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Healthy Students: Adaptation and Validation of the Instrument from the Workplace to the Educational Field

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Abstract: Psychological capital (optimism, resilience, hope and self-efficacy) has been joined by a new dimension in the workplace. This is engagement, a new construct, and a research questionnaire called the healthy employee was created to assess this dimension. In this sense, the present work has the aim of adapting and validating this questionnaire of the healthy employee in the educational field, calling this person a healthy student. In total, 290 students (140 women and 150 men) undertaking different university degrees were recruited for this research. A confirmatory factor analysis was carried out to test the structure of two different models in the workplace, with five and eight dimensions, and to adapt and verify the reliability of the models in the educational setting. The results showed a poor fit for both models, suggesting the elimination of four items in the five-dimensional model and of three items in the eight-dimensional model. In addition, the five-dimensional model indicated discriminant validity, while the eight-dimensional model presented non-compliance between two dimensions. Therefore, this work generates an instrument with adequate psychometric properties in the five-dimensional model in the educational field.

Keywords: healthy student; positive emotions; engagement; resilient; self-efficacy; competence; educational field

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1. Introduction

The Spanish University system (SUE) was made up in the 2018–2019 academic year of a total of 83 universities in operation, distributed across 235 campuses (face-to-face universities) and 113 venues (non-face-to-face and special universities). Of the total number of universities, the SUE has 50 public and 33 private universities. Of these, there are 1055 university centers between schools and faculties, to which are added 525 university research institutes, 50 doctoral schools, 54 university hospitals and 77 foundations. In addition, in the 2019–2020 academic year, 2920 undergraduate degrees were taught, 2159 in public universities, continuing their upward evolution from the 2012–2013 academic year. In the Andalusian context, there are 11 universities spread over 38 campuses and venues, offering a total of 386 undergraduate degrees [1]. These figures reveal the existence of a university system with a high volume of students, indicative of the importance of having instruments for diagnosing their psychological well-being.

2. Theoretical Framework

2.1. Psychological Capital

Psychological capital (PsyCap) is a multidimensional, personal and positive psychological resource [2,3] that is defined as a positive psychological state of individual development characterized by (1) having confidence; (2) having a positive outlook (optimism) about success now and in the future; (3) persevering toward goals and, when necessary, redirecting paths to goals (hope) to be successful; and, (4) when embraced by

problems and adversities, sustaining and rebounding and even beyond (resilience) to achieve success [2]. These four dimensions of PsyCap can, according to Luthans et al. [2] (p. 2), interact synergistically and create differentiated manifestations in time and across contexts.

In the educational context, there are studies that indicate that PsyCap has an important role in the educational field [4,5] by relating it to academic performance [4,6–9], intrinsic motivation [5], the empowerment of learning [6], engagement [4,5,10,11] and even with the well-being of students [10,12]. In addition, various studies relate the dimensions of PsyCap individually, a line of work in which a positive relationship has been established between self-efficacy and academic performance [13] as well as between hope and optimism concerning academic performance [14–18]. On the other hand, it has been found that positive emotions influence student learning [19]; a recent work showed that students who experience positive emotions in their academic studies are associated with high levels of PsyCap [8].

At the same time, in the workplace, PsyCap is composed of the same four dimensions mentioned above [20,21] and predicts performance and satisfaction better than the four dimensions separately [22], being positively related to leadership, trust, creativity and performance [22–24].

The PsyCap measurement is based on the questionnaire developed by Luthans et al. [22], composed of four dimensions of six items that showed adequate internal consistency, and which has been adapted to the Spanish context in the workplace [25]. This scale has a reduced version called Psychological Capital Questionnaire (PCQ)-12 [26], with three items to measure self-efficacy, four for hope, three for resilience and two for optimism, and that has been adapted to workers [27] and also to the educational context [28], obtaining adequate psychometric properties in a sample of Spanish and Portuguese students [29].

