional mission and expectations for their practice?

Methodology

Research design. In the study, the qualitative exploration embedded in a multidisciplinary context provides insight into the perspectives of graduate students in helping professions by triangulation between their understanding of main societal issues in Latvia, SC, NPDs, and expectations about their professional practice.

Sample. Thirty-four first-year graduate students (32 women and 2 men) participated in the study conducted at a large university in Latvia. The age of participants, representing different helping professions, ranged from 23 to 50 years (M=35, SD=8.03). Some students did not provide the answers to all questions, thus the sample size for various research questions differs.

Data collection. The open questionnaire for this study was created within a framework of the National Research Program ”Challenges and solutions for Latvia’s state and society in an international context (INTERFRAME-LV)”. The questionnaire consisted of socio-demographic (identifying age, gender, education) and the main part of the questionnaire enclosing four open questions asking to 1) name the three main issues of Latvia, 2) describe the resources of Latvia, 3) explain 12 concepts related to the research topic (e.g., psychological help, SC, knowledge society) and 4) outline the expectations regarding the perfect professional practice. The questionnaire was administered in paper format and it took about 25 minutes to fill it out. Appropriate principles of research ethics regarding the administration of questionnaires were considered during the study. For the given study, only the data obtained from the first question (regarding the main issues of Latvia), description of SC, and expectations regarding the professional practice were included in the analysis.

Data analysis. The thematic analysis (Braun & Clark, 2006) in combination with the quantification of results (Howitt, 2011) was used for this study. Because of the nature of data and research questions, the data analysis features two interrelated trends: inductive and deductive trend. The inductive approach involved the coding and theme development directed by the content of the data,

while the deductive approach envisaged the coding and theme development directed by existing concepts or ideas on SC. The inductive trend was applied to the RQ1, 4, and 5, in terms of the main issues of Latvia, issues of SC among the main issues of Latvia, and inclusion of the development of SC of their clients in the expectations of the professional practice of students. The deductive trend was used to compare the correspondence of the data from RQ2 and 3 to the above mentioned theoretical background (on SC and NPDs).

Following the guidelines of the thematic analysis, also the quantification of themes (percentage) was used to establish the frequency of answers aligning with specific theme/subtheme because of 1) specific nature of data (mostly short sentences/phrases), 2) orientation of RQ 2 and 3, and 3) to enhance the scientific rigor of the study. Data analysis followed three chronological phases (Bardin, 2011): pre-analysis, an examination of the material, data processing, and interpretation of results. The thematic analysis was performed and data were coded by two researchers with experience in qualitative data analysis and expertise in a research topic.

Findings

Main issues of Latvia (N=32)

The largest group of current issues in Latvia depicts the social psychological problems (91.2%) (e.g., intolerance, lack of responsibility, the role of victim, short term thinking, lack of trust in social institutions/between different layers of society, lack of empathy, aims, identity, etc.), followed by economic problems (67.6%) (e.g. low salaries, unemployment, etc.). At a much smaller rate, the students named the health (23.5%), educational (23.5%), political (23.5%) issues as well as demography (20.6%), behavioral (17.6%) issues, and social inequality (17.6%). Just a couple of students mentioned the issues with solidarity, inclusion, language, and ecology.

The social capital (N=28)

Only the half of answers were in tune with the above-mentioned theoretical conceptualization of SC: the largest group of answers reflected social networks/relationships (35.7%), the smaller group described the norms, values, and attitudes (25%), while the smallest group contained descriptions of common social resources (10.7%). Another half of answers were mistakenly related to other types of capital (financial capital – 28.6%, human capital – 17.9%) or irrelevant matters.

Alignment of issues with national documents

The students' views on the main issues did not align well with the NPDs in general, only about 15% of answers spoke to the social development in line with the national perspective and plans for the future. Table 1 pictures the qualitative view on the alignment of students' answers with the national documents.

Table 1 ***Alignment of Students' Answers with the NPDs: Qualitative View***

National document	Development priorities in the document	Quotes of students' answers in terms of issues
Latvia 2030	Change of paradigm in education Social participation	Elementary education is outdated Role of victim, social indifference, aimlessness, lack of empathy, selfishness
NDP 2020	Growth of national economy Growth of regions Human securitability	Tax system, pensions, weak middle class, decline in rural regions Imbalance of regional development Unawareness of own rights
Project of NDP 2021-2027	Migration and urbanization Reducing inequality/equal opportunities Social trust Social inclusion Health care, belonging, cohesion, participation	Migration, demographic problems, lack of labour force Social and economic inequality Lack of trust to social institutions/between the layers of society Exclusion of marginalized groups, people with special needs Accessibility of qualitative health care, alienation, lack of cohesion

Social capital issues among the main issues of Latvia

Among the main issues of Latvia, the largest group of issues directly related to SC was social psychological problems (91.2%), only some answers were indirectly related to SC, for instance, behavior (violence), lack of solidarity, problems with the inclusion of marginalized groups, and social inequality. It appears that among the SC related problems discerned by the students, dominated the issues of identity and relationships as well as the aspects of the values, while the element of social networks was completely missing.

Considering the alignment of social psychological problems, mentioned by students, with the social structure perspective of SC described at the beginning of the paper, the most often mentioned problems were associated with Cognitive SC (22.6%): lack of tolerance, responsibility, values, empathy, indifference toward

other citizens, aggression and hostility, selfishness. The next largest groups were related to Structural SC (6.5%) – lack of sense of belonging, sense of social powerlessness, and Relational SC (6.5%) – a deficit of mutual respect and trust between the layers of society, lack of trust to helping professions, institutions.

Social capital development for psychological practice (N=33)

About one-fourth of all answers (24%) in terms of expectations for the individual professional practice was somehow related to the development of SC. These examples illustrate the students' emphases on the following matters: *to act in the public interest; to reduce social inequality, contribute to a healthy society; help people who can not afford to pay for the service;* w*ork with the community;* c*ontribution to the social cohesion and ability to relieve and manage the processes with negative influence on individual and society.*

Other answers could be divided into two groups: larger one expressed the demands to external entities (e.g., relevant taxes, professional support, motivated clients) and smaller group – related to the students' own professional and personal characteristics (e.g., provision of qualitative practice, constant professional development, enjoyment /love for one's work).

Discussion and Conclusions

The aim of this study to explore the perspectives of future practitioners in helping professions on wider social issues and their profession in terms of social progress was reached. Triangulation between the students' understanding of main societal issues in the context of NPDs, SC, and their expectations about the future job enabled a more focused and detailed view on the perspectives of graduate students. Thus, the main issues of Latvia from the perspective of graduate students in a relevant framework of NPDs and theoretical structure of SC were identified, and the students' readiness to include the development of SC of their clients/patients in their professional mission and expectations for their practice was clarified. Because of the lack of similar studies in Latvia or abroad, the authors will observe the results from a general point of view, comparing the findings related to different research questions.

The causes of specific denomination and ranking of national issues can be possibly related both to the specific nature of the sample (helping professions) and the current economic situation in the country. This situation designates the high level of insecurity, especially related to the job (OECD, 2019), that is exposed also in the answers about the ideal professional practice: the major emphasis is put on relevant economic rewards, not on the mission toward personal or social development.

The situation with SC is a little better as about half of the respondents provided the correct understanding of SC. The majority of correct answers related to the idea of social networks/relationships could be determined by the specific professional knowledge of respondents representing helping professions. The mistake of confusing the SC with human capital probably could be explained by the same factors.

The fact that only a few students have observed the social development in line with a national perspective and plans for the future shows that future professionals are not fully aware of national issues (at least, as conceived by politicians/government) or, possibly, their outlook of life at the moment of data collection did not allow them to grasp the full scope of national problems (e.g. directions toward digitalization, "greening" of society, improvement of governance, SD, etc.). Findings from the recent action research study in Latvia with novice teachers and youth reveal a similar orientation, suggesting that "novice teachers and youngsters tend to feel alienated from the state because they fail to comprehend the process of drafting national planning documents and see no opportunities to participate in strategic planning" (Kravale-Pauliņa & Oļehnoviča, 2015).

It is self-evident, that the issues with SC were mentioned mostly within the group of social psychological problems discerned among the main issues of Latvia. Students prioritized Cognitive SC over Structural and Relational SC, possibly because Cognitive SC is well observable on an individual level (the main level of help).

An interesting contradiction can be noticed between the determination of main national issues and representation of own professional practice in future. While the largest group of national issues relates to the general social psychological issues, giving the second place for the economic issues, turning to the own professional practice, students prioritize the external contingencies (mostly economic rewards) over personal development and social development. This inconsistency asks for future research also in other groups of future professionals – would it be some kind of projection mechanism between the state and individual? The representation of dealing with SC issues in the students' future vision about the professional practice also was not strong and pervasive, however, considering the real economic situation, even one-fourth of answers, related to SC, designates the certain hope for the future society in Latvia.

One of the limitations of this study relates to the rather small sample selected for the research, however, considering the suggestions for qualitative research, especially in terms of the data analysis, the given amount of the research participants, probably, can provide the preliminary insight into the studied topic. Another limitation pertains to the gender disproportion in the sample with the

majority of woman, though, similarly as in education, the helping professions in Latvia is largely represented by women.

All in all, the study suggests that graduate students from the helping professions see the main societal issues in Latvia through their specific professional lenses, besides, they use the same lenses also for the SC that does not always bring the proper understanding of the term. Speaking about their views regarding their future profession, graduate students focus mainly on external rewards. Because only the part of students views their future professional contribution in terms of SC, this designates the avenue for the further development of help providers' understanding and commitment for the SD of individuals and society. The views of students commencing their professional path can become very important signposts for the further development of this professional field in terms of pre-service and in-service programs in times of global interest in core competencies of helping professions.

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VALIDITY AND RELIABILITY OF THE FLOURISHING SCALE: LATVIAN VERSION

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Abstract. *The objective of this study was to assess the psychometric properties of the Latvian version of the Flourishing Scale (FS), created by Diener et al. (2010). FS is a brief self-report measure of the respondent's well-being and success in areas of relationships, self-esteem, purpose, and optimism. The scale provides a single score across 8 items. The original FS was translated to Latvian and then back to English. The Satisfaction with Life Scale and Meaning in Life Questionnaire was applied for testing the convergent validity of the FS. Participants of the study were 191 people, ranged in age from 19 to 68 (159 women, mean age M = 30.62, SD = 9.50). Reliability analysis, exploratory and confirmatory factor analysis (EFA and CFA) of the scale were performed. EFA indicated a one-factor structure. Results showed that the Latvian version of FS has good psychometric properties and demonstrated convergent validity. Testing of the original model by CFA resulted in acceptable fit indices.*
Keywords: *factorial validity, flourishing, Flourishing Scale, subjective well-being, well-being.*

Introduction

During the recent decade, the variety of measurements of well-being has grown, reflecting the general interest of positive psychology in understanding of what are the necessary components for human happiness (Linton, Dieppe, & Medina-Lara, 2016; Cooke, Melchert, & Connor, 2016). The differences in self-report measures for well-being stem from the conceptual and theoretical basis of how well-being is defined. There are two broader traditions in research on well-being, drawing distinction between concepts of eudaimonic and hedonic well-being, both of which are rooted in the ancient Greek philosophy of Aristotle (Aristotelis, 1985) and Epicures (Epikūrs, 2007). Hedonic well-being is understood as primarily involving pleasure. It tends to be more individualistic and is based upon how good one feels about life, and it is empirically measured by using, for instance, the Satisfaction with Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) assessing global evaluations of one's life. SWLS is a brief, easily administered, and widely used measure that is based on Diener's (1984) tripartite model of subjective well-being consisting of life

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satisfaction (the cognitive component), positive affect, and absence of negative affect (affective components).

Meanwhile, eudaimonic well-being, as defined by Aristotle (1985), means happiness consisting of pleasure and virtue, the highest cultivation of personal character; it is a good life. While there is strong consensus on what variables constitute hedonic well-being (i.e., satisfaction, absence of distress, behaviors seeking these experiences, etc.), there is less agreement on the conceptualization of eudaimonic well-being. Psychologists have reframed Aristotle's formula for happiness in terms of pleasure and psychosocial meaning, involving pleasure but emphasizing meaningfulness and growth (Ryan & Deci, 2001). It tends to be more humanistic and based upon how meaningful one's life feels, besides to simply how good it feels and includes a positive attitude towards life as expressed by positive emotions, feelings of happiness, uplifting and satisfaction with life. Ryff's and Keyes's (1995) measure of Psychological Well-Being (PWB) represents this tradition and assesses feeling good about one's life on six dimensions: self-acceptance, environmental mastery, positive relationships, meaning in life, personal growth, and autonomy. Deci and Ryan (2000) in their self-determination theory (SDT) posited that happiness can be achieved by satisfying three specific types of human needs for autonomy, relatedness, and competence. Huta (2015) has outlined four common core elements of eudaimonic well-being that appear across all theories: authenticity and being one's true self, meaning and purpose in the broader context of one's ecosystem, excellence and striving for higher standards in life, and growth and actualization of one's potential.The implication, as noted by Kashdan et al. (2008), is that eudaimonic well-being is morally superior as compared to hedonic well-being and that happiness is just "the product (or perhaps a by-product) of the pursuit of self-realization rather than the objective being sought" (Waterman, 2007, 612).

Recently, however, this dualism in well-being research has been questioned, suggesting that instead of focusing on the distinction between eudaimonia and hedonism, we should treat them as different but complementary and highly related facets of the same phenomena (Kashdan, Biswas-Diener, & King, 2008; Giuntoli & Vidotto, 2020; Goodman, Disabato, Kashdan, & Kauffman, 2017; Sheldon, 2018). The concept of flourishing has been introduced to integrate the two approaches. Numerous definitions exist of flourishing, and different authors have introduced different sets of flourishing dimensions. Keyes (2002) suggests that flourishing is the presence of mental health and in measuring flourishing combines both eudaimonic (Ryff's six psychological well-being dimensions along with five dimensions of social well-being) and hedonic (happiness or life satisfaction) approaches. Seligman (2011) has developed the PERMA model suggesting that flourishing comprises five components: positive emotions, engagement, relationships, and meaning and

accomplishment (hence the PERMA acronym). Huppert and So (2013) have defined flourishing as a combination of feeling good and functioning effectively or "life going well", identifying ten features of positive mental functioning: competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationship, resilience, self-esteem, and vitality. Sheldon (2018) proposed the Eudaimonic activity model of flourishing that distinguishes three aspects: eudaimonic practices, satisfying psychosocial experiences, and subjective well-being as defined by Diener et al. (1985). The first two elements in his model are a combination of the three needs of SDT (Deci & Ryan, 2000) and six dimensions of PWB (Ryff & Keyes, 1995).

The eight-item Flourishing Scale was designed by Diener et al. (2010) to measure social-psychological prosperity to complement the existing measures for subjective well-being by addressing the several universal human psychological needs addressed in humanistic psychology theories. The FS includes such components as positive relationships, contribution towards the well-being of others, purpose in life, competence, optimism, engagement, and self-esteem.

Since its development, FS has been validated across different cultural contexts, age groups, and languages (Tong & Wang, 2017, Schotanus-Dijkstra, Peter, Drossaert, Pieterse, Bolier, Walburg, & Bohlmeijer, 2016, Villieux, Sovet, Jung, & Guilbert, 2016, Sumi, 2014, Giuntoli, Ceccarini, Sica, & Caudek, 2017, Kyriazos, Stalikas, Prassa, Yotsidi, Galanakis, & Pezirkianidis, 2018, Silva & Caetano, 2013, Ramirez-Maestre, Correa, Rivas, Lopez-Martinez, Serrano-Ibáñez, & Esteve, 2107, Didino, Taran, Barysheva, & Casati, 2019).

There are several measures of psychological well-being adapted into Latvian, for instance, SWLS (Upmane, 2012) and Meaning in Life Questionnaire (Kolesovs, 2019). Research in Latvia reveals a significant correlation between satisfaction with life and perception of one's financial well-being: the higher the perceived financial well-being, the higher the estimated satisfaction with life and vice versa (Upmane, 2012; Kolesovs, 2017). The objective of the present study is to analyze the psychometric properties of the Latvian version of the FS, testing its validity, reliability, and factor structure, thus adapting a new measure of psychological well-being into the Latvian language.

Method

Participants

A sample of 191 adults (83% female, aged from 19 to 68 years, M = 30.62, SD = 9,50) were interviewed. The snowball convenience sample involved

psychology students (52%) and their friends or relatives, 63% were employed, 56% were either married or in a relationship.

Measures

The Flourishing Scale (FS; Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2010) is a 7-point Likert scale with 8 items (from strong disagreement to strong agreement) that measures participant's beliefs about such areas of their life as positive relationships, meaning, and purpose in life, as well as a sense of competence. Scores can range from 8 to 56 (demonstrating strong agreement on all scales).

Series of studies on the FS demonstrated reliability scores with Cronbach's alpha in the range of .78 - .95. The FS has revealed one strong factor with an eigenvalue of 4.24, accounting for 53% of the variance (Diener et al., 2010). The later adaptations of the FS in various languages demonstrated a similar one-factor structure of the scale (e.g., Didino et al., 2019; Ramírez-Maestre et al., 2017; Tong &Wang, 2017; Hone et al., 2014; Perera, Meade, & DiPonio, 2018).

The Satisfaction with Life Scale (SWLS; Diener et al., 1985). Five items assess the cognitive evaluation of life as desirable on a 7-point Likert scale with responses varying from strong disagreement to strong agreement. The adaptation of the scale in Latvian by Upmane (2012) was used. In the current study, the Cronbach's alpha of the SWLS was .87.

Meaning in Life Questionnaire (MLQ; Steger, Frazier, Oishi, & Kaler, 2006). The ten-item MLQ measures the presence and searches for meaning and purpose in life. Only the 5-item presence subscale (MLQ-P) was used. Items are rated on 7-point Likert scale with responses varying from strong disagreement to strong agreement. The adaptation in Latvian demonstrated good internal consistency of the subscale (Kolesovs, 2019). In the current study, the Cronbach's alpha of the MLQ-P was .91.

Self-reported health status was assessed by a single item measurement of participant's self-assessment of physical health in comparison to other people of the same age on a 5-point scale from *very poor* to *very good*.

Self-reported economic well-being was assessed by a single item measurement of participant's self-assessment of their family's economic well-being on a 5-point scale from *missing even the most basic things* to *can afford anything I want*.

Procedure

The FS translation procedure consisted of two steps. Firstly, the English version of the FS was simultaneously translated into Latvian by independent translators. Secondly, the resulting Latvian version was back-translated and compared to the original English version.

All participants were informed of the aim of the study, personal anonymity, and the confidentiality of the survey. Data collection occurred in the winter of 2019.

Analyses of the data obtained were performed using the lavaan R package Version i386 3.5.2 and IBM SPSS Statistics Version 22.0.

Results

The data were analyzed in three steps: the exploratory factor analyses (EFA), the confirmatory factor analyses (CFA), and convergent validity analyses, which included the testing relationship of the FS with life satisfaction.

Exploratory factor analysis

The exploratory factor analysis (EFA) was performed applying principal component analyses extraction with *Varimax* rotation. Before performing EFA, the suitability of data for factor analysis was assessed. The Kaiser Meyer-Olkin value was .88, demonstrating a good level of sampling adequacy. Bartlett's Test of Sphericity reached statistical significance, confirming that data were factorable, $\chi^2(28) = 703.59$, $p<.001$. The principal components analysis revealed the presence of one factor with an eigenvalue above 1 (4.37), accounting for 55% of the variance. The factor loading ranged from .83 to .50. Therefore, only one factor characterized the FS (Table 1).

Table 1 ***Exploratory Factor Analysis of Flourishing Scale***

Flourishing Scale item	Factor structure	
	Loading	h^2
FS1 I lead a purposeful and meaningful life	.77	.59
FS2 My social relationships are supportive and rewarding	.73	.54
FS3 I am engaged and interested in my daily activities	.74	.55
FS4 I actively contribute to the happiness and well-being of others	.50	.25
FS5 I am competent and capable in the activities that are important to me	.70	.49
FS6 I am a good person and live a good life	.79	.62
FS7 I am optimistic about my future	.80	.65
FS8 People respect me	.83	69
Factor and scale characteristics	Value	
Eigenvalue	4.37	
Explained Variance	55 %	
Cronbach's Alpha	.88	
M (SD)	42,27 (*7.60*)	

Confirmatory factor analysis

An eight-item, one-factor model, as identified by EFA was investigated. The initial model showed low level of fit to data $\chi^2(20) = 61.075$, $p < .001$. The original model's CFA = .90 and TLI =.86 indicated acceptable fit, but the RMSEA of .13 failed to reach the recommended values between .05 and .08, indicating a not well-fitted model. Given the high RMSEA value, the model was statistically modified by correlating errors between Item 2 and Item 4 (see Fig.1). This produced a better fitting model, with CFI =.94, TLI = .92, and RMSEA (.08), indicating satisfactory fit. These analyses confirm the unidimensional factor structure of the FS. Fit statistics for both models are reported in Table 2.

