

# Emotional Distress and Post-Traumatic Growth among Teachers upon the Reopening of Schools during the COVID-19 Pandemic: The Mediating Role of Perceived Stress

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## ABSTRACT

Worldwide, schools were closed to prevent the spread of COVID-19 but have reopened in many countries. In this cross-sectional study, 208 teachers were recruited upon schools' reopening in Israel. We examined the relations between resilience and social support, perceived stress, emotional distress, and post-traumatic growth among teachers. In addition, we assessed the role of perceived stress in mediating between resilience and social support and emotional distress and post-traumatic growth. Teachers' resilience and social support were found to be negatively associated with emotional distress and positively associated with post-traumatic growth. A multivariate regression analysis explained 45% of the variance in emotional distress and 14.5% of the variance in post-traumatic growth. Emotional distress scores were higher among younger teachers than older ones. The findings attest to the importance of personal resources during the pandemic and have important implications for helping teachers cope during challenging times.

**Keywords:** Posttraumatic Growth; Emotional Distress; Resilience; Social Support; Teachers; School Reopening; COVID-19

## Introduction

The COVID-19 pandemic introduced new concerns and challenges into many organizations, including into the education system [1]. The transition to remote learning, followed by the reopening of schools and the reinstatement of frontal instruction, created many difficulties for teachers [2,3]. In addition to the academic gaps and emotional difficulties among students, teachers also had to contend with frequent changes in teaching methods [4]. Although these changes affected teachers' mental well-being during this period [2], studies have indicated that the possibility for growth and development exists even in stressful situations [5,6].

During two major COVID-19 waves in Israel, between March and July 2020, schools were closed and later partially and finally com-

pletely reopened. The return to teaching in schools during the school year in Israel (schools opened for face-to-face learning in September 2021) was a challenge for teachers, forcing them to adapt to a changing reality once again [7]. Schools were opened under certain conditions; namely, teachers and students alike had to maintain social distance and wear masks [2]. In view of the changes in work requirements, as well as in the classroom and school environment, teachers experienced anxiety, which was found to be related to the fear of contracting the virus and the fear of communicating at school, and with parents in particular [8,9]. A study about teachers' perspectives during the period when frontal teaching returned to classrooms in Japan revealed that many teachers felt anxiety, which was related to the fear of contracting the virus in the classroom environment and thus endangering their health and the health of their families, and ed-

educational anxiety, which was related to communicating with the students' parents and the ever-widening scholastic gap in the academic abilities of the students [3]. The teachers' return to teaching in the reopened schools forced them to contend with a new environment and a challenging routine that was characterised by socially distant classes, the use of alternative teaching approaches to reduce learning gaps, online team meetings, and the use of hygiene measures and hybrid teaching [2,4]. The changes in the teaching environment, the new teaching requirements, and people's high expectations of teachers caused them anxiety and were new stressors for them [3].

Nevertheless, alongside feelings of emotional distress, there have been several studies indicating a positive change and development because of coping with the COVID-19 crisis [6,10]. Indeed, in recent years some research has suggested that a stressful event can stimulate development and growth. Post-traumatic growth, according to Calhoun and Tedeschi [11], is an experience of positive development and change which occurs because of struggling with life's crises, and post-traumatic growth during the pandemic has been found in some studies to be related to high social support and a positive work experience [6,12,13].

Most studies in which the emotional effects of the pandemic were examined were conducted among the public, at-risk populations, and among teachers transitioning to distance teaching [14-16]. Very few researchers, however, have examined these effects among teachers during the reopening of schools after the prolonged COVID-19 crisis [2,4].

### The Present Study

The theoretical basis of the present study can be found in Lazarus and Folkman's theory of stress, according to which stress is a product of the interaction between people and their environment. When these relationships are perceived by individuals as burdensome or exceeding the resources available to them, their mental well-being may be damaged [17]. The stress model combines personal resources, cognitive perceptions, and ways of coping, all of which affect individuals' mental outcomes.