2.2. Engagement

Engagement is defined as a positive affective state, relatively persistent, of fullness that is characterized by vigor, dedication and absorption or concentration at work [30] (p. 74). According to Hallberg and Shaufeli [31], it is a positive state of well-being or satisfaction which gives people high levels of energy, enthusiasm and a strong identification with their tasks [32,33]. In the educational context, focusing on students, those who have engagement feel energetic, strongly identify with their studies and are deeply involved in their academic life [29]. For this reason, engagement in student groups is related to higher group performance [34] as well as higher academic performance [29]. Furthermore, it predicts longitudinal changes in motivation, satisfaction and self-efficacy [35], and according to Salanova et al. [36], self-efficacy and engagement influence each other through the experience of positive emotions. However, the contextualization of engagement in the work context requires naming the model of demands and labor resources (DRL) of Bakker and Demerouti [37], which arises within the psychology of occupational health and introduces two types of psychosocial well-being: burnout (or being burned out by work) and engagement, defined, at work, as a positive, satisfactory and work-related mental state, characterized by vigor, dedication and absorption, and referring to an affective–cognitive state [30] (p. 74). In this sense, engagement is related to employees being more satisfied with their jobs and more committed to them [37], employees with more proactive behaviors and creative ideas [38,39] and higher performance [37,39].

The instrument most used in the literature in the evaluation of work engagement is the Utrecht Work Engagement Scale (UWES-17) [30], whose dimensions are vigor (six items), dedication (five items) and absorption (six items). This three-dimensional structure has shown a better fit than the one-dimensional model in studies with samples from the Netherlands, Spain and Portugal [40–42]. The UWES-17 also has a version adapted to the educational context, maintaining the number of items (UWES-S) [43], which has been used in different contexts such as Ecuador, where the three-dimensional structure

was maintained [44], and, recently, in the Spanish context, obtaining a re-specified two-dimensional model [45].

2.3. Healthy Employee and Healthy Student

At first, the healthy employee was defined as psychological capital (PsyCap) with the characteristics of self-efficacy, hope, optimism and resilience [20,21]; it was later called the healthy employee, and the engagement dimension was added [46,47], thus resulting in the two constructs that are currently validated. In fact, healthy employees are one of the three components that a healthy and resilient organization should have [47,48]. The healthy employee questionnaire [48] was validated along the same lines. This assesses eight different variables: engagement vigor, engagement dedication and engagement absorption, self-efficacy, resilience, optimism, mental competence and emotional competence. A recent study [49] adapted and validated the questionnaire, reducing it from eight to five dimensions using Salanova's theoretical concept of the healthy employee construct [47]. Both models, the eight-dimensional [48] and the five-dimensional [49], have a structure with adequate psychometric properties in the context of the healthy employee in the workplace. Therefore, following this line of work, the present study has the objective of adapting the questionnaire of the healthy employee in the workplace to the educational context, analyzing the structures of the eight and five dimensions to obtain evidence of reliability and validity that allows its applicability in this context.

3. Materials and Methods

3.1. Sample Profile

The participants were 290 students (140 women and 150 men). The mean of age of the study's participants was 21.70 years (SD (Standard Deviation) = 3.73), with a range from 19 to 45, with a majority age of 20 (n = 73; 25.2%), and similar percentages with ages of 21 (n = 47; 16.2%), 19 (n = 45; 15.5%) and 22 (n = 39; 13.4%), while people aged over 23 formed a minority in the sample. Regarding the means of transport, a vast majority travel by car (n = 202; 69.7%) while a quarter do so by bus (n = 73; 25.1%), with a minority using a motorcycle and other means (bicycle, electric scooter, etc.). With regard to the academic degree in progress, two thirds are degree students (n = 195; 67.2%) and 25.2% (n = 73) of the participants study under the sports education cycle. Among undergraduate students, 31.4% study Sports Sciences degrees, 25.9% belong to Primary degrees, and 13.8% to Childhood degrees, while the majority study under the higher sports education cycle (n = 68) (Table 1).

Table 1. The profile of participants.

Variable	*N*	%
Gender		
Male	150	51.7
Female	140	48.3
Transport		
Car	202	69.7
Motorcycle	8	2.8
Bus	73	25.1
Others	7	2.4
Study level		
High school diploma	9	3.1
Sports education cycle	73	25.2
Degree	195	67.2
Post-graduate degree	13	4.5
Degree		
Sport Sciences degree	91	31.4
Primary degree	75	25.9
Childhood degree	40	13.8

Table 1. *Cont.*

Variable	*N*	%
Higher sports education cycle	68	23.4
Other teaching cycles	2	0.7
Sport-related post-graduate degree	10	3.4
Others	4	1.4

