

Cognitive Resilience from Psychological Perspective: Strengthening Professional Soldiers' Operational Readiness in the Information Environment

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Abstract

Contemporary conflicts increasingly involve strategic competition conducted outside physical confrontation, where persistent contest within the information environment seeks to influence cognitive processes. This paper examines the role of psychological care, as a component of military medical support, in strengthening the resilience of professional soldiers. A qualitative approach combining doctrinal and policy analysis, comparative review, and conceptual synthesis were applied. The findings identify mental health as a foundational element of cognitive resilience and highlight a doctrinal shift toward preventive, resilience-oriented psychological care. The institutionalization of this approach within the Slovak Armed Forces demonstrates its relevance for sustaining operational readiness in cognitively contested environments.

KEY WORDS: *information environment; cognitive resilience; mental health; Centre of Psychological Services.*

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1. Introduction

Contemporary security environment is characterized by flexibility, uncertainty, and complexity with a growing prominence of hybrid threats that blur the boundaries between military and non-military spheres of conflict. The nature of current conflicts has increasingly shifted toward persistent contest within the information environment in which strategic competition unfolds. Security challenges extend beyond physical confrontation and increasingly target cognitive, informational and social aspects, where information operations, disinformation and psychological influence are employed to shape perceptions, beliefs, patterns of behaviour and decision-making processes. As a result, the information environment constitutes a critical area for understanding modern conflict dynamics and building society resilience.

Professional soldiers are exposed to these dynamics not only during their deployment but also throughout peacetime service, training, and private life, resulting in a constant cognitive engagement with contested information. Traditional military psychology has primarily focused on stress, trauma and performance degradation associated with kinetic operations. While these remain essential concerns, they do not sufficiently capture the psychological challenges posed by sustained exposure to disinformation and propaganda. These information threats target meaning, trust and identity – core psychological processes that underpin both mental health and operational effectiveness.

The aim of the paper is to examine influence of psychological care, as a component of medical support, on the resilience of professional soldiers operating within the information environment. Particular emphasis is placed on the interrelation between mental health and cognitive resilience, including the capacity to resist disinformation, propaganda and to sustain operational readiness.

With respect to the aim, we defined following research questions:

1. What are the main connotations of information environment and cognitive resilience?
2. What are the key factors that influences cognitive resilience of professional soldier in information environment?

3. What influence has the psychological care on cognitive resilience of professional soldiers?
4. What are the most significant changes in new system of psychological care in the Slovak Ministry of Defence which was conceptualised from the beginning of the year 2026?

The paper adopts a qualitative, integrative methodological approach combining doctrinal analysis, narrative literature review, and conceptual synthesis. Firstly, we used document and policy analysis of doctrinal documents, internal regulations and directives of the new psychological care that was institutionalized in the Slovak Armed Forces from November 1, 2025 and conceptualized from January 1, 2026. Secondly, we analysed numerous contemporary scientific studies and their findings regarding cognitive resilience of individuals. Thirdly, comparative analysis was executed on previous and contemporary systems of psychological care with stress on the structured comparison across dimensions: prevention vs. treatment, cognitive resilience focus, information environment awareness, integration with command structures. These themes were subsequently integrated through conceptual synthesis to develop a doctrinally aligned framework linking the cognitive dimension of the information environment, cognitive resilience, and the preventive role of military psychological services. This approach was chosen to support theory development and interdisciplinary integration rather than hypothesis testing.