In the present study, the resources of resilience and social support were examined. Resilience is a psychological resource that refers to individuals' positive adaptation and functioning when they are exposed to a crisis [18,19]. In a study conducted among teachers in Italy during the pandemic, resilience was found to be negatively associated with poor mental well-being, anxiety, depression, and levels of burn-out. In another study, in which teachers during the third lockdown in Israel were examined, lower feelings of loneliness and depression were found to be associated with higher resilience [19].

Social support is a resource that can help individuals cope emotionally during a stressful event [20-22]. Some teachers reported that the ambiguity of their role and the lack of support they received from schools during the COVID-19 crisis affected their personal lives,

their mental well-being, and their professional functioning as teachers [23]. Other studies have revealed that social support from family and friends was one of the effective resources for contending with stress and the high sense of fatigue experienced by teachers during the COVID-19 period [15,24].

Perceived stress, which affects the meaning that people attribute to the stressful event and the choice of strategy for dealing with the event [17], is measured as part of the assessment process. The person's perception of the threat arising from the stimulus is more important than the objective value of the stressor. A person's perception of stress and ways of dealing with it change according to environmental, internal, or both factors [22].

In accordance with the stress model, in this study we examined the positive and negative consequences for people's emotional states: that is, emotional distress and post-traumatic growth. Emotional distress is defined as a persistent unpleasant feeling which mainly includes symptoms of anxiety, depression, and somatization and differs from individuals' normative feelings of sadness and vulnerability [25,26]. In a study of 1,407 adults in Israel during the COVID-19 crisis, Levkovich and Shinan-Altman [27] found that about half of the respondents reported emotional distress. In terms of teachers, *per se*, the emotional distress experienced by them during this period affected their personal lives and their teaching performance [13,15]. The reopening of schools led teachers to experience anxiety which was found to be related to the fear of contracting the virus and the fear of communicating at school, and with parents in particular [8,9].

Post-traumatic growth is defined as a positive psychological change that occurs because of individuals' personal coping with a significant stressful event. At the end of the coping process, individuals will – in accordance with the notion of post-traumatic growth – experience a substantial improvement in their functioning [11]. Post-traumatic development and growth take place after individuals reprocess their coping and suffering [28], and post-traumatic growth occurs following the trauma and distress experienced by the individual. Studies in which post-traumatic growth following the COVID-19 crisis was examined revealed that people who became ill with the novel coronavirus reported high post-traumatic growth [29,30].

Other studies have revealed a positive relationship between social support and coping strategies, on the one hand, and post-traumatic growth, on the other [13,29]. Researchers have also examined school closures during the lockdown period and how these closures affected students' learning and well-being [31-33]. However, little attention has been paid to the impact of school closures and re-openings on teachers' emotional well-being [31]. Our aim in this study was thus to assess the relations between personal resources (resilience and social support), perceived stress, and emotional well-being (emotional distress and post-traumatic growth). In addition, we assessed

the role of perceived stress in mediating between personal resources (resilience and social support) and well-being (emotional distress and post-traumatic growth).

**Method**

**Participants**

The current cross-sectional study comprised 208 schoolteachers from across Israel. All these teachers were teaching during the pandemic (i.e., 2020-2021). The exclusion criteria were as follows: teachers who worked less than a third of a full-time job during the pandem-

ic, substitute teachers, and teachers in training. The study population was recruited via convenience sampling, and participation was based on their consent to participate.

Of the teachers, 173 were women (83.6%), and 34 were men (16.4%). Teachers' ages ranged from 24-62 (M=40.62, SD=8.63). Most of these teachers taught in elementary schools (55.6%), some in middle schools (27.1%), and the rest in high schools (17.4%). Most of the teachers had been vaccinated against COVID-19 (184 teachers, 88.9%) and had not contracted the virus (158 teachers, 76.3%) at the time of the study (Table 1).