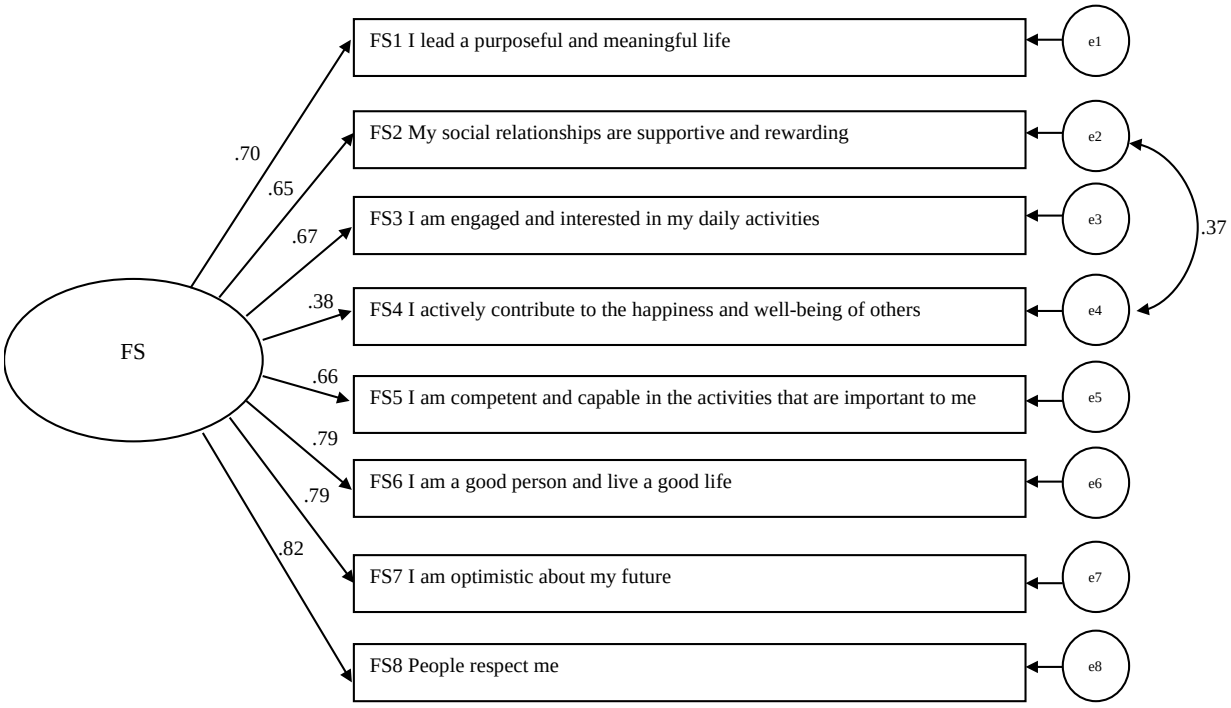

Figure1 ***Flourishing Scale: One Factor Confirmatory Factor Model***

Table 2 ***Goodness of fit Statistics for the Tests of Factorial Validity of the Flourishing Scale***

FS	χ^2	*df*	CFI	TLI	SRMR	RMSEA (90% CI)
Model 1	61.075	20	.896	.854	.063	.104
Model 2	43.301	19	.938	.909	.050	.82

Model 1 – original model; model 2 – Errors of Items 2 and 4's covary.

Testing convergent validity

To investigate the convergent validity of the FS, we correlated single-item health status and economic well-being questions, SWLS, and MLQ-P with FS (see Table 3). There were strong, positive correlations between the FS and life satisfaction, as well as the presence of meaning and purpose in life. FS is positively, significantly associated with health and economic well-being. These results are consistent with published reports on FS (Diener et al., 2010, Tong & Wang, 2017, Villieux et al., 2016, Sumi, 2014, Silva & Caetano, 2013).

Table 3 ***Correlations between the Flourishing Scale, SWLS, MLQ-P, Health and Economic Well-being***

Measures	FS	SWLS	MLQ-P	Health	Economic well-being
FS	-				
SWLS	.703**	-			
MLQ-P	.713**	.558**	-		
Health	.392**	.369**	.193*	-	
Economic well-being	.279**	.400**	.220**	.286**	-
** $p < .01$; *$p < .05$					

Discussion and Conclusions

The objective of the current study was to adapt FS into the Latvian language and provide empirical evidence regarding its psychometric qualities. The results of exploratory and confirmatory factor analyses were consistent with findings of the Diener et al. (2010) original study and with those observed in other national or cultural samples (Villieux et al., 2016, Silva & Caetano, 2013, Tong & Wang, 2017, Sumi, 2014, Didino et al., 2019, Ramirez-Maestre, 2017).

Good reliability of the scale was indicated with Cronbach's alpha coefficient of .88 and it was consistent with the original FS (Diener et al., 2010). FS correlations with measures capturing well-being (SWLS, MLQ-P, health, and economic well-being) were strong and positive, demonstrating the scale's convergent validity. CFA supported the unidimensionality of the FS factor structure with acceptable factor fit.

Each item of the FS represents a distinct feature of well-being and psychosocial functioning. Nevertheless, as noted by Didino et al. (2019), some of the previous studies on FS allowed error covariance between items so that the acceptable values for the one-factor model fit indices in CFA could be reached. Errors between different items were correlated depending on the study (Hone Jarden, & Schofield, 2014, Howell & Buro, 2015, Perera et al., 2018,

Tong & Wang, 2017, Momtaz et al., 2016, Kyriazos et al., 2018), and with some of the correlation patterns overlapping in various studies. However, they have not been based on theoretical assumptions or further investigated and explained. We correlated errors between items 2 ("My social relationships are supportive and rewarding") and 4 ("I actively contribute to the happiness and well-being of others") to improve model fit. It suggests that there could be a factor that might account for the error variances of the two items. Didino et al. (2019) observed similar error correlations in the sample of older adults, with the addition of item 8 ("People respect me"), speculating that these items measure social relationships. In addition, this might also suggest culture-specific dimensions to flourishing. However, future analyses are required.

There are some limitations to our study. We have used a convenience sample of predominantly students (52%), with the mean age of 30,62 and the majority of them female (83%). Therefore, broader samples, representative of the adult population, could be studied in the future. The psychometric properties of FS should be examined further in different populations, for instance, adolescents or older adults. Furthermore, test-retest reliability of the Latvian version should be evaluated.

Overall, the present version of the FS is reliable and suitable for researchers and practitioners planning to study new aspects of well-being in Latvian cultural context.

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CORRELATION BETWEEN PSYCHOLOGICAL WELL-BEING AND LEVEL OF RELIGIOSITY MANIFESTATION AT DIFFERENT AGES

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Abstract*. The influence of modern society non-stability due to different reasons (political, economic, epidemiological etc.) on people's well-being, mood and health is obvious. The objective of the study is the correlation between psychological well-being and religiosity manifestation of people at different ages. In our research we set the aim of studying and revealing the dynamics of correlation between these two categories while aging. Hypothesis of our research is that there is a dynamic of correlation associations while aging and there is strong positive association between psychological well-being and religiosity manifestation at second part of middle age and old age. We take religiosity as a deep personal structure, existential attitude which cannot be limited by definite religious confession but can be measured by manifestation factors. We conducted our research on the basis of Samara Methodist Church in 2018-2020. The sample includes 85 people, among them 22 at the age of 20-24(early adulthood), 20 at the age of 25-50(first part of middle age), 21 at the age of 51-64(second part of middle age, preretirement period), 18 at the age of 65-85 (old age). Study methods: observation, conversation, "Psychological well-being scales by Carol Ryff", authors' "questionnaire on religiosity manifestation", methods of mathematical statistics (Spearman's correlation coefficient). Analyzing the dynamics of the correlation between level of religiosity manifestation and psychological well-being we revealed that while aging there are quite different correlation data. There is no statistically significant association between General Index of Psychological well-being and level of religiosity manifestation at the ages of early adulthood and first part of middle age, but in the groups of participants of second part of the middle age and old age there is strong positive correlation.*
Keywords: *process of aging, psychological well-being, religiosity manifestation.*

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Introduction

The influence of modern society non-stability due to different reasons (political, economic, epidemiological etc.) on people's well-being, mood and health is obvious. At the same time people absorb life not only through the prism of outer conditions but also the prism of their religiosity, personal factors and age. In any age there are special features of taking things into consideration and absorbing reality. There are numerous researches on this topic (Dzhidar'jan, 2009; Allport, 2020; Erikson, 2013; Maslow, 2019 and others).

The idea of connection between religious thinking and psychological well-being was widely proclaimed in different researches (Frankl, 2019; Fromm, 2020; James, 2020; Melehov, 2011 and others). Religiosity is a deep personal structure, existential attitude which can not be limited by definite religious confession. In our research we define the category of religiosity not as some religious concept but as personal faith basis, personal determination which is revealed in definite manifestation. Religiosity in connection with psychological well-being of different ages is not much studied. In our research we set the goal of studying this correlation and revealing the dynamics of the connection between these two categories while aging.

Psychological well-being is a complex of evaluation of different life spheres. Social isolation, stress, interpersonal problems as well as political, economic, educational etc. factors destroy psychological well-being of a person (Dzhidar'jan, 2009,). On the other hand, spiritual and valuable orientations and self-concept are also very important in having sense of personal well-being: the numerous researches (Bredbern, 2005; Shevelenkova & Fesenko, 2005 and others) tell that.

From the positive psychological functioning point of view well-being is closely connected with such criteria as "self-esteem", "self-determination", "self-respect", a lot of researchers speak about that (Allport, 2020; Erikson, 2013; Jahoda, 2013; Maslow, 2019 and others). Carol. Ryff generalized the data of the theories and defined six main components of psychological well-being. They are: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, Self-acceptance. Carol. Ryff considers these components be connected with different structural elements of positive personal functioning (Ryff, 1997; Ryff, 2019).

Rail Shamionov in his studies uses the term "subjective well-being" defining personal attitude to one's own personality, to process of life which gives the sense of satisfaction (Shamionov, 2002). People evaluate their life according to cognitive and affectional explanations: whether your reality is close to what you consider ideal life. Non-satisfaction appears when there is a sense of gap between

reality and ideal or when a person starts comparing himself to other people. Affect is an emotional site which can express both positive and negative feelings.

According to Ilona Boniwell subjective well-being is the most important part of person's predominant mood. System of one's attitudes is developed on the basis of beliefs setting the personal system of coordination which includes the most important events. This system includes inner and outer factors which are dynamic in time and form the wholeness of person's similar and different features (Boniwell, 2009). Ilona Boniwell offers the following formular:

Subjective well-being = life satisfaction + affect.

According to Rail Shamionov the factors of social well-being as a part of psychological one is social dependence, personal characteristics, assurance in life, emotional state, social comfort, satisfaction with labor, values of future. They can change while aging. Religious component is a spiritual well-being: sense of belonging to spiritual culture, possibility to join the richness of spiritual culture, sense of life purpose, having faith (in God, in oneself, in luck etc.) (Shamionov, 2002). Faith has to do with spiritual well-being. Physical component is also important in well-being, it has to do with body-wellness. The state of health can be measured according to complex of parameters: clinical, physiological, social, geographical and others (Kulikov, 2000).

The scientific interest to religious part of personality is growing. There are lots of difficulties in research of religiosity as there is no definite approach to the terminology and methods which can show the objective picture of this phenomena. Valentin Rybin in his researches considers religion in social, historian, social and cultural aspects. According to his point of view religion includes the following:

1) religious thinking as personal, inner attitude to faith, eternal life, relations with God, etc.;
2) religious ceremonies as external appearance of religiosity (prayer, reading scriptures, fasting, attending church etc. ;
3) religious institutions including structures in charge providing worldview including morality, divinity, religious subordination etc.

In our research we use the questionnaire which contains these factors to determine the level of religiosity.

The role of religiosity in the process of decision making and absorbing the reality and self-concept is described in the works by Nadezhda Telepova and Mikhail Telepov. The authors describe the factors which lead people cross the line between religiosity and religious addiction and cross-cultural features connected with religiosity manifestation (Telepova, 2010; Telepova, 2019).

Victor Frankl in his works describes psychotherapy function of religion and religiosity. He says about compensatory and comforting mechanisms of religion (Frankl, 2018).

Dmitry Melechov in his researches stresses the fact that religiosity helps the person compensate his dependance on natural and social catastrophic events, get free from the sense of helplessness, offence and fear of death (Melechov, 2011).

Age is a factor that influences psychological well-being. Carol Ryff in her researches of psychological well-being says about specific features of world perception and self-perception by people of different ages (Ryff & Heidrich, 1997; Ryff, 2019).

Eric Ericson speaks about psychological features connected with age: world perception, choice, character development (Ericson, 2013).

Hypothesis of our research is that there is a dynamic of correlation associations while aging and there is strong positive association between psychological well-being and religiosity manifestation at second part on middle age and old age.

Method

We conducted our research on the basis of Samara Methodist Church in 2018-2020. The sample includes 85 people, among them 22 participants at the age of 20-24(early adulthood), 20 participants at the age of 25-50(first part of middle age), 21 participants at the age of 51-64(second part of middle age, preretirement period), 18 participants at the age of 65-85 (old age). All participants (male and female) were members of the same religious institution, which made the sample homogeneous according to this aspect. We studied their level of religious manifestation on the aspects of religious thinking and religious ceremonies in connection with their psychological well-being. Participants at the age of 20-24 were all single, at the age of 25-64 – married. Participants at the old age are married and widowed. We asked the people of the church to help us in our research and offered them a questionnaire and “Psychological well-being scales by Carol Ryff”. Young people preferred to do it in online regime, people at average and old ages preferred offline meetings after Sunday service.

We conducted our research in the period August 2018 - October 2020.

Carol Ryff’s test includes six subscales, they are: Autonomy (“Even if my opinion is contrary to general consensus I have confidence in it”); Environmental Mastery (“I usually feel in charge of my life situation”); Personal Growth (“I open to knew experiences and new challenges”); Positive Relations With Others (“I am considered to be open and giving person , ready to share my time with people”); Purpose In Life (“I am not the one who wanders aimlessly through life”); Self-acceptance (“I am pleased how things have turned out in my life”) (Ryff, 2019). We used «Ryff's scales of psychological well-being» which was adapted in 2005 by Tatiana Shevelenkova (Shevelenkova & Fesenko, 2005) where four more subscales are taken into consideration: Affect Balance (subscribes general

emotional evaluation of oneself and one's life); Sense of Life (shows the obsession of this sense); Person as Open System (shows ability to percept and integrate all the aspect of human being: positive and negative); Autonomy (ability to have balance between social and personal interests).

To determine level of manifestation of religiosity we used authors' questionnaire which reveals aspects of participants' religious thinking and religious ceremonies on the following issues: regularity of reading Holy Scriptures, prayers and fasting; wearing religious clothes or special religious attributes, attitude to religious holidays and traditions, level of knowledge of confession's dogma's, intention of raising children in definite religious tradition, religious leaders' authority acceptance.

Spearman's correlation coefficient helped us to find correlation between level of religiosity and psychological well-being of test subjects.

Results

In the first group (age of 20-24, period of early adulthood); we got the following results: general index of correlation between psychological well-being and level of religiosity manifestation is not statistically significant which means that there is no association between these categories.

But the research revealed a statistically significant reverse correlations between Level of religiosity and Environmental Mastering (r_s= -.587, p≤ .01), Level of religiosity and Purpose in Life (r_s = - .603, p≤ .01). Critical value of Spearman's criteria according to the sample is r_s= .508 (p≤ .01)

In the second group (age of 25-50, first part of middle age) general index of correlation between psychological well-being and level of religiosity manifestation is not statistically significant in this group either.

What about scales of psychological well-being the results are different: there is statistically strong positive correlation between Level of Religiosity and Sense of Life (r_s = .592, p≤ .01); a statistically significant reverse correlations between Level of religiosity and Personal Growth (r_s = .597, p≤ .01), Level of religiosity and Affect Balance (r_s = -.614, p≤ .01).

In the third group (age of 51-64, second part of middle age, so-called pre-retirement age) general index of correlation between psychological well-being and level of religiosity manifestation is statistically significant; there is a statistically positive association between these categories (r_s = .578, p≤ .01).

Data in well-being scales: there is statistically strong positive correlation between Level of Religiosity and Personal Growth (r_s = .564, p≤ .01), Sense of Life (r_s = .612, p≤ .01), Positive Relations (r_s = .597, p≤ .01), Purpose in Life (r_s = .572, p≤ .01); there is a statistically significant reverse correlations between Level of religiosity and Autonomy (r_s = -.530, p≤ .01).

In the fourth group (age 65-85, old age) the coefficients in all the subscales are statistically significant; general index of correlation between psychological well-being and level of religiosity manifestation is statistically significant; there is a statistically positive association between these categories (r_s = .710, p≤ .01).

There is a statistically significant, positive strong association between Level of religiosity and Positive Relations (r_s = .607, p≤ .01), Environmental Mastering (r_s = .690, p≤ .01), Personal Growth (r_s = .672, p≤ .01), Purpose in Life (r_s = .754, p≤ .01), Self-acceptance (r_s = .610, p≤ .01), Sense of Life (r_s = .682, p≤ .01); there is a statistically significant, reverse association between Level of religiosity and Autonomy (r_s = -.610, p≤ .01), Affect Balance (r_s = -.622, p≤ .01), Person as Open System (r_s = -.710, p≤ .01).

In Table 1 we show data revealed in our research on correlation between scales of psychological well-being and level of religiosity manifestation at different ages.

Table 1 ***Spearman Correlations Among Scales of Psychological Well-being and Level of Religiosity Manifestation at Different Ages***

	20-25 (early adulthood)	25-50 (first part of middle age)	51-64 (second part of middle age)	65-85 (old age)
Positive Relations	.409	.498	.597**	.607**
Autonomy	-.204	-.309	-.530*	-.610**
Environmental Mastering	-.587*	.103	.409	.690**
Personal Growth	.376	.597**	.564*	.672**
Purpose in Life	-.603**	.300	.572*	.754**
Self-acceptance	-.203	.309	.467	.610**
Affect Balance	.389	-.614**	-.524*	-.622**
Sense of Life	.287	.592**	.612**	.682**
Person as Open System	.198	-.315	-.432	-.710**
General Index of Psychological well-being	.356	.478	.578*	.710**

Note. * correlation is significant at the .05 level, ** correlation is significant at the .01 level

Discussion and Conclusions

Analyzing the dynamics of the correlation between level of religiosity manifestation and psychological well-being we revealed that while aging there are quite different correlation data. There is no statistically significant correlation between Psychological well-being and level of religiosity manifestation at the ages of early adulthood and first part of middle age, but in the groups of

participants of second part of the middle age and old age there is strong positive correlation. While analyzing the dynamics of data in association between psychological well-being scales and level of religious manifestation we see the qualitative changes.

At the age of early adulthood, the obedience to parents and people with social status is cultivated in more religious families. On the one hand young people at this age are usually dependent on their parents, their well-being depends more on their family than on their religiosity and religious manifestation. On the the other hand this is the age of adulthood and dependence on parental religiosity prevents young people from mastering their life and goal-setting process.

At the age of 25- 50 (first part of middle age) personal and professional life of people is developing and reaches a definite level; dependence on the older generation loses its position including religiosity; religion is becoming more personal attribute at this age. There is no statistically significant association between Psychological well-being and level of religiosity manifestation at this age. This is time of active life and perspectives, level of religiosity doesn't influence the personal items such as building family, developing children, doing career. But such scales as personal growth, affect balance and sense of life are more revealed in life of people whose life is connected with religious institution and demands some religious manifestation among those who are involved in developing children (Sunday schools), care for parents (church ministries), meaningful activity (volunteering).

In the groups of participants of second part of the middle age and old age there is strong positive significant association between Psychological well-being and level of religiosity manifestation. At this age periods any person realizes very definitely the reality of death and end of existence. Religion has psychotherapeutic effect; it defeats fear of death and helps psychological well-being. As professor Boris Bratus' says, "Death is Trump card of any religion". Faith and religion give sense to life in all spheres of human being (Bratus', 2009). All scales of psychological well-being show the association with level of religiosity manifestation.

The data of our research can be used by psychologists, social workers, teachers and religious leaders in their practice, because understanding of religiosity influencing different aspect of life in the process of aging is crucial. There are lots of dogmas of religiosity connected with personal preferences and life priorities, but these dogmas have a lot to do with age. Psychological well-being is a very important factor which should be taken into consideration in any practice connected with enhancing of life quality as well as correlation with religiosity. Our research can be input into gerontology which is rapidly developing nowadays. Therapeutic function of religion has been proclaimed for a long time by many researchers: Dmitry Melechov, Boris Bratus', Victor Frankl.

This function is becoming more crucial while aging (Bratus', 2009; Melechov, 2011; Frankl, 2018).

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NEIROTISMS UN NEGATĪVĀ RELIĢISKĀ PROBLĒMU PĀRVARĒŠANA: DIEVA TĒLS UN RELIĢIOZITĀTE KĀ SAISTĪBU MEDIĒJOŠIE UN MODERĒJOŠIE FAKTORI

Neuroticism and Negative Religious Coping: The Mediating and Moderating Roles of Religiosity and the Image of God

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Abstract. *Several studies have found correlations between neuroticism as one of personality traits and used negative religious coping strategies in difficult life situations, which in turn has a negative impact on physical and mental health outcomes. Therefore, it is important to explore the explanatory factors for the association between neuroticism and negative religious coping. This study aims at investigating whether there is a mediator effect of the image of God and a moderator effect of religiosity on the relation between neuroticism and the use of negative religious coping strategies. The group of respondents consisted of 336 Latvian-speaking Roman Catholic adults aged 18 to 86 (M = 44.42; SD = 12.90, 74.9 % women). The data was collected by an online survey with the following instruments: the Brief RCOPE, the God Image Scale, the Latvian Personality Inventory LPAv-3, the Centrality of Religiosity Scale CRS-5 and the Socio-demographic Inventory. The results of this study revealed that the image of God has a partial mediating effect on the relation between neuroticism and negative religious coping. The study also indicated that religiosity is a moderator in relationship between neuroticism and negative religious coping – the higher the degree of religiosity the closer the relation between neuroticism and negative religious coping. The outcomes of the study can be used as basis for religious interventions in psychotherapy, as well as health-care consulting and pastoral counselling aimed at reducing the negative impact of negative religious coping on physical and psychological health.*
Keywords: *image of God, negative religious coping, neuroticism, religiosity.*

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Ievads
Introduction

Reliģiskajai problēmu pārvarēšanai, kas ir ar sakrālo jomu saistīti stresa un kritisku dzīves situāciju pārvarēšanas paņēmieni, kas palīdz pielāgoties dažādām kritiskām dzīves situācijām, piemīt unikāls pienesums veselības un psiholoģiskās labklājības prognozēšanā paralēli nereliģiskām problēmu pārvarēšanas metodēm.

Pasaulē un Latvijā veiktajos pētījumos (Ano & Vasconelles, 2013; Exline, 2013; Lietaviete, 2016; Pargament, Feuille, & Burdzy, 2011) ir atklāts, ka negatīvā reliģiskā problēmu pārvarēšana (*negative religious coping*) jeb reliģiskās/garīgās cīņas (*religious struggle*) ir saistītas ar sliktākiem veselības un psiholoģiskās labklājības rādītājiem, tai skaitā ar dažādiem psihiskiem traucējumiem – paaugstinātu stresa līmeni, depresiju, trauksmi, somatizāciju, agresiju, tendenci uz atkarībām, suicīda risku u. c.

Pētot personības faktorus, kas saistīti ar negatīvo problēmu pārvarēšanu Latvijas katoļu izlasē, kā vadošais faktors izvirzījās neirotisms kā personības iezīme (Trups-Kalne, Perepjolkina un Lietaviete, 2020). Tādēļ turpmākajos pētījumos būtu nepieciešams pievērsties neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistības mehānismu izskaidrošanai. Dotā *pētījuma mērķis* ir izpētīt, kā neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu ietekmē Dieva tēls un vispārējā reliģiozitāte. Lai to noskaidrotu, tiek izvirzīti šādi pētījuma jautājumi:

1. Vai Dieva tēls mediē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu?
2. Vai reliģiozitāte moderē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu?

