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Psychological Flexibility and Resilience as Teacher's Health Factors in Relation to the Ethics of Care

Abstract

This article aims to examine the concepts of resilience and psychological flexibility in relation to the tasks faced by today's teachers. It also probes the correlation between resilience and psychological flexibility. Another area of study was to check whether there are any differences in the results obtained on the scales of resilience and psychological flexibility between male and female teachers. The following tools were used in this study: the Acceptance and Action Questionnaire in the second version (AAQII) in the Polish adaptation to measure psychological flexibility, the Resilience Assessment Questionnaire (KOP–26) to examine the level of resilience and a questionnaire of sociodemographic data of our design. The obtained results were subjected to statistical analysis according to the adopted quantitative nature of the research. The study group consisted of 87 female and male teachers of primary schools in the city and commune of Swarzędz. Statistically

significant differences were observed in the scores obtained by men and women in the area of the general resilience factor and the family relations subscale. Correlations were also marked between flexibility and resilience in the group of female elementary school teachers surveyed. This is extremely important from a pedagogical perspective for the following reasons. In Carol Gilligan's theory, feminist morality is based on the ethics of care and responsibility. Similar values are indicated by researchers working on the concept of psychological flexibility as a component of health in social terms. The above observations lead us to the reflection that the current educational system based on values such as competition and hierarchy is not necessarily conducive to the mental health of school communities. A deeper reflection on the social values of responsibility and care in the didactic and educational system could prove useful in the context of caring for the health of individuals and societies.

Keywords: psychological flexibility, resilience, teachers, feminism, values.

Introduction

As noted by numerous researchers, a high risk of job burnout can be observed in the teaching profession (e.g. Buonomo et al., 2017). This is due to the presence of many aggravating factors accompanying work (e.g. Pyżalski, 2010). On the other hand, as we read in the Act of December 14, 2016 – Education Law (Polish Parliament, 2016), the tasks of the educational system include, among others, care, upbringing, and education, adapted to age norms and the individual needs and abilities of students. The scope and area of these functions is the subject of numerous pedagogical explorations, as already mentioned by Hall in 1905.

Teachers' functioning and axiological insecurities will be related in this study to the constructs of resilience (i.e. mental resilience, after: Junik, 2011) and psychological flexibility, as well as gender-specific issues. The aspect of pro-social and social-creative values of responsibility and care will also be considered, but not in the dimension of individual burdens. This is because the emphasis has been placed on the role of values as one of the aspects of health in the construct of psychological flexibility, and at the same time, as a central link in the feminist concept of Carol Gilligan (1993). Indeed, care and responsibility are the values that an individual can approach in many different ways. They can arise as much from other values held by them as from conditions stemming from the current context of their functioning internally and externally.

The first concept mentioned is a construct referring to the salutogenetic model of health (Junik, 2011). It is quite elaborate and heterogeneously presented in the literature pertaining to the subject matter (Junik, 2011, Reich et al., 2010). It is anchored in the assumption that it is not just risk factors that cause the onset (or absence) of disorders. In fact, the key here is the inclusion of protective factors in the model of health and disease, and the mechanism of development is based on the co-occurrence of both groups of influences. In doing so, we can talk about the mental resilience of an individual in both psychological, biological and social dimensions (Reich et al., 2010). However, the concept of resilience is sometimes also applied to families, organizations, or communities (Reich et al., 2010). Due to the fact that such a large number of life spheres are relevant to the concept, the way in which the resilience mechanism is described will be extremely diversified. This is because in different spheres we are dealing with various factors of both risk and protection. Secondly, the construction of the resilience model itself will take a different shape depending on what it concerns. Thus, both the types of risk and protective factors will vary, as will the configurations in which they occur.

