

Correlational Analysis Between Adjustment Problems and Emotional Intelligence During COVID-19

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ABSTRACT

Life has been incredibly challenging and unfamiliar ever since the world was shocked by the coronavirus. People said that their anxiousness and anxieties about the future had increased. The current study looked at how Adjustment Problems (AP) and Emotional Intelligence (EI) related to one another during the COVID-19 period. The online survey involved 105 participants, whose ages ranged from 18 to 55 years. Brief Adjustment Scale-6 (BASE-6) and a personal data sheet were used to assess AP and EI, respectively using the Emotional Intelligence Scale (BEIS-10) created by Davies and Lane, et al. (2010) and the Brief Adjustment Scale-6 (BASE-6). Data was gathered using an online Google Form. Results showed that there was no statistically significant difference in AP according to demographic data, including gender, age group, marital status, socioeconomic status, and level of education. On the basis of demographic data (Gender, Age group, marital status, and Socio-economic position) insignificant difference in EI was discovered, whereas significant disparities were observed in levels of education. Anxious was significantly positively correlated with Appraisal of others' emotions. Irritability, anxiety, depression and total AP was significant negatively correlated with Regulation of own emotions. Depression was significantly negatively correlated with Utilization of emotions and total EI. Regulation of own emotions and Appraisal of others' emotions significantly contributed to the 5.2% and 4.0% of the variance thereby successfully predicting AP. EI is a learned ability. The coronavirus epidemic has put pressure on both personal and professional lives, as it does with all crises. People need to exercise extreme discipline and self-control under this situation. These scenarios need to be handled extremely effectively, but if stress and strain from a crisis combine, it would be challenging to handle the issue, particularly during current COVID-19 epidemic.

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Introduction

Coronavirus disease (COVID-19) is a contagious illness brought on by a recently discovered coronavirus. There is currently no specific medication or treatment available for this illness (COVID-19). The virus is killing countless people all around the planet. With its globalisation, life has been placed on wait in general. Coronavirus outbreaks, according to Dr. Julie, have increased people's anxiety and fear of unknown [1]. The COVID-19 coronavirus has a serious impact on mental health. According to James, a statewide lockdown was established to stop the spread of coronaviruses in India [2]. During this time, people were required to take self-isolation and quarantine precautions, which caused them to split from their friends and loved ones. Numerous adjustment issues have been mentioned by people, including anger, stress, anxiety, sadness, sleep issues, appetite loss, PTSD, and problematic substance misuse.

An excessive response to a stressful life event that may interfere with daily activities at home, work, or school is referred to as an adjustment problem (AP) in psychology. Situational depression is a common term used to describe it because it is linked to events like the Covid-19 shutdown [3]. There is some practical and psychological agony in the person when there is a definite response

to stressors in adjustment disorders. A person whose maladaptive conduct toward a normal stressor, such as divorce, death of a loved one, event job loss, occurs within three months after being confronted with an assailant. This is known as adjustment disorder. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) describes adjustment disorder as "the existence of emotional or behavioral symptoms in reaction to an identifiable stressor/s, which occurred within three months of the initiation of the stressor/s. A person's behavior is considered to be inappropriate when he is unable to perform regularly or when his response to the environment is extreme.

It has frequently been seen that a person's maladjustment decreases when the severity of the overdose decreases or as the person learns to adapt to the stressors. Psychiatrists and clinical psychologists have recognized three basic kinds of adjustment disorder. Unemployment, divorce or separation, and mourning are the three resistors. Because adjustment pathology is regarded as at least as awful and destructive, it is regarded as the mildest and simplest condition, and as a result, it has not yet proven to be a difficult diagnostic for psychiatrists and clinical psychologists. According to Meyer and Salovey, emotional intelligence (EI) is a type of social intelligence that comprises the ability to monitor one's own and others' emotions, discern them, and use knowledge to direct one's thinking and behaviors [4]. Weisinger defined

emotional intelligence as the intelligent utilization of emotions [5]. EI is used to direct behavior and thinking to feelings that improve outcomes. According to Goleman, emotional intelligence is a foundation for self-awareness, motivation to control emotions, empathy, and social skills [6]. Salovey and Mayer defined EI in order to investigate the idea that it incorporates emotion perception [7].

Emotion perception was defined as accuracy in judging others' acute and habitual emotional states [8]. It is the ability to understand, use, manage, regulate, and evaluate one's own feelings, as well as the ability to evaluate and regulate the feelings of others, as well as the ability to effectively communicate and empathize with others, and to use emotions in positive ways to relieve stress and overcome challenges and conflict, such as the Covid-19 lockdown. EI is a necessary component for regulating anger and negative emotions, and time management remains one of the most beneficial practices that one can use throughout this lockdown period.