3.2. Measures

For the present study, we started from the Health and Resilient Organization (HERO) [48] questionnaire, a heuristic and theoretical model that has empirical evidence from studies on work stress, human resources management and organizational behavior as well as from the psychology of occupational health [50,51]. Specifically, the healthy employees questionnaire was used, which is one of the three axes of the HERO model, adapting it to the educational context. For example, item ENG1 in the work context is "during work, we feel full of energy", and its version in the educational context is "during the academic day, we feel full of energy". The questionnaire used is made up of forty items, where six correspond to the optimism scale measured in the healthy employee questionnaire for the concept of positive emotions (EMO_1–EMO_6); eighteen items to the engagement scale (ENG_7–ENG_24) that is structured in three dimensions, namely engagement vigor (seven items; ENG-V_7–ENG-V_13), engagement dedication (four items; ENG-D_14–ENG-D_17) and engagement absorption (seven items; ENG-A_18–ENG-A_24); seven items correspond to the resilience scale (RES_25–RES_31); three items to the self-efficacy scale (S-E_32–S-E_34) and six items to the scale of hope measured in the healthy employee questionnaire through competence (COMP_35–COMP_40), which is subdivided into two dimensions of three items each, namely mental competence (M-COMP_35–M-COMP_37) and emotional competence (E-COMP_38–E-COMP_40) (Appendix A). All the items were evaluated with a 7-point Likert scale ranging from (0) "never" to (6) "always".

3.3. Procedure

A group of experts made up of three teachers, three students and the researchers of the present study was created, with the aim of adapting the items of the healthy employee questionnaire to the educational context. The modifications carried out were only made to guide the content of the items. All the data were collected online, asking the participants to respond anonymously and honestly and guaranteeing confidentiality in the data treatment, and all the participants gave their consent (this was the first response to the online questionnaire), without the need for an external ethics committee as the study did not violate the principles established in the Declaration of Helsinki. The questionnaire took 10–12 min to complete, and data for this study were collected during February 2020.

3.4. Data Analysis

First, the frequency and descriptive statistics analysis consisted of mean, standard deviation, skewness and kurtosis and was conducted to identify the general sample's characteristics and the study's main variables. An assessment of the psychometric properties was conducted through several statistical processes, analyzing two different models. To do this, a confirmatory factor analysis (CFA) was carried out to test the structure of the five-dimensional model (Model 1), where engagement and competition are unifactorial, and the eight-dimensional model (Model 2), which includes the three engagement factors (vigor, dedication and absorption) and the two factors of competence (mental and emotional). We assessed the measurement model with the SPSS Amos 21.0 package, using a maximum likelihood estimation and evaluating the adjustment by following the fit indices χ^2/df, the comparative fit index (CFI), the incremental fit index (IFI), the Tucker–Lewis index (TLI), the parsimony comparative of fit index (PCFI) and the root mean square of approximation (RMSEA). We considered the fit indicators to be adequate when the χ^2/df was below 3 [52], the CFI, IFI and TLI were equal to or above 0.90, the values were above 0.60 for

the PCFI [53,54] and the RMSEA was below 0.08 [55,56]. The same statistical criteria were used for the two models, following the three-step procedure to evaluate the measurement model established by Götz et al. [57]: individual items' reliabilities, convergent validity and discriminant validity. Additionally, modification indices (MIs) were used to locate any problematic item that contributed to a misfit of the data [58]. For item reliabilities, these were maintained with a factor loading (λ) greater than the conservative threshold of 0.50 [53]; for convergent and discriminant validity we checked Cronbach's alpha (α; values higher than 0.70) [59], composite reliability (CR; values higher than 0.70) [56] and average variance extracted (AVE; values higher than 0.50) [60].

4. Results

4.1. Descriptive Statistics

The values for univariate skewness and kurtosis were satisfactory for all the variables within the conventional criteria for normality; the skewness value ranged from −1.5 to +1.5 and the kurtosis values were between −3 and +3, confirming the normality of the sample data [61,62] (Table 2).

Table 2. Descriptive statistics.

Scale and Dimensions	Mean	Standard Deviation	Skewness	Kurtosis
Emotions (EMOT)	5.18	1.07	0.559	0.285
Engagement (ENG)	4.97	1.01	0.449	0.308
Engagement vigor (ENG-V)	4.76	1.01	0.225	0.285
Engagement dedication (ENG-D)	5.37	1.15	0.621	0.029
Engagement absorption (ENG-A)	4.72	1.06	0.406	0.136
Resilience (RES)	5.05	1.10	0.519	0.235
Self-efficacy (S-E)	5.30	1.07	0.403	0.237
Competence (COMP)	5.09	1.00	0.342	0.158
Mental competence (M-COMP)	4.97	1.11	0.232	0.230
Emotional competence (E-COMP)	5.21	1.07	0.558	0.058

4.2. Confirmatory Factor Analysis

The results of the initial analysis of the factor structures proposed for Models 1 and 2 showed a poor adjustment (Table 3), presenting goodness-of-fit indices below the established threshold, thus supporting the need to refine the models using the same statistical procedure for both cases through the analysis of factorial weights and modification indices.