In the present study, the concept of resilience relating to an individual, as proposed by Gąsior et al. (2016), was adopted. It assumes the existence of a general resilience factor present in human life, which supports coping with adversity without the presence of symptoms of trauma, and development despite the encountered hardships (and perhaps, in light of the theory of resilience, also sometimes thanks to them). The aforementioned authors distinguished three main areas that make up the overall resilience index. These are family relationships, social competence, and personal competence. The first component refers to the ability to function in a familial system based on mutual understanding and support. Such a person will be able, together with other members of their family, to solve difficulties and conflicts in a constructive manner and jointly maintain a good atmosphere within the family system. Social competence, on the other hand, refers to the sphere in which an individual is able to establish numerous relationships. They have good contacts with other people. People who are characterized by a high level of development of this respect are capable of finding themselves in new situations quite quickly and winning over people they meet. They also easily ask for support and help, and are able to use it. The mechanism of resilience in the area of

personal competence is used to describe the ability to plan one's own actions in a reflective and conscious manner. A person in whom it is well developed has a sense of meaning in his or her life and holds out hope for the successful development of future events. In the context of the teaching profession, these skills play a considerable role. This is a profession in which one constantly has to face new situations. A teacher, working together in a permanent teaching community, co-creates the climate and culture of the school (Nowosad, 2018). At the same time, individuals in the student group and parent body are systematically changing, and the relationship situations with representatives of these two groups create the need to seek new, often unconventional solutions. Also, the evolving social reality will require teachers to actively seek a balance between challenges and resources.

Psychological flexibility is a construct derived from the theory of Acceptance and Commitment Therapy (ACT) (Harris, 2019). This approach also addresses the mechanisms of health and illness, but is described in a slightly different way. The flexibility model itself is called a hexaflex because of the six factors represented by a hexagonally-shaped figure, in which each factor finds a connection with all the others (Hayes et al., 2013). The components mentioned are as follows: acceptance also called readiness, attentiveness and being "here and now," self as context, cognitive defusion, committed action, and values. The first component mentioned refers to the conscious acceptance of one's readiness to meet hardship and adversity in pursuit of one's goals. The second one refers to the concept of mindfulness, in which it is important to follow the ongoing content of one's experience without evaluating or negating it. Self-as-context is a factor referring to the sense that one is not one's own experiences, but only a kind of vessel in which they temporarily occur. The self is therefore the factor that shapes one's experiences and their form, and at the same time the one who perceives and experiences them. Cognitive defusion refers to perceiving one's thoughts, emotions or beliefs as creations of one's own mind rather than the essence of reality. This is because what we think and feel is not synonymous with what reality is, regardless of whether it concerns ourselves or our environment. Committed activity means engaging consciously and actively in behaviors that bring an individual closer to the last component of the hexaflex, i.e. the values that have been chosen and ranked hierarchically by the individual themselves. They constitute a direction which

a person follows in the course of their life, a kind of azimuth. Thus, they are not goals to be achieved, but values to be constantly pursued. Psychological flexibility in the described concept is a healthy way of functioning, according to which a person is capable of consciously choosing their own actions that bring them closer to achieving the professed values. The opposite of this state, and the basis for the development of psychopathology, is experience avoidance (Harris, 2019). This is a mechanism that causes actions to be focused on avoiding any suffering that is inherent in human existence. However, by focusing on not experiencing it, a person loses sight of their values, and life becomes an escape from pain. Nevertheless, the absence of values in existence deprives it of a sense of subjective meaning and brings the enormity of suffering even harder to bear.

The concepts described above are the starting point for analyzing how teachers function. After all, as already indicated, nowadays' work in this profession seems to require special attention within the confines of professed values and activities related to them. For in order to be able to organize one's own workbench and support the development of students, it seems necessary to adopt a conscious path determined by what a teacher considers important. This, however, requires making (or perhaps constantly making) analyses of one's own needs and capabilities and value systems in order to avoid getting lost in the world of change, constantly appearing contradictions and sudden twists and turns in the educational policy of the state.

