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HOW IS EMOTIONAL INTELLIGENCE RELATED TO PSYCHOLOGICAL DISTRESS OF YOUNG ADULTS DURING THE COVID-19 PANDEMIC?

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Abstract

Adults experience many challenges during young adulthood as they try to fulfil social expectations of securing a career and financial stability, establishing romantic relationships and marriage, and nurturing their offspring. Failure to realize these expectations, especially during the COVID-19 pandemic, in addition to losing one's job, being unemployed, and leaving children to fend for themselves as parents have to work from home, are likely to cause young adults to experience psychological distress. The present study aims to examine the average score on psychological distress of young adults during the COVID-19 pandemic and if personal variable (i.e., emotional intelligence) is associated with their psychological health (i.e., distress). A cross-sectional survey design was distributed to 199 young Malaysian adults aged between 19-39 years old. Participants were recruited conveniently, and they completed the measure of emotional intelligence (USMEQ-i) and psychological well-being (GHQ-12) via Google survey form. Descriptive analysis indicates that the participants have an average mean of psychological distress (M=12.45; SD=6.64), and the Pearson product-moment correlation analysis shows that emotional intelligence negatively correlated with psychological distress (r=-0.33, n=199, p=.01). It is also found that the USMEQ-i personal competency subscale negatively correlated with psychological distress. Limitations of this study are discussed, and findings are analysed in line with those of past research.

Keywords: COVID-19 pandemic, Emotional intelligence, Psychological distress, Young adults

Introduction

Young adulthood is a period where people have to achieve several life expectations. These expectations include achieving excellence and graduating from college/university, finding a romantic partner, starting a career, getting married, and having children. Failure to fulfil the expectations may contribute to life pressure

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for some young adults (Chua, 2018; Vartanian et al., 2020) as often, their choices in making life meaningful are limited. Due to the pressure, young adults are likely to experience psychological disturbances that include loss of sleep, being constantly under strain, could not overcome difficulties, and thinking of self as worthless (Harikrishnan & Ali, 2018; Kumar et al., 2016). These were evidence of life pressure on adults before the arrival of the COVID-19 pandemic when people were doing typical daily routines in their life, and they were capable of countering the challenges as life is inevitable most of the time.

However, when WHO in March 2020 declared COVID-19 as a world pandemic (WHO, 2020) and countries everywhere started implementing rules to control infection rates, life began to change. The pandemic has pushed young adults, particularly in the Malaysian context, to accept new norms in various aspects and adjust themselves accordingly. This scenario has raised concern among researchers on the psychological health of the individuals (Beckstein et al., 2021; Shanmugam et al., 2020). Do changes in life due to the COVID-19 pandemic that restricts educational opportunities, social interactions, and job prospects create psychological disturbances in people?

Research has indicated that individuals suffering from the adversity and hardship caused by the COVID-19 pandemic are likely to experience higher levels of stress, anxiety, and depression (Druss, 2020; Canady, 2020; Shanmugam et al., 2020). An empirical study on young adults studying in a university has indicated that they have moderate psychological distress during the COVID-19 pandemic and the Movement Control Order (MCO) (Janon & Che Izhar, 2020). Thus, this study attempts to explore the psychological health of another group of young adults (i.e., consisting of students, graduates, and school leavers) when facing the adversity brought by the COVID-19 pandemic. By having information on the relationship, proper intervention could be developed for the young adults, particularly in a programme that addresses the role of emotional intelligence in reducing psychological distress.

Before the pandemic, young adults can move towards their life goals with pre-existing strategies to which they are accustomed. Being confident with their plan and a stimulating environment, young adults mostly have a positive personal attitude towards life. However, with the current COVID-19 pandemic and the MCO that are creating uncertainties concerning career, business, economy, and education, young adults are probably not having much positive attitude towards life, which may later be associated with poor mental health. A study has indicated that a person's negative personal attitudes and emotions positively associate poor mental health (Kobau et al., 2011).