Table 3. Goodness of fit indices for Models 1 and 2.

Model	χ^2/gl	CFI	IFI	TLI	PCFI	RMSEA
1 (5 dimensions; 40 items)	2.21	0.87	0.87	0.86	0.81	0.065 (CI = 0.061, 0.069)
2 (8 dimensions; 40 items)	1.95	0.90	0.90	0.89	0.82	0.057 (CI = 0.053, 0.062)

The analysis of the factor weight suggested the elimination of four items from Model 1 (EMOT_1: 0.49; ENG_4: 0.47; ENG_12: 0.46; ENG_17: 0.46) and three items from Model 2 (EMOT_1: 0.49; ENG-V_12: 0.47; ENG-D_17: 0.46). The remaining factor loadings were statistically significant and exceeded the established criteria of 0.50. Through the analysis of the modification indices, the covariances between diverse pairs of errors were identified, being very similar between the two models, as happened with the factorial loads. Thus, for Model 1, covariances were introduced between the errors of four pairs of items, specifically ENG 2–3 (MI: 39.48), ENG 9–10 (MI: 37.41), ENG 13–14 (MI: 43.07) and RES 5–6 (MI: 22.60). As for Model 2, the covariances were included between the errors of two pairs of items, specifically ENG-V 2–3 (MI: 19.99) and RES 5–6 (MI: 22.57). Following the revision of the two models, all the fit indices of Models 1 and 2 were situated within the recommended values, offering an adequate fit (Table 4).

Table 4. Goodness-of-fit indices for refinement of Models 1 and 2.

Model	χ^2/gl	CFI	IFI	TLI	PCFI	RMSEA
1 (5 dimensions; 36 items)	2.00	0.91	0.91	0.90	0.83	0.059 (CI = 0.054, 0.064)
2 (8 dimensions; 37 items)	1.85	0.92	0.92	0.91	0.82	0.054 (CI = 0.049, 0.059)

The next step was the reliability and validity tests. First, Cronbach's alpha statistic was used to assess internal consistency, and the associated alpha values were higher than 0.70 in all the dimensions of Models 1 (ranging between 0.82 and 0.93) and 2 (ranging between 0.77 and 0.89). Additionally, the CR values of each dimension of Models 1 and 2 were higher than the threshold of 0.70. The AVE for all the dimensions ranged from 0.52 to 0.65 in Model 1 and from 0.50 to 0.65 in Model 2, thus exceeding the generally accepted value of 0.50 (Table 5).

Table 5. Cronbach's alpha (α), composite reliability (CR) and average variance extracted (AVE).

Scale and Dimensions	Model 1			Model 2		
	α	CR	AVE	α	CR	AVE
Emotions (EMOT)	0.82	0.83	0.53	0.82	0.83	0.52
Engagement (ENG)	0.93	0.94	0.53			
Engagement vigor (ENG-V)				0.86	0.86	0.50
Engagement dedication (ENG-D)				0.87	0.88	0.64
Engagement absorption (ENG-A)				0.86	0.87	0.57
Resilience (RES)	0.89	0.89	0.55	0.89	0.89	0.56
Self-efficacy (S-E)	0.84	0.85	0.65	0.84	0.85	0.65
Competence (COMP)	0.86	0.87	0.52			
Mental competence (M-COMP)				0.82	0.82	0.60
Emotional competence (E-COMP)				0.77	0.77	0.53

Lastly, to test the discriminant validity, we examined the AVE and compared the square root of the AVE with the correlations between the constructs, according to the criterion of Fornell and Larcker [56]. In Model 1, the square correlation values ranged from 0.403 to 0.627, indicating discriminant validity in all the dimensions. However, Model 2 showed a breach of discriminant validity between the factors of the engagement and competence dimensions, where the square correlations between each construct were higher than the AVE values (Table 6).

Table 6. Correlation and square root of the average variance extracted (AVE) for Models 1 and 2.

