

---

**INFLUENCE OF EMOTIONAL INTELLIGENCE AND SELF  
EFFICACY ON PERCEIVED SOCIAL SUPPORT  
AMONG HEALTH WORKERS DURING COVID-19  
LOCKDOWN**

Olabimitan, Benjamin. A. and Awopetu, Grace Ronke

Psychology Unit, School of Arts and Sciences,  
University of The Gambia.

**ABSTRACT**

*Health workers are classified as front liners globally during the Covid-19 pandemic and their perceived social support is crucial to the application of their emotional intelligence and self-efficacy. The study aimed to examine the influence of emotional intelligence and self-efficacy on perceived social support among health workers during the Covid-19 lockdown in Lagos-Nigeria. The study adopted an ex-post facto cross-sectional survey design and purposely selected 350 participants which comprised 132 male and 218 female health workers who were active during the Covid-19 lockdown. Two hypotheses were formulated and tested using multiple regressions and an independent t-test. The results revealed a significant joint and independent influence of emotional intelligence and self-efficacy on perceived social support among health workers during Covid-19 lockdown, while marital status was also found to have a significant influence on perceived social support among health workers. These results demonstrated strong contribution of emotional intelligence, self-efficacy and marital status on social support received by the health workers during the lockdown. Regular training and orientation on understanding the concepts and the need for emotional intelligence and self-efficacy for health workers was recommended by the researchers to see the health setting as being supportive because support may be*

---

*available, and people may not perceive such due to levels of emotional intelligence and self-efficacy.*

**Keywords:** *Emotional Intelligence, Self-efficacy, Perceived social support, Health workers, Covid-19 lockdown.*

**Corresponding author:** Olabimitan, Benjamin. A. can be contacted at [bolabimitan@utg.edu.gm](mailto:bolabimitan@utg.edu.gm)

## 1. INTRODUCTION

The Coronavirus Disease of 2019 (COVID-19) will forever remain an unprecedented threat to the health system as over 2,800,000 people had been infected by the disease as of April 27, 2020, which was less than 6 months after the outbreak (WHO, 2020), and therefore got international attention as a Public Health Emergency of international concern and made World Health Organisation to declare it as a global epidemic by March 11, 2020. Covid-19 did not only affect people physiologically but also had serious adverse effects on mental health, while the unavoidable increases in positive case numbers and loss of life increased the level of fear and anxiety across the globe, which accounted for the psychological aspect of the outbreak (Yenen & Çarkit, 2023). As of April 2021, this disease had spread to over 223 countries, with approximately 135 million confirmed cases and nearly three million deaths (World Health Organization, 2021). Considerable so many countries had to battle with this escalating pandemic and a tremendous burden on the health system. One of the earliest cases in sub-Saharan Africa was reported in Nigeria on February 27, when an Italian national who works in Nigeria flew into Lagos from Milan on February 25. On March 9, 2020, a second case of the virus was reported in Ewekoro, Ogun state, the

victim was a Nigerian citizen who came into contact with the Italian national, the first reported case. Subsequently, Algeria, Egypt, and South Africa also confirmed cases of the disease.

The immediate concern of the government in affected areas to tame the rising incidence of the disease was the availability of skilled healthcare workers. This became important because the health workers often had direct contact with the infectious patients, they are then left with the option of direct fight/flight against COVID-19 and many are truly prepared to fight. However, the bravery of healthcare workers alone is not enough to protect them from mental health problems during Covid-19. Psychological intervention and mental health services in the form of social support or perception of its availability and understanding of one and others' emotions are needed to prevent frontline healthcare workers from being traumatized as they were emotionally affected during the COVID-19 pandemic.

Social support refers to the psychological and material resources provided by a social network to help individuals cope with stress. Hajli et al. (2015) defined social support as an individual's perception or experience in terms of being involved in a social group where people mutually support and receive support from each other. Studies have repeatedly shown that social support is positively correlated with promotion of mental health (Koelmel et al., 2017). Social support, whether perceived or real is important in promoting mental health in the general population and health workers.

