EMOTIONAL BURDEN & PSYCHOLOGICAL CAPITAL IN THE TIMES OF COVID-19: A STUDY IN THE ACADEMIC CONTEXT OF PAKISTAN

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Spring 2019 started with usual teaching and learning passion among academics, students, administration and support staff at various academic institutions. This was the case with everyone else in their own professions, duties, and engagements. We were barely transferring from winter into the much-anticipated spring that the COVID-19 crisis had started forcing all of us across the globe to halt our normal routines.

While some are thinking that professionals across the globe have gotten the opportunity to take a break, however, that is not the case with most of us. Many of us are worried about the uncertainty and anxiety these times hold for us despite actively planning and attending online lessons and making administrative arrangements from our homes. Others are uncertain about the future of their jobs, livelihoods and how to support themselves and their loved ones if COVID-19 crises continue to linger on. This stress, emotional burden and anxiety of unknown can cost us emotional wellbeing and emotional capital and the impacts can last for much longer than financial and somatic losses.

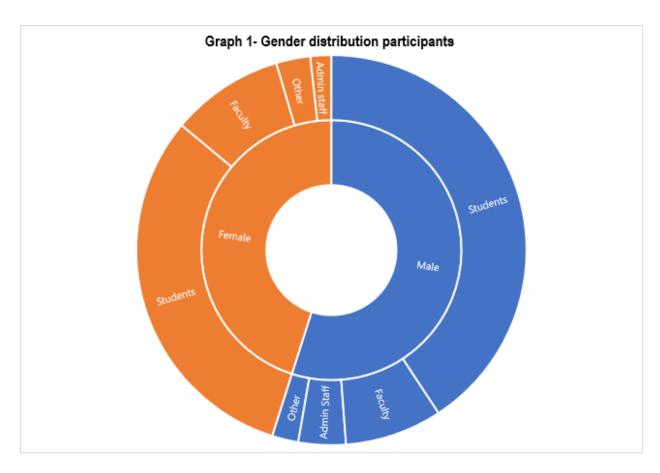
In the pandemic like COVID-19, people in the developed countries are more resilient to stress and can survive stressful events with psychologically unharmed (Shultz et al., 2008; Taylor, 2017). However, in developing countries like our own the fear of pandemic can be felt strongly due to lack of emotional support systems. Hence, the psychological footprint is expected to be larger than the medical footprint (Shultz et al., 2008). We have already witnessed such outcomes in the recent Ebola outbreak in West Africa in 2014 and 2015 where according to psychologists the fear of epidemic was worse than the epidemic itself (Desclaux, Diop, & Doyon, 2017; Kilgo, Yoo, & Johnson, 2018; Parmet & Sinha, 2017).

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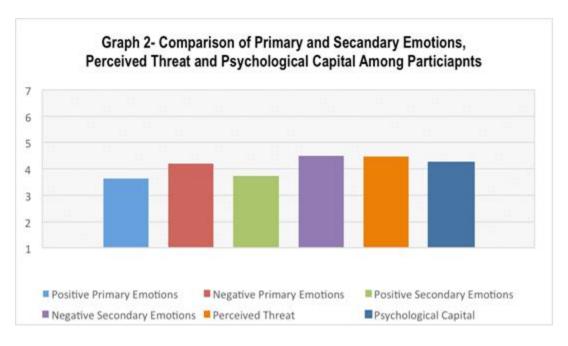
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In Pakistan, we are medically and financially least prepared for the outbreak of Coronavirus and in the academic and other professional domains people have been expressing concerns of anxiety and deteriorating psychological immune system. We refer to this outcome as reduced Psychological Capital. It is therefore vital to explore the psychological costs of COVID-19. To this end a study was conducted to explore how different types of emotions and perceived threat in the times of COVID-19 is impacting psychological capital of our people.

A survey was conducted among 330 participants who were directly or indirectly related to IBA community (Students, Faculty, Administrative and Support Staff, and Others). Participants were asked to fill an online questionnaire consisting of various demographics and three key scales. These scales included Primary Emotions Scale (basic positive and negative emotions that are common among primates i.e. Anger, Fear, Sadness, Love, Joy); Secondary Emotions Scales (advanced positive and negative emotions that determine higher order emotions that are unique to humans, i.e. Guilt, Depression, Vulnerability, Regret, Anxiety, Disappointment, Frustration, Confusion, Loneliness, Shame, Optimism, Peace, Satisfaction, Trust, Hope, Happiness, Contentment, and Enthusiasm); Threat perceptions Scale (measures the perceived threat and vulnerability in the context of COVID-19 i.e.), and Psychological Capital Scale (measures psychological immunity of people). The key research question was to explore how Primary and Secondary emotions and Threat Perceptions effect psychological immune system of our community. Our findings are based on preliminary analysis of our data from three categories of our participants and there were more males than females in this sample. See Chart 1.