Model 1	1	2	3	4	5
1. Emotions (EMOT)	*0.53*				
2. Engagement (ENG)	0.48	*0.53*			
3. Resilience (RES)	0.40	0.48	*0.55*		
4. Self-efficacy (S-E)	0.36	0.45	0.46	*0.65*	
5. Competence (COMP)	0.48	0.51	0.52	0.62	*0.52*

Model 2	1	2	3	4	5	6	7	8
1. Emotions (EMOT)	*0.52*							
2. Engagement vigor (ENG-V)	0.61	*0.50*						
3. Engagement dedication (ENG-D)	0.56	0.74	*0.64*					
4. Engagement absorption (ENG-A)	0.43	0.69	0.82	*0.57*				
5. Resilience (RES)	0.40	0.54	0.49	0.54	*0.56*			
6. Self-efficacy (S-E)	0.75	0.51	0.57	0.52	0.51	*0.65*		
7. Mental competence (M-COMP)	0.39	0.38	0.40	0.53	0.52	0.75	*0.60*	
8. Emotional competence (E-COMP)	0.36	0.35	0.46	0.42	0.46	0.53	0.52	*0.53*

Note: below the diagonal—estimated correlation between the factors; diagonal—AVE.

5. Discussion

The creation of organizations or work environments that promote the welfare of workers is a major challenge for organizations and an area of academic study [63]. Therefore,

studies concerning health improvement programs in organizations have been increasing in recent years, with approaches from different perspectives as shown by different studies [64–67], even going so far as to relate improved health and lower costs [68]. In short, this growing interest gives rise to a greater awareness of the benefits of implementation of health programs that consider different variables; even models of healthy organization development have emerged in the last decade [68,69].

In the field of the educational community, several studies have been carried out with an orientation toward healthy lifestyle habits based on the importance of this stage of life in order to consolidate these habits and their reflection in adult life [70,71]. However, there is a gap in the academic literature regarding the psychosocial evaluation of students, especially through instruments that provide adequate psychometric properties (reliability and validity). It is, therefore, an area that requires further research, analysis and development. In this sense, using a sample of students from different academic degrees, the present work starts from the HERO instrument [48] to make an adaptation to the educational context and check if the measurement model intended for the evaluation of healthy students meets the pertinent psychometric requirements to be considered a reliable and valid instrument.

The analyses performed on the original structure of the instrument showed a poor fit for both the five-dimensional and eight-dimensional models. The refinement needs of the instrument suggested eliminating various items, specifically four items of the five-dimensional model and three of the eight-dimensional model, with the elimination of the same item from the emotions scale and two items of the engagement scale coinciding for the two models, resulting in instruments of 36 items for the five-dimensional model and 37 items for the eight-dimensional model. There were, therefore, less items compared to the original scale and studies carried out in the labor field [48,49].

The use of complementary measures in the confirmatory factor analysis made it possible to verify a discriminant validity problem in the eight-dimensional model, despite the fact that both the composite reliability and the average variance extracted were adequate in the two models. These results showed the five-dimensional model as being the most appropriate for the evaluation of healthy students, indicating a factorial structure with fewer items and better psychometric properties compared to that obtained in the workplace by Gómez-Chacón et al. [49]. Here, the five-dimensional model did not show an adequate mean variance extracted in the engagement and resilience dimensions, in addition to presenting problems in the discriminant validity of its dimensions.

Hence, the contributions of this research are the basis for the development of future research in the educational context. In this sense, having simple and quickly applicable instruments will enable continuous evaluation and will facilitate the development of appropriate action plans as well as educational policies aimed at achieving healthy students.

5.1. Managerial and Practical Implications

We consider that this work has different implications. First of all, the academic literature has been provided with an optimized instrument with 36 items, which has a simple application and adequate psychometric properties in terms of reliability and validity. Moreover, the tool has the advantage of having a small number of items and can be responded to in a short, estimated time of about 10 min and can therefore be easily applied. Thus, on the one hand, this study provides a clear implication for the management of students, specifically concerning the evaluation of their psychosocial health. The evaluation and detection of students with inappropriate psychosocial well-being will enable establishing intervention programs and even the elaboration of orientation plans focused on the different dimensions evaluated by the tool. On the other hand, educational centers, from schools to universities, will be offered an instrument which will allow them to carry out an evaluation of the dimensions of the healthy student, thus facilitating the learning process as well as the students' academic performance. These facts indicate that a theoretical construct called healthy student is obtained, which is composed of the four

dimensions of the PsyCap and engagement. This construct can be used in current research since it has been updated to include engagement.