Literatūras apskats
Literature Review

Reliģiskās pārvarēšanas stratēģijas var iedalīt divās grupās: pozitīvajā un negatīvajā. Pozitīvā reliģiskā problēmu pārvarēšana ietver aktīvu reliģisku atdošanos, situācijas labvēlīgu reliģisku novērtējumu, garīgas saiknes izjūtu (Pargament, Smith, Koenig, & Perez 1998). Savukārt, negatīvo reliģisko problēmu pārvarēšanu raksturo garīga spriedze, saspīlējums un cīņas ar sevi, citiem un dievišķo. Tā atspoguļo neapmierinātību ar savām attiecībām ar Dievu/Augstāko spēku, reliģiskās kopienas pārstāvju attieksmi pret indivīdu, stresora interpretāciju kā Dieva sodu, ļauno garīgo spēku uzbrukumu, kā arī centienus cīnīties tikai paša spēkiem, nepaļaujoties uz Dievu (Pargament Koenig, & Perez, 2000; Pargament et al., 2011).

Pētot personības faktorus, kas saistīti ar reliģisko problēmu pārvarēšanu, tika konstatēts, ka reliģiskā problēmu pārvarēšana korelē ar dažādām personības individuāltipoloģiskām iezīmēm – piesaistes stilu (Ano & Pargament, 2003; Schottenbauer, Rodriguez, Glass, & Arnkoff, 2006; Wood, Worthington, Exline, Yali, Aten, & McMinn, 2010), pozitīvo vai negatīvo afektivitāti (Van Dyke, Glenwick, Cecero, & Kim, 2009), personības traucējumiem (Hall & Edwards, 2002). Longitudinālā pētījumā (Grubbs, Wilt, Strauner, Exline, Pargament, 2016) tika konstatēts, ka negatīvo reliģisko problēmu pārvarēšanu jeb garīgās cīņas gan šķērsgriezumā, gan garengriezumā prognozē tādi personības faktori kā zems vispārējais pašvērtējums (*self-esteem*), augsts prasīgums un zems līdzjūtības līmenis pret sevi (*self-compassion*), kā arī paaugstināta savu psiholoģisko tiesību (*psychological entitlement*) izjūta.

Attiecībā uz personības iezīmju saistību ar negatīvo reliģisko problēmu pārvarēšanu vairākos pētījumos (Grubbs et al., 2016; Wilt, Grubbs, Pargament, & Exline 2017) tika konstatēts, ka augsti neirotisma rādītāji un zemi labvēlīguma rādītāji prognozē negatīvo reliģisko problēmu pārvarēšanu. Savukārt, studentu izlasē (Ano & Pargament, 2013) neirotismam, salīdzinot ar citiem faktoriem, bija vislielākā prognostiskā ietekme attiecībā uz negatīvo reliģiskās pārvarēšanas stilu un ar to saistītām garīgajām cīņām.

Neirotisms, ko raksturo tieksme uz negatīviem emocionālajiem stāvokļiem, emocionālā nestabilitāte (John & Srivastava, 1999), grūtības atrast jēgu vai mērķi dzīvē (Ciarrocchi & Brelsford, 2009), korelē arī ar dusmām uz Dievu (Grubbs et al., 2013; Wood et al., 2010), negatīvāku attiecību ar Dievu vērtējumu (Werdel, Dy-Liacco, Ciarrocchi, Wicks, & Breslford, 2014), negatīvāku Dieva tēlu, dusmām un neapmierinātību attiecībā pret Dievu (Braam, Mooi, Jonker, van Tilburg, & Deeg, 2008; Chatraii & Karimian, 2017).

Pētījumu rezultāti ļauj secināt, ka reliģisko problēmu pārvarēšanu un tās ietekmes intensitāti uz psiholoģiskās adaptācijas rādītājiem prognozē indivīda reliģiozitāte (Krause, Ellison, & Wulff, 1998; Pargament, Tarakeshwar, Ellison, & Wulff, 2001). Soha (Socha, 2009) reliģiozitāti definē kā subjektīvu, individuālu reliģisko pieredzi un attieksmi pret transcendentālo Būtni, sakrālo sfēru, kas veidojas kā emocionālo, kognitīvo un uzvedības elementu kopums situācijā, kad cilvēks apzinās pārdabiskās sfēras eksistenci un tās iedarbību cilvēka dzīvē. Reliģiozitāte raksturo veidu, kā cilvēks izpauž ticību, piederību noteiktai reliģijai un kā reliģiskā pārliecība ietekmē cilvēka psihiskos procesus un uzvedību.

Saroglou (Saroglou, 2002) metanalītiskā pētījumā par personības iezīmju saistību ar reliģiozitāti, secināja, ka augsti neirotisma rādītāji ir saistīti ar ārējo reliģiozitāti (*extrinsic religiosity*), kas saskaņā ar Olporta un Rosa pētījumiem (Allport & Ross, 1967) ir ārēji motivēta reliģiska pārliecība un uzvedība, galvenokārt sociālā prestiža, savstarpējo attiecību, drošības un iepriecinājuma

dēļ, kurai ir raksturīga instrumentāla un egoistiska attieksme pret reliģiju. Savukārt, neirotismam pretējā īpašība – emocionālā stabilitāte (Saroglou, 2002) – saistīta ar atvērtu, meklējošu un nobriedušu reliģiozitāti, kuras pamats ir iekšējā (*intrinsic*) reliģiozitāte un meklējošā reliģiozitāte (*quest religiosity*) (Batson, 1976), ko raksturo cilvēka brīvi izvēlēta dziļi iekšēja reliģiskā pārliecība, kas izpaužas godīgā attieksmē pret eksistenciāliem jautājumiem visā to sarežģītībā, nesniedzot skaidras vai standarta atbildes.

Viens no biežāk pētījumos minētajiem reliģiskajiem faktoriem, kas prognozē psiholoģiskās adaptācijas grūtības, ir negatīvs Dieva tēls (Ano & Pargament, 2013). Psihoanalītiķe Anna Marija Rizuto (Rizzuto, 1979) Dieva tēlu ir aplūkojusi kā īpašu pārejas objektu, kura veidošanās procesā svarīga loma ir indivīda attiecībām ar primārajiem objektiem, paša individuālpsiholoģiskajām īpašībām un apkārtējās vides ietekmei. Dieva tēls nepaliek konstants – tas bieži vien tiek transformēts dzīves krīžu periodos atbilstoši psiholoģiskās attīstības, intelektuālā un morālā brieduma pakāpei, kā arī saskaņā ar vajadzību pēc psiholoģiskā līdzsvara saglabāšanas.

Pētījumi ir atklājuši, ka negatīvs Dieva tēls korelē ar dažādiem personību raksturojošiem konstruktiem (Eurelings-Bontekoe, Van Steeg, & Verschuur 2005), piemēram, zemu pašvērtējumu un pašcieņu (Benson & Spilka, 1973), zemāku indivīda psiholoģisko adaptāciju (Tisdale, Key, Edwards, Brokaw, Kemperman, Cloud, Townsend, & Okamoto 1997) un nedrošu reliģisko piesaisti (Kirkpatrick & Shaver, 1992; Zarzycka, 2019).

Nedrošais piesaistes stils attiecībā uz Dievu ir statistiski nozīmīgi saistīts ar negatīvām reliģiskās problēmu pārvarēšanas stratēģijām (Belavich & Pargament, 2002). Indivīda piesaistes stils, kas izveidojies pirmajā dzīves gadā, izjūtot aprūpes personas (vecāku) attieksmi pret sevi, prognozē reliģiskās problēmu pārvarēšanas stratēģiju, savukārt, tā nosaka psiholoģiskās adaptācijas rezultātus. Zažickas pētījumā (Zarzycka, 2019), kurā tika analizēta piesaistes stila saistība ar garīgajām cīņām, atsvešināta un naidīga Dieva tēls bija kā mediators starp nedrošo piesaisti un garīgajām cīņām, t. i., negatīvo reliģisko problēmu pārvarēšanu.

Vairākos pētījumos tika atklāta saistība starp Dieva tēlu un stresa pārvarēšanas stilu. Piemēram, bērnu ar īpašām vajadzībām vecāku izlasē (Newton & McIntosh, 2010) pozitīvāks Dieva tēls bija saistīts ar efektīvākiem stresa pārvarēšanas paņēmieniem, kā arī indivīdi ar pozitīvāku Dieva tēlu situācijas vērtēja kā vairāk pozitīvas. Dieva tēla un reliģiskās problēmu pārvarēšanas saistība tika konstatēta Šreiberes (Schreiber, 2011) pētījumā, kurā Dieva tēls tika skatīts caur divu dimensiju (ieinteresētība un dusmas) prizmu (Bader, Dogherty, Froese, Johnson, Mencken, Park, & Stark, 2006). Ieinteresēta Dieva tēls bija saistīts ar pozitīvām reliģiskās problēmu pārvarēšanas stratēģijām, augstāku psiholoģisko labklājību, zemāku trauksmi un bailēm no

recidīva. Turpretim auksta un neieinteresēta Dieva tēls bija saistīts ar negatīvo reliģisko problēmu pārvarēšanu. Arī musulmaņu izlasē (Abu-Raiya, Exline, Pargament, & Agbaria, 2015) pozitīvs Dieva tēls un fundamentālisms bija saistīts ar zemākiem garīgo cīņu/negatīvās reliģiskās problēmu pārvarēšanas rādītājiem, bet universālisms – ar augstākiem garīgo cīņu rādītājiem.

Balstoties uz pozitīvās un negatīvās reliģiskās problēmu pārvarēšanas konstruktu definīcijām, kā arī uz pētījumiem, kuros tika atklāts, ka Dieva tēls ir saistīts ar adaptācijas spējām (Tisdale et al., 1997), stresa pārvarēšanas stilu (Newton & McIntosh, 2010) un piesaistes stilu (Kirkpatrick & Shaver, 1992; Zarzycka, 2019), krīzes kognitīvo novērtējumu (Ludāne, 2006), varam secināt, ka auksta, sodoša, neiejūtīga Dieva tēls ir saistīts ar negatīvo reliģisko problēmu pārvarēšanu.

Savukārt, neirotisms un neirotismu raksturojošas iezīmes – depresivitāte, trauksmainība, negatīvā emocionalitāte – korelē ar negatīvu Dieva tēlu (Braam, et al., 2008). Tādējādi varam prognozēt, ka Dieva tēls varētu mediēt neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu.

Pretrunīgi dati ir par reliģiozitāti kā reliģiskās problēmu pārvarēšanas un psiholoģiskās veselības un labklājības saistības moderatoru. Ir pētījumi, kuros reliģiozitāte ir kā "buferis" starp negatīvo reliģisko problēmu pārvarēšanu un psihiskās veselības rādītājiem (Wilt, Grubbs, Exline, & Pargament, 2016), t. i., samazina negatīvās reliģiskās problēmu pārvarēšanas saistības ciešumu ar negatīvām sekām psihiskajā veselībā. Savukārt, citu pētījumu rezultāti liecina, ka reliģiozitāte saasina garīgās cīņas (Wilt, Evans, Pargament, Exline, Fletcher, & Teng, 2019). Ateistu izlasē veiktie pētījumi (Sedlar, Stauner, Pargament, Exline, Grubbs, & Bradley, 2018) liecina, ka arī viņi piedzīvo garīgo cīņu fenomenu, kas dažos aspektos ir mazāk izteikts nekā tiem, kas tic Dievam, taču arī viņiem tas ir saistīts ar zemākiem psihiskās veselības rādītājiem (depresiju un trauksmi).

Tā kā reliģiozitātei ir neskaidra loma attiecībā pret reliģiskās problēmu pārvarēšanas saistību ar psihisko veselību, būtu vērts pārbaudīt, kāda ir tās loma neirotisma saistībā ar negatīvo reliģisko problēmu pārvarēšanu.

Metodoloģija
Methodology

Pētījuma dalībnieki

Pētījumā piedalījās 336 latviešu valodā runājoši Latvijas Romas katoļu Baznīcai piederoši pieaugušie no četrām Romas katoļu Baznīcas Latvijā diecēzēm – Rīgas, Rēzeknes-Aglonas, Jelgavas un Liepājas diecēzes – vecumā no 18 līdz 86 gadiem (M = 44.42, SD = 12.90), 74.9% sievietes.

Instrumentārijs

- Reliģiskās problēmu pārvarēšanas aptaujas RCOPE īsā versija (*brief RCOPE*, Pargament, Feuille & Burdzy, 2011), adaptēta latviešu valodā dotā pētījuma ietvaros. Aptauju veido divas skalas, katrā no tām 7 apgalvojumi, kas mēra, cik bieži sarežģītās dzīves situācijās indivīds izmanto pozitīvo (α = .82) un negatīvo (α = .80) reliģisko problēmu pārvarēšanu.
- Dieva tēla skala (*God Image Scale* – GIS, Lawrence, 1997, latviešu valodā adaptējusi M. Ludāne, 2006). Skalu veido 72 panti, kas mēra sešus Dieva tēla aspektus – klātbūtni (α = .86), izaicinājumu (α = .61), pieņemšanu (α = 0,80), labvēlību (α = .78), ietekmi (α = .78) un providenci (α = .69). Pētījumā tiek lietots tikai skalas kopīgais rādītājs.
- Latvijas Personības aptauja LPAv-3 (Perepjolkina, 2014) – tika izmantota, lai mērītu neirotismu kā personības iezīmi (α = .89).
- Reliģijas centralitātes skala (CRS-5, Huber & Huber, 2012). Adaptācija skalas piecu pantu versijai notika dotā pētījuma ietvaros. Skala mēra indivīda vispārējo reliģiozitāti – interesi par reliģiskiem jautājumiem, reliģisko pieredzi, lūgšanas un dievkalpojumu apmeklēšanas biežumu. Skalas pantu iekšējās saskaņotības rādītājs ir α = .71.
- Sociāli demogrāfisko datu aptauja – vecums, dzīvesvieta, reliģiskā piederība, diecēze.

Procedūra

Pētījuma dati tika ievākti, izmantojot elektronisko aptauju izstrādes rīku *Google Veidlapas*, laika posmā no 2019. gada 4. janvāra līdz 28. februārim. Piedalīšanās pētījumā bija brīvprātīga un anonīma, un aptauju aizpildīšana notika bez aizpildīšanas laika kontroles. Aizpildot aptauju līdz galam, pētījuma dalībnieks apstiprināja savu dalību pētījumā.

Datu apstrādes un analīzes metodes

Datu analīzē tika izmantota aprakstošās statistikas rādītāju noteikšana, skalas pantu iekšējās saskaņotības noteikšana, Spīrmena korelāciju koeficients, mediācijas modeļa un moderācijas modeļa pārbaude, pamatojoties uz Barona un Kenija (Baron & Kenny, 1986) pieeju.

Pētījuma rezultāti
Results

Pirms mediācijas un moderācijas analīzes veikšanas, lai pārbaudītu mainīgo savstarpējās sakarības, tika veikta korelāciju analīze. Ņemot vērā to, ka ne visu mainīgo empīriskais sadalījums veidoja normālo sadalījumu, korelācijas analīzes veikšanai tika izmantots Spīrmena rangu korelācijas koeficients.

1. tabula. ***Mainīgo savstarpējās korelācijas***
Table 1 ***Intercorrelation Matrix***

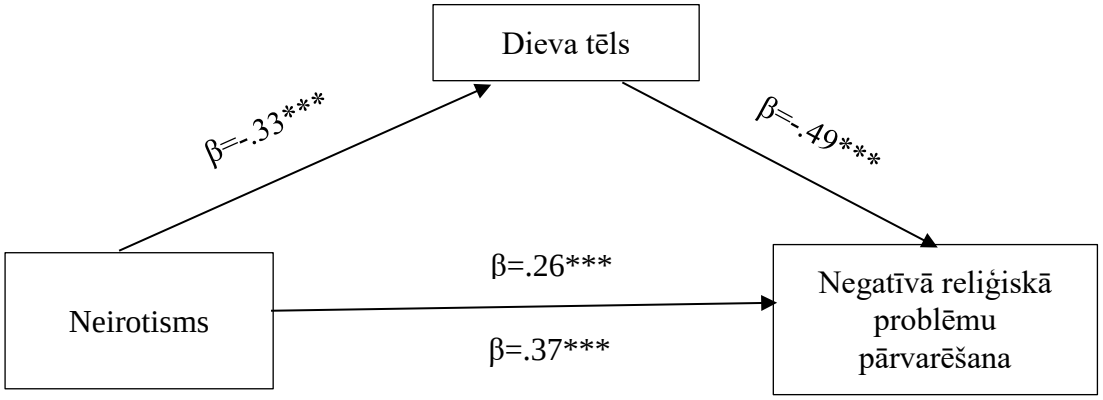
	Negatīvā reliģiskā problēmu pārvarēšana	*Reliģiozitāte*	*Dieva tēls*
Neirotisms	.40**	-.17**	-.32**
Negatīvā reliģiskā problēmu pārvarēšana		-.17**	-.38**
Reliģiozitāte			.53**

Piezīme. $^{**}p < .01$.

Lai atbildētu uz pirmo pētījuma jautājumu (*Vai Dieva tēls mediē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu?*), tika veikta mediācijas analīze, balstoties uz Barona un Kenija (Baron & Kenny, 1986) pieeju. Kā mediatora mainīgais tika izvēlēts Dieva tēls, jo Dieva tēlam ir statistiski nozīmīga saistība gan ar neirotismu, gan negatīvo reliģisko problēmu pārvarēšanu.

Vispirms aprēķināti atsevišķi regresiju vienādojumi starp neatkarīgo mainīgo – neirotismu – un atkarīgo mainīgo – negatīvo reliģisko problēmu pārvarēšanu (1. modelis). Pēc tam aprēķināts vienādojums, kurā atkarīgā mainīgā prognozēšanai kā neatkarīgos mainīgos iekļauj gan neirotismu, gan Dieva tēlu (2. modelis).

Lai apstiprinātu mediatora efektu, neirotisma saistību ciešumam ar negatīvās reliģiskās problēmu pārvarēšanas rādītāju 2. regresiju modelī jābūt vājākam nekā 1. modelī. Statistiski nozīmīgas sakarības trūkums starp neirotismu un negatīvo reliģisko problēmu pārvarēšanu raksturotu pilnu mediatora efektu, savukārt, sakarības ciešuma mazināšanās, saglabājot to statistiski nozīmīgā līmenī, liecinātu par daļēju mediatora efektu. Mediatora efekta statistiskā nozīmība noteikta ar Sobela kritēriju.



1. attēls. ***Mediācijas analīzes rezultāti***
Figure 1 ***Results of Mediation Analysis***

Iegūtie mediācijas analīzes rezultāti (sk. 1. attēlu un 2. tabulu) liecina, ka standartizētais regresijas analīzes koeficients, kas raksturo neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistības ciešumu, 1. modelī ir $\beta = .37$, $p < .001$, savukārt, 2. modelī tas ir kļuvis mazāks – $\beta = .25$, $p < .001$. Sobela kritērijs 4.97, $p < .001$ norāda uz dotā mediācijas modeļa statistisko nozīmību. Tādējādi varam secināt, ka Dieva tēls daļēji mediē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu.

2. tabula. ***Regresiju analīzes rezultāti mediācijas modeļa pārbaudē (atkarīgais mainīgais – negatīvā reliģiskā problēmu pārvarēšana)***
Table 2 ***Results of Regression Analysis in Testing the Mediation Model (dependent variable − negative religious coping)***

Mainīgie lielumi	*B*	*SE B*	*β*	*t*	R^2
Konstante	6.23	.65	-	9.60***	.13***
Neirotisms	.10	.01	.37	7.15***	-
Konstante	22.26	2.26	-	9.85***	.29***
Neirotisms	.07	.01	.25	4.79***	-
Dieva tēls	-.06	.01	-.40	-7.59***	-

Piezīme. ***p < 0,001.

Lai atbildētu uz otro pētījuma jautājumu (*Vai reliģiozitāte moderē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanas stilu?*), tika veikta moderatora efekta pārbaude, pamatojoties uz Barona un Kenija (Baron & Kenny, 1986) pieeju. Moderācijas analīze tiek izmantota, lai noteiktu, vai saistība starp diviem mainīgajiem (saistības ciešums un/vai virzība) ir atkarīga no trešā mainīgā. Dotajā gadījumā tika pārbaudīts, vai neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistības ciešumu ietekmē reliģiozitāte. Kā moderatora mainīgais tika izvēlēta reliģiozitāte, jo moderācijas analīzes nosacījums atbilstoši Barona un Kenija (Baron & Kenny, 1986) pieejai ir tāds, ka moderatora mainīgajam nevajadzētu korelēt ar neatkarīgo un arī ar atkarīgo mainīgo. Reliģiozitāte daļēji atbilst šiem nosacījumiem: tā vāji korelē ar neatkarīgo mainīgo – neirotismu – un ar atkarīgo mainīgo – negatīvo reliģisko problēmu pārvarēšanu (sk. 1. tabulu).

Moderatora efekta pārbaude notika, izmantojot multiplo regresiju analīzes standarta metodi (*enter*). Regresijas modelī, kurā atkarīgais mainīgais bija negatīvā reliģiskā problēmu pārvarēšana, tika izmantoti trīs mainīgie – neirotisms (neatkarīgais mainīgais), reliģiozitāte (moderators) un neirotisma un reliģiozitātes mainīgo standartvērtību (z-vērtību) reizinājums jeb mijiedarbības mainīgais. Ja neirotisma un reliģiozitātes, un to reizinājumam (mijiedarības mainīgajam) atbilstošais regresijas koeficients ir statistiski nozīmīgs, tad reliģiozitātes moderatora efekts attiecībā pret saistību starp neirotismu un

negatīvo reliģisko problēmu pārvarēšanu pastāv. Ar iegūtajiem moderācijas analīzes rezultātiem var iepazīties 3 tabulā.

Iegūtie rezultāti liecina, ka neirotisma un reliģiozitātes, kā arī tās atsevišķu aspektu standartvērtību reizinājumam atbilstošie jeb mijiedarbības regresijas koeficienti (β) ir statistiski nozīmīgi, kas ļauj secināt, ka reliģiozitāte un tās aspekti reliģiskā ideoloģija un reliģiskā pieredze moderē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu. Lai varētu interpretēt iegūto moderatora efektu, tika veikta regresijas koeficientu pārbaude respondentu grupās ar atšķirīgu reliģiozitātes pakāpi, sadalot izlasi kvartilēs atbilstoši reliģiozitātes rādītājam.