EI is defined by Kirk, Schutte, and Hine as adaptable interpersonal and intrapersonal emotional functioning [9]. EI has emerged as a potentially relevant category in psychology study, according to Matthews, Zeidner, and Roberts [10]. The intuitive appeal of EI is based on the idea that people differ in measurable ways in terms of the emotional abilities they possess, and that these individual differences may account for the variation in real-world criteria [11].

Review of Literature

According to a recent survey, COVID-19 outbreaks were associated with cognitive, emotional, and behavioral deficits, as well as AP [12]. Positive and negative emotions have distinct aspects, yet they coexist in the process of a person's response to risk occurrences, emphasizing the stimulation of positive emotional experiences [13]. Frederickson (2004) proposed the idea of positive emotions, which focuses on how good emotions serve to promote behavioral flexibility, build personal resources, and reduce the bodily repercussions of negative emotions [14]. EI is adversely connected with psychological stress, according to Karim and Haider [15]. An individual with a high degree of EI can immediately detect emotions and their origins, as well as have a solid grasp of emotional circumstances and how to manage them effectively [16]. When working with family members, the individual benefits from EI by being more emotionally resilient when faced with challenges and more successful in coping with powerful emotions [17]. When under emotional duress, an EI person may perceive emotions objectively and otherwise. According to Lizeretti, Costa, and Gimeno-Bayón, those with anxiety disorders had lower EI [18].

People were subjected to unavoidable tension, dread, and anxiety as a result of COVID-19 [19]. In India, the health care and welfare system are already overwhelmed, and the increase in COVID-cases exacerbated acute anxiety, aggravation, and stress [20]. COVID-19 produces a 24-hour news loop, manual washing and disinfection, anxiety, tiredness, and AP. Faulkner discovered that lockdown caused AP for 35% of the subjects [21]. EI is a quick technique to strengthen communication skills, increase mental health, and solve AP correctly. Clark stated that the coronavirus epidemic has put a strain on both personal and professional lives [22]. As a result, those who operate with constraint and exceptional self-control can readily adapt to their surroundings. However, amid the stress and strain of a crisis, one must confront the issue of adjustment.

Previous study has shown that the adjustment process introduces potential causes of conflict and tension, with EI being one of the possible factors. Khajavi discovered a negative association between EI and adjustment and stress [23]. According to the findings, emotional intelligence reduced AP and stress levels. Resurrección, Salguero and Ruiz-Aranda found that self-reported EI had stronger relationships with psychological AP in a systematic evaluation of 28 studies [24]. Palomera, Salguero, and Ruiz-Aranda found that stronger EI abilities are associated with less inapplicability, reduced AP, and emotional issues [25]. Other research found a link between EI and depression, somatic symptoms, loneliness, and burnout [26-28].

Rationale of the Study

The Coronavirus virus (COVID-19) has had a worldwide impact. Isolation, contact restrictions, and economic closure have all had a significant impact on the psychosocial environments of the impacted countries. The current scenario has affected each individual individually, but it has undoubtedly brought forth a variety of changes. Lack of social connection and cancellation of outdoor activities, lack of external assistance from other family members and social support systems, and economic condition deteriorated with high and rising levels of unemployment in countries affected by COVID-19. This resulted in tension, which ultimately led to crises, such as AP, characterized by irritability, stress, anxiety, sadness, and sleep difficulties, loss of appetite, violence, PTSD, and problematic substance misuse.

During the pandemic's difficult periods, EI was used to recognise and comprehend moods, emotions, and the influence on people. It also assists in understanding people's emotions and abilities, as well as managing relationships and networking. EI becomes an important ability because it can help with the management of psychological stress as well as the successful management of pandemic circumstances. In light of the literature analysis, the current study tried to investigate the association between EI and AP during COVID-19. There was no study in India that focused on the EI and AP that persons experienced during the COVID-19 pandemic. The current study assesses the AP and EI during COVID-19 on the basis of demographic information (Gender, Age group, Socio-economic position, marital status, and Education) and also investigates the relationship between AP and EI.

Using the current literature as a foundation, the hypotheses encapsulated were as follows: (a) On the basis of demographic information (Gender, Age group, Socio-economic status, marital status, and Education), there would be insignificant difference in AP and EI over the COVID-19 period. (b) AP would be negatively correlated with EI.

Methodology

The Study's Research Design

To investigate differences in the first part of the investigation, a causal-comparative research design was used. The association between study variables was then investigated using correlational techniques in the following phase.

Sample

The online survey for the study was completed by 105 people (48 men and 57 women). The average age of the participants was 32.98 years (male mean age was 30.17 years and female mean age was 33.15 years).