**Table 1:** Demographic characteristics of the participants (N= 208).

Variable	Category	Frequency	Percentages
Gender	Male	34	16.40%
	Female	173	83.60%
Marital status	Single	13	6.30%
	Married	161	77.80%
	Divorced	33	15.90%
Education	Bachelor's degree	125	60.40%
	Master's degree	82	39.60%
	Below average	11	5.30%
Economic status	Average	134	64.70%
	Above average	62	30%
	One-third to two-thirds time	30	15%
Employment status (i.e., part-time, full-time, etc.)	More than two-thirds time	176	85%
	Less than 5 years	31	15%
	5-10 years	64	30.90%
Teaching seniority	10-15 years	60	29%
	Over 15 years	52	25.10%
	Good	160	51.20%
Health status	Reasonable	99	47.80%
	Bad	2	1%
Disease history	Yes	58	28%
	None	149	72%

**Measures**

The following questionnaires were used in the current study.

**Independent variables:** A resilience questionnaire (Brief Resilience Scale/BRS; Smith) comprising six items was used to measure resilience. Participants were asked to rate their ability to recover or "return to functioning" after a difficult event experienced or in dealing with stress. The answers to the questionnaire are given on a 5-point Likert scale, from 1 (completely disagree) to 5 (strongly agree) (e.g., "I tend to take a long time to get over setbacks in my life"). A mean

score was calculated; a higher score indicated higher levels of resilience (Cronbach's  $\alpha=0.88$ ).

Social support was measured by a 12-item questionnaire (Multi-dimensional Scale of Perceived Social Support/MSPSS; Zimet). Participants were asked to rate perceived social support from three sources: family, friends, and significant others. The answers to the questionnaire are given on a 7-point Likert scale, from 1 (very strongly disagree) to 7 (very strongly agree) (e.g., "There is a special person who is around when I am in need"). A mean score was calculated; a higher score indicated higher levels of social support (Cronbach's  $\alpha=0.96$ ). A

personal information questionnaire included the following variables: age, gender, religion, marital status, number of children, number of years of education, subjective economic status, employment status in the last year, subjective health status, presence of background diseases, past or present COVID-19 infection, and vaccination against COVID-19.

**Mediating Variable:** Perceived stress was measured by 14 items (Perceived Stress Scale/PSS, Cohen et al., 1983). Participants were asked to rate their perceived stress during the past month. The answers to the questionnaire are given on a 5-point Likert scale, from 0 (never) to 5 (very often) (e.g., "In the last month, how often have you felt that things were going your way?"). A mean score was calculated; higher scores indicated a higher subjective perception of stress (Cronbach's  $\alpha=0.82$ ).

**Dependent variables:** post-traumatic growth was measured by 21 items (Post-Traumatic Growth Inventory/PTGI; Tedeschi & Calhoun). Participants were asked to rate the degree of change they had experienced since the trauma. The change that was measured assumed that the individuals' basic beliefs were affected as a result of the trauma. The answers to the questionnaire are given on a Likert scale ranging from 0 (not at all) to 5 (to a very great extent) (e.g., "I changed my priorities about what is important in life"). A mean score was calculated (Cronbach's  $\alpha=0.96$ ).

Emotional distress was measured by 18 items (Brief Symptom Inventory/BSI; Derogatis). Participants were asked to rate on a Likert scale how much a given problem had distressed or bothered them during the past week, indicated by three psychological symptoms: somatization, depression, and anxiety (e.g., "To what extent have you suffered in the past week from feeling lonely?"; "To what extent have you suffered from faintness or dizziness in the past week?"; "How much has feeling lonely bothered or distressed you in the past week?"). A mean score was calculated ( $\alpha=0.93$ ).