2. Information Environment and the Cognitive Resilience

The Oxford dictionary [16] defines environment as “the physical surroundings or conditions in which a person, organism, or thing lives or exists, and the external conditions generally affecting its life, development, or behaviour”. Environments in general are conceptualized as systems surrounding human activity, encompassing both physical and non-physical dimensions. While a single overarching environment exists, it can be analysed through multiple disciplinary lenses, leading to the identification of distinct sub-environments. Over the past decade, significant developments in cyberspace, information and communication technologies, new media, information distribution methods but also misinformation, disinformation, propaganda and hybrid interference have profoundly shaped how audiences receive and engage with information. All mentioned issues have impact on contemporary information environment which integrates systems, information and people, both those who collect information and those who make decisions on its basis [13]. The information environment thus represents the primary space for decision-making, important function of crisis management [4], in which humans and automated systems observe, interpret, process, and act upon data, information, and knowledge. It is marked by an exceptionally high demand for digital access to near-real-time media and virtual interpersonal connectivity on an unprecedented scale. Contemporary characteristics of information environment include ubiquitous, on-demand media and pervasive hyper-connectivity, which enable collaboration and information sharing at unparalleled speed and reach [2]. Technological development of communication technologies created uncontrolled information flow “into every household”, to every individual and to all social groups [6]. All activities, whether intentional or unintentional, influence the cognitive dimension through action or inaction. A comprehensive understanding of the information environment makes it possible to design effects that shape audience behaviour as individuals perceive, interpret, and act on information. Despite the global growth in information availability, significant disparities persist, as literacy levels, internet penetration, and unrestricted access to information continue to function as key differentiating factors. The information environment is illustrated in Figure 1, which shows the dimensions and their layers within them.

NATO doctrine [2] conceptualizes the information environment as the aggregate of individuals, organizations, and systems that collect, process, disseminate, and act on information. This environment is inherently dynamic and contested, shaped by technological developments, social processes, and deliberate influence activities conducted by state and non-state actors.

Importantly, the information environment is not limited to formal communication channels or operational messaging. It includes informal networks, social media, traditional media, interpersonal communication, and institutional narratives. For professional soldiers, this means that exposure to information influence occurs continuously and across multiple contexts, blurring the distinction between operational and non-operational environments.

The cognitive dimension is the decisive dimension because it is where cognitive effects affect individuals' thinking, which drives behaviours and decisions. Some nations refer to this dimension as the psychological dimension consisting of cognitive (logical thought), affective (emotion) and behaviour. All actions in other dimensions and their layers ultimately affect the cognitive dimension. It is comprised of two layers: cognitive and social. The cognitive layer is where information is interpreted, but not transmitted, by individuals. This layer is intangible and therefore non-observable, and it comprises the audiences' will, cohesion, perceptions, beliefs, interests, values, aims, decisions and behaviours. The social layer is where information comprises the ways in which individuals' behaviours are influenced by the pressures of the sociocultural environment, and where social networks and culture influence individuals' decision-making. It encompasses all forms of interaction, for example, between people in the economic and/or political spheres [2].

Cognitive operations exploit cognitive vulnerabilities and purposefully alter or slowly and gradually shift surrounding reality, environment, and pooled information of the person who is the target and who interacts with and/or accept the planted content. The outcome of this process is the manipulation of the entire experience, thinking and actions of the individual, who at the same time is influencing the shape of the reality of his or her surroundings. Consequently, one can begin to question one's prior understanding of reality and begin to separate oneself from socially accepted

consensus, values and rules [6]. Cognitive operations can result into mental or moral shock and the loss of ability to perceive reality [8].

