



Impact Of Emotional Intelligence On The Mental Health Of COVID-19 Survivors

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Abstract

Aim- The objective of the study is to find the impact of emotional intelligence on the mental health of COVID-19 survivors.

Measures- The present study includes 150 (75 Males and 75 females) participants aged 30-50 years. Emotional Intelligence Scale by Schutte et al. (1988), and Mental Health Inventory by Veit and Ware (1983). Statistical tools such as descriptive statistics, Pearson product-moment correlation, and regression were used to analyze the data.

Results- Results show that the female mean score on the variable emotional intelligence, 120.89 (S.E. = 2.76), and the male mean score is 122.03 (S.E.= 3.09). Results indicate that the female's mean score on the variable mental health is 70.93 (S.E.= 1.37) and the male's mean score is 74.09 (S.E. = 1.41). Results depict that a moderate relationship has been found between emotional intelligence and mental health.

Discussion- Results show that a positive relationship has been found between emotional intelligence and mental health. This study also shows that emotional intelligence positively impacts the mental health of COVID-19 survivors.

Keywords- Emotional Intelligence, Mental Health, and COVID-19 survivors

Introduction

The word ‘Coronaviruses’ derives its name from the Latin word ‘Corona’, which signifies ‘Crown’. The full form of COVID-19 is “CO stands for ‘Corona’ VI for ‘Viruses and D for ‘Disease’ - initially called 2019 novel Coronavirus or 2019-n-CoV”. The 2019 new coronavirus (SARS-COV-2) that causes coronavirus disease is likely of Pangolin origin. It can cause severe respiratory tract infections in infected humans and is typically spread from person to person through schools through aerosol and droplet contamination.

COVID-19 has been impacting a large number of people worldwide, being reported in approximately 200 countries and territories (Zhang et al., 2020). According to a clinical study, the typical symptoms of a novel coronavirus include fever, dry cough, and fatigue, while the unusual symptoms include aches and pains, nasal congestion, diarrhea, smell and taste disorders, breathing issues, and more (Guan et al., 2020).

As per the reports of the World Health Organization (WHO), 10,16,128 cases of COVID-19 were reported globally, as of April 2, 2020, including 2,45,175 cases (6059 deaths) from the United States of America, 1,15,242 cases (13915 deaths) from Italy, 112,065 cases (10,348 deaths) from Spain, 84,789 cases (1109 deaths) from Germany, 81,620 cases (3322 deaths) from China, 58,441 cases (5380 deaths) from France, 50,468 cases (3160 deaths) from Iran, 33,718 cases (2921 deaths) from the UK, and the rest of the cases and deaths from 200 other countries/territories/ areas (WHO, 2020).

A National Public Radio study conducted in 2020 revealed that, even before a pandemic was proclaimed, nearly half of the respondents surveyed said that the worry, stress, and anxiety brought on by the coronavirus were having a detrimental effect on their mental health (Kaiser Family Foundation, 2020).

Emotional Intelligence

Emotional intelligence refers to evaluating one's and others' emotions and feelings, discriminating among them, and using this information to guide their actions and thinking. In 1990, Psychologists ‘Peter Salovey’ and ‘John Mayer’ published their landmark article, —Emotional Intelligence where they considered emotional intelligence as a form of intelligence, defined as the ability to monitor one's own and others' emotions.

The concept of emotional intelligence was first developed and published by the psychologists Mayer et al. (1990), and it is important to understand that emotional intelligence is not the opposite of intelligence or ‘the heart’ winning over the head. Emotional intelligence combines emotion with intelligence and is the ability to use emotions as a support in problem solving and decision-making, as well as helping one to live a fulfilled life (Mayer & Salovey, 1995).

According to Goleman (1996), emotional intelligence is defined as “being able to motivate oneself and persist in the face of frustrations; to control impulses and delay gratification; to regulate one’s moods and keep distressed from swamping the ability to think; to empathize and to hope”.

Feelings and emotions to discriminate among them and to use this information to guide one's thinking and actions (Salovey & Mayer, 1990). The elements that comprise emotional intelligence are self-awareness, self-regulation, motivation, emotion, and social skills. Self-awareness is perceiving the sensations of ourselves. Self-regulation is controlling and regulating emotions. Motivation is the capacity of an individual's thought processes, feelings of expectation and confidence, and self-efficacy (Goleman, 1995). Empathy represents the capacity to perceive the feelings, needs, and perspectives of others and react to their feelings. Social skills imply the capacity to oversee or control feelings in others to settle relational contentions.

Mental Health

Banaian and Parvin (2006) show that mental health is the ability to carry out activities every day, establish relationships, and exhibit proper social and cultural behavior. Manwell et al. (2015) state that Mental health is considered to include intellectual, emotional, and spiritual development, positive self-perception, a sense of dignity and physical health, and interpersonal harmony.

