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Emotional Intelligence as a Healthy Trained Coping Mechanism for Recovery and Empowerment in SARS COVID-19 Stress

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Abstract

The objective of the current article is to explore the emotional intelligence (EI) as a coping mechanism and training competence in the management of SARS COVID-19 pandemic stress in Albanian students. Methods we administered online is the Mayer-Salovey-Caruso emotional intelligence Test (MSCEIT) and The Scale of Impact of Stressful (Albanian version) for SARS COVID-19, that was standardized by the authors. Data were analyzed by SPSS v.26 and interpreted by Pearson correlation coefficient and t-test. The sample of respondents were 300 students (N=300) from 5 state universities in Albania, of whom 198 female (66%) and 102 male (34%) in range of 19-25 years. The results showed an inverse correlation between pandemic stress symptoms and self-awareness (r=-.765, p<0.01), pandemic stress symptoms and empathy (r=-.875, p<0.01) and between pandemic stress symptoms and social skills (r=-.456, p<0.01). These correlations suggest that the less emotional intelligence the more pandemic stress symptoms. That is, emotional intelligence is a healthy coping mechanism to be used to reduce the pandemic crisis emotions. This study supports the finding that training or treatment that increases emotional intelligence and its related subcategories in individuals should provide a mitigating effect on the crisis emotions of the COVID -19 pandemic stress. We suggest that better preventive mental health public training strategies can be a significant factor not only in reducing subjective distress but also in keeping the immune system strong and healthy.

Keywords: emotional intelligence, COVID-19, stress, healthy coping mechanism.

1. Introduction

Individuals differ in their ability to process information of an emotional nature and in their ability to relate emotional processing to a broader cognition. Human mental processes are dominated by the cognitive relationships and inter-relationships of emotion and intelligence (Berrocal-Fernandez & Extremera, 2006; Faltas, 2016). According to Salovey and Mayer (1997),

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emotional intelligence is a part of social intelligence, referring to the ability to control our emotions and those of others, discriminate between them and use this information to guide our thoughts and actions. Considering all the empirical dynamics and studies support, the present article aims to explore the emotional intelligence as a coping mechanism and to train with its competences for the management of SARS COVID-19 pandemic stress in Albanian students. Recent data from the Ministry of Health, the Institute of Public Health and COVID-19 health services suggest that student-aged individuals in Albania are a in-risk target-group of the general population for active infection and passive infection habits and life-routines. In addition, distance learning and confinement have been shown to develop unhealthy habits as bad eating habits, irregular sleep patterns, sedentary lifestyle and continuous stress (Wang et al., 2020). Studies of Wons and Bargiel-Matusiewicz (2011) demonstrated that there is a direct relationship between increased level of emotional intelligence and the ability to cope with stressors and problems. The same authors also revealed that individuals with higher emotional intelligence have higher flexibility in dealing with the stressors. Other studies of Heydari Tafresh and Delfan Azari (2010) showed that emotional intelligence had a significant relationship with stress coping skills. Another research by Rahim Davari (2007) revealed that emotional intelligence, using problem-focused coping skills, had a significant positive correlation with stress management. In the same line, studies of Heck and Oudsten (2008) argue that those individuals who are able to understand and regulate their emotional issues should be able to maintain a better outlook on life and experience better psychological well-being. Goleman (2001) reviewed the classic EI model of Boyatzis and Rhee by categorizing new dimensions of what emotional intelligence would imply (Kanesan & Fauzan, 2019). The new categories included self-awareness; self-management; social-awareness; relationship-management and social skills. Goleman (2001) saw the patterns of emotional intelligence as traits as the individual uses some personal and social skills or competencies to cope with the demands and needs of the ordinary life. In his argument, personal skills included self-awareness and self-management whereas social skills or competencies included social awareness and management. The way we respond to ourselves and others affects every environment of our lives, from interpersonal to domestic and work relationships. When massive traumatic event such as the Global Pandemic occurs, these adaptive personality patterns become over-taxed and people see themselves as a vulnerable-target. Fear and anxiety increase and solidify into a persistent stress disorder. Individuals may at first be asymptomatic, but they can accumulate stress and repress it as an unconscious process. Not only mentally ill diagnosed people, but also those who when under continuous stress might be vulnerable to develop a second distress state, are inhibited from their healthy coping mechanisms. Brooks et al. (2020) reviewed the particular impact of COVID-19 symptoms in the university students and educational system as vulnerable group. Their findings suggest that in quarantine periods young people show high levels of stress, anxiety, confusion and anger that affect their physical and psychological well-being. According to the same authors, physical isolation turn into a learnt life-style which will undoubtedly bring serious changes in human relationships that will undoubtedly have consequences for mental health and well-being. In a review of different articles, various studies showed that COVID-19 is highly associated with experiencing mental health issues as anxiety, depression, panic, acute stress disorder, suicides and schizophrenia as a resulted of the repressed stress (Dai et al., 2020; Galea, Merchant & Lurie, 2020; Goyal, Chauhan, Chhikara, Gupta & Singh, 2020; Jizheng, Mingfeng, Tengda, Ake & Xiaoping, 2020; Wang et al., 2020; Xiang et al., 2020; Zhang et al., 2020). Forms of psychological distress symptoms are not static entities caused by deficits, but dynamic constellations of conflicts and differences that tend to maintain balance between the relationship and self-definition. Physical distance can prevent the spread of the virus in the material-term of saving lives, but we need a social connection to emotionally cope and bare the pandemic-stress, even through telematic communication (Nardone, Bartoli & Milanese, 2020). These short or long-term consequences are of sufficient importance that immediate efforts should be focused on prevention and direct intervention to address the impact of the outbreak (Galea, Merchant & Lurie, 2020).