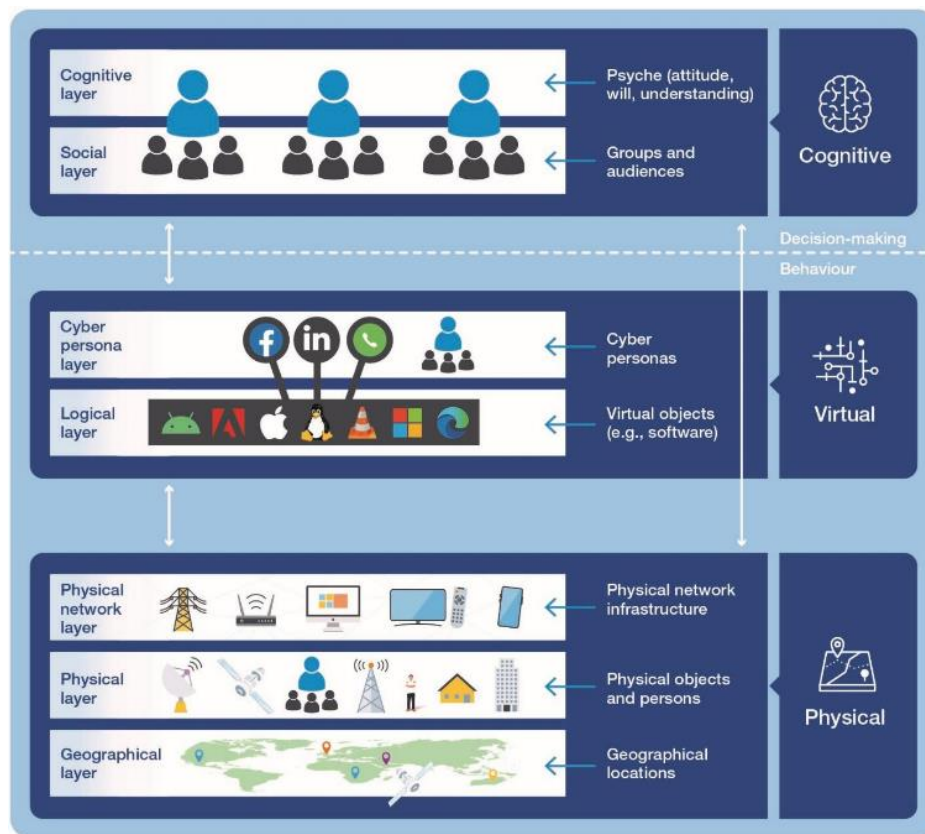


Fig. 1. The Information Environment
Source: AJP-10.1. Allied Joint Doctrine for Information Operations

Resilience in information environment is defined as capacity of individuals, organizations, and societies to withstand, adapt to, and recover from disruptions, threats, and manipulations within the information space, including misinformation and disinformation, while maintaining effective information flows and informed decision-making and collective capability to prepare for, resist, respond to and quickly recover from shocks and disruptions [19]. The resilience of the armed forces is not determined only by technical and material capacities, but especially by the quality of the human factor.

Cognitive resilience then can be defined as the capacity to resist, detect, cognitively regulate, and recover from exposure to false, misleading or manipulative information without degradation of judgement, trust, morale or decision making. Key components of cognitive resilience are resistance (not accepting false information), detection (spotting manipulation), regulation (emotional and cognitive control) and recovery (correcting beliefs when wrong).

According to Mlejnková [12] there are four levels crucial in ensuring human and societal resilience in context of information environment, namely cognitive resilience, institutional resilience, technological operations and legal framework. Cognitive resilience probably poses the greatest challenge. This type of resilience tends to be reflected today more in psychology and education than in security studies. It is the only level that is directly linked with people and their ability to interpret social reality. Cognitive resilience serves to prevent disinformation and propaganda from taking its root and being internalised by the target audience. It relates to world views and interpretative schemata, making sense of information and affecting the process of decision-making. Cognitive resilience helps people withstand the pressure of various ideas that are spread around, not least via disinformation, propaganda and conspiracy theories. The quality of cognitive resilience at the level of individual influences its quality at the societal level. Building this type of resilience is largely the responsibility of those who provide the education and training of abilities in cognitive dimension. Education on hybrid warfare develops awareness of digital and non-military threats [5]. A key element of building resilience is the development of individual competences in recognizing manipulation and fake news [21].

Issues interconnected with resilience were already investigated by different scientists, in numerous scientific papers [3, 6, 11, 13, 20]. One of the scientific interests was to identify the factors that influence the cognitive resilience of individuals. Bizík – Kosárová – Divišová – Potočník [3] identified following factors that influences cognitive resilience: critical thinking, scientific literacy, media literacy, digital literacy, strategic communication, cyber and information security, corruption prevention and mental health. Furthermore, they defined mental health as “a status of a sense of well-being, in which each individual fulfils his own potential, manages normal life stress, can work productively and fruitfully

and is able to contribute to the benefit of his community”. Mental health problems including anxiety, paranoia, depression, trauma or narcissism and others, were repeatedly marked as one of the risk factors that increase people's vulnerability to disinformation.