## Research Procedure

The present study was approved by the Ethics Committee of the

authors' university (approval no. XXX). A link to the electronic survey was distributed via Facebook™. Before completing the survey, participants were asked to read an informed consent form and to indicate that they agreed to participate. The study was conducted from September to November 2021 in Israel, during a period in which face-to-face learning took place in the schools in compliance with COVID-19 guidelines.

## Research Data Analysis

The data were analyzed using SPSS ver. 27. Descriptive statistics were calculated using means and SDs for continuous variables and frequencies and percentages for categorical variables. Cronbach's  $\alpha$  was used to evaluate questionnaire reliability. Pearson correlations were calculated to assess the associations between the variables. A hierarchical multiple regression was calculated. This sample size allowed multiple hierarchical regressions, with a low-medium effect size  $f^2 = 0.10$ ,  $\alpha = 0.05$ , and power of 0.95 (G\* Power version 3.1.9.7) (Faul et al.). The mediating role of perceived stress was examined with the PROCESS procedure, with bootstrapping of 5,000 samples and a 95% confidence interval (Arbuckle).

## Results

Our aim in this study was to assess the relations between personal resources (resilience and social support), perceived stress, and emotional well-being (emotional distress and post-traumatic growth). In addition, we assessed the role of perceived stress in mediating between personal resources (resilience and social support) and well-being (emotional distress and post-traumatic growth). The means for resilience, social support, perceived stress, and post-traumatic growth were relatively high, whereas the means for emotional distress were low on average. Resilience was positively associated with social support and negatively associated with perceived stress. In addition, negative associations were found between social support, perceived stress, and emotional distress. Positive associations were found between social support and post-traumatic growth. Older participants scored lower on emotional reactions than did younger participants (Table 2).

**Table 2:** Means, SDs, and intercorrelations for the study variables (N=208).

Variable	2	3	4	5	6
Age	0.11	-0.02	-0.65	-0.13*	0.08
Resilience		0.24***	-0.64***	-0.53***	-0.08
Perceived social support			-0.16*	-0.16*	0.23**
Perceived stress				0.64***	0.06
Emotional distress					0.06
Post-traumatic growth					
Mean	3.32	5.52	2.89	2.04	3.97
SD	0.73	0.18	0.47	0.71	1.09
Range	5-Jan	7-Jan	5-Jan	5-Jan	5-Jan

Note: \*  $p<0.05$  \*\* $p<0.005$ , \*\*\* $p<0.001$ .

A multiple regression was calculated for emotional distress, with age, type of education, perceived stress, and resilience as predictors. Results in Table 3 reveal significant models  $F(4,202)=41.95, p<.001$ , with 45% of the variance in emotional distress being explained in the final model. Perceived stress was the main predictor of emotional distress ( $t=6.95, p<.001$ ) (Table 3). A multiple regression was performed. The results in Table 4 reveal that although all four models were sig-

nificant, the fourth model, which included the following variables – number of children, social support, type of education, social support, and resilience – produced the strongest prediction,  $F(4,202)=8.58, p<.001$ , with the model explaining 14.5% of the variance of post-traumatic growth. A deeper look at the fourth model reveals that social support was the main predictor of post-traumatic growth ( $t=4.07, p<.001$ ) (Table 4).

**Table 3:** Multiple regression for prediction of emotional distress (N=208).

	F	R <sup>2</sup>	t	Beta	βSE.	B
Model 1						
Type of education	9.91**	0.04	-3.14**	-0.21	0.09	-0.3
Model 2						
Type of education			-3.38**	-0.22	0.09	-0.32
Age	7.85**	0.07	-2.36*	-0.16	0	-0.01
Model 3						
Type of education			-1.9	-0.1	0.07	-0.4
Age	50.89***	0.42	-2.03*	-0.1	0	0
Emotional distress			11.28***	0.61	0.08	0.91
Model 4						
Type of education	41.95***	0.45	-2.09*	-0.11	0.07	-0.15
Age			-1.8	-0.09	0	0
Emotional distress			6.95***	0.48	0.1	0.71
Resilience			-3.01**	-0.2	0.06	-0.19