Concerning this, the present study's authors are curious to understand young adults' psychological conditions when they are placed under pressure to meet life expectations but are restricted by the MCO and the COVID-19 crisis. Hence, the present study would like to investigate the mental health conditions of young adults during the COVID-19 pandemic and the MCO. It is assumed that these young adults' psychological distress is likely to be above average as several studies have

indicated that young adults emphasize achievement in career and being employed during this period; failure to achieve these goals may associate them with distress (Álvaro et al., 2019; Bui & Wijesekera, 2019).

Literature Review

A concern about psychological health during the pandemic and the MCO is mainly related to the social aspect. Beckstein et al. (2020) suggest that during and after the pandemic, people's social interactions in life have been limited because they have to practise social distancing and self-isolation, which are likely to affect individuals' psychological well-being include feeling lonely. Being lonely and not connecting with others are more likely to create poor feelings of meaningful living.

Furthermore, when social gatherings that stimulate the feeling of importance are not allowed, individuals with depression are more prone to be affected as they feel more helpless when the source of support is not available (Shanmugam et al., 2020). To deal with this scenario, adults (including the clinical community) can find a way(s) to motivate themselves by developing meaningful activities despite the MCO restrictions; they are more likely to create favourable psychological conditions. A study has indicated that those who can create new meaning in life by adapting to the limitations during the pandemic and the MCO are likely to build positive effects and resilience in facing challenges and are less likely to suffer psychological problems (Yıldırım et al., 2021).

The findings on the significance of having meaning in life (Yıldırım et al., 2021) are very relevant to young adults as they are at the stage where they are developing a sense of importance in their life. Suppose young adults fail to initiate things for themselves and others with the limited options available during the pandemic. In that case, this will likely make them feel less productive and experience a negative attitude towards adversity and challenges. By feeling helpless towards adversity, adults are likely to experience a lack of purpose in life and less motivated to observe their emotional conditions. Thus, reducing their high potential to use emotional intelligence (Sun et al., 2021).

There are many psychological concepts associated with psychological health during the COVID-19 pandemic. However, the concept that has received the most attention is emotional intelligence (Sun et al., 2021; Yildirim & Arslan, 2020). In addition, a theoretical paper has suggested emotional intelligence as the main framework to elucidate the importance of emotional skills in managing stress and well-being during the pandemic (Extremera, 2020). Studies conducted before the coronavirus pandemic have suggested that emotional intelligence can protect individuals from negative emotions consisting of stress, anxiety, and depression (Cejudo et al., 2018; Molero Jurado et al., 2019; Nolidin et al., 2013) and affect physical well-being (Zeidner et al., 2012).

Further, past studies have indicated that individuals with high emotional intelligence reported high positive mental and low negative emotional well-being (Carmeli et al., 2009) and psychological distress (Fradelos et al., 2019). Therefore, the relationship between emotional intelligence and emotions of individuals at different levels during the pandemic continues to be investigated as both variables are strongly associated. In addition, studies have shown that emotional intelligence is a significant variable that is negatively related to the emotions of front-line nurses during COVID-19, in particular the negative emotions (Kahraman & Hiçdurmaz, 2016; Sun et al., 2021).

While the previous research has explored the role of emotional intelligence in the negative emotions of front-liners during the COVID-19 pandemic (Sun et al., 2021), the relationship between emotional intelligence and the mental health of Malaysian young adults in the community has not been sufficiently discussed in the context of COVID-19. Thus, this study attempts to examine precisely the relationship between emotional intelligence and the psychological health of Malaysian young adults.

The study is significant in understanding how adults in a community perform tasks in their social roles (i.e., as parents, employees, the breadwinner of the family) while facing the physical infections of the coronavirus and self-isolation periods during the MCO. For example, do they experience psychological distress in completing the tasks, or do they enjoy working from home, completing office tasks while taking care of their children?