Based on stated facts we can conclude that psychological care and mental health status are partially supporting cognitive resilience and it is therefore important to devote attention to mental health of professional soldiers supported by adequate system psychological care.

3. Psychological care in the conditions of the Slovak Armed Forces

One of elements of military health care, according to NATO Allied Joint Doctrine for Medical Support [1] is mental health care, which encompasses mental health screenings prior to deployment, prevention and management of psychological and mental impairment resulting from illness, stress or trauma, during combat operations and subsequently into the post-deployment period. Mental health care aims to improve the overall health of the force and to ensure that armed forces personnel [12] have access to the services required to address mental health issues arising from participation in NATO operations [18, 20].

Maximum attention must be paid to the psychological care of professional soldiers who were deployed in combat operations or international crisis management missions and operations. However, due to the shift in operating environment and hybridization of conflicts [10], and the resulting persistent contestation within the information environment, which demands constant cognitive engagement with contested information, it is equally important to place strong emphasis on psychological care throughout peacetime service and training, and even in the private lives of professional soldiers.

Psychological health directly affects cognitive functions as judgement, emotional regulation, resilience and decision-making. Condition including stress reaction, anxiety disorders, depression, posts traumatic stress disorder can significantly influence behaviour, decision-making and operational effectiveness.

The Slovak Ministry of Defence in reaction to the aforementioned facts modernised structure of psychology service with the aim to increase resilience and improve conditions for service of professional soldiers. Psychology services were centralised and integrated into a comprehensive system of military medical support and centralized under military medical facilities, namely the Central Military Hospital in Ružomberok and the Training Centre Lešť. The establishment of the Slovak Armed Forces Centre of Psychological Services created a functional linkage between medical, logistical, and command structures, enhancing the accessibility, coherence, and timeliness of psychological care provision [9].

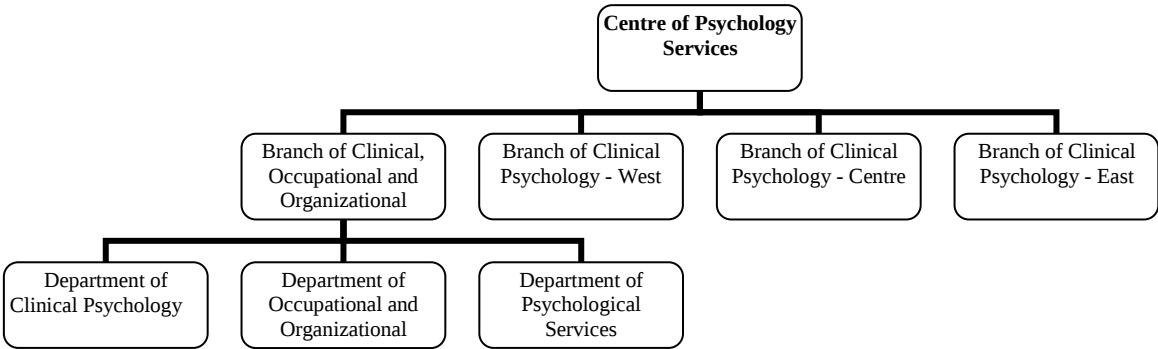


Fig. 2. Centre of Psychology Services

The Centre of Psychological Services was established on November 1, 2025 as a specialized support unit within the Slovak Armed Forces to enhance the psychological well-being and operational readiness of military personnel. Its formal inauguration, marked by a ceremonial change of guard, signifies the operational commencement of a structured system for psychological support. The initiative to establish the Centre was spearheaded by the former Chief of the General Staff of the Slovak Armed Forces, General Daniel ZMEKO, underscoring the strategic importance of systematic psychological care for professional soldiers. The Centre represents a key component of the broader modernization of support services within the Slovak Armed Forces, reflecting a growing institutional emphasis on mental health, resilience, and stress management. It is tasked with developing and implementing programs aimed at enhancing psychological preparedness, resilience, and stress coping strategies before, during, and after operational deployment, thereby contributing to both individual well-being and overall mission effectiveness.