In their review, Moron and Moron, cited the research of Arpaci et al. (2020) and Maunder et al. (2003) in which it is claimed that as long as emotional responses are a reaction to stress caused by COVID-19 an increased ability to understand and regulate emotional experiences may be a protective personal resource to successfully cope with it (Moron & Moron 2021).These target-groups could infect others living with or around them making distress stronger as it escalates into a doubled psychogenic disorder. Although the pandemic requires a physical distancing, the isolation of a person could be as risky if there is no preventive measure of their mental-health functionality. A total isolation of a sole individual could be as risky as an isolation of a whole society if there is no preventive measure of their mental-health functionality. Stress-related psychiatric conditions including mood and substance use disorders are also associated with suicidal behavior and COVID-19 survivors may be at elevated suicide risk (Conejero, Berrouiguiet, Ducasse et al., 2020). Feelings of worthless, hopeless, low-self-esteem and even suicide-ideation and suicide attempts could rise dramatically. In her analytical article, Sher (2000) argues that "social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties may lead to the development of depressive, anxiety, substance use and other psychiatric disorders in vulnerable populations as students and individuals with pre-existing psychiatric disorders and people who reside in high COVID-19 areas". We suggest therefore, that psychoeducation community programs on training *emotional intelligence competence skills as emotional self-knowledge, self-control, motivation, empathy and social skills to be used* in rehabilitation for SARS COVID-19 related symptoms in infected and in-risk populations.

2. Recovery and emotional intelligence empowerment for COVID-19 rehabilitation in growing healthy communities.

Recover can be understood on two different views. It can be an *outcome* which implies the remission of symptoms and disability, measurable through standardized clinical criteria and as a *process*, that is an active, dynamic and individual commitment through which a person tries to take a certain degree of control over his life and to develop strategies to cope with the symptoms, but also stigma, discrimination and social exclusion in the personal space. Existence in the coronavirus or other like-war situation is therefore a stand beyond self-possibilities and should be addressed as an introspective based treatment on one's inner resources such as emotional intelligence traits (Norris et al., 2006). Lockdown isolation may result in lack of social networks and diminished social capital, which can contribute in mental health problems and increased rates of other comorbidity health issues (Srinivasan et al., 2003). Using healthy coping mechanisms such as EI helps in preserving a state of personal wellbeing within the borders of social wellness. Coping mechanisms perform two main functions on our psychosomatic processes:

(a) they reduce the risk of harmful consequences that could result from a stressful event (coping focused on the problem);

(b) they inhibit negative emotions resulting from the stressful experience (emotion-focused coping).