Some studies (i.e., McDonnell & Semkovska, 2020; Sun et al., 2021; Yildirim & Arslan, 2020) have revealed that emotional intelligence (or resilience) includes the ability to regulate emotions appropriately, using an understanding of the emotions to make constructive daily plans, expressing deep feelings wisely and supporting the emotions of other people are significant factors that promote low psychological distress while carrying out different roles during the COVID-19-pandemic. Thus, the present study investigates the relationship between emotional intelligence and psychological distress among young Malaysian adults. It hypothesises that emotional intelligence is associated with their psychological distress and that the relationship is negative.

Method

Study design and participants

The present study adopts a cross-sectional correlation survey design. Data were collected using an online survey questionnaire. The participants were recruited online from April to May 2020 using advertisements on social media platforms, such as Facebook, Twitter, Instagram, and WhatsApp. Those interested in joining the research had to click the google form link that was included in the advertisement.

A total of 199 young Malaysian adults aged 19 to 39 years participated in the study. Table 1 shows the demographic characteristics of the respondents, whereby the majority of them (69.8%) were adults aged between 19-25 years old while the remaining 30.2% were adults aged between 26-39 years old. There were 89 males (44.7%) and 110 females (55.3%). The majority of the participants were single (82.9%) and had a tertiary educational background (89.3%). Only 4% of the respondents were unemployed. The rest (96%) were either studying, employed (or self-employed), or homemakers.

Participants came from different states in Malaysia, mainly from Selangor (50.8%), and the rest from Kelantan (6.5%), Perak (6%), Kuala Lumpur (5.5%), Terengganu (5.5%), Melaka (5.5%), Johor (5%), Kedah (3.5%), Penang (3.5%), Negeri Sembilan (2.5%), Pahang (2.5%), Sarawak (2%) and, last but not least, Perlis (0.5%).

Table 1: Demographic Characteristics of Participants

	n	**%**
Age		
19 - 25	139	69.8
26 - 39	60	30.2
Gender		
Male	57	42.53
Female	17	12.69
Ethnic		
Malay	197	99.0
Indian	0	0.0
Chinese	1	0.5
Others	1	0.5
Marital Status		
Single	165	82.9
Married	32	16.1
Level of Education		
Secondary school	21	10.6
Tertiary Education	178	89.3
Level of Education		
Employed	74	37.2
Unemployed	8	4
Self-employed	10	5
Student	102	51.3
Homemaker	5	2.5

Measures

The emotional intelligence and psychological distress of the participants were measured using Universiti Sains Malaysia Emotional Quotient Inventory (USMEQ-i) (Yusoff et al., 2010) and General Health Questionnaire-12 (GHQ-12) (Goldberg, 1972), respectively.

The *Universiti Sains Malaysia Emotional Quotient Inventory* (*USMEQ-i:* Yusoff et al., 2010; Yusoff et al., 2011) was used to measure emotional intelligence. The present study used the short version of the USMEQ-i questionnaire. The scale was written in the Malay language. It consisted of 13 items related to emotional intelligence and four items that were faking indexes (Yusoff et al., 2010; Arifin, Yusoff & Naing, 2012). The Likert scales of 0 to 4 were used: 0 (not like me); 1 (a bit like me); 2 (quite like me); 3 (a lot like me), and 4 (totally like me). USMEQ-i items were grouped into personal competence (Q1, Q2, Q4, Q6, Q8, Q10, Q11, Q12, Q13, and Q17) and social competence (Q7, Q15, and Q16). The rest of the items were the faking index questions Q3, Q5, Q9, and Q14. The Emotional Quotient Inventory (USMEQ-i) score was obtained by summing up the score from all items and subtracting the scores for the four faking index questions (i.e., Q3, Q5, Q9, and Q14). USMEQ-i has high internal consistency and good construct validity. The Cronbach alpha values range from 0.7 to 0.9 (Yusoff et al., 2010). In the present study, the Cronbach alpha of emotional intelligence is .85, personal competency is .86, and social competency is .77. A higher score means having high emotional intelligence.