It is worth adding to the above presented considerations, the notable idea known in pedagogy that the process of upbringing is always an upbringing "to something" (Hare, 2023). At the same time, human actions are guided by various types of goals, which, according to the theory of psychological flexibility, in the case of healthy functioning will result from the values that are professed. Thus, the omission of axiology in the analysis of teachers' work seems to be an oversight. Both the feminist ethics of care, e.g. as understood by R. Tong (2013), as well as the society described in studies on psychological flexibility (e.g. Biglan, 2011) seem to be moving towards addressing this extremely important topic. The critical attitude of feminists towards the liberal democratic vision of school has been expressed in many works. However, they emphasized different fields. Accordingly, they addressed the patriarchal dimension of the macro-structures of the education system, de-

scribed the educational inequalities of male and female students, gender differences in educational experience, the epistemology and methodology of research approaches. One of the critical approaches was also related to the analysis of values and modes of governance (Arnot & Dillabough, 1999). As Waleszczyński (2013) points out, feminists from this current drew attention to the importance of values that have so far been culturally associated with femininity. These include, for example: sensitivity, kindness, and empathy. However, some researchers placed more emphasis on male-female dualism in the ways of understanding morality, while others focused on the moral nature of relationships. Thus, looking at these concepts, one can see how essential to them are the notions of care and responsibility as culturally feminine and pro-social values. Biglan (2011) also writes about their pro-sociality. And although this author does not come out of the position of a feminist, but of an ACT researcher in her analyses, her assumptions show convergence with the considerations of researchers of the ethics of care.

This article can be embedded in the perspective of critical pedagogy, especially within those aspects thereof that place a deeper emphasis on community and solidarity values (Śliwerski, 2016). Here, too, the role of responsibility and care may prove particularly relevant. Perhaps attaching more importance to responsibility and care in education could support the process of dealing with the mental health crisis of children and adolescents, and at the same time have a positive impact on teachers' well-being and competence in dealing with hardship. Stewart et al. (2004), in their research, found a link between attitudes toward resilient behavior among teachers and an increase in positive experiences among students. Health and values such as care and responsibility can perhaps contribute to better functioning of students, teachers, and organizations such as schools.

The purpose of the present study has been to examine the level of mental resilience with its subcomponents and psychological flexibility of teachers. The obtained data were used to verify the correlation between the variables indicated. The focus was on analyzing the differences in the results obtained by female teachers and male teachers. The authors also decided to refer to studies on feminist ethics of care and the concept of pro-social values in the context of the theory on psychological flexibility.

Research questions, materials, and methods

The research questions guiding the study described in this paper were as follows:
1. Is there a connection between the two mental health constructs (mental resilience and psychological flexibility)?
2. Are there any differences in the values assumed by the indicators of psychological resilience and psychological flexibility in groups of men and women?

The study was conducted among subjects who were teaching grades 4–8 in elementary schools located in the municipality of Swarzędz. It is an urban-rural area in Wielkopolska Region, near the city of Poznań. It has extensive infrastructure and municipal rights, with a population of 29,426 for the town and 52,691 for the entire municipality (*Swarzędz in numbers*). In addition to Swarzędz, there are 20 more villages in the municipality, adding to the diversity of the area. There are 10 such establishments in the town. Six of them have agreed for cooperation. The survey included 87 respondents who completed a battery of questionnaires posted on the Qualtrics platform.

The study was quantitative in nature using a battery of questionnaires. To measure resilience, the Resilience Assessment Questionnaire RAQ- 26 (Cechowski et al., 2016) was used (with the permission of the authors). This tool allows measuring psychological resilience in general and on three sub-scales (family relationships, personal competence, and social competence). To assess psychological flexibility, the Polish adaptation of the Acceptance and Action Questionnaire version two – AAQII – was used (Kleszcz et al., 2018). Sociodemographic data were also collected from the teachers who participated in the study (gender and age). Descriptive statistics (mean, SD, kurtosis, and skewness) were calculated. Pearson's r. test (experience avoidance, social competence, and personal competence) and rho Spearman's test (overall resilience index and family relationships) were used according to the distribution of the data. The non-parametric Mann–Whitney test was used for gender comparisons, and the magnitude of the effect was calculated. Analyses were conducted using Microsoft Excel and PS IMAGO PRO (formerly SPSS) and with the assistance of the "Psychometric Helper" tool (https://uczesieact.pl/teczka-act/). Data on the age and gender of the subjects are shown in Table 1 and Table 2, respectively.