Health protection in the today's world is as important as life itself. Our psychological wellbeing is not a static condition, but changes continuously according to the relationship with the natural and social environment. The World Health Organization defines it as "a state of complete psychophysical, mental and social well-being and not only the absence of disease or disability, or a condition of harmonious functional, physical and mental balance of the organism dynamically integrated into its natural and social environment."

Mental health and mental well-being are fundamental for the quality of life and productivity of individuals, families, communities and nations as already stated in the Helsinki Declaration of 2005: "They give meaning to our existence by allowing us to be creative and active

citizens. (..) Being healthy is a central component of the human, social and economic capital of nations, this must therefore be considered as an essential integral part of others fields of public policy, such as human rights, social assistance, education and employment."

Mental well-being improves resilience, strengthens confidence in the future, increases the ability to adapt to changes and to face difficulties. In times of strong socio-economic tensions as the COVID-19 pandemic, these actions aimed at strengthening well-being and preventing mental illness are essential, particularly for students as vulnerable groups. Recovery and empowerment are also an important element of healthy development. These processes which include the personal and social skills of emotional intelligence as trained competences, allow the individual and society to take control and responsibility for his own actions and have the objective and the potential to lead to self-fulfillment. The way an individual uses his emotional intelligence reflects his ability to influence to his own psychological recovery and community empowerment.

Studies of Zimmerman (2000) revealed that psychological empowerment arises from the combination of three main components also related to emotional intelligence:

(a) **the interpersonal** component, that is the perceived control and beliefs related to the ability to influence decisions affecting one's life.

(b) the **interactional** component, that is critical awareness, the ability to understand and analyze one's social and political environment which includes the capacity to understand causal factors, their resources, their relationship with the issue, as well as the factors that influence their decisions.

(c) **the behavioral** component, that is the participation, the attempt to exercise control within one's social environment.

Psychological empowerment associated to emotional intelligence contains other four dynamic dimensions that when interacting with each-other produce a healthy coping mechanism system:

1. self-esteem and self-awareness;
2. participation in decision-making;
3. dignity and respect for others wellbeing;
4. engagement and contribution to the growth of the whole community.

In their article Pelletier, Davidson and Roelandt (2012) argue that recovery and health promotion are one of the most significant elements of preserving community mental health. They state that "recovery is the extent to which individuals can carry out their aims and satisfy their basic needs to evolve and take an active part in their respective communities. This is why communities need to strengthen their positive actions" (pp. 48).

In the authors' review of the Recovery action strategy of Ottawa center (2012), a healthy citizenship should include:

- Stakeholders have to influence policymakers in building healthy public policies;
- Change in life-style patterns to create supportive environments;
- Strengthen community actions;
- Develop personal skills;
- Reorientate health services.

As studies revealed healthy recovered and empowered communities can make their psycho-social environments safe, more stimulating, more satisfying and enjoyable (Bradstreet & Connor, 2005).

3. Method

The current study aims to analyze the relationship between emotional intelligence subscales as coping mechanisms and Pandemic Stress Symptoms in Albanian students. The design of the current study is a quantitative and correlational methodology. We administered online the Mayer-Salovey-Caruso Emotional model of EI and The Scale of Impact of Stressful Events in the Albanian version for SARS COVID-19 that was priory standardized by the authors in the Albanian context (Ibrahimi et al., 2019).

The reliability of the Mayer-Salovey-Caruso Emotional questionnaire was **α**=0.835 and the reliability for The Scale of Impact of Stressful Events for SARS COVID-19 is **α**=0.902 which facilitated the overall administration and further data processing.

4. Sample

The current study included 300 university students in 5 state universities of Albania: University of Tirana in Tirana, Aleksandër Xhuvani University in Elbasan, Aleksandër Moisu University in Durrës, Luigj Gurakuqi University of Shkodra, Agricultural University of Tirana and Ismail Qemali University of Vlora. The sample was random, ranged between 19-25 years. 189 of the respondents were female (60%) and were 133 male (40%).