Before the outbreak of the disease, the Nigerian health system was in a bad shape in terms of inadequate health centers,

---

personnel, and medical equipment, which made the country underprepared to handle the challenges of the Covid-19 pandemic. The few public health centres available during the period were shut to the public and were only attending to COVID-19 patients due to risk of the infection.

Social support is an important component of solid relationships and strong psychological health, when one has a network of family and friends, whether at work or family fronts that one can turn to in times of need, such can go a long way in mediating psychological challenges, such as challenges posed by Covid-19 lockdown. Whether one is facing a personal crisis, wants to be in the company of others who care about your needs, or needs immediate assistance, support received from these individuals plays a critical role in our day-to-day life. The received or perceived social support will always build people up in terms of stress and supply the needed strength to carry on and even thrive in the face of difficulty. Studies have shown the significant role social relationships can play in several aspects of health and wellness. For instance people with low social support levels have a higher risk of mortality compared to people who have stronger and more satisfying support networks, social support can have a significant impact on our physical and mental health, and it can help us cope with stress, illness, and other challenges, poor social support has been linked to depression and loneliness and has been shown to alter brain function and increase the risk of alcohol use, cardiovascular disease, depression, and suicide (Srinivas, 2023; APA, 2019; Gruv et al., 2012; Gros et al., 2016; Morelli et al., 2015).

---

A relevant individual's factor related to perceived social support is emotional intelligence (EI), a personality predisposition associated with individuals' tendency to understand their own and others' emotions, to manage their feelings and their relationships with others. Understanding emotions help people to be cognizant of their own and others' behaviours and motivations, whereas managing emotions allows individuals to navigate their feelings constructively at work. Emotions are inseparable and present aspects of our lives and everyday human interactions (Keltner & Haidt, 2014). Individual's emotional intelligence play a critical role in how they create relationships with others, and they manage the social dynamics of daily lives, because emotional intelligence is very much related to individual's state of mind and ultimately affects critical thinking, behavior, and attitudes. People with higher emotional intelligence are therefore more likely to navigate and access various sources of source support, and hence may cope better during Covid-19 lockdown.

Emotional intelligence helps when faced with adversity, and may guide people on how to increase productivity and efficiency and to improve workers' well-being, job motivation, and job satisfaction, because the individual understands their own feeling, emotion and those of significant others and use them in coping with challenges of the present situation and prepare them for future ones.

An individual's self-efficacy, an innate characteristic found in every individual, has been found to act as a buffer against negative circumstances. Self-efficacy is an individual's judgment of his or her capabilities to successfully carry out a task

---

(Bandura, 2017). In other words, it is people's belief in their capabilities to produce desired effects by their actions. Considering the negative impact of the COVID-19 pandemic and the measures put in place to minimize the spread including lockdown, it is thoughtful that the self-efficacy of individuals may be affected which invariably will affect how people perceive social support. Self-efficacy is the belief that an individual has to perform some skills under certain circumstances, beliefs about one's ability to adjust and orchestrate skills and abilities in changing and challenging situations.

Likewise, marital status can have significant influence on perception and availability of social support in general population and among health workers. Those who are married could see their partner as readily available source of support in time of stress, boredom, loneliness and challenges which could all have adverse effect on performance, particularly among health workers during Covid-19 lockdown, as their partner may take over other responsibilities or be of great support during lockdown, while dedicate more time to the challenges posed by the pandemic.

Considering the important of social support in overcoming difficult challenges such as one posed by COVID-19 lockdown and how individual's emotional intelligence, self-efficacy and marital status can enhance social support in other to overcome challenges. It is the importance and the need to create an empirical awareness of social support, particularly among health workers and the general population that motivates the researchers to carry out this study in order to get health

---

workers and general population prepared for future occurrence where social support could enhance performance.