The National Institute of Mental Health (2020) defined mental health as “encompassing a person’s emotional, psychological, and social well-being, affecting how people think, feel, and act. It is essential for handling stress, relating to others, and making choices. Good mental health allows individuals to realize their potential, work productively, and contribute to their community”.

Positive mental health is also linked to better physical health, increased pro-social behaviors, and participation in less adverse behaviors in adolescence (Resnick, 2000). Mental health is perceived as a positive source contributing to asset development individually, socially, and economically (World Health Organization, 2004). Better mental health outcomes in adolescents are characterized by greater adaptation in family, school, and society environment, improved quality of life, and reduced symptoms of psychological disorders (Hoagwood et al., 1996).

Emotional Intelligence and Mental Health

In this sense, the intelligent use of emotions is considered essential for one’s physical and psychological adaptation (Mayer & Salovey, 1997). Emotional intelligence as an individual skill acts as a protective factor against stress affecting mental, social, and physical health (Martins et al., 2010).

A study was conducted on 331 participants and found that emotional intelligence is positively related to mental health (Ordu et al., 2022). Montes-Berges (2007) shows that emotional intelligence is a skill that reduces the negative stress consequences. This study also shows that emotional intelligence plays a predictive role in mental health.

Many authors claimed and reported that there existed a significant relationship between emotional intelligence and mental health (Ioannis & Ioannis, 2005). Taylor (2001) argued that if you are emotionally intelligent, then you can cope better with life's challenges and control your emotions more effectively, both of which contribute to good physical and mental health. Studies have found that teens with high emotional intelligence maintain better mental health by adopting effective positive coping strategies (Davis & Humphrey, 2012).

Zysberg and Zisberg (2022) found that emotional intelligence has a major function in decreasing worry, promoting positive mental states, and helping people to better adapt to challenging social environments. Emotional intelligence enables people to deal with adversity, such as the COVID-19 pandemic, by strengthening their decision-making abilities, communication skills, and psychological resilience (Hmm, 2020).

Landa and Zafra (2010) found that emotional intelligence allows nurses to develop therapeutic relationships to meet patients' needs, to interact empathetically with patients and patients' families, and to better manage stress either on their own or that of others, such as patients, nursing staff, etc.

Measure

1. Emotional Intelligence Scale (Schutte et al., 1988)

The emotional intelligence scale was given by Schutte et al. in 1988. This scale consists of 33 items on a five-point Likert scale. The scale includes four dimensions such as perception of emotions, managing one's own emotions, and utilization of emotions. The total Score ranges from 0-165, and a greater score on this measure indicates a higher level of emotional intelligence. This scale has been used extensively in the southern part of the country with adults, with a Cronbach alpha of scale is .93. The Cronbach alpha ranged from .87 to .90 (Schutte et al., 1998). Akpochafo (2011) validated this scale and the construct validity ranges from .45 and .96.

2. Mental Health Inventory (Veit and Ware, 1983)

Veit and Ware developed the Mental Health Inventory in 1983 during the study of National Health Insurance. Mental health inventory includes positive and negative emotions. The Mental Health Inventory excludes psychopathology. This inventory consists of four dimensions such as anxiety, depression, behavioral control, and positive affect. The scale consists of eighteen items. Total scores lie from 0-100. These items are negatively scored 1, 3, 5, 7, 8, 10, 13, and 15. The high score indicates better mental health. The mental health inventory has good psychometric properties.

Sample

In this study, one hundred fifty (N=100) participants from all around India participated (75 males and 75 females). The purposive sampling was used to recruit the participants. The age range of the sample lies between thirty to fifty years. The target population of the study was COVID-19 recovered patients. The

English language was used in all the instruments. The administration of the questionnaire was in offline and online modes.

Inclusion Criteria

- Those individuals who have recovered from COVID-19 and were hospitalized during the covid 19.
- Age between thirty to fifty years, Either of the sex.
- Ability to read and write.
- Motivated and willing to participate in the study

Exclusion Criteria:

- Patients with psychiatric illness.
- Patients who are not hospitalized.

Procedure

The sample was finalized by using purposive sampling. After finalizing the sample, the data were collected at the convenience of the participants after taking their consent. According to the convenience of the participants, the test was administered individually or in groups. The data was analyzed as per the research objectives of the study, with the help of statistical tools like descriptive statistics, correlation analysis, and stepwise regression.

Objective

1. To study the relationship between emotional intelligence and mental health
2. To investigate emotional intelligence as a predictor of mental health in COVID-19 survivors.

Hypotheses

1. There will be a positive relationship has been found between emotional intelligence and mental health.
2. There would be a significant influence of emotional intelligence on the mental health of COVID-19 survivors.