3.tabula. ***Moderācijas analīzes rezultāti, pārbaudot reliģiozitātes moderatora efektu neirotisma saistībā ar negatīvo reliģisko problēmu pārvarēšanu (atkarīgais mainīgais – negatīvā reliģiskā problēmu pārvarēšana)***
Table 3. ***Results of Moderation Analysis Examining the Moderation Effect of Religiosity between Neuroticism and Negative Religious Coping (dependent variable − negative religious coping)***

Mainīgie lielumi	*B*	*SE B*	*β*	*t*	R^2	ΔR^2
Konstante	8.86	1.76	--	5.05***	*.18*	*.18***
Neirotisms	.10	.01	.37	7.24***	--	--
Reliģiozitāte	-.12	.07	-.09	-1.74	--	--
Neirotisms x Reliģiozitāte	.51	.17	.15	2.92***	--	--

Piezīme. ***$p < 0{,}001$.

Iegūtie rezultāti liecina, ka visciešākā neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistība ir vērojama respondentu grupās ar augstiem reliģiozitātes rādītājiem (4. kvartilē R^2 =.21, 3. kvartilē – R^2 = .20, savukārt, viszemākais rādītājs ir 2. kvartilē – R^2 = .06, 1. kvartilē R^2 = .14). Tas norāda, ka neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistības ciešums ir atkarīgs no reliģiozitātes izteiktības, – jo reliģiozāks ir indivīds, jo ciešāka ir saistība starp neirotismu un negatīvo reliģisko problēmu pārvarēšanu jeb reliģiskajām/garīgajām cīņām.

Diskusija
Discussion

Neirotisma korelāciju ar negatīvo problēmu pārvarēšanu (Ano & Pargament, 2013; Trups-Kalne, Prepjolkina un Lietaviete, 2020) var skaidrot ar neirotisma neirālo pamatu. Indivīdiem, kuriem piemīt augsti neirotisma rādītāji, limbiskā sistēma izteiktā ierosas procesa spēka dēļ ļoti saasināti reaģē uz dažādiem ārējiem un iekšējiem stimuliem, tādēļ šiem cilvēkiem ļoti viegli

aktivizējas tie smadzeņu apgabali, kas atbild par soda un draudu uztveri (Perepjolkina, 2016). Tāpēc indivīdiem ar augstiem neirotisma rādītājiem ir tendence sarežģītas dzīves situācijas interpretēt kā draudus, Dieva sodu un ļaunā uzbrukumu, izjūtot plašu negatīvu emociju gammu saistībā ar šķietamu pamestību no Dieva puses un reliģiskās kopienas locekļu atbalsta trūkumu; viņiem ir raksturīgs arī negatīvāks Dieva tēls.

Tā kā Dieva tēla uztveres rādītājs statistiski nozīmīgi negatīvi korelē ar negatīvās reliģiskās problēmu pārvarēšanas rādītāju, indivīdi, kas Dievu uztver kā neatbalstošu, naidīgu un tādu, kas uzliek nepanesamus pārbaudījumus, biežāk uz dzīves problēmām reaģē reliģiski negatīvā veidā. Iegūtie rezultāti atbilst citu zinātnieku pētījumu rezultātiem (Abu-Raiya et al., 2015; Schreiber, 2011), kas pozitīvu Dieva tēlu saista ar zemāku garīgo cīņu jeb negatīvās reliģiskās problēmu pārvarēšanas izteiktību. Tādējādi neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu lielā mērā izskaidro tas, ka indivīdiem ar augstiem neirotisma rādītājiem ir raksturīgs negatīvāks Dieva tēls, t. i., Dieva tēlam ir mediatora efekts šajā saistībā.

Dotajā pētījumā tika konstatēts, ka reliģiozitāte moderē neirotisma saistību ar negatīvo reliģisko problēmu pārvarēšanu – pieaugot reliģiozitātes rādītājam, sakarība starp neirotismu un negatīvo reliģisko problēmu pārvarēšanu kļūst ciešāka. Iegūtie rezultāti saskan ar pētījumiem, kuros konstatēts, ka augstāka reliģiozitātes pakāpe ir saistīta ar negatīvo reliģisko problēmu pārvarēšanu vai moderē ar to saistītos psihiskos traucējumus.

Piemēram, pusaudžu izlasē (Kézdy, Martos, Boland, & Horváth-Szabó, 2011) tieši reliģiozākiem indivīdiem pozitīva korelācija starp reliģiskām šaubām un trauksmi/depresiju bija ciešāka. Arī militāro veterānu izlasē (Wilt et al., 2019) reliģiozitātes pakāpe bija saistīta ar augstāku garīgo cīņu izteiktību. Savukārt, Elisona un kolēģu (Ellison, Fang, Flannelly, & Steckler, 2013) pētījumā reliģiskās identitātes izteiktība moderēja saistību starp negatīvo reliģisko problēmu pārvarēšanu un nelabvēlīgajām sekām – šajā pētījumā saistība starp negatīvo reliģisko problēmu pārvarēšanu un fiziskās un psihiskās veselības traucējumiem bija ciešāka.

Lai gan minētie pētījumi tikai daļēji saskan ar dotā pētījuma mērķi, tie ļauj secināt, ka reliģiozitātes intensitātei var būt arī negatīva ietekme, ka tā var būt ne tikai "buferis" (Wilt et al., 2016) pret garīgajām cīņām, bet arī garīgās cīņas saasinošs faktors.

Pētījumos ir atklāts, ka neirotisms ir saistīts vairāk ar ārējo reliģiozitāti, Pargaments un kolēģi (Pargament, Olsen, Reilly, Falgout, Ensing, & Van Haitsma, 1992) norāda, ka ārējā reliģiozitāte ir pozitīvi saistīta ar tādiem reliģiskās problēmu pārvarēšanas aspektiem kā bailes par savu veselību, pašattīstība kā reliģiozitātes mērķis, orientācija uz labo darbu veikšanu, kā arī negatīvi saistīta ar izaugsmes iespējām. Iespējams, vispārējās reliģiozitātes

mērījums (CRS-5, Huber & Huber, 2012), kas tika lietots šajā pētījumā, pamatā ļāva konstatēt reliģisko aktivitāšu un reliģiskās pieredzes biežumu, tāpēc tas, iespējams, vairāk atspoguļo ārējās reliģiozitātes saturu. Tādējādi tieši ārējā reliģiozitāte var būt kā neirotisma un negatīvās reliģiskās problēmu pārvarēšanas saistību saasinošs faktors. Turpmākajos pētījumos būtu nepieciešams vairāk pievērsties iekšējās reliģiskās pieredzes saistības ar reliģiskās problēmu pārvarēšanas stratēģijām izpētei Latvijas izlasē.

Reliģiozitāti kā neirotisma saistības ar negatīvo reliģisko problēmu pārvarēšanu moderējošo faktoru varētu interpretēt arī saskaņā ar dažu garīgās teoloģijas autoru mācību. Piemēram, Svētais Ignācijs no Lojolas (Lojola, 2018/1547) un svētais Jānis no Krusta (sk. Zimmerman, 1910) uzskata, ka garīgie pārbaudījumi un krīzes, kas var radīt negatīvajai reliģiskajai problēmu pārvarēšanai raksturīgas izjūtas (piemēram, cilvēks jūtas Dieva un tuvāko cilvēku nesaprasts un atstāts), piemeklē ne jau iesācējus garīgajā dzīvē, bet cilvēkus, kas jau ilgāku laiku dzīvo intensīvu garīgo dzīvi. Un, kā rāda dotā pētījuma rezultāti, sevišķi smagi šos pārbaudījumus var piedzīvot reliģiozi indivīdi ar augstiem neirotisma rādītājiem. Tādēļ šiem indivīdiem ir it sevišķi nepieciešams pastorāls un psiholoģisks atbalsts.

Pamatojoties uz mediācijas analīzes rezultātiem, garīgi psiholoģiskajās intervencēs un atbalsta sniegšanā ir jāpievērš liela uzmanība reliģiozā indivīda Dieva tēlam, tam, kā tas ir veidojies. Tādēļ, lai transformētu negatīvo Dieva tēlu, ir jāveido drošas terapeitiskas attiecības, jāveic reliģiski izglītojošs darbs un jārada iespējas piedzīvot reliģiski nozīmīgu pieredzi, veidojot ar Dievu personisku dialogu un partnerattiecības (Wilt, Stauner, Harriott, Exline, & Pargament, 2018). Tādēļ reliģiskajās kopienās ir jādomā par kvalificētām atbalsta struktūrām, lai novērstu neadaptīvās reliģiskās problēmu pārvarēšanas negatīvo ietekmi uz psihisko un fizisko veselību.

Pētījuma ierobežojumi saistās ar pētījuma izlasi, jo pētījumā piedalījās tikai Romas katoļu Baznīcai piederīgie, trīs ceturtdaļas pētījuma dalībnieku bija sievietes. Pētījumā tika izmantotas pašvērtējuma aptaujas, kurās pētījuma dalībnieki subjektīvi vērtēja savu pieredzi un attieksmes. Pētījums bija korelatīvs, tādēļ tā rezultāti neļauj pilnā mērā spriest par mainīgo cēloņu un seku sakarībām.

Lai objektīvi izvērtētu reliģisko problēmu pārvarēšanu, būtu nepieciešama kompleksa pieeja – intervijas, novērojumi u. c. metodes, kā arī garengriezuma pētījuma organizācijas forma. Tā kā dotajā pētījumā tika aplūkoti ar personību saistītie un reliģiskie faktori, turpmākajos pētījumos būtu jāpievēršas reliģisko problēmu pārvarēšanu prognozējošo sociālo un situacionālo faktoru izpētei, izlasē iekļaujot arī citu konfesiju ticīgos.

Summary

Religious coping strategies, which are used for coping with stress and critical life experiences and help adapting to various critical life experiences, uniquely supplement non-religious coping strategies in predicting physical and psychological well-being. Studies reveal that religious coping is related to physical and mental health during various life experiences, such as sickness, loss, victimisation, events of war and violence (see Evans, Stanley, Barrera, Exline, Pargament, & Teng, 2018; Pargament, 1997; Pargament, Smith, Koenig, & Perez, 1998).

Studies conducted globally (Ano & Vasconelles, 2013; Exline, 2013; Pargament, Feuille, & Burdzy, 2011) and in Latvia (Lietaviete, 2016) reveal that negative religious coping or religious/spiritual struggles are linked to more adverse physical and psychological well-being factors, including various psychological disorders, such as increased level of stress, depression, anxiety, somatisation, aggression, tendency to addiction, suicide, etc.

When assessing personality traits related to negative coping in the sample group of Catholics in Latvia, neuroticism was identified as one of the traits that is most closely linked to negative religious coping (Trups-Kalne, Perepjolkina and Lietaviete, 2020). Therefore, probable mechanisms, as well as mediating and moderating factors, of this link should be determined. The aim of this study is to assess the mediating and moderating effect of several religious factors (general religiousness, image of God) on the link between neuroticism and negative coping.

Method. The sample consisted of 336 Latvian-speaking Roman Catholic adults aged 18 to 86 (M = 44.42; SD = 12.90, 74.9% women). The data was collected in an online survey with the following instruments: the Brief RCOPE (Pargament et al., 2011), the God Image Scale (Lawrence, 1997), the Latvian Personality Inventory LPAv-3 (Perepjolkina & Reņģe, 2014), the Centrality of Religiosity Scale CRS-5 (Huber& Huber, 2012) and the Socio-demographic Inventory.

Results. Analysis of mediation indicates that (Sobel criterion 4.97***, $p<0.001$) image of God has a partial mediating effect on the link between neuroticism and negative religious coping. That, in turn, allows concluding that to a certain extent neuroticism affects formation of negative image of God, particularly in case of negative early experiences, because due to more intense response to stimulation, the limbic system of individuals with high neuroticism scores responds to diverse external and internal stimuli very intensely, as well as areas of brain, which perceive punishment and threats, are very sensitive among such individuals.

Results of analysis of moderation show that religiousness moderates the link between neuroticism and negative religious coping. The higher the degree of religiousness, the stronger the link between neuroticism and religiousness, namely, the intensity of religiousness of members of the sample group has a direct impact on their negative religious coping, which means that emotionally sensitive individuals with active religious life are more likely to use negative religious coping strategies when dealing with complicated life experiences.

Discussion. However, the limitations of the study are the omission of the social and situational factors in the coping process. The findings are limited to a specific group of Roman Catholics in Latvia (adults, internet users). The design of the study is correlative, based on self-report questionnaires, thus it does not determine causal relationships between the variables. The religious coping style significantly is affected by religious factors, such as religiosity and God's image. Therefore interventions, designed to overcome and prevent negative outcomes of negative religious coping should be oriented towards the adaptive modification of God's image and restructuring of negative religious beliefs.

There is a need to provide deeper religious, psychological and intellectual formation for the experienced members of religious communities, rather than just newcomers, to prevent negative religious coping strategies that are common in individuals that are highly religious and emotionally sensitive.

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LATVIJAS IEDZĪVOTĀJU SOCIĀLO UN PSIHOLOĢISKO RĀDĪTĀJU SAISTĪBA AR GRŪTĪBĀM PIELĀGOTIES ĀRKĀRTAS STĀVOKLIM COVID-19 PANDĒMIJAS LAIKĀ

Relationship Between Social and Psychological Indicators and the Difficulty to Adapt to the State of Emergency of the Latvian Inhabitants During the COVID-19 Pandemic

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Abstract. *The aim of this study is to investigate relationship between social and psychological indicators and the difficulties to adapt to the state of emergency during the COVID-19 pandemic. Secondary data from the survey (N = 2608, men 39.8%, aged from 18 – 74) carried out in July 2020, in the frame of the National research program (VPP-COVID-2020/1-0011) was used in this study. Data of only some demographic questions (age, gender, education, place of residence, family status, number of children, employment status, and changes in the workload), 6 items as proxy measures of 6 personality traits (persistence, openness, hostility, extraversion, pessimism, and rigidity), Resilience scale, Emotion Regulation Skills Questionnaire (ERSQ-27) and Social Problem-Solving Inventory-Revised version (SPRP-S) as well as answers on a criterion statement: "Overall it was very difficult for me to adapt to the state of emergency" were used. Results showed that it was more difficult to adapt to the state of emergency for such demographic groups as females, persons lining in an urban area, and for those, who have experience changes (in any direction) in their workload. Results of the series of stepwise linear regression analysis showed that Negative problem orientation, Avoidance style of social problem solving, Psychological resilience (negatively), Rigidity and Extraversion are prognostic psychological factors of the difficulties to adapt to lockdown. Based on the results of this study a more targeted recommendations and interventions to enhance the psychological resilience and adaptability to the changes associated with the COVID-19 crisis for the particular groups of the Latvian population could be developed.*
Keywords: *Adaption difficulties, COVID-19 lockdown, psychological resilience, state of emergency.*

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Ievads
Introduction

Korona vīrusa Covid-19 slimības uzliesmojuma dēļ, Pasaules Veselības organizācija (PVO), 2020.gada 30.janvārī izsludināja starptautisku ārkārtas situāciju sabiedrības veselības jomā, jo šī slimība, par kuru pirmo reizi ziņoja Ķīna 2019.gada decembrī, turpina izplatīties visos kontinentos nopietni ietekmējot pasaules valstis palielinoties slimības slogam (Dubey et al., 2020). Visā pasaulē Covid-19 pandēmija 2020.gadā ir satricinājusi vairāku miljonu cilvēku dzīves. Šī pandēmija ir ietekmējusi iedzīvotāju dzīves dažādos dzīves aspektos. Tiek uzskatīts (Williams, Armitage, Tampe, & Dienes, 2020), ka sakarā ar sociālās distancēšanās un sociālās izolācijas epidemioloģiskajiem ierobežojumiem, kuri tiek īstenoti reaģējot uz Covid-19, tiek sagaidīta sociālā un psiholoģiskā ietekme uz sabiedrību, un tai jāpievērš papildu uzmanība. Pētījumā (Arden & Chilcot, 2020) min, ka centieni kontrolēt un samazināt Covid-19 izplatību ir atkarīgi no cilvēku uzvedības izmaiņām. Vienā no pētījumiem (Sundarasen et al., 2020) tiek uzskatīts, ka ārkārtas stāvoklim jeb karantīnai ir nepieciešami aizsardzības pasākumi vai ierobežojumi (kā minēts CDC, 2020), bet ilgstoša karantīna var radīt kaitējumu psiholoģiskajam stāvoklim. Vairākos pētījumos tā tiek uzskatīta par nelabvēlīgu, kaitīgu pieredzi, kas var izraisīt nopietnu finansiālu stresu darba zaudēšanas dēļ (Reger et al., 2020); sociālas grūtības, piemēram, sociālu atstumtību, kiberhuligānismu, alkohola nepareizu lietošanu un atkarību (Brooks et al., 2020); un garīgās veselības problēmas, piemēram, pašnāvības mēģinājumu un depresiju (Brooks et al., 2020).

Lai arī līdz šim publicētajos pētījumos (Zvolensky et al., 2020; Marroquín, Vine, & Morgan, 2020) ir apskatīta cilvēku uzvedība Covid-19 pandēmijas laikā, nav zināmi pētījumi, kur tiktu apskatīti Latvijas sabiedrības sociālie un psiholoģiskie rādītāji par grūtībām pielāgoties ārkārtas stāvoklim Covid-19 pandēmijas laikā.

Šī pētījuma mērķis ir izpētīt Latvijas iedzīvotāju sociālo un psiholoģisko rādītāju saistību ar grūtībām pielāgoties ārkārtas stāvoklim Covid-19 pandēmijas laikā. Pētījuma ietvaros tika izvirzīti trīs jautājumi: 1) Kādi ir indivīdu, kuriem bija grūtības pielāgoties ārkārtas stāvoklim, sociāli demogrāfiskie raksturojumi? 2) Kādi ir indivīdu, kuriem bija grūtības pielāgoties ārkārtas stāvoklim, psiholoģiskie raksturojumi? 3) Kāda ir saistība starp psiholoģiskiem rādītājiem un grūtībām pielāgoties ārkārtas stāvoklim? Pētījumā tika izmantoti sekundārie dati. Tika analizēti tādi sociālie raksturojumi kā dzimums, vecums, dzīvesvieta, ģimenes stāvoklis, bērnu (līdz 18 gadu vecumam) skaits ģimenē, nodarbinātības statuss un izmaiņas veicamā darba apjomā. Kā arī tika analizēti psiholoģiskie raksturojumi, tādi kā psiholoģiskā noturība, sociālo problēmu risināšanas

prasmes, emociju regulācijas prasmes, neatlaidība, atvērtība pieredzei, naidīgums, ekstraversija, pesimisms un rigiditāte.

Metode
Method

Dalībnieki. Pētījumā piedalījās 18 – 74 gadu veci (*M* = 46.7, *SD* = 13.9 gadi) Latvijas iedzīvotāji (vīrieši 39.8%, sievietes 60.2%), randomizēta un nacionāli reprezentatīva izlase (*N* = 2608), no kuriem 405 (15%) dalībnieki uzrādīja grūtības pielāgoties ārkārtas stāvoklim.

Instrumentārijs un procedūra. Datu analīzei tika izmantoti sekundārie dati no Valsts pētījumu programmas "Covid-19 epidēmijas ietekme uz veselības aprūpes sistēmu un sabiedrības veselību Latvijā; veselības nozares gatavības nākotnes epidēmijām stiprināšana" (projekta Nr. VPP-COVID-2020/1-0011) apakšprojekta "Covid-19 epidēmijas ietekme uz veselības aprūpes sistēmu un sabiedrības veselību Latvijā" ietvaros. No visas datu mērķa izlases tika izmantoti sekojoši jautājumi sociālo raksturojumu noteikšanai: dzimums, vecums, dzīvesvieta (Rīga/citur; lauku rajons/pilsētās), ģimenes stāvoklis, bērnu līdz 18 gadu vecumam skaits, nodarbinātības statuss (nav mainījies, mainījies daļēji – darbs uz brīdi apturēts, ir mainījies – zaudēju darbu), veicamā darba apjoms (5 punktu skalā no 1 = ievērojami samazinājās līdz 5 = ievērojami palielinājās).

Psiholoģisko raksturojumu noteikšanai tika izmantotas šādas aptaujas un jautājumi:

1) Psiholoģiskās noturības aptauja (Perepjolkina, Mārtinsone, b.g.), kura ietver 7 apgalvojumus, kuri jānovērtē Likerta skalā no 1 – nepiekrītu līdz 5 – piekrītu, Kronbaha alfas rādītājs 0,87.
2) Sociālo problēmu risināšanas prasmju aptauja (*Social Problem-Solving Inventory – Revised version*; SPRP-S, D'Zurilla & Nezu, 2007; adaptāciju latviešu valodā veica Koļesņikova, 2007), kuru veido 25 apgalvojumi; aptaujā ir piecas skalas (1. Pozitīva orientācija uz problēmu; 2. Negatīva orientācija uz problēmu; 3. Racionāla problēmu risināšana; 4. Impulsīvs/nevērīgs problēmu risināšanas stils; 5. Izvairīgs problēmu risināšanas stils). Šīs aptaujas apgalvojumi jānovērtē 5-punktu Likerta skalā, no 0 = "pavisam neraksturo mani" līdz 4 = "ļoti lielā mērā raksturo mani". Kronbaha alfas rādītāji svārstās no .70 līdz .84.
3) Emociju regulācijas prasmju aptauja (*Emotion Regulation Skills Questionnaire*; ERSQ-27, Berking & Znoj, 2008; adaptāciju latviešu valodā veica Paiča, Mārtinsone, 2019).

4) Pieci apgalvojumi, kuri tika izmantoti, kā noteikto personības iezīmju indikatori: neatlaidība (RS23. "*Es esmu neatlaidīgs savu mērķu sasniegšanā*"), atvērtība pieredzei (RS24. "*Es esmu atvērts jaunai pieredzei*"), naidīgums (RS25. "*Parasti es esmu diezgan naidīgi noskaņots pret citiem cilvēkiem*"), ekstraversija (RS26. "*Esmu izteikti sabiedrisks cilvēks, kuram ir grūti izturēt bez saskarsmes ar citiem cilvēkiem*"), pesimisms (RS16. "*Es domāju, ka nākotnē mani negaida nekas labs*"), rigiditāte (RS11. "*Es ar grūtībām pielāgojos pārmaiņām*"). Visi šie apgalvojumi bija jānovērtē Likerta skalā no 1 – "nepiekrītu" līdz 5 – "piekrītu".
5) Lai noteiktu grūtības pielāgoties ārkārtas stāvoklim tika izmantots apgalvojums: GR1. "*Man kopumā bija ļoti grūti pielāgoties šai situācijai*", kurš bija jānovērtē Likerta skalā no1 – "nepiekrītu" līdz 5 – "piekrītu".