The main objective of this study is to examine the influence of emotional intelligence self-efficacy and marital status on perceived social support among health workers during the Covid-19 Lockdown in Nigeria. This main objective will be achieved by examining the following specific objectives which are:

- Examining the independent influence of emotional intelligence on perceived social support among health workers during the Covid-19 Lockdown in Nigeria.
- Examining the independent influence of self-efficacy on perceived social support among health workers during the Covid-19 Lockdown in Nigeria.
- Examining joint influence of emotional intelligence and self-efficacy on perceived social support among health workers during the Covid-19 Lockdown in Nigeria.
- If there will be difference between married and single health workers on perceived social support during the Covid-19 Lockdown in Nigeria.
- Make recommendations based on the outcome of the study's finding for policy makers, health workers, general public, and future researchers in this area.

## **2. REVIEW OF LITERATURE**

### **2.1 Emotional Intelligence and Perceived Social Support**

The ability to identify, assess and manage our emotions, and those of others, and use the same appropriately are an important factor for social interactions, taking into account that emotions serve social functions and communication, and are crucial for the adequate functioning of social interactions being interpersonal relationships, by transmitting information on the opinions and attitudes of individuals and coordinating social interactions (Keltner & Haidt, 2001). According to Metaj-Macula (2017), emotional intelligence operates within a social context, and its dimensions correlate positively with the perceived social support and the relation between these two variables largely predicts positive interactions and interpersonal relationships. In other words, the extent to which an individual could relate with others and build a relationship with them greatly depends on their levels of emotional intelligence, while the relationship built from emotional intelligence plays a huge role in how individual cope during unplanned and sudden difficult situations, such as the one we experienced during COVID-19 lockdown. Individual with high level of emotional intelligence will not only be able to empathize with others well, but it can enhances effective communication, self, and social awareness with others (Vyas et al.,2022), it is this awareness and ability to communicate across without barriers that gives those people high on emotional intelligence the needed skills for interacting with different people and give them access to a wider network of relationships and by doing so; they can get support from this network in times of need, adapt better to stressful situations;



irrespective of their background, as well as cope with constant change and surprises that come across their ways when compared to those who are low on emotional intelligence. Likewise, those high on emotional intelligence are able to cope better when faced with occupational stress, having the needed emotional intelligence enabled them to perceived availability of social support (Valenti et al., 2021). Other studies have shown that emotional intelligence development can be better understood in social contexts, where there is a perceived feeling and the actuality that one feels care and love through the support available to others and feels to be part of social support groups (Brackett, Mayer, & amp; 2004, Schutte, 2012).

## **2.2 Self-Efficacy and Perceived Social Support**

Self-efficacy was popularized by Bandura in 1977; he propounded the self-efficacy theory as a cognitive judgment and beliefs of the behavior and the ability desired by the successful completion of a specific task. People high on self-efficacy will be more confident in their work, so they will be more likely to make extraordinary achievements in their posts even in face of threat and difficult. Those high on self-efficacy are more confident at work and possess the ability to make extraordinary efforts that often lead to greater achievements giving them access to different sources of support, such confidence and achievement will attract them to co-workers, supervisors, friends, and even family members who can easily be a source of support when needed, such as was the case during COVID-19 lockdown when health workers were in need of support from others in order to perform despite the threat posed by the pandemic.

---

According to Taha et al., (2015), culturally informed interventions are in terms of self-esteem, improving self-efficacy do enhance perception of availability of social support and ability to access same. Women trained on how to increased their self-worth, self-confidence, and a state of hopefulness and who have been enduring abusive relationships seek for support and this support mediates suicide attempts after receiving training related to self-efficacy, indicating the important role of self-efficacy in perceiving and assessing support in times of needs, as in the cases of abusive women and during COVID-19 lockdown.