A new system of psychological services, closely connected to institutional changes, was introduced on January 1, 2026, by the directive of the Ministry of Defence [15], which defines psychological activities as professional, purposeful, systematic and organized activities of psychologists of the Ministry of Defence with the aim of increasing and strengthening the psychological resilience, protecting, strengthening or restoring the psychological health of professional

soldiers. Psychological activities mainly consist of psychological training, psychological care, psychological preventive activities and education, psychological examinations, psychological research and education and supervision of psychologists. Psychological training is a process that consists of forming and increasing mental readiness to successfully handle stressful situations and fulfil tasks not only in peaceful life and training, but also in the context of deployment in a peacekeeping mission. It is a deliberate and purposeful formation of soldiers' mental readiness for active, effective, socially desirable activities in fulfilling tasks in dynamically changing situations of military service and in deployment in peacekeeping missions [7]. When considering psychological training, we must start from the fact that during properly conducted training and preparation, new functions and characteristics arise in a soldier, which become key for coping with stress and successful functioning in combat activities [17]. Psychological training is then defined as a deliberate, purposeful and organized activity aimed at creating and deepening the psychological readiness of professional soldiers to perform tasks, increasing the psychological resilience of professional soldiers and developing their ability to cope with stressful situations in order to reduce the risk of psychological failure when performing service and work tasks, and providing qualified, comprehensive and general psychological information, which contributes to improving the quality of service and work activities, command skills and healthy interpersonal relationships.

Psychological care represents a professional, purposeful and organized activity of a military psychologist for the purpose of protecting, strengthening or restoring the mental health of professional soldiers and employees. Psychological care include psychological counselling, psychotherapeutic activity, psychological crisis intervention, psychological care for professional soldiers after the completion of tasks outside the territory of the Slovak Republic, psychological care for family members of professional soldiers sent to perform tasks outside the territory of the Slovak Republic; and psychological support in the area of deployment of units sent to perform tasks outside the territory of the Slovak Republic.

Preventive activities are part of the psychological services system and aim to maintain and strengthen the mental health, resilience and well-being of professional soldiers and employees of the defence sector. Preventive activities include the early recognition of risk factors for the development of mental disorders and support for early interventions; insufficient psychological resilience and adaptation to stress; abuse of medicines and addictive substances; socially undesirable phenomena; manifestations of problematic performance of tasks and duties, as well as manifestations of undisciplined behaviour. Psychological prevention is implemented by psychologists through education.

Psychological examination is the scientific study of an individual's psychic abilities and personality traits, their psychic individuality, and individual differences through standardized psychological and psychodiagnostic methods [15].

One of the paper aims was a structured comparative analysis of contemporary and former system of psychological services within the Ministry of Defence, effective until December 31, 2025 [14], and from January 1, 2026 [15]. The comparison is conducted across four analytically defined dimensions that reflect contemporary developments in military psychology and security environments:

1. the balance between prevention and treatment-oriented interventions,
2. the degree of emphasis on cognitive and psychological resilience,
3. the extent of awareness and adaptation to the information environment,
4. the level and model of integration within command structures.

This structured approach enables a systematic evaluation of conceptual and organizational shifts between the two systems of psychological care.

3.1 Prevention versus treatment-oriented model in the structure of psychological services

Until December 31, 2025, regulated psychological services, including psychological counselling, crisis intervention, psychological assessment, and post-deployment care, were primarily oriented toward diagnostic procedures, the assessment of psychological fitness for service, and the management of identified psychological risks or disorders. Although preventive activities were included, they were not systematically conceptualized as a distinct strategic pillar. Instead, preventive measures were largely embedded within preparatory training and post-event stabilization processes. Consequently, the regulatory logic of the system can be characterized as predominantly reactive, focusing on interventions following the identification of a psychological problem or operational stressor. Within this framework, treatment-oriented and corrective functions constituted the central operational focus of psychological services.