5.2. Limitations and Future Investigations

Despite the fact that participants undertaking different university degrees were included, more studies are necessary to obtain a larger sample that makes it possible to carry out more statistical tests, such as a factorial invariance analysis. Furthermore, the participants in this study did not cover all educational levels, which is another important limitation. However, both limitations offer new possibilities for conducting future research that allows for a more in-depth understanding of the psychometric behavior of the instrument and covers a broader educational spectrum. On the other hand, future lines of research should be oriented toward the achievement of an integral healthy student construct, related to the concept given by the World Health Organization, including the second of the two components of the current healthy student; that is, the physical component. In addition, the research should be focused on knowing whether the practice of physical activity influences the healthy student, as well as relating the strengths of the healthy student with less studied functions such as executive skills.

6. Conclusions

The present work uses an instrument validated in a different study context, obtaining adequate psychometric properties and offering a five-dimensional model that is perfectly adapted to the theoretical concept. In this sense, having this instrument permits quickly and simply detecting the psychosocial well-being of the students, with this being of great importance for the possible application of specific intervention programs with enough flexibility to adapt to the needs detected in the students.

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Appendix A

Table A1. Survey items.

	Healthy Student Questionnaire
	Positive emotions
EMO_1	During the last year, we have shown ourselves to be: tense/overwhelmed–relaxed/calm
EMO_2	Over the past year, we have been: discouraged–excited
EMO_3	During this last year, we have shown ourselves to be: upset–at ease
EMO_4	During this last year, we have shown ourselves to be: pessimistic–optimistic
EMO_5	During this last year, we have shown ourselves to be: vulnerable–resistant
EMO_6	During this last year, we have shown ourselves: to be satisfied–dissatisfied
	Engagement
ENG_7	During the academic day we feel full of energy (ENG-V_7)

Table A1. *Cont.*

	Healthy Student Questionnaire
ENG_8	We can continue active for long periods of time (ENG-V_8)
ENG_9	We remain active even when things are not going well (ENG-V_9)
ENG_10	Studying hard is not too much effort for us (ENG-V_10)
ENG_11	We feel very persistent during the academic day (ENG-V_11)
ENG_12	We feel strong and vigorous during the academic day (ENG-V_12)
ENG_13	When the academic day is over, we have enough energy to get involved in other activities (ENG-V_13)
ENG_14	We are involved in academic work (ENG-D_14)
ENG_15	We are excited about our academic training (ENG-D_15)
ENG_16	We enjoy doing academic work (ENG-D_16)
ENG_17	We are motivated to do good academic work (ENG-D_17)
ENG_18	When we study, we forget everything that happens around us (ENG-A_18)
ENG_19	We take new initiatives (ENG-A_19)
ENG_20	We are immersed in our academic work (ENG-A_20)
ENG_21	Time "flies by" during the academic day (ENG-A_21)
ENG_22	We are happy during the academic day (ENG-A_22)
ENG_23	It is difficult to disconnect from the academic day (ENG-A_23)
ENG_24	We "get carried away" by academic training (ENG-A_24)
	Resilience
RES_25	We try to find the positive side of difficult situations
RES_26	We adapt positively to the changes that emerge, and we also become "stronger" when we overcome them
RES_27	We make sure we have resources (e.g., information, emotional support, practical help, and financial resources) to overcome crises and difficult times
RES_28	We support each other in difficult situations
RES_29	We believe that the educational center has sufficient financial solvency to overcome difficult moments
RES_30	We are not afraid of uncertainty; we know how to face it well and even be strengthened by it.
RES_31	We can function well even if some of the members of the academic work group are missing
	Self-efficacy
S-E_32	Although unexpected situations appear
S-E_33	Although we come across many obstacles
S-E_34	Although we spend a lot of time and energy
	Competence
COMP_35	We pay close attention to and concentrate on our academic work (M-COMP_35)
COMP_36	We are aware and remember many things at the same time (M-COMP_36)
COMP_37	We work with a lot of written and verbal information (M-COMP_37)
COMP_38	We objectively and directly face problems with the people with whom we do educational work (E-COMP_38)
COMP_39	We deal with difficult or special people (E-COMP_39)
COMP_40	We persuade or convince others (E-COMP_40)

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