Yenen and Çarkit (2023) found an inverse relationship between the fear of COVID-19 and the perceived social support. In the study, the fear of Covid-19 was found to lower perceptions of social support, the outbreaks weakened people's perceptions of social support. However, an individual's level of self-efficacy mediates this relationship and increases the perception of social support in this situation, as fear increases, the ability to perceive support decreases, but as self-confidence goes higher, the individual's ability to perceive support increases and this reduces the level of fear, indicating that self-efficacy can increase access to social support.

In 2002, Saltzman and Charles investigated factors that can mediate the association between social support and psychological adjustment and found self-efficacy as a strong mediator of the two variables. The researchers proposed an integrative model that linked social support to psychological adjustment; the model was mediated by self-efficacy and, in turn, by adaptive coping strategies.

### **2.3 Marital Status and Perceived Social Support**

Marital status had been predicted to have strong impact on psychological well-being, with the married faring better than the formerly and never-married ones including married health workers. It was assumed that marriage reduces vulnerability to psychological disorders, through the provision of mutual support and obligation even though it limits personal freedom and autonomy.

Consistently, study have shown that married people tend to have lower levels of mental disorders and enjoy higher levels of perceived social support across the general population, irrespective of career (RL, 2014; Harandi et al., 2017), when compared to the unmarried ones. Because marriage itself is a structural form of social support from the couples themselves and also serve as a mediator that provides social integration and feelings of belonging and purpose to individuals in marriage relationship (Waite, et al., 2003).

Soulsby and Bennett (2015) designed a study to examine the extent of the relationship between marital status and psychological well-being and how this relationship can be explained by perceived social support. The result of the study, after controlling for demographic variables, a number of daily hassles, and coping strategies, revealed that widowed and divorced adults report significantly poorer psychological health compared to those who remain married. While perceived social support performed a strong mediatory role in these relationships. Perceived social support was found to be responsible for state of psychological well-being of the widowed, divorced, and never-married, such that lower levels

---

of support in these groups resulted in poorer psychological health.

Adamczyk and Segrin (2015) in a study that examined the indirect effects of relationship status on life satisfaction through social and emotional loneliness and perceived social support from significant others, family, and friends. The study reported a lower satisfaction with life and social support from others among single individuals, but higher romantic and social loneliness, and higher family support compared to participants in a relationship. Furthermore, the study revealed significant indirect effects from relationship status to life satisfaction through romantic, family, and social loneliness, and perceived social support from significant others and family. Indicating that singlehood may be deleterious to life satisfaction because of the higher loneliness and lower social support from a significant other.

Effect of Covid-19 on the health workers are not only physiological, but psychologically also, the impact can persist for a longer period of time even after the physiological symptoms are treated and gone, particularly in absence of perceived or actual social support (Ahorsu et al., 2020; Çarkit, 2021; Duan & Zhu, 2020; Gündoğan, 2021). As a result, the uncertainty that came with Covid-19 has affected millions of people globally individually and socially, as well as causing so many psychological challenges such as depression, traumatic stress and anxiety and these may continue for a long time, if empirical solutions are not sought in term of how accessibility to supports can be enhanced by direct and indirect victims (Zandifar & Badrfam, 2020). People's anxiety and fear of

catching Covid-19 can only be imagined through the level of fear of catching covid-19, for studies have shown that fear of Covid-19 is linked to cognitive and behavioral disorders in individuals (Fitzpatrick et al., 2020), this may linger on without adequate social support; decreases life satisfaction due to the fear it created in the victims and others (Satici et al., 2020a b); increases the level of fear and anxiety, especially for those health workers who saw thousands dying from the pandemic and those who loss the love ones (Bitan et al., 2020; Cao et al., 2020; Wang et al., 2020). The fear of COVID-19 has also increased the level of burnout, particularly among health workers (Yakut et al., 2020)., A state of hopelessness, because many were helpless during covid-19, irrespective of their status (Sarıçalı et al., 2020); lowers people's motivational level (Taşçı, 2021)., had a great impact on mental well-being (Satici et al., 2020) and more importantly, it has reduces the perceived level of social support, which could mediate all the problems created by the pandemic(Yakut et al., 2020).