The new system of psychological services [15] introduces a more explicit and structured emphasis on preventive activities, psychoeducation, and the systematic promotion of mental health. The directive delineates phases of crisis intervention, emphasizes destigmatization of psychological support, and encourages proactive engagement with service members. The normative structure indicates a shift toward a preventive-proactive model, in which early identification of risk factors, education, and resilience-building are integrated into routine activities rather than reserved for post-incident response. Intervention and treatment remain integral components of the system; however, they are now positioned within a broader preventive framework. From a systemic perspective, the 2026 framework reflects a rebalancing of psychological services from a predominantly reactive stabilization model to a structured preventive orientation.

3.2 The degree of emphasis on cognitive and psychological resilience

In the 2016 framework [14], psychological preparation for service and deployment was formally included among the defined tasks, and the concept of resilience was implicitly embedded in preparatory activities, stress exposure training, and post-deployment support. However, cognitive resilience was not explicitly articulated as a strategic objective, nor was resilience-building conceptualized as a continuous developmental process across the service lifecycle. Instead, resilience-related activities were primarily linked to operational readiness and recovery from stress exposure, functioning as an implicit outcome of preparatory and therapeutic efforts rather than as a formally defined domain.

The 2025 directive [15] strengthens preventive programs, systematic education, and ongoing professional development. While “cognitive resilience” is not codified as a formal category, the structured approach to preventive measures, psychological educational initiatives, and supervision reflects a clear movement toward institutionalized resilience-building. In this framework, resilience is framed as a continuous and collective capacity, integrating individual psychological stability, adaptive coping, and sustained operational performance. Compared to the previous framework, resilience is more explicitly embedded in the strategic orientation of psychological services, although full doctrinal articulation and formal conceptual consolidation remain tasks for the future.

3.3 The extent of awareness and adaptation to the information environment

Directive No. 13/2016 [14] did not explicitly regulate psychological activities in relation to hybrid threats, strategic communication, or the cognitive dimension of the information environment. Psychological services were primarily focused on personnel assessment, clinical care, and organizational support within traditional operational contexts. The normative framework did not formally incorporate resilience against information manipulation, disinformation, or cognitive influence operations. Consequently, adaptation to the evolving information environment remained implicit rather than structurally embedded.

Directive No. 100/2025 [15] expands the preventive and educational mandate of psychological services and emphasizes professional development and interagency cooperation within broader security contexts. While the directive does not establish a dedicated domain for the information environment, its broader preventive and educational scope creates institutional space for such activities. The normative structure supports potential integration of critical thinking, awareness of psychological manipulation, and collaboration with strategic communication actors. Thus, the 2026 framework demonstrates a latent capacity to address challenges in the cognitive dimension of modern security threats, even if this capacity is not yet fully operationalized in explicit regulatory terms.

3.4 The level and model of integration within command structures

Under the 2016 directive [14], psychologists were categorized according to organizational affiliation, including personnel sections, military units, military healthcare, and military intelligence. The system reflected a decentralized structure in which professional roles were closely tied to specific organizational units. Integration into command structures was primarily vertical and administrative. Coordination across units occurred through functional reporting lines and designated professional guarantors, but the system remained structurally segmented. This model can thus be characterized as organizationally differentiated and administratively anchored. What is more, psychologists as a member of military units fulfilled even other military tasks interconnected with life of the unit and fulfilment of its tasks and not psychological care to its members.

The 2025 directive [15] introduces the positions of Chief Psychologist, specialized professional deputies, and a Council of Psychologists. This structure strengthens horizontal coordination across the ministry and centralizes professional oversight. Integration of psychological services into command structures shifts from a predominantly administrative model to a professionally coordinated system with centralized methodological guidance. Emphasis on unified standards and structured supervision enhances systemic coherence. From a systems-theoretical perspective, this represents a transition from a decentralized functional arrangement to a network-coordinated professional governance model embedded within the command architecture. Psychological specialists can take advantage of the full working time use for provision of psychological care and thus expands the capacity without increasing number of personnel.