5. Instruments

The following instruments were used to conduct this study:

Personal data questionnaire which includes questions related to personal data (e.g. age, course, gender) that helped us mapping an overall social profile of respondents.

The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is a test designed to measure the four branches of the Emotional Intelligence model proposed by Mayer and Salovey such as: **Perceiving Emotions** (the ability to perceive emotions in oneself and others), **Facilitating Thoughts** (the ability to generate, use, and feel emotion as necessary to communicate feelings or employ them in other cognitive processes), **Understanding Emotions** (the ability to understand emotional information, to understand how emotions combine and progress through relationship transitions, and to appreciate such emotional meanings) and **Managing Emotions** (the ability to be open to feelings, and to modulate them in oneself and others so as to promote personal understanding and growth) (Consortium for Research on Emotional Intelligence in Organizations, 2021). MSCEIT was developed from an intelligence-testing tradition formed by the emerging scientific understanding of emotions and their function and from the first published ability measure specifically intended to assess emotional intelligence, namely Multifactor Emotional Intelligence Scale (MEIS). It consists of 141 items and takes 30-45 minutes to complete. MSCEIT provides 15 main scores: Total EI score, two Area scores, four Branch scores, and eight Task scores. In addition to these 15 scores, there are three Supplemental scores (Mayer, Salovey & Caruso, 2002).Students were asked to identify emotions of people and objects, to generate an emotion and solve problems through that particular emotion, understand emotions and openness to integrate these emotions with rational thinking (e.g., they were shown with a multichoice question in presumed situation stating that "Jona felt a bit anxious when she thought about all the materials she had to study for the online exam in Human Neuropsychology

during the pandemics. When her professor in the two last days before the exam, decided to add some supplementary chapters, Jona felt _____".

The Scale of Impact of Stressful Events-Albanian version Revised for SARS COVID-19 is a test that assesses some of the psychological difficulties that people experience after experiencing the COVID-19 Pandemic. This scale has been adapted from the original author's publication Weiss, Charles and Marmar by the Albanian research group in 2019.Questions included physical and psychological changes during the pandemic stress (e.g., *This period makes me feel bad; I have had difficulties with sleep; Stay away from news and data that remind me the pandemics; I behave and act as I was really affected by the virus etc*.) The scale has 21 questions and has been used anonymously with the designed university students through online platforms as Google Forms and Microsoft Forms, after the Informed Consent, in accordance with the Data Privacy Act and upon the approval of the Ethical Committee of the Order of Psychologists in Albania. The instrument was not in itself used as a diagnostic tool of PTSD, but aimed to collect self-reporting data of subjects in a period not later than 2 weeks after the event (infection or potential risk to pandemics) to assess the sources of rehabilitation and future prophylaxis policies for university students. The scale was previously used in a pilot-study of 50 COVID-19 infected people aged 19-26 years old in domestic care. They were asked via mobile phone and their responses were recorded for study purposes. Cronbach alpha for the pilot study was α=.823. Overall test standardization for COVID-19 infected and family members for the Albanian context is currently taking place. Scale results for the present article were based on the pilot-study references and were calculated on SPSS version 26.

6. Ethical issues

For conducing the current study with students' subjects, the working group took care of the strict observance of ethical aspects such as:

- **Approved information and allowance of subjects**. Through the platform in which the questionnaires were completed, a detailed description was presented regarding the purpose, conditions and method of the study that would be used, as well as where their assistance consisted. Participants were made aware of the voluntary nature of participating in the study and the possibility of withdrawing from the study if they did not wish to participate.

- **Maintaining the confidentiality and anonymity of subjects** under which subjects were informed about the treatment of personal data of juveniles and that the data collected would be used only for research purposes respecting the principle of anonymity and confidentiality under the European Data Privacy Protection Act.