Measures

- The Brief Adjustment Scale- 6 (BASE-6) created by Cruz, Peterson, Fagan, et al., was used to measure Adjustment Problems (AP) (2019). The six objects were graded on a seven-point scale anchored by In Sample 1 (Cronbach’s =.93), Sample 2 (= .87), and Sample 3 (= .89), the BASE-6 displayed remarkable internal consistency.
- The Brief Emotional Intelligence Scale (BEIS-10) established by Davies, Lane, and Devonport et al, was used to test emotional intelligence (EI) (2010). The BEIS-10 measures an individual’s self-reported emotional skills and talents, the 10 items were assessed on a 5-point likert scale with 1 = Not at all, 4 = Slightly, and 7 = Extremely, and test-retest reliability ratings for items varied from 89.2% to 96.4% within a 1 range.

Data Gathering

To collect data from participants, Google forms were used, and the link was distributed over Whatsapp, Gmail, and Telegram. A Google form was also added to inform consent. All participants provided the needed demographic information and completed the online questionnaires for EI and AP.

Statistical Evaluation

The data was coded and entered into the Statistical Program for the Social Sciences (SPSS version 24.0) for analysis, and descriptive statistics were used for each variable. To determine the relationship between variables, coded scores were examined in terms of gender difference, and the coefficient of correlation was calculated.

Results

Results related to Demographic and Background Characteristics of participants (Frequency and %) and Mean (SD) of AP and EI have been presented in Table 1.

Table 1: Show insignificant difference was found in AP on the basis of on the bases of demographic information’s (Gender (F=1.14, P>0.05), Age group (F=1.20, P>0.05), marital status (F=1.35, P>0.05), Socio-economic status (F=1.38, P>0.05) and Education (F=1.43, P>0.05). Insignificant differences were found in EI on the bases of demographic information’s (Gender (F=1.13, P>0.05), Age group (F= 1.90, P>0.05), marital status (F=1.55, P>0.05) and Socio-economic status (F=1.75, P>0.05) and significant difference was fund on Education (F=7.53, P<0.01).

Table 1: Demographic and Background Characteristics of Participants (Frequency and %) Mean (SD) of AP and EI

Participant characteristics	Frequency (%)	AP Mean (SD)	F value	EI Mean (SD)	F value
Gender					
Male	48 (45.7)	18.83	(7.21)	38.62 (5.24)	1.13
Female	57 (54.3)	17.18	(7.66)	38.75 (6.29)	
Age Group					
Young adulthood	40 (38.1)	18.28	(7.20)	8.13 (1.36)	
Middle adulthood	33 (31.4)	17.24	(7.62)	8.12 (1.47)	1.90
Late adulthood	32 (30.5)	18.21	(7.80)	7.91 (2.19)	
Marital status					
Unmarried	50 (47.6)	18.20	(7.58)	37.78 (6.75)	1.55
Married	55 (52.4)	17.69	(7.43)	39.53 (4.70)	
Socio-economic status					
Low	39 (37.1)	18.64	(5.88)	37.36 (6.59)	
Meddle	36 (34.3)	17.14	(7.74)	39.22 (5.16)	1.75
High	30 (28.6)	17.97	(8.98)	39.80 (5.29)	
Education					
High School	3 (2.9)	17.00	(10.15)	26.33 (15.18)	
Intermediate	3 (2.9)	18.33	(6.02)	30.33 (9.74)	
Graduate	22 (21.0)	21.14	(7.68)	37.50 (3.17)	7.53**
Post Graduate	40 (38.1)	17.58	(6.74)	40.20 (3.27)	
PhD	37 (35.2)	16.46	(7.81)	39.46 (6.33)	

AP= Adjustment Problems, EI= Emotional Intelligence **p<0.01

Table 2: Summary of Correlational Analysis between AP and EI

	Appraisal of own emotions	Appraisal of others' emotions	Regulation of own emotions	Regulation of others' emotions	Utilization of emotions	Total EI
Irritability	-.046	.070	-.232*	-.070	-.143	-.120
Anxious	.007	.210*	-.244*	-.093	.084	-.039
Depression	-.083	-.012	-.341**	-.097	-.202*	-.205*
Interference: Self	-.063	.085	-.161	-.083	-.138	-.105
Interference: Relationship	-.069	.151	-.030	-.004	-.141	-.033
Interference: Social Role	-.095	.018	.018	.038	-.032	-.017
Total AP	-.079	.116	-.228*	-.071	-.144	-.118

*p<0.05, **p<0.01

The Results related to the Correction Analysis have been presented in Table 2. It shows that Appraisal of others' emotions was significantly positively correlated with Anxious (r = .210, p<0.05), Regulation of own emotions was significantly negatively correlated with Irritability (r = -.232, p<0.05) Anxious (r = -.244, p<0.05) Depression (r = -.341, p<0.01) and Total AP (r = -.228, p<0.05), Utilization of emotions was significantly negatively correlated with depression (r = -.202, p<0.05) and Depression was also significantly negatively correlated with Total EI (r = -.205, p<0.05) only.

