

Emotional well-being and resilience during the COVID-19 pandemic: Guidelines for social work practice

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Ana Dorado Barbé 

Complutense University of Madrid, Spain

Jesús M Pérez Viejo 

International University of La Rioja, Spain

María del Mar Rodríguez-Brioso 

International University of La Rioja, Spain

Lorena P Gallardo-Peralta 

Complutense University of Madrid, Spain

Abstract

The global COVID-19 pandemic situation has shown the vulnerability of the population. Spain has been one of the most affected countries, given the health, social and economic repercussions. Being resilient and having the ability to adapt allows one to positively face the pandemic. In this essay, a quantitative study was conducted using a social media survey. In total, 3342 respondents participated in this survey. A number of resilience-related variables are analysed using a linear regression model. Furthermore, the potential inclusion of resilience as a transversal skill that can be used at the individual, family and community levels is also discussed.

Keywords

COVID-19 pandemic, emotional well-being, resilience, social work, Spain

Spain is one of the countries that has reported the highest number of COVID-19 diagnosed cases and fatalities around the world (World Health Organization [WHO], 2020). Also, it is one of the nations that has endured the largest lockdown period, lasting more than 60 days in Madrid and Barcelona (Legido-Quigley et al., 2020). In light of the social and economic repercussions of this

Corresponding author:

Lorena P Gallardo-Peralta, Faculty of Social Work, Complutense University of Madrid, Campus de Somosaguas, 28223 Madrid, Pozuelo, Spain.
Email: logallar@ucm.es

situation, we may wonder: how are Spanish people coping with the crisis? How are they using resilience to cope with it, if at all? What might help them endure this situation? Resilience allows us to positively cope with a pandemic which has generated feelings of hopelessness, helplessness and uncertainty (Shaw, 2020). 'The resilience process consists of the activation and interaction of protective and vulnerability factors after encountering adversity' (Bolton et al., 2016: 171). When facing threats, stressors or adversity, resilient people have the potential to improve their coping, adaptation and well-being strategies (Luthar et al., 2015). Research conducted before the pandemic has shown normal resilience levels among the Spanish adult population (García-León et al., 2019). Similar findings have been observed in social groups that are more prone to facing stressful situations, such as parents of children with a condition or parents of disabled children as well as non-professional caregivers (Blanco et al., 2019; Rodríguez-Rey et al., 2016).

The purpose of this essay is to analyse the variables that may predict resilience among a sample of professionals. The following variables were analysed: socio-demographic data, COVID-19 disease status, previous diagnosed conditions and emotional well-being. A cross-sectional quantitative study was conducted in April 2020 (state of alarm in Spain). An online survey was administered using academic and professional social media. The questionnaire focused on protection and risk factors linked to COVID-19. The survey had 43 questions and it included brief standardized scales previously validated in the Spanish population. In total, 3436 respondents participated in this survey. Their main characteristics were the following: 73 percent women, 82 percent between 31 and 64 years old (adult sample), 49 percent with a partner (married, co-habiting and other types of living situations), 54 percent employees, 15 percent self-employed workers, 15 percent students, 11 percent unemployed and 5 percent other occupations. Regarding COVID-19, 20 percent of the sample was diagnosed with the condition, 8 percent experienced some symptoms (without diagnosis) and 6 percent had received medical care. It is important to take into account the study limitations as a non-probabilistic sample has been used (e.g. the gender variable in a predominantly female sample).

The Ungar (2006) individual resilience scale was used with a Cronbach's alpha of .65. Some socio-demographic variables (namely gender, civil status and education level) were included in this study. A brief questionnaire was designed specifically focusing on COVID during the lockdown, diagnosis of the condition, medical care and number of family members diagnosed with the condition. Also, diagnosis of underlying conditions was assessed: cardiovascular, respiratory, mental, haematological conditions and cancer, among others. Furthermore, a brief survey on emotional well-being based on the Kessler Psychological Distress Scale (Kessler et al., 2002) was administered with a .76 Cronbach's alpha score. A linear regression analysis was conducted including the following models: model 1 – control variables: gender, having a partner and education level (1=woman, 1=with a partner and 1=post-graduate university studies; Master's or PhD); model 2 – medical background: COVID-19 during lockdown, diagnosis, medical care and diagnosis of a family member (1=diagnosed and 1=on treatment); model 3 – diagnosed underlying condition; and model 4 – emotional well-being. The IBM-SPSS programme (version 25) was used for analysis purposes. The variables that are positively associated with resilience are the following: being a woman; having a partner; having a diagnosed mental health condition; absence of feelings of hopelessness, anxiety, lack of control of one's life, fear, anger and aggressiveness. Individuals who have a negative relationship with resilience have the following characteristics: higher level of studies (post-graduate) and individuals with cardiovascular conditions. Table 1 represents the summary of hierarchical multiple regression analyses.

COVID-19 has challenged the social work field, highlighting the need to promote models based on psycho-social tools such as resilience to enhance people's capacity to be flexible, perseverant and resourceful when facing complex situations (Polk, 1997). Among the large number of research

Table 1. Summary of hierarchical multiple regression analyses to predict resilience from medical background, previous diagnosed diseases and emotional well-being.