Results

The present study investigates the relationship between emotional intelligence and mental health, and the relationship between emotional intelligence and mental health of COVID-19 recovered patients sample of 150. A descriptive analysis of the variables is indicated in Table 1.

Table 1. Descriptive Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Emotional Intelligence	Female	75	120.89	23.86	2.76
	Male	75	122.03	26.80	3.09
Mental Health	Female	75	70.93	11.93	1.37
	Male	75	74.09	12.22	1.41

Table 1 shows the female mean score on the emotional intelligence variable, 120.89 (Standard Error = 2.76), and the male mean score is 122.03 (Standard Error = 3.09). Results indicate that the female's mean score on the mental health variable is 70.93 (Standard Error= 1.37) and the male's mean score is 74.09 (Standard Error = 1.41). Results depict that females score high on emotional intelligence, and males score high on the variable of mental health.

Table 2. Correlational Matrix between Emotional Intelligence and Mental Health

	Emotional Intelligence	Mental Health
Emotional Intelligence	1	.379**
Mental Health	.379**	1

**significant at the .01 level (2-tailed)

Table 2 shows the correlational coefficient between emotional intelligence and mental health, which is .379 and significant at the .01 level, indicating that a moderate positive relationship has been found between emotional intelligence and mental health. The results indicate that a positive moderate relationship has been found, which is significant at the .01 level.

Table 3. Stepwise Regression Table Showing the Determinants of Variance on Mental Health by Emotional Intelligence

Variable	R	R Square	Adjusted R Square	Beta	F	Sig.
Emotional Intelligence	.379	.144	.138	.379	24.813	.000*

a) Dependent variable: mental health

b) *Significant at .01 level

Table 3 shows that the variable emotional intelligence emerged as the predictor of the mental health of COVID-19 survivors. The R value is .379, and the R square ($R^2 = .144$) value indicates that the model explains 14.4 percent variance in the variable mental health. The F value (24.813) indicates that emotional intelligence ($b = .379$, $p < .000$) plays a significant role in mental health. The positive beta value indicates that emotional intelligence positively contributes to mental health. The variance is significant at the $p < .01$ level, which indicates that emotional intelligence significantly impacts mental health. Results of the study show that emotional intelligence has a 14.4 percent impact on the mental health of COVID-19 survivors.

Discussion

The objective of the study is to find the relationship between emotional intelligence and the mental health of COVID-19 survivors. The hypothesis of the study, “There will be a positive relationship found between emotional intelligence and mental health,” is accepted, which shows that a positive relationship has been found. Results depict that as the level of emotional intelligence increases, the level of mental health also improves. Fida et al. (2018) found that the relationships between emotional intelligence and mental health include several facets of emotional intelligence, which can protect psychological well-being. A study of 791 participants found that a higher level of emotional intelligence leads to decreased levels of depression, anxiety, and stress (Dasor et al., 2023). Gao et al. (2020) depict that emotional intelligence is a strong indicator of mental health, directly influencing the occurrence of stress, anxiety, and depression symptoms.

The study's objective is to find that emotional intelligence plays a predictive role in mental health. The hypothesis is “There would be a significant influence of emotional intelligence on the mental health of COVID-19 survivors,” is accepted, which shows that emotional intelligence positive impact on the mental health of COVID-19 survivors. Results depict that emotional intelligence helps individuals to promote and maintain the mental health of COVID-19 survivors. Shabani et al. (2010) conducted a study on 247 participants in Iran and found that emotional intelligence positively contributes to mental health. Another study was conducted on 203 participants, and it concluded that emotional intelligence significantly predicts mental health (Prado, 2016). Mohammadyfar et al. (2009) found that emotional intelligence plays a significant role in mental health.

Conclusion

The coronavirus impacts physical health, psychological health, social health, well-being, and the economy worldwide. The epidemic impacts the physical and psychological health of all age groups, such as children, adolescents, adults, and older individuals. The fatality rate of COVID-19 is very high. Several people have lost their loved ones, and after going through the virus, some people suffer from physical problems and post-traumatic stress disorder symptoms due to this outbreak. Fear of disease, transmission, fatality rate, severity of the disease, and isolation are some reasons that increase the stress, fear, and anxiety of coronavirus among the general and special populations. If an individual can control, manage,

and regulate his/her emotions, then the individual can maintain their mental health. During the COVID-19 epidemic, emotional intelligence plays a protective role in promoting the mental health of COVID-19 survivors.

Implications of the study

The study aims to investigate whether emotional intelligence is a predictor of the mental health of COVID-19 survivors. This study will help individual who suffers a lot of mental health issues to share their thought, express their emotions. If individuals express their emotions, regulate their emotions then it will help to maintain and promote the mental health of patients. This study also has some limitations. Specialized populations can also be compared with the general population of COVID-19. The sample size used in the study is small. For further research, a larger sample size can be used to increase the effectiveness of the study.