Despite this observation, much have not been done empirically among health workers who are at the fore fronts during the pandemic on how to improve access to perceived or actual social support to reduce the fear created among these health workers who are front liners during covid -19 pandemic. This observed knowledge gap motivated the researcher to embark on this study which intends to examine the influence of emotional intelligence and self-efficacy on perceived social support among health workers during the COVID-19 Lockdown in Nigeria. As a result of the above observed gap in knowledge, the following research questions were raised.

- Will emotional intelligence and self-efficacy have independent and joint influence on health workers perceived social support during Covid-19 lockdown?
- Will there be significant differences between married and single health workers who were active during Covid-19 lockdown?

## **2.4 Hypotheses**

H1: Emotional intelligence and self-efficacy will have significant independent and joint influence on perceived social support among health workers who are active during Covid-19 lockdown.

H2: Married health workers who are active during Covid-19 lockdown will score significantly higher on perceived social support than their counterparts who are single.

## **3. METHODOLOGY**

This study was conducted in selected public hospitals in Lagos in the last quarter of 2020, adopting an ex-post facto survey design. This design was chosen over others, because the study is an after-effect study (Post Covid-19), the design looks into how the independent variables of emotional intelligence, self-efficacy's levels and marital status of health workers, which already prior to this study would affect the dependent variable, perceived social support.

The study was conducted in 10 different public hospitals in Lagos, Nigeria that were active in attending to victims of covid-19 during the lock-down. The hospitals were randomly selected

using simple random technique, in order to be sure, the participants are true sample of the target population. The health workers were actively involved in diagnosing, giving first aids and even posted on routine duty to covid-19 victim' isolation centres. Over four hundred workers were purposively sampled; it was purposive because only those who were active during covid-19 met the inclusion criteria for this study and the participants responded to a structured questionnaire on social demographic, emotional intelligence, self-efficacy, and perceived social support variables. Only 350 were used for final analyses, as others which are invalidly filled or do not fully meet the inclusion criteria was rejected. 218 (62.3%) and 132 (37.7%) of the participants are females and males respectively; 209 (59.7%) are Christians, 138(39.4%) are Muslims, while 3(.9%) are of other faiths; in terms of marital status, 186 (53.1%) are married, while 164 (46.9%) are single.

### **3.1 Variables and Measurement**

Participants' details on socio-demographic information such as age, gender, marital status, qualifications were taken.

*3.1.1 Perceived Social Support: 12-item Multidimensional Scale of Perceived Social Support (MSPSS)* developed by Zimet et al., (1988) was used to measure health workers perceived social support. The scale assesses three different sources of support which include support from family, friends, and "significant other" on a 7- point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The scale has a Cronbach coefficient alpha for the whole scale and the subscales. For significant others, friends and family, the values were .91, .85 and .87 respectively; while the value for the whole scale was

.88, which indicates good internal consistency for the whole scale and the sub-scales.

3.1.2 *Emotional Intelligence* was measured with Schutte self-report Emotional intelligence test (SSEIT) by Schutte et al., (1998). The Schutte Self-Report Emotional Intelligence Test (SSEIT) developed by Schutte et al., (1998) is a method of measuring general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self-relevant emotions, and managing others' emotions. The SSEIT is structured in form of the EI model by Salovey and Mayer (1990). The SSEIT model is closely associated with the EQ-I model of Emotional Intelligence. The SSEIT includes a 33-item self-report using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. Each sub-test score is graded and then added together to give the total score for the participant. Schutte and her colleagues report a reliability rating of 0.90 for their emotional intelligence scale. The EI score, overall, is fairly reliable for adults and adolescents.