It was interesting to note that our participants indicated that their variability of emotions, threat perceptions and psychological capital was around the midpoint of our Likert scales. See Graph 2.



It was interesting to note that the our regressions based models pridict that negative emotions strongly and significantly predict Threat Perception. This makes them more prone to use basic brain mechanisms such as fight and flight reponses rather than using secandary emotions and mechanisms. More specifically, higher Percieved Threat in the times of COVID 19 has a significant negative impact on the psychological immune system of people i.e. they experience lower Psychological Capital.

More importantly, the two types of emotions, Primary and Secandary have unique impacts on Psychological Capital of people. Primary Emotions, for example do not contribute significantly to our Psychological Capital, however, Secondary Emotions impact our Psychological Capital in unprecedented ways. To be specific, higher experience of Secondary Negaive emotions negatively impacts our psychological capital, however, Secondary Positive Emotions predict Psychological Capital. See Table 1.

Table 1 - Antecedents of Psychological Capital

		Unstandardized Coefficients		Standardized Coefficients		
Model		В	Std. Error	Beta	t	Sig.
1	(Constant)	5.820	.243		23.986	.000
	Perceived Threat	349	.053	254	-6.636	.000
2	(Constant)	3.951	.355		11.135	.000
	Perceived Threat	193	.046	140	-4.190	.000
	Primary Positive Emotions	081	.049	073	-1.648	.100
	Primary Negative Emotions	026	.061	022	423	.672
	Secondary Negative Emotions	163	.054	156	-3.010	.003
	Secondary Positive Emotions	.602	.052	.535	11.570	.000

a. Dependent Variable: Psychological Capital

These findings suggest that mental health is sensitive to Primary and Secondary Emotions and there is a heightened need of focusing on the same to help us buffer the negative consequences of current pandamic. Psychological Capital, that is contrued as psychological immune system in literature can most likely be the biggest concern, as it might be the principal protective factor in times where there is dearth of real psychological health facilites available. Furthermore, when we refer to emotions, we need to be mindful of which emotions we express, utilize, or emphasize in our professional, teaching and learning domains. It is vital to highlight the significance of Secandary positive emotions in order to biuild our Psychological Capital. Results reveal that percieved threat is the strongest predictor of psychological immune system but we have also seen that even accounting for percieved threat, secondary positive emotions emerged as the most strongest predictor. It can be argued that anyone involved in interacting with or improving mental health can focus on working with Secondary Positive Emotions to build our psychological immune system.

It is expected that our anxiety and fear will become even more prevalent when the pandemic will spread wider in Pakistan. In the coming days, many of us may develop excessive fears of death and pain while others may express fears of being shunned by others due to social distancing. Therefore, it is important to keep ourselves more focused on Secondary Positive Emotions so that we can build immunity against becoming so anxious to clinically significant levels of COVID-19 distress, avoidance, and functional impairment. We need higher levels of psychological immunity because we do not have many medical and clinical resources required for treatment of emotional disorder (Wheaton et al., 2012; McDonnell, Nelson, & Schunk, 2012).

References

- Desclaux, A., Diop, M., & Doyon, S. (2017). Fear and containment: Contact follow-up and social effects in Senegal and Guinea. In M. Hofman & S. Au (Eds.), *The politics offear: Medecins sans Frontieres and the West African ebola epidemic* (pp. 210-234). New York: Oxford University Press.
- Kanadiya, M. K., & Sallar, A. M. (2011). Preventive behaviors, beliefs, and anxieties in relation to the swine flu outbreak among college students aged 18-24 years. *Journal of Public Health*, 1 9, 139-145. doi:10.1007/s10389-010-0373-3
- Kilgo, D. K., Yoo, j., & johnson, T. j. (2018). Spreading Ebola panic: Newspaper and social media coverage of the 2014 Ebola health crisis. *Health Communication*, 1-7. doi:10.1080 /10410236.2018.1437524

- McDonnell, W. M., Nelson, D. S., & Schunk, j. E. (2012). Should we fear "flu fear" itself? Effects of H1Nl influenza fear on ED use. *American Journal of Emergency Medicine*, 30, 275-282. doi:10.1 01 6/j.ajem.2010.1 1.02 7
- Parmet, W. E., & Sinha, M. S. (2017). A panic foretold: Ebola in the United States. *Critical Public Health*, 27, 148-155.
- Shultz, j. M., Espinel, Z., Flynn, 8. W., Hoffmann, Y., & Cohen, R. E. (2008). DEEP PREP: All-hazards disaster behavioral health training. Miami, FL: DEEP Center.
- Taylor, S. (2017). Clinician's guide to PTSD (2nd ed.). New York: Guildford.
- Wheaton, M. G., Abramowitz, j. S., Berman, N. c., Fabricant, L. E., & Olatunji, 8. O. (2012).
- Psychological predictors of anxiety in response to the H I N l (swine flu) pandemic. *Cognitive Therapy* and Research, 36, 210-218. doi:l0.l007/s10608-011-9353-3