References

1. Banaian, S. H., Parvin, N., & Kazemian, A. (2006). The investigation of the relationship between mental health condition and marital satisfaction. *Avicenna journal of nursing and midwifery care*, 14(2), 52-62.
2. Cejudo Prado, J. (2016). Relationship between emotional intelligence and mental health in school counselors.
3. Dasor, M. M., Jafridin, A. A., Azhar, A. A., Asma, A. A. A., Manivannan, P. C., Bilal, S., ... & Sabri, B. A. M. (2023). Emotional intelligence, depression, stress and anxiety amongst undergraduate dental students during the COVID-19 pandemic. *International Journal of Public Health*, 68, 1604383.
4. Davis, S. K., & Humphrey, N. (2012). The influence of emotional intelligence (EI) on coping and mental health in adolescence: Divergent roles for trait and ability EI. *Journal of adolescence*, 35(5), 1369-1379.
5. Fida, A., Ghaffar, A., Zaman, A., & Satti, A. N. (2018). Gender comparison of emotional intelligence of university students. *Journal of education and educational development*, 5(1), 172-188.
6. Goleman, D. (1998). *Working with emotional intelligence*. Bantam.
7. Guan, W. J., Ni, Z. Y., Hu, Y., Liang, W. H., Ou, C. Q., He, J. X., ... & Zhong, N. S. (2020). Clinical characteristics of coronavirus disease 2019 in China. *New England journal of medicine*, 382(18), 1708-1720.
8. Hm, A.-F. Emotional Intelligence and Emotional Stability in Crises. *J. Psychiatry Psychiatr. Disord.* 2020, 4, 56–62.
9. Hoagwood, K., Jensen, P. S., Petti, T., & Burns, B. J. (1996). Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(8), 1055-1063.
10. Tsaousis, I., & Nikolaou, I. (2005). Exploring the relationship of emotional intelligence with physical and psychological health functioning. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 21(2), 77-86.
11. Landa, J. M. A., & López-Zafra, E. (2010). The impact of emotional intelligence on nursing: An overview. *Psychology*, 1(1), 50-58.
12. National Institute of Mental Health (NIMH). *Mental Health Information*. 2020.

13. Martins, A., Ramalho, N., & Morin, E. (2010). A comprehensive meta-analysis of the relationship between emotional intelligence and health. *Personality and individual differences*, 49(6), 554-564.
14. Mayer, J. D., & Salovey, P. (1995). Emotional intelligence and the construction and regulation of feelings. *Applied and preventive psychology*, 4(3), 197-208.
15. Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, cognition and personality*, 9(3), 185-211.
16. Mohammadyfar, M. A., Khan, M. S., & Tamini, B. K. (2009). The effect of emotional intelligence and job burnout on mental and physical health. *Journal of the Indian Academy of Applied Psychology*, 35(2), 219-226.
17. MONTES-BERGES, B., & Augusto, J. M. (2007). Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. *Journal of psychiatric and mental health nursing*, 14(2), 163-171.
18. Ordu, Z., Arabacı, L. B., & Arslan, A. B. (2022). The relationship between nurses' emotional intelligence skills and positive mental health. *J Educ Res Nurs/Hemsirelikte Egitim ve Arastirma Dergisi*, 19(2), 174-181.
19. Resnick, M. D. (2000). Protective factors, resiliency, and healthy youth development. *Adolescent medicine: State of the art reviews*, 11(1), 157-164.
20. Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, cognition and personality*, 9(3), 185-211.
21. Shabani, J., Hassan, S. A., Ahmad, A., & Baba, M. (2010). Age as moderated influence on the link of spiritual and emotional intelligence with mental health in high school students. *Journal of American Science*, 6(11), 394-400.
22. Taylor, G. J. (2001). Low emotional intelligence and mental illness.
23. World Health Organization. (2004). *Promoting mental health: Concepts, emerging, practice* Geneva: Department of Mental Health and Substance Abuse.
24. Verma, P., & Singh, S. (2025). A Relationship between Emotional Intelligence and Spirituality among COVID-19 Survivors. *Indian Journal of Positive Psychology*, 16(1).
25. Zhang, J., Litvinova, M., Wang, W., Wang, Y., Deng, X., Chen, X., ... & Yu, H. (2020). Evolving epidemiology and transmission dynamics of coronavirus disease 2019 outside Hubei province, China: a descriptive and modelling study. *The Lancet Infectious Diseases*, 20(7), 793-802.
26. Zysberg, L., & Zisberg, A. (2022). Days of worry: Emotional intelligence and social support mediate worry in the COVID-19 pandemic. *Journal of health psychology*, 27(2), 268-277.