Note: \*  $p<.05$  \*\* $p<.005$ , \*\*\* $p<.001$

**Table 4:** Multiple regression for prediction of post-traumatic growth (N=208).

	F	R <sup>2</sup>	t	Beta	βSE.	B
Model 1						
Number of children	*5.61	2	2.37**	0.16	0.06	0.15
Model 2						
Number of children	**6.55	6	2.70**	0.18	0.06	0.17
Type of education			2.70**	0.18	0.15	0.4
Model 3						
Number of children			2.66**	0.17	0.06	0.16
Type of education	***8.55	11	2.69**	0.18	0.14	0.39
Social support			3.44**	0.22	0.06	0.21
Model 4						
Number of children			3.05**	0.2	0.06	0.19
Type of education	***8.58	0.14	2.99**	0.19	0.14	0.43
Social support			4.07***	0.27	0.06	0.25
Resilience			-2.79**	-0.18	0.1	-0.28

Note: \*  $p<.05$  \*\* $p<.005$ , \*\*\* $p<.001$ .

**Table 5:** Path coefficients and indirect effects for the mediation models (N=208).

Dependent variable	Variable	Path coefficients		Indirect effect	
		Estimate for the dependent variable (SE)	Estimate for the mediating variable (SE)	Estimate (SE)	95% CI
Emotional distress	Social support	-0.004	-0.0012	-.03(.03)	-.128, -.009
	Perceived stress	.93***(.08)			
Emotional distress	Resilience	-.51***(.05)	-.41***(.03)	-.20**(.06)	-.443, -.179
	Perceived stress	.75***(.10)			
Post-traumatic growth	Social support	.22***(.06)	-0.0012	.23***(.06)	-.055, .004
	Perceived stress	.25(.15)			
Post-traumatic growth	Resilience	-.12(.10)	-.41***(.03)	-.10(.13)	-.207, .174
	Perceived stress	.05(.20)			

Note: \*  $p < .05$  \*\* $p < .005$ , \*\*\* $p < .001$

Results of the mediation analysis confirmed the mediation of perceived stress between social support and emotional distress,  $F(2,204)=71.78$ ,  $p < .001$ ,  $R^2=.41$ . Perceived stress significantly mediated the relationship between resilience and emotional distress,  $F(2,204)=78.78$ ,  $p < .001$ ,  $R^2=.43$  (Table 5).

## Discussion

The COVID-19 pandemic created unprecedented issues and difficulties for the education system [1]. Additional challenges were created for teachers upon the reopening of schools and reinstatement of frontal instruction [2,3]. In the current study we assessed the relations of resilience and social support with perceived stress, emotional distress, and post-traumatic growth. In addition, we assessed the role of perceived stress in mediating the relation between resilience and social support, on the one hand, and emotional distress and post-traumatic growth, on the other.

The results of the current study show that resilience and social support were negatively associated with perceived stress among teachers during the reopening of schools. This finding supports previous research conducted during the pandemic, showing a negative association between resilience and teachers' perception of the pandemic as a stressor rather than as an opportunity [32]. Similar findings emerged in previous studies indicating that resilience is an internal resource that provides individuals with a sense of control and helps them contend with the stressful event to which they are exposed [34,35]. In terms of the social support resource, studies have indicated that this resource is an external resource and is negatively associated with teachers' perceived stress in relation to change [13]. A possible explanation for this finding may stem from the fact that during the COVID-19 period, many teachers reported receiving support from their friends and family members, providing them with the means to contend positively with the challenges they faced in their work and personal lives and to adapt to the changing reality [31]. This explanation is based on the notion that these resources allow individuals to adapt during a crisis and thus may contribute to the way in which

stress is perceived by them as a threatening or challenging situation [17]. In addition, a person's need for a sense of belonging (i.e., an individual's ambition to fulfill the social need to be part of a group and to be loved), according to Maslow's theory of needs (1943), constitutes a motivational basis. Failure to realise this need may lead to negative psychological results and reduce an individual's well-being [14].