Descriptive statistics:

After administering the questionnaires, data were analyzed with SPSS v. 26 software Descriptive parameters were performed through descriptive analysis and frequencies. The student's t-test was used to assess the significant differences between sexes in terms of the level of expression of emotional intelligence. To assess the relationship between emotional intelligence sub-categories and Pandemic Stress Symptoms Spearman's correlation coefficient was performed.

7. Results

Table 1. Descriptive statistics (number and percentage) for gender and class

Gender	**Groups**	**Number**
	Female	189
	Male	133
Age	19 y.o.	113
	20 y.o.	119
	21 y.o.	82
	22 y.o.	8

Source: Ibrahimi et al., 2020

According to the data showed in the Table 1, 58.69% of the sample taken in the study are female (189) and 41.31% are male (133). Regarding the age criteria, 35.09% of subjects who participated in the study are 19 years old, 36.96% are 20 years old, 25.46% are 21 years old and the smallest part of the sample of 2.5% are 22 years old.

Table 2. Descriptive data on age

	No.	Minimum	Maximum	Mean	Standard Deviation
Age	322	19	22	18.23	.875

Source: Ibrahimi et al., 2020.

Based on the data on Table 2, which presents a detailed description about age, it can be referred that the minimum age of the sample is 19 years and the maximum age is 22 years with an average (M=18.23 years, SD=.875). Following is the descriptive data table which includes emotional intelligence along with its respective subcategories.

Table 3. Descriptive data (no, %, mean, standard deviation) for the EI and Academic Performance tool.

	Groups	Dimensions	No.	%	Mean	SD	Total
EI	Good		125	38.81			300
	Weak		197	61.19	116.03	21.13	
		Wellbeing	77	23.91			
		Self-control	56	17.39			300
		Emotion	87	27.02			
		Sociability	102	31.68			

Source: Ibrahimi et al., 2020.

In the study analysis the variable of emotional intelligence is presented divided into two categories (good emotional intelligence and weak emotional intelligence) and consists of four dimensions (well-being, self-control, emotionality and sociability). Most of the subjects surveyed,

197 individuals revealed to have a weak emotional intelligence. The rest of them, 125 of students revealed a good EI.

The EI variable has a mean of 116.03 and a standard deviation of 21.13.

Regarding the dimensions of emotional intelligence, from data processing and analysis:

- 38.81% of students show a good EI.
- 61.19% have a weak EI.
- 23.91% of students refer to well-being as the strongest point of the 4 dimensions of EI.
- 17.39% of them have selected the dimension of self-control in the instrument of EI.
- 27.02% of respondents have the most usable dimension of emotionality in EI.
- 31.68% of students have selected sociability as the strongest, best known point in terms of EI.

To understand the correlation of EI and its impact on the Pandemic Stress Symptoms, we used the analysis of significance.

Table 4. Pearson correlation between EI and Pandemic Stress Symptoms

		Pandemic Stress Symptoms	Emotional Intelligence
Pandemic Stress Symptoms	Pearson Correlation		**.384****
	Sig. (2-tailed)		.001
	No	300	300
Emotional Intelligence	Pearson Correlation	**.384****	1
	Sig. (2-tailed)	.001	
	No.	300	300
Self-Awareness	Pearson Correlation	****-.765**	
	Sig. (2-tailed)	.001	
	No	300	300
Empathy	Pearson Correlation	**-.875**	
	Sig. (2-tailed)	.001	
	No	300	300
Sociability	Pearson Correlation	-.456	.001
	Sig. (2-tailed)		
	No	300	300

Source: Ibrahimi et al., 2020.

Table 4 shows the Pearson Correlation between emotional intelligence sub-categories and Pandemic Stress Symptoms. As it can be inferred by the table, when Pandemic Stress Symptoms grow, the possibility for students to use more of their emotional intelligence coping mechanisms also increase. Pearson correlations show an inverse correlation between pandemic stress symptoms and self-awareness (r=-.765, p<0.01), an inverse relation between pandemic stress symptoms and empathy (r=-.875, p<0.01) and a moderate inverse relation between pandemic stress symptoms and social skills (r=-.456, p<0.01). In other words, if the score of Pandemic Stress Symptoms increases, the ability of the students to use more EI coping mechanisms for facing them also increases. If the score of pandemic stress symptoms increases, self-awareness, empathy and sociability decrease.