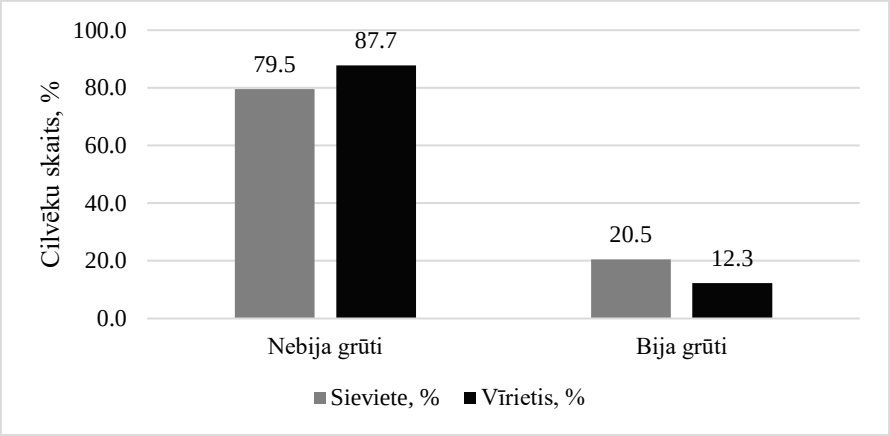
Datu ievākšanu realizēja starptautiska tirgus, sabiedriskās domas un mediju izpētes kompānija, 2020.gada jūlija mēnesī. Respondentiem uz e-pastu izsūtīja individuālu uzaicinājumu ar paroli un saiti uz aptaujas anketu internetā (latviešu vai krievu valodā, pēc respondenta izvēles). Respondents aizpildīja anketu sev vēlamā laikā, bet ievērojot noteikto aptaujas "slēgšanas" datumu. Aizpildītās anketas uzreiz tika saglabātas serverī. Pēc aptaujas "slēgšanas" notika datu apstrāde un rezultātu analīze.

Datu analīze. Datu apstrādes procesā tika izmantota SPSS 24. versija. Datu analīzē tika izmantota aprakstošā statistika, Hī kvadrāta metode, Stjūdenta t-tests, Pīrsona korelācijas koeficients, un lineāras regresijas analīze.

Rezultāti
Results

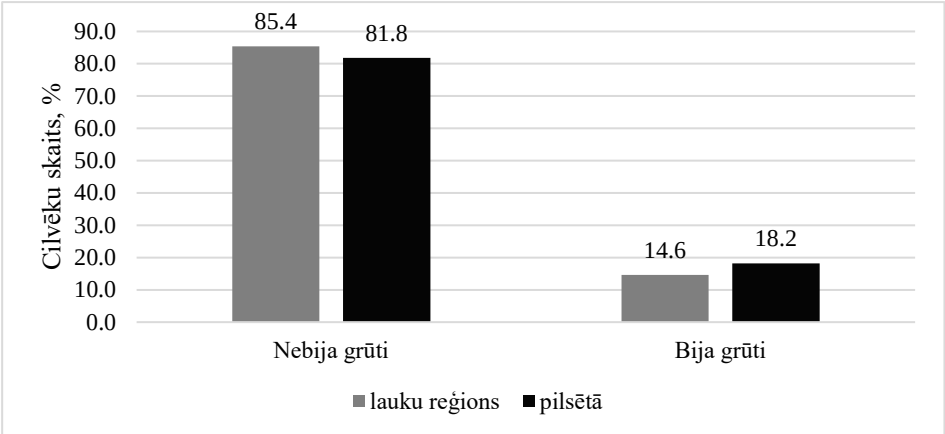
Visi pētījuma dalībnieki (N = 2608) tika sadalīti, balstoties uz viņu atbildēm uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim, no kuriem 405 (15,53%) dalībnieki uzrādīja, ka piekrīt vai daļēji piekrīt apgalvojumam "*Man kopumā bija ļoti grūti pielāgoties šai situācijai".*

Pirmajā attēlā ir atspoguļoti rezultāti par pētījuma dalībnieku dzimuma atšķirībām attiecībā uz grūtībām pielāgoties ārkārtas stāvoklim. Rezultāti uzrādīja, ka pastāv statistiski nozīmīgas atšķirības starp dzimumiem, $Hī^2 = 26.73$, $p < .001$. Iegūtie dati norāda, ka sievietēm bija lielākas grūtības pielāgoties ārkārtas stāvoklim nekā vīriešiem (sk. 1. att.).



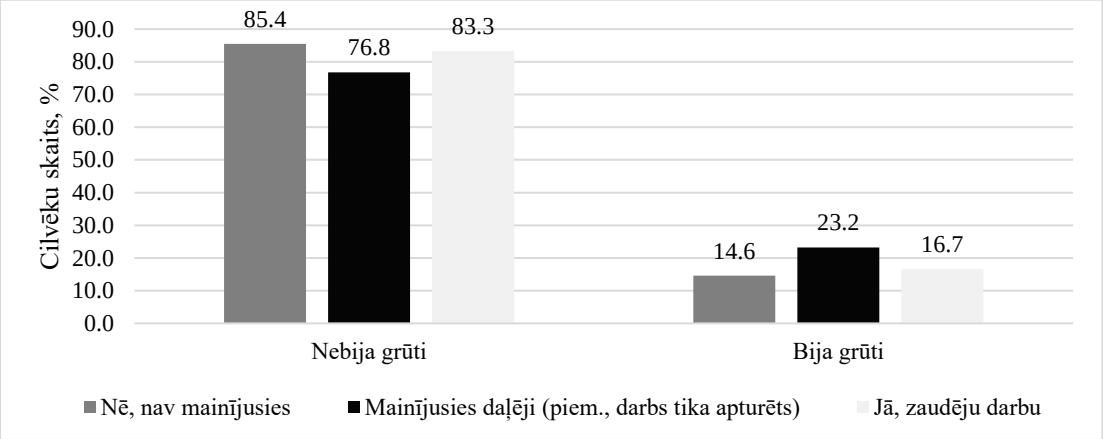
1. attēls. ***Atbilžu sadalījums uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim vīriešu un saviesu grupā***
Figure 1 ***Distribution of Answers to the Question about Diffuclties in Adapting to an Emergency Situation in a Group of Men and Women***

Rezultāti uzrādīja, ka atbilžu sadalījums uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim nav saistīts ar aptaujāto personu vecumu (piederību noteiktajai vecuma grupai, $Hī^2 = 9.81$, $p = .08$), ģimenes stāvokli ($Hī^2 = 2.24$, $p = .14$), bērnu (līdz 18 gadiem) skaitu ģimenē ($Hī^2 = 5.91$, $p = .21$), un ar to, vai cilvēks dzīvo Rīga, vai kaut kur citur Latvijā, $Hī^2 = .02$, $p = .90$. Tomēr, iegūtie rezultāti uzrādīja, ka pastāv statistiski nozīmīgas atšķirības starp pilsētā un lauku reģionos dzīvojošo cilvēku atbildēm (sk. 2.attēlā). Iegūtie dati norāda, ka iedzīvotāji, kuri dzīvoja pilsētā, nedaudz biežāk norādīja, ka viņiem bija grūtības pielāgoties ārkārtas stāvoklim, salīdzinājumā ar iedzīvotājiem, kuru dzīvesvieta atradās lauku reģionos, $Hī^2 = 4.11$, $p < .05$.



*2. attēls***.** ***Atbilžu sadalījums uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim atkarībā no dzīvesvietas (pilsēta/lauku reģions)***
Figure 2 ***Distribution of Answers to the Question about Diffuclties in Adapting to an Emergency Situation Depending on the Place of Residence (urban / rural area)***

Trešajā attēlā ir atspoguļoti rezultāti par pētījuma dalībnieku atšķirībām atbildēs par grūtībām pielāgoties ārkārtas stāvoklim pandēmijas laikā atkarībā no viņu nodarbinātības statusa. Rezultāti uzrādīja, ka pastāv statistiski nozīmīgas atšķirības starp nodarbinātības statusiem, $Hī^2 = 15.44$, $p < .001$. Iegūtie dati norāda, ka dalībniekiem, kuriem nodarbinātības statuss mainījies daļēji uzrādīja lielākas grūtības pielāgoties ārkārtas stāvoklim nekā tie, kuriem nodarbinātības statuss nemainījās, vai kuri bija pilnībā zaudējuši darbu.



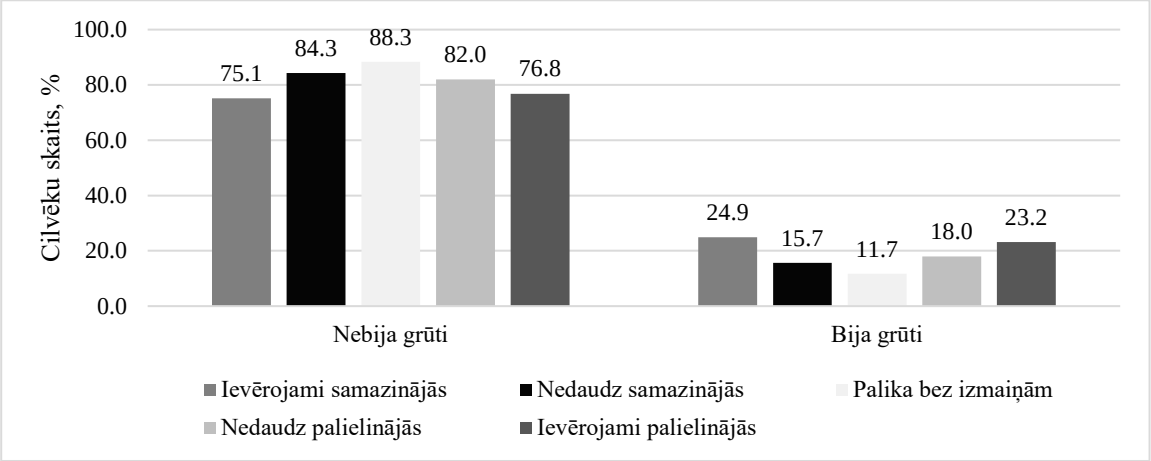
3. attēls. ***Atbilžu sadalījums uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim atkarībā no nodarbinātības statusa izmaiņām***

Figure 3 ***Distribution of Answers to the Question about Diffuclties in Adapting to an Emergency Situation Depending on the Changes in the Employment Status***

Ceturtajā attēlā ir atspoguļoti rezultāti par strādājošo pētījuma dalībnieku atšķirībām atbildēs par grūtībām pielāgoties ārkārtas stāvoklim, atkarībā no izmaiņām viņu veicamā darba apjomā. Rezultāti uzrādīja, ka pastāv statistiski nozīmīgas atšķirības izdalītajās grupās, $Hī^2 = 28.60$, $p < .001$. Iegūtie dati norāda, ka grūtības pielāgoties ārkārtas stāvoklim, ir saistītās ar darba apjoma izmaiņām – jo lielākās izmaiņas, jo lielākas grūtības bija pielāgoties, pie tam, neatkarībā no tā, vai darba apjoms bija samazinājies, vai palielinājies (sk. 4. attēlu).

Pirmajā tabulā ir atspoguļoti rezultāti par psiholoģisko faktoru saistību ar atbildēm uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim Covid-19 pandēmijas laikā. Rezultāti uzrādīja, ka pastāv statistiski nozīmīga, bet vāja negatīva saistība starp grūtībām pielāgoties ārkārtas stāvoklim un psiholoģisko noturību ($r = -.25$, $p < .01$), emociju regulācijas prasmēm ($r = -.08$, $p < .01$), pozitīvo problēmu orientāciju ($r = -0{,}07$, $p < 0{,}01$), racionālo problēmu risināšanas stilu ($r = -.01$, $p < .01$), neatlaidību ($r = -.08$, $p < .01$), un atvērtību pieredzei ($r = - .09$, $p < .01$). Kā arī rezultāti uzrādīja, ka pastāv statistiski nozīmīga, bet vāja pozitīva saistība starp grūtībām pielāgoties ārkārtas stāvoklim un negatīvu problēmu orientāciju ($r = .26$, $p < .01$), izvairīgu problēmu risināšanas

stilu (r = .12, p < .01), impulsīvu problēmu risināšanas stilu (r = .06, p < .01), rigiditāti (r = .26, p < .01), ekstraversiju (r = .10, p < .01), naidīgumu (r = .09, p < .01), un pesimismu (r = .13, p < .01). Rezultāti uzrādīja, ka nepastāv statistiski nozīmīgas saistības starp grūtībām pielāgoties ārkārtas stāvoklim un racionālo problēmu risināšanas stilu (sk. 1. tab.).



4. attēls. ***Atbilžu sadalījums uz jautājumu par grūtībām pielāgoties ārkārtas stāvoklim atkarībā no veicamā darba apjoma izmaiņām Covid-19 pandēmijas laikā***
Figure 4. ***Distribution of Answers to the Question about Diffuclties in Adapting to an Emergency Situation Depending on the Changes in the Workload during COVID-19 Pandemic***

1. tabula. ***Korelācijas starp atbildēm uz GR1 jautājumu un psiholoģiskajām pazīmēm***
Table 1 ***Correlations Between Answers to GR1 Question (about difficulties to adapt to COVID-19 pandemic situation) and Psychological Variables***

Psiholoģiskie faktori	GR1
Psiholoģiskā noturība	-.25**
Emociju regulācijas prasmes	-.08**
Negatīva orientācija uz problēmu	.26**
Pozitīvā orientācija uz problēmu	-.07**
Racionāls problēmu risināšanas stils	-.01
Izvairīgs problēmu risināšanas stils	.12**
Impulsīvs/ Nevērīgs problēmu risināšanas stils	.06**
Neatlaidība	-.08**
Atvērtība pieredzei	-.09**
Rigidiāte	.26**
Ekstraversija	.10**
Naidīgums	.09**
Pesimisms	.13**

*Piezīme. Tabulā ir atspoguļoti Pīrsona korelācijas koeficienti. ** p < .01.*
GR1: "Man kopumā bija ļoti grūti pielāgoties šai situācijai".

Otrajā tabulā ir atspoguļoti lineārās regresijas analīzes rezultāti, kuros var novērot, ka tādi psiholoģiskie faktori kā negatīva problēma orientācija (*ß* = .15, *p* < .001), rigiditāte (*ß* = .15, *p* < .001), ekstraversija (*ß* = .15, *p* < .001) un psiholoģiskā noturība (*ß* = -.16, *p* <.001) prognozē grūtības pielāgoties ārkārtas stāvoklim, kopumā izskaidrojot 13,2% no atkarīgā mainīgā dispersijas.

2. tabula. ***Lineārās regresijas analīzes rezultāti prognozējot atbildes uz GR1 jautājumu***
Table 2 ***Linear Regression Analysis Predicting Answers to GR1 Question (about difficulties to adapt to COVID-19 pandemic situation)***

Neatkarīgais mainīgais	*B*	*SE*	*ß*	R^2	ΔR^2	*F*
1. solis				.068	.068	188.95***
Negatīva problēmu orientācija						
2. solis				.099	.031	142.61***
Negatīva problēmu orientācija	.30	.03	.19***			
Rigiditāte	.23	.02	.19***			
3. solis				.114	.016	112.16***
Negatīva problēmu orientācija	.33	.03	.20***			
Rigiditāte	.23	.02	.19***			
Ekstraversija	.14	.02	.13***			
4. solis				.132	.018	98.99***
Negatīva problēmu orientācija	.24	.03	.15***			
Rigiditāte	.18	.02	.15***			
Ekstraversija	.17	.02	.15***			
Psiholoģiskā noturība	-.04	.01	-.16***			

*Piezīme. *** p < .001. N = 2606. GR1: "Man kopumā bija ļoti grūti pielāgoties šai situācijai".*

Diskusija
Discussion

Šī pētījuma rezultāti uzrādīja, ka sievietēm ir lielākas grūtības pielāgoties ārkārtas stāvoklim nekā vīriešiem. Šie rezultāti saskan ar Apvienoto Nāciju Organizācijas (UN, 2020) ziņojumu, kur tas tiek skaidrots ar to, ka pieaug pienākumu skaits mājās (ēst gatavošana, bērnu audzināšana, izglītošana, savu darbu pienākumu veikšana), stress, agresijas līmeņa paaugstināšanās starp ģimenes locekļiem un ierobežota piekļuve pakalpojumiem (izklaides, hobiju ceļošanas iespējas).

Pētījuma rezultāti liecina, ka tieši Latvijas lielajās pilsētās dzīvojošiem ir lielākas grūtības pielāgoties ārkārtas stāvoklim nekā lauku reģionos dzīvojošiem.

Šie rezultāti varētu būt interpretējami tā, ka lauku reģionos ir mazāk cilvēku, un šiem cilvēkiem ir lielākas iespējas savas domas novirzīt no Covid-19 un ar saistītiem ierobežojumiem, uz saimnieciskiem, lauksaimniecības darbiem, kas ļauj pārvarēt šīs grūtības pielāgoties ārkārtas stāvoklim. Kā arī šos rezultātus var iespējams skaidrot ar to, ka lauku reģionos ir mazāk iedzīvotāju, līdz ar to, ir vieglāk ievērot divu metru distanci, sociālo izolēšanos, pastāv mazāks risks, ka noteikto reģionu apmeklēs iebraucēji.

Sagaidāmi ir konstatēts, ka tiem Latvijas iedzīvotājiem, kuriem nodarbinātības statuss ir mainījies daļēji (darbs ticis apturēts), uzrādīja lielākas grūtības pielāgoties ārkārtas stāvoklim. Šos rezultātus varētu interpretēt tā, ka indivīds ir neziņā par savu nākotni, vai darbs paliks vai nē, jo, ja zaudē darbu pilnībā, indivīds var meklēt jaunus risinājumus. Tā pat ir konstatēts, ka tiem Latvijas iedzīvotājiem, kuri bija turpinājuši strādāt, lielākās grūtības pielāgoties ārkārtas situācijai bija saistīts ar izmaiņām veicamā darba apjomā, pie tam neatkarībā no tā, vai tas bija palielinājies, vai samazinājies. Šie iegūtie rezultāti varētu tikt skaidroti ar to, ka cilvēkam pastāv risks izdegt, nespēja tikt galā ar darba pienākumiem, piemērām, strādājot attālināti, vai aizvietojot saslimušos kolēģus, vai tieši pretēji, ka pienākumu skaits samazinās un ir bezdarbība, tiek pastiprināti domāts par ārkārtas stāvokli un tās ierobežojumiem.

Pārējie sociālie faktori (vecums, ģimenes status, bērnu skaits), balstoties uz šī pētījuma rezultātiem, nav saistīti ar lielākām vai mazākām grūtībām pielāgoties ārkārtas situācijai.

Rezultāti uzrādīja statistiski nozīmīgu negatīvu, bet vāju saistību starp grūtībām pielāgoties ārkārtas stāvoklim un tādiem psiholoģiskajiem faktoriem kā psiholoģiskā noturība, emociju regulācijas prasmes, pozitīva problēmu orientācija, neatlaidība un atvērtība pieredzei. Šos iegūtos rezultātus varētu skaidrot ar to, ka tiem iedzīvotājiem, kuri nav mentāli un emocionāli gatavi pārvarēt dažādas krīzes, nespēj kontrolēt savas emocijas, nav optimisti noskaņoti attiecībā uz problēmas atrisināšanu, nav neatlaidīgi, bet ir pasīvi un nav atvērti jaunai pieredzei, ir grūtāk pielāgoties ārkārtas stāvoklim.

Rezultāti uzrādīja statistiski nozīmīgu pozitīvu, bet vāju saistību starp grūtībām pielāgoties ārkārtas stāvoklim un tādiem psiholoģiskajiem faktoriem kā negatīva problēmu orientācija, izvairīgs problēmu risināšanas stils, impulsīvs problēmu risināšanas stils, rigiditāte, pesimisms, ekstraversija un naidīgums. Tas nozīmē, ka tie iedzīvotāji, kuri ir pesimistiski noskaņoti attiecībā uz problēmu risināšanu, viegli satraucas saskaroties ar problēmu, netic savām spējām tik ar to galā, ir bezdarbīgi vai steidzīgi problēmu risināšanā, ir negatīvi noskaņoti par savu nākotni, un tie, kuriem ir nepieciešama apkārt sabiedrība, šiem cilvēkiem ir izteiktākās grūtības pielāgoties ārkārtas stāvoklim un ar to saistītajiem ierobežojumiem.

Lineārās regresijas rezultāti uzrādīja, ka Latvijas iedzīvotāji, kuriem ir zems psiholoģiskās noturības līmenis, kuri ir negatīvi orientēti uz problēmu risināšanu, ir rigīdi vai ekstraverti, tad šiem dalībniekiem tiek prognozētas izteiktākas grūtības pielāgoties ārkārtas stāvoklim.

Viens no šī pētījuma galvenajiem trūkumiem vai ierobežojumiem bija tas, ka dati tika ievākti 2020.gada vasarā, kad Covid-19 situācija pasaulē, tai skaitā Latvijā bija daudz mierīgāka salīdzinot ar pavasari, jo aptaujā tika lūgts retrospektīvi novērtēt, cik lielas bija grūtības pielāgoties situācijai, tieši tad, kad tika izsludināts ārkārtas stāvoklis. Par pētījuma ierobežojumu var minēt arī to, ka tika izmantoti sekundārie dati, un bija iespējams analizēt tikai tos mainīgos, kādi attiecīgajā datu kopā bija pieejami. Kā pētījuma stipro pusi var minēt dalībnieku skaitu, jo tika izmantota nacionāli reprezentatīva izlase.

Balstoties uz šī pētījuma rezultātiem, varētu tikt izstrādāti mērķtiecīgākie ieteikumi un rekomendācijas konkrētām Latvijas iedzīvotāju grupām, lai palīdzētu viņiem veiksmīgāk adaptēties izmaiņām, kas saistītas ar Covid-19 krīzi.

Summary

2020 surprised the world with a new virus COVID-19, that affected people`s daily lives. During this time, adaptation to new conditions is essential for physical and psychological health. It is important to identify these social and psychological indicators in order to develop recommendations for better adaptation to lockdown.

The aim of this study is to investigate relationship between social and psychological indicators and the difficulties to adapt to the state of emergency during the COVID-19 pandemic. Three questions were raised: 1) What are the socio-demographic characteristics of individuals who had difficulty adapting to an emergency state? 2) What are the psychological characteristics of individuals who had difficulty adapting to an emergency state? 3) What is the relationship between psychological indicators and difficulties in adapting to an emergency state?