Table 1. Age statistics of the respondents

Age				
25–35	36–55	56–60	≥60	No answer
11.49%	80.46%	3.45%	2.3%	2.3%
10 respondents	70 respondents	3 respondents	2 respondents	2 respondents

Source: Authors' elaboration.

Table 2. Gender statistics of the respondents

Gender				
Female	Male	I identify myself otherwise	I do not want to answer this question	No answer
88.51%	8.05%	0%	1.14%	2.3%
77 respondents	7 respondents	0 respondents	1 respondents	2 respondents

Source: Authors' elaboration.

Results

The results for the indicators of the analyzed variables, along with the standard deviation, were created for the entire group of respondents and for the subcategories of women and men. The obtained data are presented in Table 3.

Table 3. The descriptive statistics of the quotient variables in the whole sample and in the subgroups of men and women

Group	Whole sample		Women		Men	
Variable	Mean value	Standard deviation	Mean value	Standard deviation	Mean value	Standard deviation
Mental resilience – General indicator	108.06	11.54	108.06	11.54	108.36	12.14
Mental resilience – Personal competence	38.03	4.39	38.03	4.39	38.14	4.57
Mental resilience – Family relations	49.57	6.25	49.57	6.25	49.54	6.68

Table 3. (continued)

Group	Whole sample		Women		Men	
Variable	Mean value	Standard deviation	Mean value	Standard deviation	Mean value	Standard deviation
Mental resilience – Social competence	20.45	4.62	20.45	4.62	20.67	4.66
Experience avoidance	5.5		5.5		6.29	

Source: Authors' elaboration.

Overall scores as well as subscales of resilience were at the average level both in the whole sample and in subgroups of men and women (Cechowski et al., 2016, p. 89). Psychological flexibility measured as experience avoidance (AAQII) also reached average values. It is presented on a one-sten scale, which results from the design of the tool. The Mann–Whitney U test showed significant differences between the genders. Women scored higher in the area of family relations while men scored higher on the overall resilience scale. These results are presented in Table 4.

Table 4. Comparison of male and female scores (N=87) obtained on the scales of quotient variables

	Women (N = 77) Mean	Men (N = 7) Mean	Z	p	η^2
Mental resilience	108.06	108.36	-2.157	.031	.056
Personal competence	38.03	38.14	-.370	.712	.002
Family relations	49.57	49.54	-1.964	.050	.046
Social competence	20.45	20.67	-1.267	.205	.019
Experience avoidance	23.39	23.07	-.115	.909	.000

N – group size; z – standardized Mann-Whitney test value; p – statistical significance index; η^2 – observed magnitude of effect. Blue color indicates statistical significance $\alpha \leq 0.05$.

Source: Authors' elaboration.

At the same time, as can be seen in Table 5, the overall resilience index and the indices of the subscales of resilience enter into statistically significant correlations with experience avoidance. The obtained correlation indices have a negative sign, which means that resilience and its subscales are directly proportional to psychological flexibility, and inversely proportional to experience avoidance.

Table 5. Correlations between the indices of psychological resilience and its subscales and the magnitude of the experience avoidance index

		Mental resilience – general coefficient	Family relations	Social competence	Personal competence
Experience avoidance	Correlation coefficient	Rho Spearman's -.366	Rho Spearman's -.293	Pearson's r. -.245	Pearson's r. -.347
	Significance (two-sided)	<.001	.006	.022	<.001
	N	87	87	87	87

Source: Authors' elaboration.

Discussion and conclusions

Gender proved to be a differentiating variable in terms of the overall resilience index and the family relations scale. However, special caution should be exercised in interpreting the results due to the large quantitative disparity between groups of men and women. Such inequality, however, reflects the population trend for teachers in Poland, among whom, according to *Strefa Edukacji* [Education Zone] (2024, March 8), women are by far the dominant group (84.2%). Men scored higher on the overall resilience index, which is consistent with previous research (Samimi, 2023). Women, on the other hand, scored higher on the family relations scale, but there are no available comparative data in the literature. This difference may stem from divergent socialization of women and men/girls and boys. This dissimilarity is based on the fact that women/ girls are assigned social roles based on care and relationality (Zdravomyslova & Temkina, 1998; Chmura-Rutkowska et al., 2016), and men/boys on power and hierarchy. It is worth considering these results in light of the feminist eth-