Given that the value of Sig. (2 tailed) is p=0.01<0.05, then we might conclude that the relationship between the variables being analyzed (Self-awareness, Empathy, Sociability and Pandemic Stress Symptoms) is negative and strong (r=-.765; r=-.875; r=-.456). The more severe the symptoms of Pandemic Stress, the lower healthy coping mechanisms in students and the lower their overall EI functionality.

Table 5. T-test of differences of means for EI related to gender and Pandemic Stress

	Gender	No	Mean	SD	T	p
Emotional Intelligence	Female	189	122.82	6.84	2.671	**.002**
	Male	133	109.67	7.21		
Pandemic Stress Symptoms	Female	189	8.43	4.43	2.863	**.004**
	Male	133	6.71	3.42		

Source: Ibrahimi et al., 2020.

To understand if we have significant differences between the sexes in terms of the level of expression of emotional intelligence in students we used the t-test. From Table 5, it can be inferred that emotional intelligence (t=2.671) has a statistically significant differences between the sexes as the value of (M=.002). The result shows that emotional intelligence is higher in female subjects with the mean (M=122.82, SD=.6.84) compared to male subjects with the mean (M=109.67, SD=.7.21). To find out if there were any differences between both sexes in terms of pandemic stress symptoms manifestation, we again used the t-test. Pandemic stress symptoms (t=2.863) show a statistically significant difference between the sexes since the value of $p<0.05$, is higher in female subjects with the mean (M=8.43, SD=.4.43) compared to male subjects with the mean (M=6.71, SD=.3.42). Therefore, women are more prone to use EI coping mechanism components in dealing with Pandemic Stress Symptoms than men.

8. Conclusion

The current study aimed to explore the impact of emotional intelligence on pandemic stress symptoms in Albanian University students aged 19-25 years. Through the administration of Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and The Scale of Impact of Stressful Events-Albanian Version for measuring emotional intelligence and its elements (self-awareness, empathy, social-skills), it became possible to collect data and draw results. As it can be inferred by the table, when Pandemic Stress Symptoms grow, the possibility for students to use more of their emotional intelligence coping mechanisms decrease.

Inverse correlations between pandemic stress symptoms and self-awareness (r=-. 765, p<0.01), pandemic stress symptoms and empathy (r=-.875, p<0.01) and between pandemic stress symptoms and social skills (r=-.456, p<0.01) suggest that the ability for the individual to use any of healthy EI components to cope with the persistence of Pandemic Stress Symptoms decreases and therefore the capacity to gain from his inner coping resources fail in front of continuous stressors (Dassein-trauma). Female subjects showed a higher level of using Pandemic Stress coping mechanisms compared to male subjects. These results are also supported by the research of Fernández-Berrocal, Cabello, Castilo and Extremera (2012) who in a meta-analytic view found of different articles the psychogenesis of women in being more "educated toward emotions, spend more time with the social world and maintain a positive tone of their and others emotions in order to prevent the deterioration of interpersonal relations and to construct satisfying social networks" give them an better chance to use EI as a learnt coping mechanism (Berrocal-Fernandez et al., 2012 reviewed articles of Brody & Hall, 1999; Hall, 1978; Sánchez, Berrocal-Fernández, Montañés & Latorre, 2008; Candela, Barberá, Ramos & Sarrió, 2001). Mental health promotion should also view emotional intelligence as an ingredient of empowerment that facilitates community and citizenship recovery from significant stressful events such as the SARS COVID-19 pandemics. Further research should be done to deeply understand these dynamics. Mental health professionals, governmental health structures and NGOs should take real policies in giving emotional intelligence elements and competences as a training program and psychoeducation for Personal and Community Empowerment in students. Such a systemic adjustment to terms of psychological and community wellbeing will help students grow their personal Self-confidence and use healthy coping schema of EI and empowerment to cope with the SARS COVID-19 Pandemic Stress Symptoms (Bandura, 2000).