In the current study, resilience and social support were negatively associated with emotional distress. These findings are consistent with findings from previous studies [13,32,36]. According to a study that included 23,190 participants, social support and mental resilience were found to be protective factors for the mental health of people of different ages during the COVID-19 period. Such findings testify to the contribution of resilience and social support in reducing symptoms of emotional distress and increasing the coping ability of teachers during this once-in-a-century pandemic [17]. Hobfoll's conservation of resources (COR) theory (Hobfoll) describes the importance of individuals' resources in reducing the negative consequences of the stressors to which they are exposed. It is possible that the teachers' resilience, as well as the social support they received, helped them face challenges in their work and personal life during this period and thus reduced feelings of emotional distress.

In addition, a positive association was found between social support and post-traumatic growth among teachers during this period. The research findings indicate that the higher the social support received by the teachers, the higher their post-traumatic growth. These findings are consistent with findings from other studies conducted during the pandemic, with high social support contributing to the post-traumatic growth of people [13]. Social support constituted a resource for the teachers and even contributed to a sense of post-traumatic growth among them [13,29]. In contrast, no significant association was found between resilience and post-traumatic growth. It is possible that this finding stems from the fact that people who have experienced trauma and have high levels of resilience may show low levels of growth, as they perceive the trauma as an event that can be dealt with without the need to change coping skills [37].

No association was found between emotional distress and post-traumatic growth among teachers during this period. This finding lies in contrast with findings from previous research on the relation between emotional distress and post-traumatic growth [38,39] and raises the question of whether the novel coronavirus can be considered a traumatic event, which enables growth. The idea that it is in fact a traumatic event is based on many surveys, including longitudinal studies that point to COVID-19 as a trauma. For example, a study conducted in Taiwan comprising approximately 12,500 people revealed that at least one traumatic symptom related to the COVID-19 period. Chen, et al. was experienced by study participants. At the same time, compared to traumatic events such as accidents, illnesses, and loss, the pandemic had unique aspects. It was not geographically limited; it involved risk to human life; and it entailed closure guidelines and social distancing/isolation requirements (Holman & Grisham). A possible explanation for the current findings is that the pandemic is an ongoing stressful event, hence the lack of post-traumatic growth among the teachers. In other studies that addressed the positive aspects of a shared traumatic reality, it was found that therapists reported an increase in feelings of satisfaction in their therapeutic work, a sense of development, and personal growth [38,39]. It is also possible that the trauma was experienced as a collective trauma – that is, a catastrophic event at the group level that harms the basic fabric of society (Hirschberger). During this pandemic, people faced multiple traumas, such as unemployment, isolation, and death, and society suffered from an economic recession and a loss of resources (Barbosa et al., Stanley, et al.).

Examining the demographic data, a negative association was found in this study between teacher's age and emotional distress. Specifically, the younger the teacher, the higher the emotional distress. This finding is consistent with findings from studies that examined the relation between age and emotional distress in the general population and among teachers, during the novel coronavirus crisis [22]. These studies indicated that the closure policies and the workload of working remotely alongside changes in the work environment of teachers under the age of 45 were associated with mental distress and a high sense of stress during the COVID-19 crisis. Another possible explanation for these findings is that teachers aged 30-35 years may have had obligations to their own young children, who were also at home learning remotely, while at the same time being required to teach remotely themselves [40]. It is also possible that the young teachers' lesser life experience with crisis situations influenced their emotional state and increased their feelings of emotional distress (Ozamis-Exebarria, et al.). In addition, young teachers must also invest a lot of effort in preparing for work at the beginning of their professional careers (Barreto et al., Ozamis-Exebarria, et al.), which in and of itself can lead to emotional distress.