General Health Questionnaire-12 (GHQ-12): There are four versions of GHQ, namely GHQ-60, GHQ-30, GHQ-28, and GHQ-12. The GHQ-12 (Goldberg, 1972) is the most commonly used in any public setting as a screening tool because it is the shortest version of the original. It consists of 12 items that identify any behavioural changes in recent weeks (Goldberg, 1972; Goldberg & Williams, 1988). The present study used the translated version of GHQ-12 previously used by Yusoff, Rahim, and Yaacob (2009) and Yusoff (2010). The Cronbach alpha of GHQ-12 in Yusoff, Rahim, and Yaacob (2009) was 0.85, while in the present study, the Cronbach alpha is .86. The present study scored the GHQ scale using the Likert scale scoring method (0, 1, 2, and 3), and higher scores indicated higher psychological distress.

Procedure

The data collection began after the ethics approval to conduct the present study was obtained from the Department of Psychology Ethics Review Committee. Participants were invited to participate in the study using convenience and snowball sampling. The participants were provided with the online survey link through social media platforms.

To uphold ethical procedures, the electronic survey form was designed in such a way that only after participants have read the brief information on the study (on voluntary participation, right to withdraw, and confidentiality of data gathered) and have acknowledged their consent to participate, could they advance to the questionnaire itself.

The questionnaire contained several sections that included demographics, *Universiti Sains Malaysia Emotional Quotient Inventory* (USMEQ-i), and *General Health Questionnaire-12* (GHQ-12). Participants were required to answer all questions on every page before moving to the next. It took about 5-10 minutes to complete the questionnaire.

Data analysis

The IBM SPSS Statistic 26 Software for Windows was used to perform statistical analyses in this study. Descriptive statistics were used to calculate frequencies, percentages, means, and standard deviations of the demographics (i.e., gender, state of origin, marital status, education background, and employment status) and study variables (emotional intelligence and psychological distress). In addition, Pearson product-moment correlation analysis was used to test the relationship between emotional intelligence and psychological distress.

Results

Descriptive and correlation analyses were conducted to test the general data distribution and the relationship between studied variables. Table 2 shows the descriptive statistics of these variables. The minimum and maximum scores of GHQ are 0 and 31, respectively. The mean score for GHQ-12 is 12.45 (*SD*=6.64). In terms of the general score on emotional intelligence (USMEQ-i), the actual range is from 13 to 52. The mean score is 36.94 (*SD*=7.14). The personal competency subscale of USMEQ-i has a minimum score of 6 and a maximum score of 40. The mean score is 28.31 (*SD*=5.93). On the other hand, the social competency subscale of USMEQ-i has an actual range from 1 to 12 and a mean score of 8.64 (*SD*=2.36).

Table 2 also shows the Pearson correlation results. GHQ-12 score is significant, negative, and weakly associated with USMEQ-i score (r=-.33, p<.01) and negative and moderately with personal competence (r=-.41, p<.01). There is also a significant positive relationship between USMEQ-i score and personal competency (r=.95, p<.01) and USMEQ-i score and social competency (r=.63, p<.01). Last but not least, personal competency positively correlates with social competency (r=.36, p<.01).

Table 2: Descriptive and Inter-correlation between Studied Variables (n=199)

	Actual Range	***Possible Scoring Range***	***M***	***SD***	***1***	***2***	***3***	***4***
1.GHQ	0-31	0-36	12.45	6.64				
2.USMEQ-i	13-52	0-52	36.94	7.14	-.33**			
3.Personal Competency	6-40	0-40	28.31	5.93	-.41**	.95**		
4.Social Competency	1-12	0-12	8.64	2.36	.02	.63**	.36**	

** Correlation is significant at the 0.01 level (2-tailed)

Discussion

The study's first objective is to examine the average score on psychological distress among young adults in the study. The mean score of psychological distress (measured by GHQ) in the present study is moderate. Although the present study employed young adults who may have different experiences of the COVID-19 pandemic and the MCO because of other employment and educational backgrounds, the psychological distress experienced by the participants is still moderate. A similar level of scores on psychological distress among young adults is also found in another study in the Malaysian context (Janon & Che Izhar, 2020). It may be due to other variables associated with psychological distress, such as religiosity (Janon & Che Izhar, 2020).