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References

Arpaci, I., Karataş, K., & Baloğlu, M. (2020). The development and initial tests for the psychometric properties of the COVID-19 Phobia Scale (C19P-S). *Personality and Individual Differences*, 164.

Bandura, A. (2000). Social cognitive theory. In A. E. Kazdin (Ed.), *Encyclopedia of psychology*. New York, USA: Oxford University Press.

Berrocal-Fernandez, P., Cabello, R., Castillo, R., & Extremera, N. (2012). Gender differences in emotional intelligence: The mediating effect of age, *Behavioral Psychology*, *20*(1), 77-89.

Fernandez-Berrocal, P., & Extremera, N. (2006). Emotional intelligence: A theoretical and empirical revieww of its first 15 years of history. *Psicothema,* In Berrocal-Fernandez et al. (2012) *Behavioral Psychology*, *20*(1), 77-89.

Biddisson, L. D., Berkowitz, K. A., Courtney, B. et al. (2014). Ethical considerations: care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *CHEST*, *146*(4 Supplement), 145-155.

Bradstreet, S., & Connor, A. (2005). Communities of recovery. *Mental Health Today,* 22-24.

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). *The psychological impact of quarantine and how to reduce it: Rapid review of the evidence*. *Lancet*, *395*, 910-920.

Brody, L. R., & Hall, J. A. (2000). Gender, emotion, and expression. In Berrocal-Fernandez et al. (2012), *Behavioral Psychology*, *20*(1), 77-89

Candela, C., Barberá, E., Ramos, A., & Sarrió, M. (2001). Inteligencia emocional y la variable género. [Emotional intelligence and the outcome gender]. Revista Electrónica de Motivación y Emoción, 4. In Berrocal-Fernandez et al. (2012), *Behavioral Psychology*, 20(1), 77-89.

Conejero, I., Berrouiguet, S., Ducasse, D., Leboyer, M., Jardon, V., Olie, E., & Courtet, P. (2020). Épidémie de COVID-19 et prise en charge des conduites suicidaires: Challenge et perspectives, *L´encephale*, *46*(3S), S66-S72. https://doi.org/10.1016/j.encep.2020.05.001

Dai, Y., Hu, G., Xiong, H., Qiu, H., Qiu, & Yuan, X. (2020). *Psychological impact of the coronavirus disease 2019 (COVID-19) outbreak on healthcare workers in China* (preprint). https://doi.org/10.1101/2020.03.03.20030874

Davari R. (2007). The relationship between emotional intelligence and creativity with style of coping with stress. *Thought and Behavior*, *2*(6), 49-62.

European Ministerial Conference on Mental Health (2005). *Mental health action plan for Europe: Facing the challenges, building solutions*. Helsinki.

Faltas, I. (2016). *Emotional intelligence: A historical overview*. Retrieved from https://www.researchgate.net/publication/304967560_Emotional_Intelligence_A_Historical_Overview.

Galea, S., Merchant, M. R., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing. The need for prevention and Early intervention. *JAMA Intern Med*, *180*(6), 817-818.

Gecas, V., & Burke, P. J. (1995). Self and identity. In E. J. Cote' & J. S. Schwartz (Eds.), Comparing psychological and sociological approaches to identity: identity status, identity capital and the individualization process. *Journal of Adolescence*, *25*, 572-586. www.ideallibrary.com.

Goleman, D. (2001). *An EI-based theory of performance. The emotionally intelligent workplace*. Consortium for Research on Emotional Intelligence in Organizations.

Goyal, K., Chauhan, P., Chhikara, K., Gupta, P. & Singh, M. P. (2020). Fear of COVID 2019: First suicidal case in India! *Asian Journal of Psychiatry*, 49.

Hall, J. A. (1978). Gender effects in decoding nonverbal cues. Psychological Bulletin, 85, 845-857. In Berrocal-Fernandez et al. (2012). *Behavioral Psychology*, *20*(1), 77-89.