3.5 Comparison Outcomes

The structured comparison reveals four principal systemic shifts between the two frameworks. First, there is a transition from a predominantly reactive and treatment-oriented system toward a preventive and proactive model. Second, resilience evolves from an implicit outcome of preparatory activities to a more systematically supported objective. Third, although explicit regulation of psychological activity within the information environment remains limited, the newer framework provides a broader preventive mandate that may accommodate such adaptation. Fourth, the governance structure shifts from organizational segmentation to centralized professional coordination. These changes indicate an ongoing professionalization and standardization of psychological services within the Slovak Ministry of Defence.

At the same time, the absence of explicit doctrinal articulation of cognitive resilience and information environment engagement suggests areas for future regulatory development. At the strategic level, the preventive

orientation of the 2026 framework requires alignment with broader defence resilience strategies and long-term force preparation planning. At the operational and tactical level, structured resilience-building programs and integration with training doctrines should be systematically developed to ensure coherence between psychological preparation and operational requirements. At the tactical level, increased emphasis on supervision, documentation standards, and early intervention may enhance service quality.

Regarding the information environment, interdisciplinary cooperation with strategic communication and intelligence components may strengthen cognitive resilience against hybrid and influence operations. The regulatory transformation effective from 1 January 2026 reflects a significant structural and conceptual evolution of psychological services within the Slovak Ministry of Defence. The new framework establishes a more preventive, professionally coordinated, and resilience-oriented model, while maintaining core diagnostic and therapeutic functions. Across the analysed dimensions: prevention versus treatment, cognitive resilience, awareness of the information environment, and integration within command structures, the 2026 system demonstrates greater structural capacity for strategic alignment with contemporary security challenges. Further doctrinal specification may consolidate these developments into a fully integrated resilience-based military psychological system.

4. Investigation Results

The qualitative analysis demonstrates that mental health represents a core component of the cognitive dimension of the information environment and constitutes a foundational prerequisite for individual cognitive resilience against disinformation and adversarial propaganda. Doctrinal and conceptual examination indicates that psychological stability directly underpins soldiers' capacity for situational awareness, judgment, and decision-making processes in cognitively contested environments.

Comparative analysis of previous and newly institutionalized systems of psychological care reveals a paradigmatic shift from a predominantly reactive, treatment-oriented model toward a preventive and resilience-focused approach. This shift emphasizes early intervention, cognitive resilience development, and systematic integration of psychological support within command and operational structures, reflecting increased awareness of information environment challenges.

The findings further indicate that psychological resilience has been elevated from an individual health concern to a strategic military necessity. Accordingly, military psychological services are conceptualized not only as a component of medical care, but as an enabling capability contributing to operational effectiveness and information resilience.

As a result of these doctrinal insights, the Slovak Ministry of Defence restructured the psychological services within the Slovak Armed Forces. Psychological care was integrated into a comprehensive system of military medical support and centralized under military medical facilities, namely the Central Military Hospital in Ružomberok and the Training Centre Lešť. The establishment of the Slovak Armed Forces Centre of Psychological Services created a functional linkage between medical, logistical, and command structures, enhancing the accessibility, coherence, and timeliness of psychological care provision.

5. Conclusions

The paper identifies mental health as a foundational element of the cognitive dimension of the information environment and a prerequisite for individual cognitive resilience in modern military contexts. Psychological stability underpins soldiers' capacity to resist misinformation and propaganda and to sustain effective decision-making under cognitive pressure.

The findings highlight a doctrinal shift from reactive psychological care toward a preventive, resilience-oriented model, reflecting the elevation of psychological resilience to a strategic military necessity. Preventive psychological services are thus conceptualized as an enabling capability contributing directly to operational effectiveness.

The restructuring of psychological services within the Slovak Armed Forces demonstrates how doctrinal insights can be operationalized through centralized integration within military medical systems and strengthened linkages with command structures. This model enhances the coherence, accessibility, and timeliness of psychological care and offers a conceptual framework for further doctrinal development and future empirical research.

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