Another finding of the current study was that perceived stress significantly mediated the relation of resilience and social support with emotional distress but not with post-traumatic growth. The process

of perceiving stress informs people's ways of coping with the situation, according to the resources available to them, and determines the impact of the stressful situation on their health and mental well-being [17]. Accordingly, studies conducted during the pandemic revealed that individuals' subjective perceptions of stress mediated between resources, such as mental resilience and social support, and their health and emotional state [13]. In a study by Lebkowitz and Levy, it was found that teachers' subjective stress during the third lockdown in Israel mediated the feeling of control and loneliness, depression, and personal resilience. It is possible that some of the teachers who participated in the current study had high levels of mental resilience, and their stress level was low at the outset, and they therefore experienced the coronavirus crisis as less threatening than they otherwise might have. This lesser perception of stress may have resulted in low emotional distress and a higher level of social support among the participants. Hence, the way stress is perceived and evaluated by an individual is a significant factor in choosing a coping strategy and its consequences [13].

## Limitations

The present study had several limitations. First, the study's design was cross-sectional; as such, one cannot make causal inferences. Second, the research design entailed an online collection of self-report questionnaires, leading to a bias in the sample. That said, such a design made it more likely that the participants would be digitally literate, have access to digital resources, and have virtual social connections. Third, we used a convenience sample, thereby not allowing for a generalization of the findings. Finally, the data was collected at a single point in time. Given the dynamic and ongoing nature of the COVID-19 pandemic, and the fact that its consequences will be continuous, teachers' emotional state should be further examined over a longer period.

## Practical Implications

Fostering and monitoring teachers' resilience should be a top priority for school administration and leadership in the current and upcoming school years. Unique intervention programs are needed to strengthen teachers' resilience and social support, to fulfill their psychological needs for autonomy, competence, and relatedness [41], and to reduce their emotional distress. Peer groups must be created to reinforce a sense of belonging and support among teachers. Schools should also focus on collegial relationship building.

School administrators must pay special attention to younger, less experienced teachers. It may help to encourage teachers to develop a network that fosters communication, especially between younger and older teachers. In addition, offering instructional assistance and guidance and encouraging collaboration can be especially helpful for novice and younger teachers.

Special informal events and gatherings could be created; teachers could be encouraged to collaborate on lesson planning, to share

teaching ideas, and to communicate their concerns and stressful experiences; and mentoring and instructional coaching opportunities throughout the year could be provided. Support for teachers comes in many forms: technical, emotional, and/or in terms of instructional guidance. Schools also need to develop ways to enhance teacher resilience by recognizing their efforts and acknowledging their successes.

Providing mental support and care for the psychological well-being of teachers must be a priority. To alleviate instruction-related stress and anxiety, creating supportive environments that allow teachers to discuss their needs and expectations openly can be a helpful strategy. To help teachers contend with any anxiety or stress they may experience throughout the school year, schools can offer telehealth services, or a day dedicated to mental health [2].

## Conclusion

The research contribution of the current study to the field of education lies in its emphasis on the importance of support and intervention to improve teachers' emotional states. In addition, the findings reveal strategies for strengthening teachers' coping resources in times of crisis and emergency. At a unique time in history, it is crucial – now more than ever – to give teachers the tools they need to feel independent, competent, and connected [41]. Such assistance can help promote their well-being and strengthen their dedication to the profession both now and in the long term. Therefore, the findings of the present study can assist educational counselors and school leadership in promoting ongoing support and intervention programs for the emotional well-being of teachers.

## Declarations

### Consent for Publication

Not applicable.

### Competing Interests

The authors have no conflicts of interest to declare that are relevant to the content of this article.

### Ethics Approval and Consent to Participate

The Ethics Committee of Oranim College of Education approved the study (Authorization No. 1062021). Our survey's introductory page stated explicitly that proceeding to the questionnaire would signify consent to participate.

### Availability of Data and Materials

The data sets used in the study can be provided upon request to the corresponding author.

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