Secondary data from the survey (N = 2608, men 39.8%, aged from 18 – 74) carried out in July 2020, in the frame of the National research program "Impact of COVID-19 on health care system and public health in Latvia: ways in preparing health sector for future epidemics" (Project Nr. VPP-COVID-2020/1-0011) was used in this study. Data of only some demographic questions (age, gender, education, place of residence, family status, number of children, employment status, and changes in the workload), 6 items as proxy measures of 6 personality traits (persistence, openness, hostility, extraversion, pessimism, and rigidity), Resilience scale, Emotion Regulation Skills Questionnaire (ERSQ-27) and Social Problem-Solving Inventory-Revised version (SPRP-S; with such scales as Negative problem orientation; Rational problem solving, Avoidance style, Impulsivity/carelessness style, Positive problem orientation) as well as answers on a criterion statement: "Overall it was very difficult for me to adapt to the state of emergency" were used.

Results showed that it was more difficult to adapt to the state of emergency for such demographic groups as females, persons lining in an urban area, and for those, who have experience changes (in any direction) in their workload, Results of the series of stepwise linear regression analysis showed that Negative problem orientation, Avoidance style of social

problem solving, Psychological resilience (negatively), Rigidity and Extraversion are prognostic psychological factors of the difficulties to adapt to lockdown.

Based on the results of this study a more targeted recommendations and interventions to enhance the psychological resilience and adaptability to the changes associated with the COVID-19 crisis for the particular groups of the Latvian population could be developed.

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MENTAL HEALTH SERVICES DURING THE PANDEMIC: THE EXPERIENCES OF LITHUANIAN PSYCHOLOGISTS

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Abstract. *With the COVID-19 pandemic and its restrictions, many countries face an unprecedented mental health crisis, which is being addressed in various ways, including the use of remote mental health services. Lithuania faced two quarantines: in March-June of 2020 and starting November 2020 up to Spring of 2021. The aim of this study is to explore the experiences of Lithuanian psychologists providing mental health services during the pandemic. Using the qualitative content analysis method, the following categories were made: from shock to discovery of new opportunities (differences in two lockdowns, better accessibility of services, help-seeking during the pandemic, and the importance of self-care) and contextual challenges (confidentiality, computer literacy, and blurred home/work boundaries). Implications for addressing psychological service issues are discussed, with an emphasis on self-care, setting boundaries, and finding new ways to enhance mental health via mediated communication as well as to reach out to vulnerable groups.*
Keywords: *COVID-19, disability, Lithuania, pandemic, psychological help, psychologists.*

Introduction

Many people have directly experienced the major effects of the COVID-19 pandemic on their lives, and it is obvious that this effect will have long-term consequences in all spheres of life. But according to the experts, the pandemic has the biggest effect on the mental health (Giallonardo, et al., 2020; Fiorillo & Gorwood, 2020). Mental health is mainly related to the capacity of a person to effectively deal with changes in his/her environment, which in the long-term perspective develops resilience. Mental health is more than the absence of mental disorders, following the definition of health by WHO that views health as a state of complete physical, mental, and social well-being and not merely the absence of disease. The research titled “What is Mental Health?” revealed that only 20%

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choose the WHO (2001) definition as their preferred choice (Manwell et al., 2015). However, mental health has gained more meaningfulness and complexity during the pandemic, as recognized in the WHO concept. Moreover, the pandemic made mental health more evidently related with social factors. Certain health prevention behaviors, such as social distancing, are necessary to reduce the spread of the virus, but they make people feel frustrated, isolated, lonely, and worried about the future, which can increase stress, anxiety, and other disorders (Giallonardo et al., 2020). Thus, different support services, including psychological, are needed in learning to cope with stress in a health-friendly way.

WHO survey (2020) representing 130 countries reports that the problem of COVID-19 pandemic has disrupted or halted critical mental health services in 93% of the countries worldwide, while the demand for mental health continued to increase. Over 60% of respondents reported interruptions to mental health services are related to vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%). In addition, 67% of participants saw disruptions to counselling and psychotherapy; 65% believed it affected critical harm reduction services, etc.

While many countries (70%) have adopted telemedicine or teletherapy to overcome hindrances to in-person services, there are significant disparities in the uptake of these interventions in high-income and low-income countries (WHO survey report, 2020). Therefore, WHO urges countries to monitor changes and disruptions in services so that they can address them as required. The objective of the current study is derived from the WHO's call to draw special attention to mental health services. This article focuses on the early pandemic experiences of psychologists who are providing mental health services. The aim of the current study is to conduct the qualitative analysis of the experiences of Lithuanian psychologists working during the COVID-19 pandemic.

Literature Review

The amount of the existing literature addressing mental health concerns related to the COVID-19 pandemic is rapidly growing. Preliminary evidence suggests that symptoms of anxiety and depression (16–28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic and may be associated with disturbed sleep (Rajkumar, 2020). Some research note the risk of reactivation of previous traumas during certain events (Savarese, et al., 2020). This pandemic has been equated to such traumatic events as earthquakes and tsunamis, yet its impact goes beyond one specific place, as the threat of getting the disease is lurking in every person around us (Morganstein & Ursano, 2020). This is especially true in the cities, where people experience more severe pandemic effects and much more uncertainty (Rubin & Wessley, 2020). Studies

related to SARS show that people, during that time, experienced helplessness, fear of getting sick and dying, feelings of blame, fear, and depression (Wu, et al., 2020). Yang & Ma (2020) report that in China, with the onset of the COVID-19 pandemic, emotional well-being dropped as much as 74 percent. Women, young adults, people older than 60 are the most vulnerable in mental health outcomes during the lockdown (Jacques-Aviñó et al., 2020; Zhang & Ma, 2020, Li et al., 2020).

The use of the online mode significantly changed the professional work of psychologists. The literature on COVID-19 shows that many people have experienced psychological suffering, and psychological support has proven to be important to encourage adaptation (Savarese et al., 2020). Online counseling has been the prevalent way to offer counseling services during the COVID-19 outbreak and encompasses services via the Internet, where the specialist and the client communicate utilizing computer-mediated communication. According to Situmorang (2020), we already have successful experience of distant counselling. Referring to previous studies (McKenna & Bargh, 2000; Reynolds et al., 2006), we might find that counselees/clients who experienced uneasiness and social separation were more likely to create deeper connections through online/cyber counseling than through in-person counseling. Research has shown that counselees/clients have demonstrated both benefits and progress related to online counseling services (quoted in Situmorang, 2020).

Even though online work helped address the challenges of the COVID-19 pandemic, work from home affects mental health and family situation of the employees. It creates work-to-life and life-to-work conflicts, bigger work-related fatigue, a higher number of relational conflicts, poor general health as well as more interruptions and demands for an immediate response (Young, 2020; Palumbo, 2020). There is a thin line between professional and personal life which can lead to overworking, stress, and inability to balance work and leisure (Dragomir, 2020).

Research problem. Even though remote counseling is not a new phenomenon in psychology practice; however, its use was exceptional in counseling. Now, during the pandemic, psychologists must deal with the fact that remote counseling has become a daily practice. Moreover, people had no time to be prepared for this. Thus, it is a new challenge. Besides, there emerged an increased societal sensitivity to mental health issues because they are viewed as a disruption to psychological well-being and are not necessarily associated with the symptoms of the disease. Therefore, psychologists encounter a broader context of mental health issues. We suppose that lessons learned during the first quarantine helped to see new opportunities. Thus, current study's ***research questions*** are geared toward exploring the following: What new opportunities did psychologists

find? What new opportunities did the pandemic allow to discover for the clients? How, in the point of view of psychologists, did the societal attitude change toward mental health problems?

Method

Participants. This research included 10 participants, 9 females and one male (average age of 30 years) from Lithuania. The participants were recruited using convenience sampling and were asked to participate in an online interview or answer questions in written form. The participants consisted of health and clinical psychologists working in the Lithuanian healthcare system, such as mental health centers, hospitals, and rehabilitation centers. The data was collected from May to December 2020.

Process of collecting data. The interview was conducted using social media. The interviews took from 30 min. to an hour, were voice recorded and transcribed. Some participants responded to the questions in the written form. To safeguard participant confidentiality, participant number was used instead of their name (P1 stands for participant 1).

Interview questions. The study was carried out by using semi-structured interviews. The participants were asked to describe their experiences of providing mental health services during the COVID-19 pandemic. The core interview questions were: What is unique about your personal experience of psychological services during the pandemic? What are your experiences of working online during the pandemic as opposed to the usual face-to-face work before the quarantine? What are the key mental health issues you face in counselling during the pandemic?

Transcription, coding, and analysis. Interviews were transcribed verbatim or used the written responses of the participants and analyzed by the means of qualitative content analysis (Graneheim, 2017). Through the process of decontextualization, the researchers coded the interviews individually, then reviewed the codes and, alongside with recontextualization, came up with seven common subcategories, from which two major categories were derived (Fig.1). They are discussed in detail in the Results' section.

Results

The current study findings encompass 2 categories and 7 subcategories (Fig. 1):

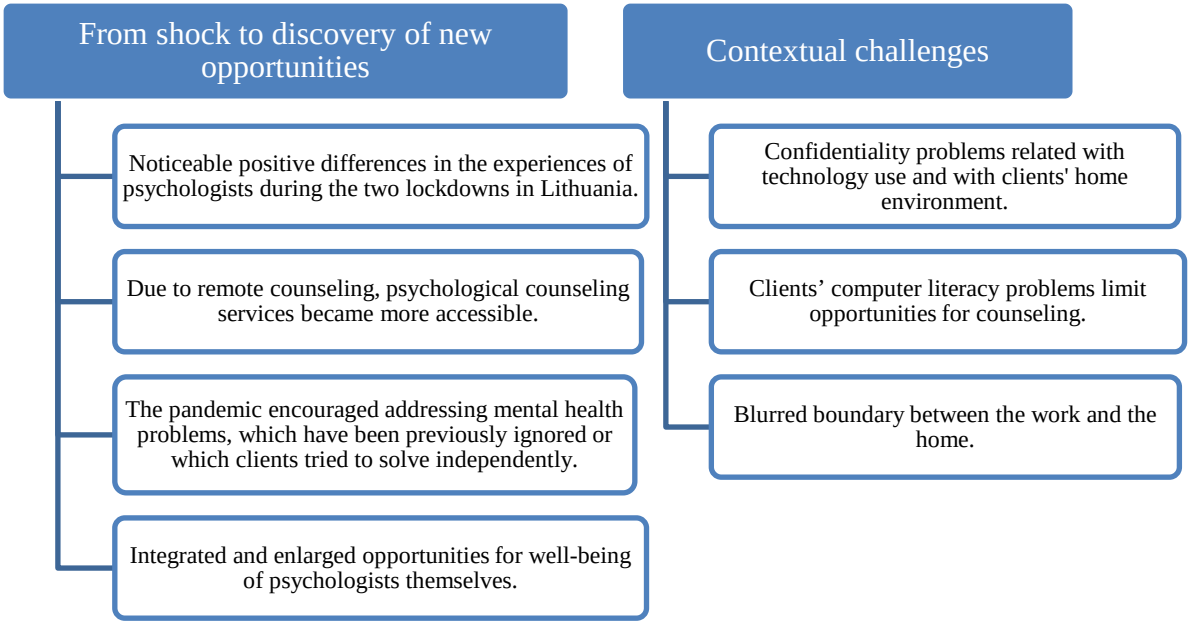

Figure 1 ***The System of Key Subcategories and Categories***

The category *From shock to discovery of new opportunities* addresses four key ideas dealing with the experiences of psychologists and mental health issues. Each is described below, and key ideas are indicated by participant quotes.

Noticeable positive differences in the experiences of psychologists during the two lockdowns in Lithuania. The first quarantine for the participants was more of a shock, when everything seemingly stopped, while the second time they were more prepared: *In the first quarantine, it was like…take a vacation and everyone was frozen, and everything stopped (P1).*

We were all scared in the spring because everything was very negative; we were all going to die. We were looking for positive information. Isolation from people was deadly (P2).

We did not have video and audio tools for quite a while, so we could only do counseling by phone. Also, not all patients comply with safety and hygiene requirements (P3).

Furthermore, numbers in services differed: *March showed a significantly reduced number of services provided (P7).*

In March, only remote services were provided, while now mixed services are provided: partly face to face, partly remotely (P8).

During this [November] quarantine, we work and have contact, not just remotely (P9).

The work is happening normally now [during the second quarantine], as before the first quarantine. The same number of patients, mobilized, protected, protective measures, strict requirements. Only the administration gives more

work remotely. But we are working with patients directly, do [COVID-19] tests weekly, and patients are counselled… only after receiving negative test (P1).

Part of the services are provided remotely: using video and the telephone. Such services were not available before the quarantine (P4).

For psychologists, more preparation was needed to transition to remote work in addition to counseling online being more intense and emotionally tiring: *The assessment process is more difficult. It was necessary to remake the methodologies, take pictures, but everything was on the computer (P2).*

It seems to me that, as I do counseling remotely, I communicate more intensely, I get more tired as if my senses are more strained (P10).

When working remotely, if a significant number of customers are available during the day - there is greater emotional fatigue (P8).

Psychologists note that both psychologists and the clients transitioned to the second quarantine quite smoothly: *At the moment, it is easier to plan consultation times (remotely), and customers are more easily accepting of remote counseling services (P4).*

During quarantine, both in the spring and now, I work from home, remotely. I have more individual online consultations and lectures in zoom; weekly work meetings and meetings take place. In March, I prepared more articles, leaflets, did more communication with colleagues by email (P5).

The biggest difference was the redirection of all work to remote work. (P6).

So far, I can't name [the difference between the two quarantines], the work has moved more into the remote mode, but the work goes smoothly, and there is a lot of work (P8).

To summarize, transitioning to remote ways of providing mental health services was challenging, but smooth, with the second quarantine allowing more flexibility and providing new opportunities because the lessons that were dictated by the challenge were well-learned between the quarantines.

Due to remote counseling, psychological counseling services became more accessible. Yet online nature of communication helped some people to finally seek counseling, lay down their defenses, open up more, and be more aware of themselves: *It seems to me that during the current quarantine, when the difficulties arise, people are more courageous to seek help (P5).*

It was scary at first. In online groups, the group was more open on the Internet, more relaxed. Maybe some were without cameras, but they spoke, wept, broke down, and then they turned cameras on, got support, there was less defensiveness and rejection. Maybe because that was online? No longer a need to escape. Clients were afraid but would still talk. Some of them would not have been able to stay in a real face-to-face group, but they did online. Once you overcome, you see yourself, can watch yourself, there is a better sight of emotions in the face, micro reactions (P3).

In terms of quality, [online counseling] is not poorer, it is even easier for loved ones to open up; they think less about talking and about shame related to the child's problem and can concentrate on the problem…in remote counseling the client does not accept the problem as accusation and assumes more responsibility, while face- to- face they feel the need to defend themselves more. So, there is more collaboration (P1).

For some of those who are seeking remote consultations, they are more convenient, providing a sense of security (P7).

Some clients miss sessions due to COVID-related fears or circumstances: *More clients do not come to counseling sessions because of the need to self-isolate, because they are afraid of face-to-face contact, because they cannot travel to another municipality, thus more counseling is being done remotely. But the nature of help is still primarily the same (P9).*

To conclude, working remotely meant more challenges, such as missing nonverbal cues, technological and access issues, and confidentiality problems, but online work also helped some clients to seek help because some long-term issues accumulated and were exacerbated by the pandemic restrictions.

The pandemic encouraged addressing mental health problems, which have been previously ignored or which clients tried to solve independently. On the other hand, quarantine made the issues more severe and may have been the turning point in helping some people seek help: *The issues of those who had difficulties before the quarantine became even more difficult. 'I cannot do anything, I don't know anymore, I'm apathetic, depressed.' Probably issues were exacerbated by that isolation, for those who have mental problems, they became even more pronounced (P2).*

Quarantine brought out those problems that people already had. In the past, we were hiding [issues] until we could handle them, but then there was a turning point, what was hidden there, came out. Quarantine pushed to search for help (P4).

The pandemic makes isolation greater; people do not have the ability to exercise, communicate with their peers, the problem of loneliness. More people want to communicate with a psychologist. Teenagers do not want to communicate with loved ones. Study motivation has fallen. Teachers are tired. It's extremely hard (P1).

Clients come due to various mental issues: *Because of the problems that had been there before the pandemic: anxiety, depression, interpersonal relationships, suicidality, etc. Only a proportion of those coming for help are related to pandemic experiences (e.g., loss of work, difficulties in relationships, loneliness) (P6).*

Client problems are anxiety, internal tension, stress, fears for the future (feeling of insecurity, fear of losing their jobs, downtime, etc.), disagreements in families or among couples (P5).

Anxiety, fear, stress, strained relationships between couples/families (P3). Interpersonal relationships (conflicts, anger, tension), loneliness (desire to "talk to someone"), difficulties in parenting (P7).

We work with all patients. More sleep disturbances due to burnout; children spend more time at the computer, go to bed late, burnout, insufficient sleep (P1).

Characteristic difficulties associated with emotions, stress, relationships, loss of work/ learning or finances, loss, increase in addiction, increase in the risk of suicide, exacerbation of symptoms of mental disorders. During the pandemic, anxiety-related themes are more pronounced (P2).

The psychologists report that pandemic is the most challenging for the young, single people, the elderly and those with mental health problems, including those who care for people with disabilities: *The most severely pandemic is experienced by lonely young people, persons with mental disorders, people living with people with mental disorders or those caring for disabled loved ones. It is associated with strict quarantine restrictions (P8).*

Other people who come for counseling during the pandemic are: *Dependent persons. Patients with chronic diseases. Those caring for a patient. Parents raising young children. Young adults experiencing an interpersonal relationship crisis. Problems: fear, anxiety, tension, stress, poorer sleep associated with COVID-19, loneliness, apathy, problems of interpersonal relationships, anger (P10).*

In addition, *persons experiencing family relationship crises, most pressing relationship problems, divorce, psychological trauma, children's learning difficulties at a distance, work problems, financial problems (P8).* Also, *children from 11 years of age (their parents apply for counselling for children) and adults. Women are the main ones (P5).*

People with disabilities or those caring for them also come for counseling, but the differences in numbers before and during the pandemic are not significant: *I had one client- the mother of a boy with Asperger's syndrome. But significant difference [in numbers of clients with a disability] was observed (P5). During quarantine, people with disabilities and chronic diseases sought help. In my experience, there were more people with disabilities, who sought help, but there were also close family members too (P5).*

In summary, key mental health issues became more difficult because of isolation and uncertainty, and some types of clients were especially vulnerable during the pandemic. In order to help clients, psychologists needed to take better care of their own well-being, as described in the next subcategory.

Integrated and enlarged opportunities for well-being of psychologists themselves. Still, what is rewarding during the pandemic is that participants are able to self-care more: *What gives joy is that I have more time for myself. I can jog, walk, draw, walk by the sea with a dog, do self-relaxation (P2).* They are also able to get *feedback from clients (in the workspace), do favorite activities, engage in physical activity, read books, articles (P7).*

Not only that, but also *take care of yourself: rest, time for yourself, physical activity, communication, however, remotely with loved ones (P6).*

I have rituals, walk outdoors after work, do meditation, listen to lectures and communicate with loved ones (P1).

I can sleep longer, take time to do the work because there is no need to go anywhere. Walk outdoors. Communication with loved ones at least with the help of technology. Reading books and magazines. Delicious homemade food (P6).

Finally, *the most important thing is to maintain relationships with significant people in our lives, to invest in relations during the pandemic. (P10).*

To summarize, participants reported more opportunities for self-care and appreciated more time for family and leisure activities amidst the business of their work.

The Contextual challenges category encompasses issues related to computer literacy, confidentiality and home-work balancing issues. The subcategories are described and illustrated with participants quotes below.

Confidentiality problems related with technology use and with clients' home environment. On the other hand, remote counseling is characterized by more interruptions and confidentiality problems: *Boring work slightly complicates contact, for example, frequent disturbances, such as family members, which during the consultation interfere with the client (P10).*

There are additional issues related to ensuring the confidentiality of the clients when the client is unable to have a safe space at home- there are family members around during consultation (P9).

There are additional problems with data security (P5).

Contact remotely decreases because some clients prefer to communicate without a camera. This complicates communication between the psychologist and the client, it is difficult to use certain therapeutic tools, to respond to customer reactions, to experience emotions during counseling (P2).

Clients may also expect the counselor to be available immediately and do other things during online sessions: *Help is often expected here and now, even without prior registration. More clients miss the counseling sessions (P7).*

During group sessions, clients tend to do their other work and avoid switching on cameras or microphones. It is impossible to use certain techniques, especially with children. It is difficult to ensure a safe, confidential environment

for the client. However, psychological counselling services have become more attractive and accessible to young people and working people (P2).

Clients' computer literacy problems limit opportunities for counseling. The problems with remote work have to do with computer literacy, loss of some nonverbal-cues, difficulty in establishing rapport, and data security issues. For example, the elderly struggle with technology: *Elderly clients needed help with technical difficulties: how to activate the app or camera, adjust the sound. Also, it is unusual to see clients in their home environment, where personal belongings are visible (P10).*

Telephone counselling is more difficult: invisible non-verbal language; some information is lost. Nor are all people able to use or have computers, which prevents remote video consultation. It may be more difficult to establish and maintain contact (P5).

Sometimes there is less involvement of customers in the session; it is more difficult to read the body language of clients (P8).

Blurred boundary between the work and the home. The participants reported both the benefits and the drawbacks of working remotely. First, there is no need to travel, unless one has contact hours and work in the office; thus, they can save on time and fuel, and clothes: *You don't need to ride, the number of errands is reduced, there is no need to waste time, to drive, all you need to do is to connect to the computer (P4).*

On the other hand, they also note that it is difficult to maintain healthy boundaries between what is work and what is home: *Boundaries between rest and work. It is difficult to adjust the time, relax, to retreat from domestic work because I am always in the same room (P2).*

In addition, the number of hours has increased due to irregularity of the hours and being on call even during days off or weekends: *When working from home and with dramatically increased workloads, the boundary between work and "home" disappeared. Workloads require a lot of work after work and weekends. People are overworked (P8).*

Discussion

The present study explored the experiences of Lithuanian psychologists working during the COVID-19 pandemic. The results show a shift to remote work due to the pressing mental health needs. The first quarantine was perceived as a big shock; however, with time, psychologists transitioned to online work. This is in line with the literature that discusses the need for quality remote services to the most vulnerable groups of people, such as children, women, young adults, the elderly, people with disabilities, and the lonely people (Jacques-Aviñó, et al., 2020; Zhang & Ma, 2020, Li et al., 2020). Despite the drawbacks of technological

skills and the lack of nonverbal cues, online counseling in pandemic circumstances was viewed as beneficial. Moreover, the problems related to online counseling during the pandemic are similar to earlier identified ones (Situmorang, 2020). Pandemic significantly changed psychologists' and clients' point of view towards remote counseling; namely, it is supposed to be seen as a new possibility for the future without the pandemic. Challenges of online mental health services are related to the boundary between work and home environment being blurry either for specialist or clients (Young, 2020; Palumbo, 2020; Dragomir, 2020).