The second objective of the present study is to investigate the relationship between emotional intelligence and psychological distress. Based on the responses collected from 199 Malaysian young adults, the results supported the hypothesis of a significant but weak relationship between emotional intelligence and psychological distress. The results are consistent with those of previous research, both prior to the COVID-19 pandemic (e.g., Cejudo et al., 2018; Carmeli et al., 2009; Fradelos et al., 2019; Nolidin et al., 2013) and during the pandemic (e.g., Extremera, 2020; Sun et al., 2021) whereby young Malaysian adults' emotional intelligence is negatively related with their psychological distress. Furthermore, the result is significant, whereby it provides empirical evidence that those who reported high scores in emotional intelligence are low in psychological disturbances (i.e., distress).

A possible explanation that may account for emotional intelligence being negatively correlated with psychological distress is the individuals' ability to manage, adjust, and regulate their emotions (Sun et al., 2021). People with high emotional intelligence can perform various tasks (e.g., those that may be difficult, dangerous, or heavy) under both typical and atypical circumstances (Sun et al., 2021). With these positive characteristics, young adults with high emotional intelligence are likely to continue to feel significant and motivated in their life.

However, the pandemic has caused people to become unemployed, forced into self-isolation and social distancing during the MCO. Thus, the ability to react positively to challenges during and after the COVID-19 pandemic is likely to contribute to the moderate level of psychological distress among young Malaysian adults. The argument is in line with the result found in the USMEQ-i personal competency subscale in the present study, which is negatively and moderately correlated with psychological distress.

Although the study demonstrates a low correlation degree, the results imply that those high in emotional intelligence have also reported high personal competency and ability to manage their psychological health during the COVID-19 pandemic positively. Hence, the results of the present study provide empirical evidence for young adults in the Malaysian context that the increased risks of psychological disturbances such as anxiety, depression, stress, and distress due to

social distancing rules, movement control orders, and self-isolation (Canady, 2020; Druss, 2020; Shanmugam et al., 2020) are likely to be observed, particularly among those who are low in emotional intelligence specifically in personal emotional competency.

The present study has highlighted significant findings regarding psychological health among young adults during the COVID-19 pandemic. However, it also has to acknowledge these limitations:

(1) the inclusion criteria of the study participants are young adults aged from 18-39 years old and coming from different demographic backgrounds. However, more than 50 per cent of the participants were students and Malay, which may not represent the characteristics of other young adults from other backgrounds. As a result, generalisation of the findings is possible to Malay adults and less possible to young adults from other ethnic groups. Therefore, future studies should include more participants from different ethnic groups and with various demographic characteristics.
(2) the study used high-reliability measures to ensure the measures tested what they were supposed to measure and followed the standard operating procedure of scientific research to avoid bias. However, as the present study employed a survey based on self-rating, the data on psychological distress (GHQ-12) were subject to response bias and social desirability tendency. Therefore, it is recommended to add different rating sources such as peers, spouses, or supervisors to minimise the bias in the data collection.
(3) the present study is cross-sectional research where the results were based on data collected in one period of time only. Future research should investigate the issue longitudinally so that changes that happened at different periods can be documented.
(4) future studies on MCO and mental health are recommended to explore other variables that have a more vital relationship with psychological distress, such as coping (Parikh et al., 2019), personality traits (Eurelings-Bontekoe et al., 2005; Bai, 2009) and disabilities (Naidoo, 2017).
(5) the present study is correlational research whose results could not infer a causal relationship. Thus, further investigation on the topic using the experimental design is highly recommended.

Conclusion

The study's findings highlight the significant empirical evidence that shows the association between the emotional intelligence of young adults with their psychological distress. Emotional intelligence, in particular, personal emotional competency, negatively correlates with psychological distress. Although the significant degree of correlation is low, the findings suggest that young adults with high emotional intelligence are likely to experience low psychological disturbances (i.e., distress) during the COVID-19 pandemic. It implies that enhancing personal emotional skills among adults is necessary as they could use the skills to reduce psychological disturbances and promote good mental health.

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