ics of care, for example, in the theory of Carol Gilligan (1993), who in her research on the development of morality found that it is care and responsibility that are the frequent basis for the development of morality among women. In the countries of so-called Western culture, school has so far been based largely on liberal values. According to Arnot and Dillabough, this set includes, among other things, an emphasis on increasing competence and technical skills, as well as preparation for competition in the labor market (Arnot & Dillabough, 1999). The authors point to the patriarchal dimension of these phenomena. From such a perspective, care and responsibility as feminist values (Gilligan, 1993; Waleszczyński, 2013) may prove to be supportive in increasing the psychological well-being of both female teachers and female students. Similar to the shift in education away from patriarchal-based hierarchies and specialization, as described by Arnot and Dillabough (1999). Indeed, the presence of pro-social and social-creative values in the area of relationships may also become noticeable in the school space. At the same time, the higher results obtained by the female respondents in the dimension of family relations can be interpreted as a convergence with the reports of feminists as regards the ethics of care (Waleszczyński, 2013).

The results indicate the existence of a statistically significant negative correlation between experience avoidance and mental resilience and all its subdimensions. They also show convergence with reports from earlier studies on the subject (Bryan et al., 2015; Gentili et al., 2019). As mentioned above in this paper, psychological flexibility is derived from the ACT concept centered around psychotherapeutic interventions and human well-being activities. Mental resilience in the light of foreign research is relevant to the functioning of male and female teachers. It is associated with both lower levels of professional burnout (e.g. de Vera Garcia & Gambarte, 2019), better relationships at work (e.g. Gu, 2014), or a lower declared desire to leave school (Arnup & Bowles, 2016). Polish research (e.g. Strutyńska, 2022) confirms the positive impact of resilience on teacher functioning. Resilience, as well as psychological flexibility, supports the well-being of both individuals and communities (Reich et al., 2010; Biglan, 2009; Thompson, 2016). Although there are a few foreign studies on psychological flexibility among teachers (Aydoğdu et al, 2023; Biglan et al., 2013; Dramanu et al., 2020), such research is not present in Polish science. Biglan (2009) emphasizes that psychological flexibility not

only enhances mental health but also fosters cultural changes that positively affect the functioning of individuals. Shifting attention from avoiding pain to acting in accordance with the accepted values is associated with an increase in care, according to Biglan (2009). Committed action, on the other hand, as one of the elements of the hexaflex, is associated with values being expressed in external behavior and not just in internal mental processes. As Biglan (2009) notes, a decreased focus on pain in favor of an increased commitment to chosen values can lead to a reduction in substance abuse disorders (which are often a way of avoiding experience) and an increase in the tendency to forgive and care for others. In turn, such a state of affairs reduces the number of sources of stress and pain among members of society. Mindfulness, another component of psychological flexibility also has a positive effect on the functioning of adults and children (Klon & Waszyńska, 2020a, 2020b). However, Thompson (2016) points out that psychological flexibility is associated with pro-social and helping behavior only indirectly acting as a moderator. Biglan (2011), on the other hand, observes that the entire responsibility for public health cannot be relinquished to individuals, including health-promoting organizations and individuals that promote health. Fostering psychological resilience and flexibility among teachers can positively affect social health and well-being by promoting social concern. Nonetheless, it is important to simultaneously emphasize the responsibility of institutions, rather than shifting it solely to individuals.

In the context of the conducted research, it is important to point out the limitations regarding this study. First, the research itself was conducted on a fairly small group of teachers and covered a limited geographic area. It seems reasonable to repeat it on a wider and more diverse group of respondents. The second major limitation is that the reflections included in the conclusions and discussion section are of a very extensive nature, and not all elements included in them took place in the empirical procedure carried out. Perhaps, however, the insights presented in this paper can be a contribution to further research in the aforementioned areas.

And regardless of what subsequent research explorations in the addressed areas will reveal, the very discussion on the role of axiology in education seems to be not only topical but also still not exhausted.

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