Pandemic experience of psychologists informs about changing societal attitudes toward mental health as an integral part of well-being. During the pandemic, people realized the importance of social factors for mental health. They mainly attributed their increased anxiety and stress to the changed social circumstances: limited direct social contacts, lack of mobility, and distance while communicating. People associated both, the emergence of new mental health problems and the deepening of the existing ones, with the above-mentioned social factors. Due to the pandemic, mental health is less pathologized and less personalized. People started prioritizing their mental well-being as an important part of staying healthy. Social contacts and environment have gained added value as the experience of isolation people find out as stressful and hard to manage by themselves.

Conclusions

At this time, it is still too early to draw conceptual conclusions about the phenomenon studied. As a result, our conclusions are only initial insights trying to understand the phenomenon of remote psychological counseling.

COVID-19 pandemic has been an unprecedented crisis in many spheres, including mental health. Nevertheless, psychologists and their clients were able to go through the transition, embracing the remote means of mental healthcare. Due to quarantine restrictions, many mental health issues came into the open, thus psychological help has become even more pertinent. On the other hand, access to such care is still complicated for some vulnerable groups who lack computer literacy. The current study emphasizes such critical factors as self-care, setting boundaries between work and home, and making better use of technologies to reach vulnerable target group clients. The COVID-19 crisis is not over yet, and the need for mental health workers will continue to increase.

The pandemic has altered certain attitudes toward counseling by both psychologists and clients. Remote means of counseling which were initially viewed as a barrier eventually started to be perceived as a new opportunity. During the time of the pandemic, there has been a noticeable change in societal

attitudes toward mental health as an integral part of well-being; therefore, people seek help even in those cases when they would not have hurried to do so before.

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INFLUENCE OF COPING STRATEGIES ON THE STUDENT'S WELL-BEING IN CONDITIONS OF DISTANCE LEARNING

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Abstract. *The article is devoted to the study of student's coping strategies influence on the level of their subjective well-being in conditions of distance learning. It was found that student's coping strategies have an impact on the level of their psychological comfort. Using regression analysis it was revealed that the variability of student's life well-being is determined by the following coping strategies: positive self-esteem; responsibility; planning; escape and self-control. It was developed the typology of students in the conditions of distance education, which includes such indicators of dominant coping strategies: the level of psychological comfort, dominant coping and measure of stress tolerance. According to the certain typology, three types of students were defined: 1) adaptive type (high indicators of well-being, high indicators of tolerance to stress, dominant strategies "self-esteem", "responsibility" and "planning"); 2) maladaptive type (low indicators of well-being, low indicators of tolerance to stress, dominant coping "escape"); 3) average adaptive type (average indicators of well-being, average indicators of tolerance to stress; dominant strategies "responsibility", "self-control", low indicators of coping "positive self-esteem"). The results of the study indicate that students who are best adapted to distance learning and have a high level of psychological comfort tend to evaluate themselves positively, treat work responsibly, plan their studies and have an average level of self-control.*
Keywords*:* adaptation, coping strategies, distance learning, student well-being.

Introduction

In the last few years, modern society has faced global challenges that have significantly affected society life. One of such challenges was the COVID-19 pandemic, which led to the introduction of quarantine restrictions in various fields, including university education. To continue the learning process during quarantine, universities transformed to distance learning.

Distance education became a non-standard form of education for both teachers and students. The new format of education caused psychological discomfort and the need to adapt to non-traditional life realities. In such circumstances, students have a problem choosing certain coping strategies that would help them continue to receive their professional qualifications. An

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important factor of choosing such coping strategies was to provide quality education and, at the same time, psychological comfort, because the new way of university studying caused anxiety and difficulties in self-organization, which negatively influenced the level of emotional well-being. Therefore, the purpose of this study was to analyze the actual problem of choosing effective adaptive ways of students to distance learning, which supports their subjective well-being.

Coping strategies allow coping with various life difficulties and are relevant in stressful or unusual circumstances. The study of coping is associated with the analysis of personality regulation and self-regulation, personal development and the ability to use internal resources. By studying the dominant coping strategies, it is possible to understand the level of adaptability of human behavior (stress management), which can be a factor of reducing or increasing productivity in stressful circumstances (Kriukova, 2008). Therefore, early detection of maladaptive coping is an important practical task of providing psychological assistance to people with life difficulties (Galatzer-Levy, Burton, & Bonanno, 2012).

There are many approaches to determining the types and structure of coping strategies. Many authors agree in their classification that copings are divided into adaptive (help person to cope with stress) and maladaptive (negatively affect human life). Adaptive coping strategies are often associated with problem solving, a rational approach, the ability to use one's own resources and receive social support. Maladaptive strategies include escape from problems, emotional focus on difficulties, and dependence on social support (Skinner, Edge, Altman, & Sherwood, 2003; Cheng, Lau, & Chan, 2014).

According to A. Dermanova, coping behavior is especially important in early adulthood, because it is a mechanism of personality development at this age (Dermanova, 2011). As a result of the fact that young people cope with difficult life situations, there are positive personality changes that lead to a higher level of personality functioning. The period of early adulthood connects exactly with the student years of study, so the issue of coping strategies is relevant for students.

Many researchers focus on the study of student's coping strategies in relevant learning situations, such as exam situations. The exam is a stress factor for students, which involves checking the success of mastering the subject and it is one of the main causes of mental stress (Olennikova, 2015). Increased stress during the exam period has a significant impact on the mental and physical health of students creates risks of reduced efficiency, emotional problems and physical health disorders (Arendarchuk, 2015). Adaptive coping strategies in this case are regulatory mechanisms to overcome stress, which can reduce the stressful impact of the situation, save mental and physical health.

Student mechanisms for managing with stress can be aimed at solving a specific problem or reducing the negative impact on personality psychological

comfort. Problem-oriented strategies involve active behaviors intent at overcoming and purposeful control over the stressors` impact. Emotionally focused strategies are associated with different psychological protection mechanisms, which intent to reducing the emotional discomfort (Kyreeva, 2012).

The choice of a specific coping strategy or group of copings affects student self-efficacy, which is considered one of the most important factors of student involvement, cognitive interest and academic success (Freire, Mar Ferradás, Regueiro, & Rodríguez 2020). Thus, student coping strategies not only minimize distress and prevent psychological problems, but also ensure success and increase productivity in non-standard conditions. Students who have successfully adapted to stressful conditions are able to develop their professional skills and use effective ways to overcome stress in future activities (Deasy, Coughlan, & Pironom, 2014).

Methodology

To study the influence of coping strategies on the students` well-being in conditions of distance learning three psychodiagnostic methods were selected: “Scale of Subjective Well-being”, “Ways of Coping Checklist” by Folkman & Lazarus in adaptation of T. Krukova and “New Stress Tolerance Questionnaire” by T. Kornilova.

The method “Subjective Well-being Scale” allows to differentiate the emotional component of students` subjective well-being, which is based on an analysis of the following criteria: tension and sensitivity, psycho-emotional symptoms, mood changes, significance of social environment, life satisfaction (Fetyskyn, Kozlov, & Manuilov, 2002). This method was used in accordance with purpose of the study - to find out how the choice of certain coping strategies influence on student`s emotional comfort in connection with being in a distance learning situation.

The “Ways of Coping Checklist” by Folkman & Lazarus was used to identify the following types of coping strategies: confrontation, distancing, self-control, seeking social support, responsibility, escape-avoidance, problem-solving planning, and positive self-esteem (Kriukova & Kuftiak, 2007).

These coping strategies help to cope with life's difficulties by changing cognitive and behavioral patterns to adapt for specific environmental requirements. Based on the results of this method, the most effective student`s coping strategies for distance learning were analyzed. The level of subjective well-being was determined as an indicator of the coping strategy effectiveness.

The last, third method “New Stress Tolerance Questionnaire”, was used to determine the ability to keep stress resistance in the stressful conditions

(Kornylova, 2010). For students, such a condition is the situation of a new format of distance learning due to the restriction of quarantine.

In order to investigate, how students' coping strategies influence the level of their subjective well-being in conditions of distance learning, 52 students (19 men and 33 women) aged 19 - 21 years old were selected. Students studied at 2 - 4 courses of such specialties as: social pedagogy, practical psychology and speech therapy. First-year students were not included in the study due to the condition that for them studying at the university is already an adaptation period for which distance learning is imposed. Therefore, their adaptation to university may be an additional variable, which can distort the results of the study.

The research was conducted during the period of quarantine and the distance learning caused by it, which was an unusual and stressful situation for the studied students and required updating of coping strategies.

Research Results and Discussion

At the first stage of the study, students passed the method "Ways of Coping Checklist", being in a distance-learning environment, which allowed to identify the most common coping strategies in the student sample (Figure 1).

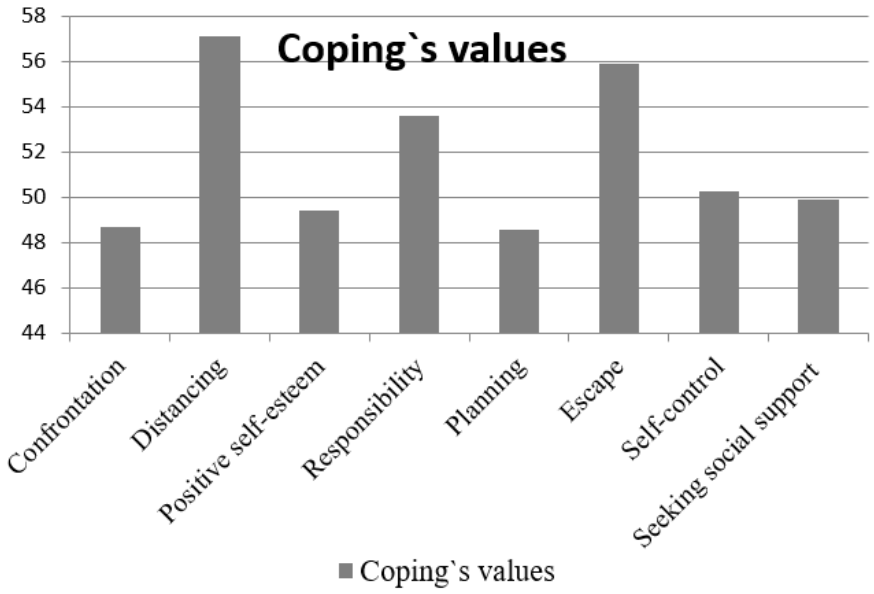

Figure 1 ***Average Values of Coping Strategies in the Student Group in Distance Learning***

In general, according to statistical indicators, the following stress coping strategies have the highest level in the group of students: distancing ($\bar{x}$= 57.1), responsibility ($\bar{x}$= 53.9), escape ($\bar{x}$= 55.9). The lowest level of expression in the group have such copings: confrontation ($\bar{x}$= 48.7), positive self-esteem ($\bar{x}$= 49.4), planning in solving problems ($\bar{x}$= 48.6), self-control ($\bar{x}$= 50, 3), seeking

social support (x (= 49.9). Thus, students during distance learning, on the one hand, tend to take responsibility for learning outcomes in a new format (coping "responsibility"), and on the other – can avoid solving problems (coping "escape") or negate their value "distancing").

On the second stage of the study, the same students were asked to take the method "Scale of Subjective Well-being" to determine the level of subjective well-being. Using multidimensional regression analysis, a statistical model of the influence of students' coping strategies (predictors) on the level of their subjective well-being (dependent variable) was developed.

The following coping strategies were included in the regression model: positive self-esteem; responsibility; planning; escape and self-control (Table 1). These variables had a high statistically significant effect on the experience of emotional comfort by students in distance learning. Other coping strategies were excluded because they did not show a statistically significant effect. The developed statistical model allows to predict the variability of the students subjective well-being depending on the choice of copings by 78.2% (the reliability of the regression model $R^2 = .782$).

Table 1 ***Indicators of the Contribution Degree of Students Coping Strategies in Predicting the Level of Their Subjective Well-being in the Regression Model***

Copings (predictors)	Beta-coefficients (the contribution of the predictor in predicting the dependent variable)	Significance
Positive self-esteem	.483	.002
Responsibility	- .143	.000
Planning	.140	.003
Escape	- .266	.001
Self-control	.789	.003
Constant	7.510	.000

According to the analyzed data, the most significant positive impact on the level of emotional well-being of distance learning students has a strategy "self-control" ($\beta = .789$). This means that students who tend to take control of and manage the situation have a lower level of anxiety about learning outcomes, and therefore show high levels of subjective well-being. This way of overcoming stress allows minimizing anxiety with targeted control of behavior and the ability to self-organize. Our results confirm the research of E. Skinner and his colleagues that adaptive coping strategies are aimed at solving problems and provide a stable psychological state. And maladaptive strategies involve escape from problems and thus determine anxiety and depression (Skinner, Edge, Altman, & Sherwood, 2003; Cheng, Lau, & Chan, 2014).

Such coping strategies as "positive self-esteem" (β = .483) and "planning" (β = .140) also have a positive effect on increasing the psychological comfort of students. These strategies allow solving problems (in this case, adaptation to distance learning) by purposeful analysis of the situation and analysis of effective behavior, planning activity taking into account the objective conditions and internal resources. Using a tendency to rational planning and self-control, coping "positive self-esteem" allows overcoming negative emotional experiences due to stressful situation through its positive rethinking as an incentive for personal development and new opportunities. For example, distance learning allows using the time spent on the way to university for other types of activity.

The coping mechanisms "escape" (β = -.266) and "responsibility" (β = -.143) have a negative impact on the students subjective well-being in conditions of distance learning. The impact of coping "escape" on reducing students' psychological comfort is obvious, as this strategy aims to reduce emotional stress by responding to the type of avoidance. However, this form of behavior is infantile and does not solve problems, but only causes them to increase (for example, late completion of educational tasks). As for the "responsibility" strategy, its negative impact on well-being is not so obvious. On the one hand, taking responsibility for the situation is a sign of healthy behavior. However, responsibility is often excessive and is accompanied by components of self-criticism and self-blame. Using this strategy, students can be responsible but feel emotional discomfort and tension.

The results of our study prove the research of I. Arendarchuk and M. Olennikova about the negative impact of maladaptive coping on the students' psychological state in stressful situations (Arendarchuk & Olennikova, 2015). Our data show that distance learning is as stressful as exams, because this type of learning actualizes coping mechanisms to reduce psychological stress and save emotional health.

The next stage of the study was to determine the types of students in distance learning on the following indicators: the level of psychological comfort, dominant copings and measure of stress tolerance. To do this, the subjects were offered another method "New Stress Tolerance Questionnaire". Using hierarchical cluster analysis, a typology of students according to the level of adaptability was developed. For each type, the average values of each of the indicators were calculated, the differences between which were determined as statistically significant by the criterion of t-Student (Table 2).

Table 2 ***Average Indicators of Coping Strategies, Stress Tolerance and Subjective Well-being for Selected Types (clusters) of Students by Level of Adaptability to Distance Learning***

Clustering indicators (means)		Types (clusters) of students		
		1 (n = 17)	2 (n = 15)	3 (n = 20)
1	Stress tolerance	67.2**	41.0**	55.0**
2	Subjective well-being	7.0**	4.6**	6.3**
3	Positive self-esteem	65.7*	46.1*	44.2*
4	Responsibility	59.3*	51.1*	68.3*
5	Planning	60.8*	54.3*	52.8*
6	Escape	41.9*	61,5*	47.5*
7	Self-control	57.6*	42.6*	61.4*

*Note: Differences in mean values at significant level p≤0.05 *, p≤0.01 ***

In general, three types (clusters) of students in distance conditions were identified:

1) adaptive type (high indicators of well-being ($\bar{x}$ = 7), high indicators of tolerance to stress ($\bar{x}$ = 67.2), dominant strategies “positive self-esteem” ($\bar{x}$ = 65.7), “responsibility” ($\bar{x}$ = 59.3) and “planning” ($\bar{x}$ = 60.8);
2) maladaptive type (low indicators of well-being ($\bar{x}$ = 4.6), low indicators of tolerance to stress ($\bar{x}$ = 41) and “positive self-esteem” ($\bar{x}$ = 46.1), dominant coping “escape” ($\bar{x}$ = 61.5);
3) average adaptive type (average indicators of well-being ($\bar{x}$ = 6.3), average indicators of tolerance to stress ($\bar{x}$ = 55); dominant strategies “responsibility” ($\bar{x}$ = 68.3), “self-control” ($\bar{x}$ = 61.4), low indicators of coping “positive self-esteem” ($\bar{x}$ = 44.2).

The subjects of 1 cluster (adaptive type) feel most comfortable in distance learning at the university and have a high level of stress resistance. Due to the dominance of coping “positive self-esteem”, “responsibility” and “planning” students of this type are quite labile, able to adapt to new changes, effortlessly go beyond the accepted limits, have harmony and comfort in the emotional sphere of life.

Subjects from cluster 2 (maladaptive type) feel very uncomfortable in distance learning at the university and have a low level of resilience to stress. They are characterized by an escape strategy; they tend to avoid solving problems, are not inclined to plan or adapt to new conditions, and tend to be dissatisfied with their own lives.

Subjects from cluster 3 (average adaptive type) are characterized by an average level of subjective well-being in distance learning. This type includes students who try to take responsibility for the situation, but often blame

themselves for failures and feelings of guilt. This can cause psychological discomfort in students.

Thus, the classification of students into such types according to the level of adaptability once again confirms the view that adaptive coping strategies not only avoid psychological problems, but also help to improve academic performance and increase resistance to stress (Freire, Mar Ferradás, Regueiro, & Rodríguez 2020).

Conclusion

Coping strategies are emotional and cognitive-behavioral mechanisms that allow individuals to manage with various life difficulties and become relevant in stressful circumstances. Coping allows students to deal with learning activities and unusual situations that arise in the educational process. One of such situations is a new format of distance learning for students, which involves the actualization of internal resources and the choice of specific ways of adaptation to new conditions.

The study analyzed the coping strategies of students, which they use to cope with stress in distance learning, and their impact on the level of students` subjective well-being. Using regression analysis, a statistic model for predicting the psychological comfort of students was determined, depending on the choice of coping. The following coping strategies were included in the regression model: positive self-esteem; responsibility; planning; escape and self-control. Positive self-esteem, planning and self-control have a positive effect on emotional well-being, but strategies escape and responsibility reduce the psychological comfort of students.

Using hierarchical cluster analysis, three types of students were identified according to the level of adaptability to distance learning: 1) adaptive type (high level of subjective well-being, high stress resistance, positive self-esteem, tendency to self-control and planning in stressful conditions); 2) maladaptive type (low indicators of well-being and tolerance to stress, tendency to avoid solving problems); 3) average adaptive type (average level of psychological comfort and tolerance to stress; tendency to take responsibility for the situation, connected with excessive self-criticism).

Further research can be aimed at identifying statistically significant differences in the choice of coping strategies by students in the usual learning conditions and in stressful conditions (the situation of quarantine and distance learning).

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HRONISKU SLIMNIEKU DZĪVESSPĒKS: DARBĪBAS JOMAS PĀRSKATS

Resilience of Chronically Ill: a Scoping Review

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Abstract. *In the field of psychology resilience of the chronically ill has been studied mostly using quantitative research methods, but there are much fewer qualitative studies. This scoping review aims to collect definitions of resilience, find out, whether resilience development strategies are mentioned and what research approaches are used in qualitative studies about the resilience of the chronically ill. The review was conducted, following the 5-stage framework by Arksey and O'Malley, PRISMA guidelines, and searching in PubMed, PsychInfo, and Scopus databases. The main keywords (patients with chronic illness, resilience, strategies, qualitative studies) were selected according to the Participants/ Concept/Context (PCC) framework, 21 articles were included in the review. Resilience mostly was defined as the ability to recover, return to normality, and adapt to new conditions after experiencing stress, illness, or other negative events. In several studies, other terms like coping, personal strength, self-management, and psychological growth were used instead. Lived experiences of the chronically ill show that resilience is not a stable ability, it changes over time. Resilience can be developed, using different strategies, such as having a positive mindset, learning new skills, accepting help, or promoting a healthy lifestyle. Qualitative content analysis and thematic analysis were the most often used research approaches in qualitative studies about the resilience of the chronically ill.*
Keywords: *patients with chronic illness, qualitative study, resilience, strategies, scoping review.*

Ievads
Introduction

Dzīvesspēks ir viens no centrālajiem jēdzieniem veselības psiholoģijā. Pēdējās desmitgadēs aizvien vairāk tiek pētīta saistība starp dzīvesspēku un cilvēku fizisko un psihisko veselību. Pētījumos secināts, ka dzīvesspēks var mazināt stresa un izdegšanas risku (Yu-Ri et al., 2016), dzīvesspēks palīdz pārvarēt dažādus emocionāli traumatiskus notikumus, piemēram, zaudējumu un

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sēras (Bonanno, 2004), kā arī nopietnas veselības problēmas (Consentino Solano et al., 2016).

Vairākos veselības psiholoģijas jomā veiktos kvantitatīvajos pētījumos ir pierādīts, ka dzīvesspēku var attīstīt jebkurā dzīves posmā, jebkurā vecumā un pie jebkuras slimības gaitas. Arī slimnieki ar neatgriezeniskiem veselības traucējumiem var būt dzīvesspēcīgi, turklāt dzīvesspēkam ir saistība ar augstākiem labsajūtas rādītājiem un lielāku līdzestību ārstēšanas procesā (Gheshlagh et al., 2016). Tomēr joprojām ir salīdzinoši maz kvalitatīvo pētījumu par to, vai un kādā veidā hroniski slimnieki var dzīvesspēku attīstīt, un, ja var, kuras dzīvesspēka attīstības stratēģijas paši slimnieki atzīst par noderīgākajām.

Lai atbildētu uz jautājumu, kā dzīvesspēku iespējams attīstīt, vispirms nepieciešams noskaidrot, ko kvalitatīvo pētījumu autori saprot ar jēdzienu "dzīvesspēks". Šī darbības jomas pārskata mērķis ir apkopot kvalitatīvajos pētījumos lietotās dzīvesspēka definīcijas un noteikšanas metodes, kā arī noskaidrot, vai šajos pētījumos tiek aplūkotas dzīvesspēka attīstības stratēģijas un kāds pētījuma dizains tajos tiek izmantots.