Results related to Step-Wise Regression analysis have been presented in Table 3.

Table 3: Step-Wise Regression Analysis with EI as Predictor Criterion Variable: AP

	Predictors variable	R ²	Adjusted R ²	ΔR ²	ΔF	β
Model ^a	Regulation of own emotion	.052	.043	.052	5.636	-.297*
Model ^b	Appraisal of others' emotion	.092	.074	.040	4.539	.212*

a. Predictors: (Constant), Regulation of own emotion
 b. Predictors: (Constant), Regulation of own emotion, Appraisal of others' emotion

It is quite apparent from Table 3 that regulation of own emotion and Appraisal of others' emotion significantly contributes 5.2% and 4.0% of the variance in AP. The negative beta values, however, indicate that the regulation of own emotion decreased the impact of AP (β = -.297, p<0.05) and the positive beta values, however, indicate that the appraisal of others' emotion increased the impact of

AP (β = .212, p<0.05).

Discussion

The current study's findings show that there was insignificant variation in AP based on gender, age group, socioeconomic status, marital status, or education during COVID-19. The null hypothesis was accepted based on the findings of COVID-19 male and female, young adulthood, middle adulthood, and late adulthood, low SES, middle SES, and high SES, unmarried and married, high school, intermediate, graduate, postgraduate, and PhD students all suffering from the same problematic condition. There was evidence that participant demographics were determinants of quarantine's psychological impact. There were insignificant difference in EI based on gender, age group, marital status, or socioeconomic class and significant difference was found in level of education [30-33]. People with higher education have more experiences and understand how to control and monitor their own conduct in specific situations. The reason for this could be because considerable disparities were discovered in high school, intermediate, graduate, postgraduate, and PhD students. There were no particular COVID-19 vaccinations or treatments available at the time. Millions of people are dying as a result of this virus all across the world. Closer to home, India has imposed a statewide lockdown to combat the spread of the Coronavirus, and people are engulfed in varied degrees of quarantine - either self-isolation at home or required quarantine to prevent transmission. A recent

review of study by Brooks et al. discovered that quarantine is associated with severe psychological effects (panic attack, GAD, sleep difficulty, appetite loss, PTSD, and problematic substance misuse), which can be long-lasting [34]. Overcome the psychological effects of coronavirus (COVID-19) Making a new daily schedule means spending more time at home and losing access to many of our normal social engagements. We should try reading more or watching movies, exercising, trying new relaxation techniques, or finding new knowledge and creativity on the internet that may be beneficial. Rumor and speculation can exacerbate anxiety. Having access to high-quality viral information might make you feel more in control. Keep in touch with friends and on social media during stressful times, but avoid sensationalizing matters. It is critical to include our family and children in our health-care goals. We must reduce the harmful influence and educate them on the truth. Discuss the new with them, but avoid overexposure to virus coverage. Avoid passing judgement on others and leaping to conclusions about who is to blame for the disease's spread. The coronavirus can afflict anyone, regardless of gender, age, socioeconomic status, or race. Because pandemic scenarios effect everyone in the same way, the current study finds no significant changes in findings based on demographic information.

The hypothesis was partially accepted when AP was discovered to be non-significantly adversely linked with EI during COVID-19. Dimensions of AP were considerably adversely connected with dimensions of EI, whereas Anxiety was strongly favorably correlated with Appraisal of others' emotions. Irritability, anxiety, sadness, and total AP were all significantly inversely associated to self-regulation. Correlational study found that depression was significantly inversely associated to emotion utilization and overall, EI. Regulation of personal emotions and Appraisal of others' emotions contributed significantly to 5.2% and 4.0% of the variance, respectively, successfully predicting AP. COVID-19 is connected with less social stress, anxiety, sadness, and clinical imbalance in young individuals, and EI plays a significant role in understanding of emotional difficulties [27, 35]. According to Khajavi, the EI plays a crucial part in the adjustment process [23, 36].

Conclusion

According to the current study, there was no statistically significant difference in AP based on demographic data such as gender, age group, marital status, socioeconomic situation, and degree of education. Insignificant differences in EI were detected based on demographic data (Gender, Age group, marital status, and socioeconomic position), however significant inequalities in educational levels were observed. Appraisal of others' emotions was strongly positively linked with anxiety. Irritability, anxiety, sadness, and total AP were all significantly inversely associated to self-regulation. Depression was found to be significantly inversely associated to emotion utilisation and overall, EI. Regulation of personal emotions and appraisal of others' emotions both contributed considerably to the variance, successfully predicting AP. Participants with high EI were able to respond to numerous situations, including the impact of the Covid-19 outbreak, avoid stress, and cope well with adjustment challenges.

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Declaration of interests

We declare no competing interests.

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