Heck, L. G., & Oudsten, D. B. (2008). Emotional intelligence: Relationship to stress, health and wellbeing, *Psychologie & Gezondheid, 38*(5).

Heydari Tafreshi, Gh. H., & Delfan Azari Ganbar, A. (2010) Investigating the relationship between emotional intelligence and stress coping skills of the students of Islamic Azad University of Roudehen. *Quarterly Scientific-Educational Management Research*, *2*(2), 15-24.

Ibrahimi, S., Gordon, M. R., Ostreni, V., Durmishi, L., Kafia, E., & Ibrahimi, E. (2019). *The Scale of Impact of Stressful Events-Albanian University Revised for SARS COVID-19*.

Jizheng, H., Mingfeng, H., Tengda, L., Ake, R., & Xiaoping, Z. (2020). A survey of mental health of medical staff in new-type coronavirus pneumonia hospitals. *Chinese Journal of Industrial Hygiene and Occupational Diseases*, *38*.

Kanesan, P., & Fauzan, N. (2019). Models of emotional intelligence: A review. *Journal of Social Sciences and Humanities*, *16*(7).

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2003). Measuring emotional intelligence with the MSCEIT V2.0. *Emotion*, *3*, 97-105.

Mayer, J. G. & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & B. Sluyter (eds.) *Emotional Development and Emotional Intelligence: Implications for educators* (pp. 3-31). New York: Basic Books.

Martins, A., Ramalho, N., & Morin, E. (2010). A comprehensive meta-analysis of the relationship between emotional intelligence and health. *Personality and Individual Differences*, *49*, 554-564

Maunder, R., Hunter, J., & L. Vincent et al. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital, *CMAJ*, *168*, 1245-1251.

Moron, M., & Moron-Biolik, M. (2021). Trait emotional intelligence and emotional experiences during the COVID-19 outbreak in Poland: A daily diary study. *Personality and Individual Differences*, *60*.

Nardone, G., Bartoli, S., & Milanese, S. (2020). *Pragmatica della communicazione digitale*, Ponte alle Grazie, MI.

Norris, H. F., Galea, S., Friedman, J. M., & Watson J. P. (2006). *Methods for disaster mental health research*. Guildford Press.

Nolen-Hoeksema, S., & Jackson, B. (2001). Mediators of the gender difference in rumination. *Psychology of Women Quarterly*, *25*, 37-47.

Pelletier, J.-F., & Davidson, L., & Roelandt, J.-L. (2012). Citizenship and recovery for everyone: A global model for public mental health. *International Journal of Mental Health Promotion*, Routledge.

Sánchez Núñez, M. T., Fernández-Berrocal, P., Montañés, J., & Latorre, J. M. (2008). Does emotional intelligence depend on gender? The socialization of emotional competencies in men and women and its implications. *Electronic Journal of Research in Educational Psychology*, *15*, 455-474.

Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM: An International Journal of Medicine*, *113*(10), 707-712.

Srinivasan, S., O'Fallon, L. R., & Deary, A. (2003). Creating healthy communities, healthy homes, healthy people: initiating a research agenda on the built environment and public health. *American Journal of Public Health*, *93*(9), 1446-1450.

The Mayer -Salovey-Caruso Emotional Intelligence Test (MSCEIT) (2021). *Consortium for Research on Emotional Intelligence in Organizations*. http://www.eiconsortium.org/measures/msceit.html.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus disease (COVID-19) epidemic among the general population in China. *Int. J. Environ. Res. Public Health*, *17*, 1729.

Wons, A., & Bargiel-Matusiewicz, K. (2011). The emotional intelligence and coping with stress among medical students, *Wiad Lek.*, *64*(3), 181-187.

Xiang, Y.-T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*, *7*(3), 228-229.

Zimmerman M. A (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In J. Rappaport & E. Scidma (Eds.), *Handbook of community psychology* (pp. 43-63). New York, Kluwer Academic – Plenum Publishers.

Zhang, J., Wu, W., Zhao, X., & Zhang, W. (2020). Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: A model of West China Hospital. *Precision Clinical Medicine*, *3*(1), 3-8.