Darbības jomas pārskats tika veikts, balstoties uz Hilarijas Arksejas un Lisas O. Meilijas piecu soļu metodoloģisko modeli (Arksey & O'Malley's, 2005). Šajā rakstā atspoguļoti galvenie darbības jomas pārskata veidošanas posmi, kā arī aprakstīti iegūtie rezultāti.

Metodoloģija
Methodology

Darbības jomas pārskats ir viens no pārskatu veidiem, kas sniedz sākotnējo novērtējumu par noteiktā jomā pieejamo zinātnisko literatūru un ļauj izvērtēt, vai nepieciešams veikt detalizētu sistemātisko pārskatu.

Sekojot augšminētajam metodoloģiskajam modelim, pārskats tika veidots, vadoties pēc šādiem soļiem: 1) pētījuma jautājumu definēšana; 2) meklēšanas stratēģijas noteikšana; 3) pētījuma izlases veidošana pēc iekļaušanas un izslēgšanas kritērijiem; 4) kvalitatīvo datu sintēze galveno tēmu noteikšanai; 5) iegūto rezultātu apkopošana un aprakstīšana.

Pētījuma jautājumu definēšana

Jautājumi tika definēti saskaņā ar pārskata mērķi. Vispirms bija jānosaka, kas ir pētāmais objekts, un tad jānoskaidro, vai un kā tas var tikt pētīts. Tika izvirzīti šādi pētījuma jautājumi: 1) Kādas dzīvesspēka definīcijas tiek lietotas kvalitatīvos pētījumos par hronisku slimnieku dzīvesspēku? 2) Vai un ar kādām metodēm kvalitatīvos pētījumos tiek noteikts, vai hroniskiem slimniekiem piemīt dzīvesspēks? 3) Vai ir veikti kvalitatīvi pētījumi par hronisku slimnieku

dzīvesspēka attīstības stratēģijām un kā tās tiek definētas? 4) Kāds pētījuma dizains tiek izmantots kvalitatīvos pētījumos par hronisku slimnieku dzīvesspēku?

Meklēšanas stratēģijas noteikšana

Atbilstoši PCC shēmai (*Participants* (dalībnieki), *Concept* (jēdziens), *Context* (konteksts)) sākumā tika atlasīti centrālie jēdzieni (*patients with chronic illness, resilience, strategies, qualitative study)*, kā arī alternatīvie atslēgas vārdi. Izmantojot saikļus AND vai OR tika izveidota atslēgas vārdu virkne: *resilience OR resiliency OR resilient OR bounce AND back OR cope OR adapt OR adaptability OR adaptable OR adaptive AND functioning OR strengths OR healthy AND adjustment OR overcoming OR post-traumatic AND growth OR recovery AND patients OR chronic AND disease OR chronic AND illness OR chronic AND pain OR incurable AND disease OR rare AND disease OR oncology OR diabetes OR spinal AND cord AND injury OR multiple AND sclerosis OR disabilities OR amputation OR blind OR blindness OR glaucoma OR autoimmune AND disease AND qualitative study.*

Pētījuma izlases veidošana

Meklēšana tika veikta PubMed, PsychInfo un Scopus datubāzēs. PubMed tika izvēlēta, jo ir viena no plašākajām medicīnas jomas datubāzēm, kura piedāvā pilnas rakstu versijas. PsychInfo ir apkopoti psiholoģijas nozares raksti, savukārt Scopus tika izvēlēta, jo tajā atrodami gan psiholoģijas, gan medicīnas jomas, gan starpdisciplināri pētījumi. Pētījumu atlase tika veikta izmantojot PRISMA shēmu (Moher, Liberati, & Altman, 2009) (skat. 1. attēlu) ar šādiem soļiem:

1.solis: Meklējot trijās datu bāzēs kopumā tika atrastas 1036 atslēgas vārdiem atbilstošas publikācijas.

2.solis: Pēc virsrakstu un anotāciju izskatīšanas tika atlasītas 138 publikācijas.

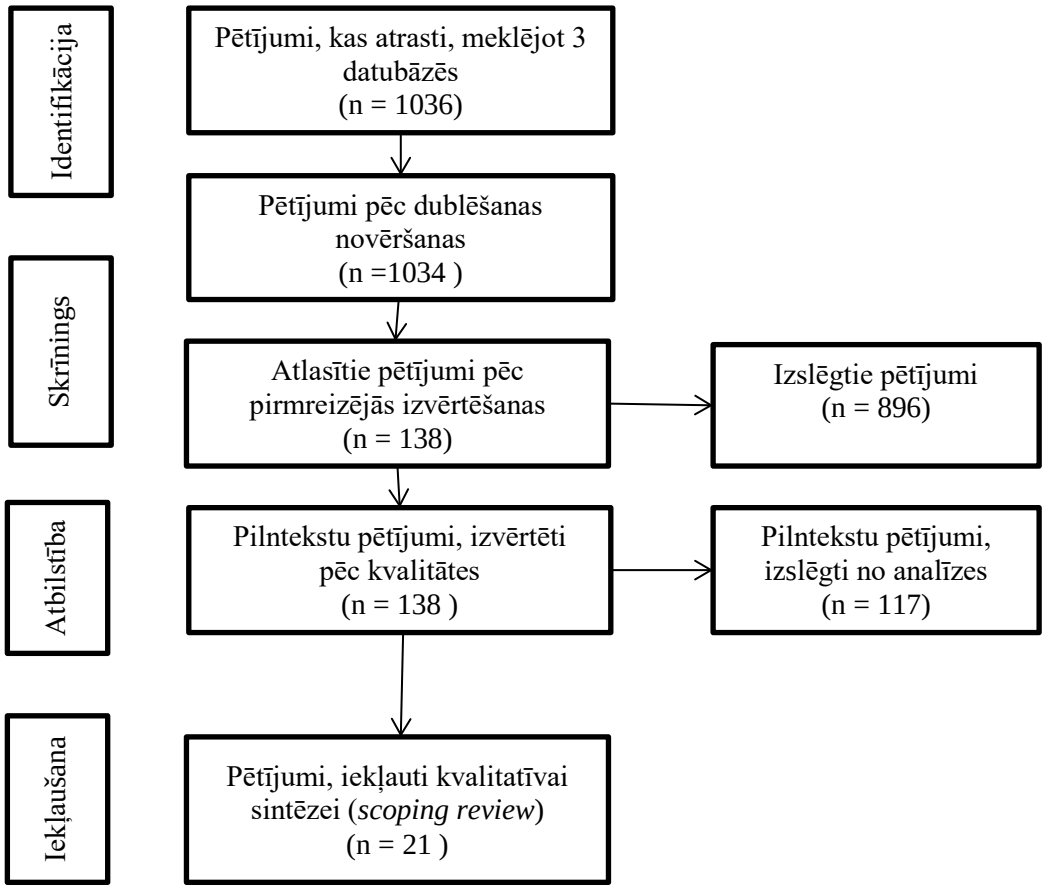
3.solis: Veicot šo 138 publikāciju pilnu tekstu analīzi, darbības jomas pārskatā tika iekļauta 21 publikācija, kas atbilda iekļaušanas kritērijiem:

- Dzīvesspēks ir viens no pētījuma centrālajiem jēdzieniem.
- Pētījuma dalībniekiem ir hroniskas slimības, bet ne psihiskas slimības.
- Pētījuma dalībnieki ir darbaspējas vecumā (18 – 65 gadi).
- Kvalitatīvs pētījums angļu valodā, kas pilnā apjomā pieejams bez maksas.
- Pētījums veikts pēdējos 20 gados.

Šajā posmā liela daļa publikāciju tika izslēgtas no iekļaušanas darbības pārskatā, jo tajās tika pētītas tikai tās stratēģijas, kas palīdz mazināt slimības izraisītās negatīvās sekas, piemēram, apgaismojuma pielāgošana glaukomas gadījumā, taču netika runāts par dzīvesspēku plašākā kontekstā.

Kvalitatīvo datu sintēze galveno tēmu noteikšanai

Pārskatā iekļautās publikācijas tika analizētas, veidojot apkopojumu par katru no četriem pētījuma jautājumiem. Pēc informācijas apkopošanas tika noteiktas centrālās tēmas, kas visbiežāk atkārtojas dažādās publikācijās.



1.attēls. ***PRISMA shēma darbības jomas pārskata veidošanai*** *(Mother et al., 2009)*
Figure 1 ***PRISMA Schema for Scoping Review*** *(Mother et al., 2009)*

Iegūto rezultātu apkopošana un aprakstīšana

Rezultāti tika aprakstīti, izveidojot apakšnodaļu par katru sākotnēji izvirzīto pētījuma jautājumu. Pēc rezultātu aprakstīšanas tika izvirzīti jautājumi tālākai diskusijai.

Rezultāti un diskusija
Results and Discussion

Dzīvesspēka pieredze tika analizēta publikācijās par vēža pacientiem (n=4), pacientiem ar invaliditāti pēc smagām traumām (n=4), pacientiem ar nopietniem redzes vai dzirdes traucējumiem (n=3), pacientiem ar hronisku, obstruktīvu plaušu slimību (n=2), pacientiem ar kājas amputāciju (n=2), pacientiem ar dažādām hroniskām slimībām (n=2), HIV pacientiem (n=1), paliatīvās aprūpes pacientiem n=1), diabēta pacientiem (n=1) un hronisku sāpju pacientiem (n=1).

Dzīvesspēka definīcijas

Analizējot darbības jomas pārskatā iekļautās publikācijas, var secināt, ka jēdzienam "dzīvesspēks" nav vienotas definīcijas, tomēr kopīgais dažādās definīcijās ir tas, ka dzīvesspēks tiek saprasts kā pozitīva adaptācija pēc smagiem dzīves notikumiem. Pētījumu autori izmanto šādas dzīvesspēka definīcijas, piemēram, dzīvesspēks ir dinamisks process, kurā cilvēks atgūstas no dzīves grūtībām un spēj saglabāt relatīvi stabilu un veselīgu psihosociālu funkcionēšanas līmeni, neskatoties uz traumatiskiem dzīves notikumiem (Bonanno & Mancini, 2008). Dzīvesspēks tiek definēts arī kā spēja par spīti dzīves grūtībām joprojām atrast cerību un jēgu dzīvei (Deveson, 2003). Kādā citā pētījumā dzīvesspēks tiek raksturots kā aktīvs process, kura laikā indivīdi veiksmīgi manipulē ar apkārtējo vidi, lai izolētu sevi no negatīvām sekām vai dzīves notikumiem (Rutter, 1985).

Vienā no publikācijām autori (Geard et al., 2018) nošķir divu veidu dzīvesspēku – spēju atkopties pēc grūtām dzīves situācijām, kas ir īslaicīgas un pārejošas, un spēju sadzīvot ar patstāvīgām grūtībām, atzīstot, ka otra veida dzīvesspēks ir mazāk pētīts. Savukārt, citā publikācijā (Santis et al., 2013) tiek runāts par dzīvesspēka stadijām. Akūtajā stadijā likstas rada draudus, ar kuriem cilvēks mācās tikt galā. Kad cilvēks ir adaptējies, viņš reorganizē savu dzīvi un iekļauj tajā dzīves grūtību izraisītās pārmaiņas, kas rezultējas kā dzīvesspēks.

Vairākās publikācijās, aprakstot procesu, kurā, neskatoties uz slimības izraisītajām grūtībām, indivīdi spēj atgūties un adaptēties esošajos apstākļos, autori jēdziena "dzīvesspēks" vietā lieto citus saturiski līdzīgus jēdzienus. Visbiežāk lietotais jēdziens ir "pārvarēšana" (*coping*), kas tiek definēta kā spēja tikt galā ar nepatīkamiem apstākļiem, lai minimizētu vai novērstu stresu, ko tie rada (Shauver et al., 2011), savukārt runājot par pārvarēšanu slimības kontekstā tā tiek definēta kā spēja atgriezties normalitātē, kontrolēt slimību un tās blakusefektus, lai uzlabotu dzīves kvalitāti (Harrop et al., 2017).

Dažos pētījumos tiek lietoti tādi jēdzieni kā pašorganizācijas uzvedība, pašefektivitāte, iekšējais spēks, psiholoģiskā izaugsme. Kaut arī katram no šiem jēdzieniem zinātniskajos pētījumos ir nedaudz atšķirīga definīcija, darbības pārskatā ietvertajos pētījumos tie tiek lietoti, lai aprakstītu cilvēka iekšējo spēku, kas saturiski ir līdzīgs dzīvesspēkam, proti, tā ir spēja atkopties pēc grūtībām, adaptēties jaunos apstākļos un atrast resursus tālākai izaugsmei.

Kvalitatīvajos pētījumos lietotās dzīvesspēka definīcijas un autoru secinājumi apliecina, ka dzīvesspēks nav stabila personības iezīme, tā mainās un attīstās dzīves notikumu ietekmē. Tā kā dzīvesspēka saglabāšana pastāvīgu grūtību gadījumā ir maz pētīta, turpmākajos pētījumos būtu vērtīgi analizēt tieši šo dzīvesspēka aspektu.

Dzīvesspēka noteikšanas metodes

Nevienā no darbības pārskatā ietvertajām publikācijām hronisku slimnieku dzīvesspēks pirms kvalitatīvo datu vākšanas netika kvantitatīvi noteikts. Divos pētījumos pirms interviju uzsākšanas dalībniekiem tika noteikti depresijas rādītāji, lai iekļautu pētījumā dalībniekus gan ar augstiem, gan zemiem depresijas rādītājiem. Vienā pētījumā pirms interviju uzsākšanas tika noteikti gan depresijas, gan pašapziņas rādītāji, taču iegūtie rezultāti bija tikai informatīvi, nevis atskaites punkts, lai izvērtētu, kurus dalībniekus iekļaut tālākā pētījumā.

Dzīvesspēka attīstības stratēģijas

Visu darbības jomas pārskatā iekļauto publikāciju autori ir nonākuši pie viena secinājuma – neskatoties uz smagiem veselības traucējumiem, ir iespējams izstrādāt stratēģijas, kas palīdz adaptēties dzīvei ar slimību, nepadoties grūtību priekšā un uzlabot dzīves kvalitāti.

Stratēģijas visbiežāk tika definētas kā paša cilvēka izvēlēts darbību kopums, kas palīdz sadzīvot ar slimību un veicināt veselību. Vairāki autori atzina, ka šīs stratēģijas var atšķirties atkarībā no tā, cik ilgs laiks pagājis, kopš slimniekam ir uzstādīta diagnoze. Sākotnēji stratēģijas ir vairāk saistītas ar zaudējuma pieņemšanu, bet laikam ejot tās kļūst pragmatiskākas un vairāk saistītas ar katra slimnieka individuālajiem mērķiem (Stevelink et al, 2015; Walshe et al., 2017).

Vairākās publikācijās (Harrop et al., 2017; Oaksford et al., 2005 u.c.) tika secināts, ka dažiem slimniekiem, pārņemot kontroli pār savu dzīvi un meklējot labākās stratēģijas, kā sadzīvot ar slimību, izdevās ne vien atgriezties pie normalitātes, bet sasniegt stāvokli, kurā viņi jutās pat vēl labāk, kā pirms slimības.

Vienā no publikācijām (Gonzalez et al, 2015) par stratēģijām, kas dažādas etniskās izcelsmes amerikānietēm palīdz sadzīvot ar krūts vēzi, tika secināts, ka stratēģijas lielā mērā ietekmē slimnieku kultūra un reliģija.

Daļā publikāciju tika analizēta dzīvesspēka pieredze tikai viena dzimuma pārstāvjiem, parādot, kā priekšstati par vīrišķību vai sievišķību ietekmēja hronisko slimnieku stratēģijas. Piemēram, pētījumā par vīriešu invalīdu veselības naratīviem un attieksmi pret sportu (Smith, 2013) tika secināts, ka vīriešu maskulinitātes stereotipi ietekmē viņu dzīvesspēka interpretācijas un to, vai viņi uztver trenētu ķermeni par spēka un paškontroles apliecinājumu.

Vienā no publikācijām (Wilson et al., 2017) tika secināts, ka stratēģiju izvēli nosaka līdzšinējā dzīves pieredze. Var izdalīt stratēģijas, kas kaut ko pievieno mūsu dzīvei, proti, palīdz atrast jaunas iespējas, un stratēģijas, kas mūs no kaut kā atbrīvo, piemēram, no apstākļiem vai attiecībām, kas mums traucē.

Hronisko slimnieku visbiežāk aplūkotās dzīvesspēka attīstības stratēģijas var iedalīt piecās grupās. Pirmā grupa ir stratēģijas, kas saistītas ar rūpēm par fizisko veselību – fiziskās aktivitātes, veselīgs dzīvesveids, ikdienas ieradumu maiņa. Otrā grupa ir stratēģijas, kas saistītas ar jaunas pieredzes apgūšanu – zināšanu paplašināšana par diagnozi, jaunu prasmju un hobiju apgūšana. Trešā grupa ir stratēģijas, kas saistītas ar attiecību veidošanu – socializēšanās ar citiem slimniekiem, dalīšanās pieredzē, mācīšanās pieņemt palīdzību. Ceturtā grupa ir stratēģijas, kas saistītas ar domāšanas un attieksmes maiņu – mācīšanās saskatīt labo savā dzīvē, darbs ar negatīvajām pārliecībām, līdzšinējo mērķu pārformulēšana. Un piektā grupa ir stratēģijas, kas saistītas ar jēgas un garīguma meklējumiem.

Domājot par tālāku pētniecību šajā jomā, būtu lietderīgi izanalizēt, kuras dzīvesspēka attīstības stratēģijas ir palīdzošākas īstermiņā un kuras ilgtermiņā.

Izmantotais pētījuma dizains

Hroniski slimu pacientu dzīvesspēkam veltītajos kvalitatīvajos pētījumos tika izmantots dažāds pētījuma dizains, taču visbiežāk (11 no 21 publikācijām) pētnieki izmantoja daļēji strukturētas dziļās vai naratīvās intervijas, kuru rezultātā iegūtie dati tika interpretēti, izmantojot tematisko analīzi vai kontentanalīzi. Dažos no pētījumiem līdztekus individuālajam intervijām dati tika ievākti arī izmantojot fokusgrupas. Četros pētījumos dati tika ievākti caur daļēji strukturētām dziļajām intervijām un analizēti pamatotās teorijas dizaina ietvaros. Tika izmantoti arī tādi pētījuma dizaini kā fenomenoloģiskais un naratīva pētījuma dizains.

Ierobežojumi

Tā kā darbības jomas pārskats sniedz vispārēju ieskatu tēmā un pieejamajā literatūrā, bet atšķirībā no sistemātiskā pārskata tajā netiek iekļauti un analizēti visi pētījumi par attiecīgo tēmu, iegūtie rezultāti nevar tikt uzskatīti par pilnīgiem.

Secinājumi
Conclusions

Kvalitatīvos pētījumos par hronisku slimnieku dzīvesspēku tiek lietotas dažādas dzīvesspēka definīcijas, taču tajās visās tiek runāts par adaptāciju pēc smagiem dzīves notikumiem. Dzīvesspēks ļauj nesalūzt grūtību priekšā un atgriezties sākotnējā stāvoklī vai pat pārspēt to un justies labāk, kā pirms slimības.

Dzīvesspēka attīstības stratēģijas var pētīt arī nenosakot sākotnējo dzīvesspēka līmeni. Neatkarīgi no tā, cik izteikts ir cilvēka dzīvesspēks, to var attīstīt, jo dzīvesspēks ir mainīgs lielums, kas var atšķirties dažādos slimības periodos.

Arī smagi slimi cilvēki var atrast stratēģijas, kas palīdz sadzīvot ar slimību, uzlabot veselību un dzīvot iespējami pilnvērtīgi. Stratēģiju izvēli ietekmē kultūra, cilvēka uzskati un līdzšinējā pieredze. Stratēģijas var atšķirties atkarībā no tā, cik ilgs laiks pagājis kopš diagnozes uzzināšanas. Dzīvesspēka attīstības stratēģijas ir vērstas uz dažādām dzīves jomām – fiziskās veselības uzlabošanu, jaunas pieredzes gūšanu, attiecību veidošanu, domāšanas maiņu, jēgas un garīguma meklējumiem.

Darbības jomas pārskatā iekļautajos pētījumos visbiežāk dati tika ievākti caur daļēji strukturētām dziļajām vai naratīvajām intervijām, kuras tika interpretētas, izmantojot tematisko analīzi vai kontentanalīzi. Taču tika izmantoti arī citi pētījuma dizaini, kā, piemēram, pamatotā teorija, fenomenoloģiskais pētījuma dizains un naratīvais pētījuma dizains.

Summary

Resilience is one of the central concepts in health psychology. In the last decades, the connection between resilience and physical and mental health has been increasingly studied. Studies show that resilience can be developed at any stage of life, and also chronically ill people can be resilient. However, there are still relatively few qualitative studies on how resilience can be developed. This scoping review aims to collect definitions of resilience, find out, whether resilience development strategies are mentioned and what research approaches are used in qualitative studies about the resilience of the chronically ill. The review was conducted, following the 5-stage framework by Arksey and O'Malley (1)Identifying the

research questions; 2) Identifying relevant studies; 3) Study selection; 4) Charting the data; 5) Collating, summarizing, and reporting the results), PRISMA guidelines, and searching in PubMed, PsychInfo, and Scopus databases. The main keywords (patients with chronic illness, resilience, strategies, qualitative studies) were selected according to the Participants/ Concept/Context framework. Twenty-one articles were included in the review. Resilience mostly was defined as the ability to adapt, bounce back, and return to normality after experiencing stress, illness, or other negative events. Lived experiences of the chronically ill show that resilience is not a stable ability, it changes over time. Some authors speak about two kinds of resilience – short term resilience when a person copes with temporary difficulties, and long term resilience when a person tries to deal with constant difficulties. The second kind of resilience is less studied but is very important in the life of the chronically ill. In several studies, other terms like coping, personal strength, self-management, and psychological growth were used instead. Chronically ill people use different resilience development strategies, that can be divided into five groups – strategies that improve physical health, help to gain new experiences, focus on socialization, change mindset and attitudes, and those connected with spirituality and meaning of life. The resilience of the chronically ill can be studied using different research designs, such as grounded theory, narrative research design, phenomenological research design, etc., but in studies, included in this review, qualitative content analysis and thematic analysis were used most often.

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