	Model 1		Model 2		Model 3		Model 4	
	B	SE	B	SE	B	SE	B	SE
Model 1: Control variables								
Sex	.287***	.081	.283***	.081	.267**	.081	.052	.082
Education level	-.463***	.085	-.460***	.085	-.457***	.084	-.411***	.082
Marital status	.098	.070	.098	.070	.120	.070	.247***	.069
Model 2: COVID medical background								
Time during lockdown			.000	.005	-.001	.005	-.003	.005
Diagnosis			.046	.100	.026	.100	-.064	.098
Medical care			.153	.165	.137	.165	.165	.161
Diagnosis of a family member			.015	.036	.012	.036	-.018	.035
Model 3: Previous diagnosed diseases								
Cardiovascular					-.480*	.216	-.452*	.210
Respiratory					.133	.171	.091	.166
Mental					.964***	.215	.704***	.210
Haematological					.051	.295	.073	.287
Cancer					.104	.363	.173	.353
Others					-.348	.283	-.212	.276
Model 4: Emotional well-being								
Sadness							.166	.127
Hopelessness							.058***	.097
Fatigue							.309	.081
Anxiety							.066***	.083
Lack of control of one's life							.315***	.079
Irritation							.277	.078
Fear							.004**	.080
Anger							.210*	.077
Aggressiveness							.173***	.090
Concerned about the future							.348	.101
R ²	.014		.015		.024		.084	
F change	14.505***		.608		4.117***		20.055***	

SE: standard error; COVID: coronavirus disease.

* $p < .05$; ** $p < .01$; *** $p < .001$.

studies conducted to analyse the current health situation worldwide (Hamidein et al., 2020; Kimhi et al., 2020; Pearman et al., 2020), a study carried out in the United States concludes that higher resilience scores were associated with lower COVID-19-related worries as well as reduced rate of anxiety and depression (Barzilay et al., 2020). These research findings confirm that resilience is a psycho-social factor that provides protection in critical situations.

In the field of social work, the models based on the ecosystem theory and the strengths' perspective place resilience at the core of a social intervention (Guo and Tsui, 2010). Resilience is an ecological process that involves multiple layers of systems (Breda and Adrian, 2019) which allows us to develop the capacity to cope with adversity and prevent nervous breakdown triggered by stressors (WHO, 2004). However, not all stress-related reactions are pathological and coping mechanisms may differ among individuals. As evidenced by our study, emotional well-being is

essential in this process. This refers to an individual's capacity to feel relaxed, confident, worry-free and composed. These factors can be assessed using some indicators such as personal satisfaction, self-perception and absence of stress or negative feelings (Verdugo et al., 2010).

Our results show higher resilience levels among women and individuals with a diagnosed mental condition which could be explained by the learning and better use of emotional intelligence skills acquired through gender socialization or professional mental intervention. Emotional intelligence is defined as the ability to identify, assess and control one's emotions, identify and assess the emotions of other people, as well as the capacity to manage our emotions appropriately using suitable strategies to motivate ourselves and adequately manage interpersonal relationships (Goleman, 1995). Having a partner also plays a role here, that is, having the emotional support of an emotionally healthy partner. Also, resilience levels are higher among people with greater emotional well-being. On the contrary, resilience levels are lower among people with higher educational levels, which may indicate that the greater use of cognitive strategies is less effective vis-a-vis emotional training. Resilience levels are also lower among individuals with cardiovascular conditions as the virus characteristics may generate intense fear among high-risk populations (Neylon et al., 2013).

The field of social work is witnessing the emergence of new scenarios and an increase in new social needs. Social work requires creativity to provide an answer to new social needs generated by the pandemic (Berg-Weger and Morley, 2020), which has led to an increase in the demand for professionals in this field (Yehudai et al., 2020). The adverse circumstances triggered by COVID-19 have also led to the development of individual and group tools and strengths that must be supported by social workers.

It is crucial to adapt social interventions that may help individuals build resilience and adopt specific actions to allow people to identify symptoms and/or problems as well as intense emotional reactions triggered by a traumatic event. Our results show a correlation between emotional well-being and resilience: individuals with higher levels of emotional well-being show greater resilience skills. It is important to highlight the need to develop social work interventions that promote emotional well-being and skills such as adaptability, self-efficacy, positive emotions/positive psychology and support networks (Prowell, 2019). Likewise, it is key to promote transversal actions to develop emotional intelligence skills that allow individuals to provide resilient answers to be able to cope with challenging situations. The goal is to (a) develop personal, family and/community strategies that allow individuals to reduce emotions that may jeopardize their emotional well-being, (b) promote individual or community adaptation and/or coping mechanisms, and (c) identify mental health situations that may require specialized support. Social intervention, especially the social work field, has a key role in improving the psycho-social well-being of all the people who are enduring the consequences and the human suffering produced by COVID-19.

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ORCID iDs

Ana Dorado Barbé  <https://orcid.org/0000-0002-0934-2205>

Jesús M Pérez Viejo  <https://orcid.org/0000-0002-4969-4918>

María del Mar Rodríguez-Brioso  <https://orcid.org/0000-0001-7660-1898>

Lorena P Gallardo-Peralta  <https://orcid.org/0000-0003-3297-2704>

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Author biographies

Ana Dorado Barbé (PhD in Social Work) is an assistant doctor at the Faculty of Social Work, Complutense University of Madrid (Spain).

Jesús M Pérez Viejo (PhD in Social Work) is an assistant doctor and researcher at the Faculty of Social Sciences and Humanities, International University of La Rioja (Spain).

María del Mar Rodríguez-Brioso (PhD in Sociology) is currently the coordinator of the Master's in Social Intervention in Knowledge Societies (UNIR). A researcher at the UNIR Prospective Observatory on Social Policies and Social Intervention, she currently belongs to the Research Group on Welfare and Social Intervention.

Lorena P Gallardo-Peralta (PhD in Social Work) is a visiting scholar at Faculty of Social Work, Complutense University of Madrid (Spain).