3.1.3 *Self-Efficacy*: General efficacy scale was adopted in measuring self-efficacy. It is a 10-item scale translated by Mary Wegner from original German version developed by Schwarzer and Jerusalem (1995). The scale on 4-point Likert scale ranging from 1 (not at all true) to 4 (exactly true) was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. In samples from 23 nations, the Cronbach's alphas for the scale ranged from .76 to .90, with the majority in the high .80s and the scale is unidimensional scale.



3.1.4 *Data Analysis*: Data collected were analyzed using multiple regression analyses and t-test for independent scores respectively.

#### 4. RESULTS

Hypothesis one which stated that Emotional intelligence and self-efficacy will have significant independent and joint influence on perceived social support among health workers who are active during Covid-19 lockdown was tested using multiple regression with result presented in the table below.

Table 1. Summary table of multiple regressions showing joint and independent influence of emotional intelligence and self-efficacy on perceived social support among health workers during Covid-19 lockdown

Model	R	R <sup>2</sup>	F	P	$\beta$	t	p
Constant	.535	.286	69.51	<.01			
Emotional intelligence					.446	8.54	<.01
Self- efficacy					.148	2.83	<.01

From the above table, it could be observed that there was significant joint influence of emotional intelligence and self-efficacy on perceived social support ( $R^2 = .286$ ,  $F = 69.51$ ;  $P < .01$ ). The predictor variables accounted for 28.6% of the total variation on perceived social support. In other words, the predictor variables of emotional intelligence and self-efficacy were responsible for a 28.6% increase in level of perceived social support observed among health workers. Independently, emotional intelligence ( $\beta = .446$ ;  $t = 8.54$ ;  $P < .01$ ) and self-

efficacy ( $\beta = .148$ ;  $T = 2.83$ ;  $P < .05$ ) had independent influence on perceived social support. Therefore, the stated hypothesis is accepted. Hypothesis two which stated that married health workers will score significantly higher on perceived social support during Covid-19 lockdown than their counterparts who are single was tested using independent t- test and the result is presented in the table below:

Table 2. Summary table of independent t-test showing the difference in score of married health workers on perceived social support and their counterparts who are single

Marital status	N	Mean	std	df	t-value	sig
Single	164	58.06	13.93			
PSS				348	1.18	<.01
Married	184	59.86	14.59			

The result on the above table shows that there was significant difference between married health workers and single health workers on perceived social support ( $t = 1.18$ ,  $df = 348$ ;  $p < .01$ ). It could also be further deduced in the mean score that married health workers scored higher on perceived social support than single health workers. (single = 58.06, married = 59.86). The stated hypothesis is thereby accepted.

## 5. DISCUSSION

Globally, healthcare services are fast growing sector of the global economy. The global demand for healthcare, as a result of several breakthrough in technology, have not only fueled the trade in healthcare technologies locally, but also opened

domestic borders for international migration of labour in the health sector, cumulating in in cross-border migration of health workers, particularly from less developed and poorly paid countries to more developed countries (Bhagwati & Hamada, cited by Aluttis et al., 2014).

The crisis of human resources in the health sector, particularly in poor countries, has been labeled as a key pressing world health issue of this generation. In 2020, it was estimated that the global health workforce was 29.1m nurses, 12.7m doctors, 3.7m pharmacists, 2.5m dentists, 2.2m midwives and 14.9m others health support services workers amounting to 65.1 million health workers. The health workers were not fairly distributed between high-income and low-income countries. While 84m has been projected as the required health workforce by 2030 which represented an average growth of 29% from 2020 to 2030 (Boniol et al., 2022). The undersupply of health workers threatens the quality and sustainability of health systems globally, particularly in developing countries, which is concurrent with globalization and the resulting liberalization of markets, which allow health workers to offer their services in countries other than those of their origin because of higher pay and better working conditions (Aluttis et al., 2014). This has been affecting health service in most developing countries, particularly in African countries and this was responsibility for the almost near death of health services during Covid-19 pandemic. The present study examined the influence of emotional intelligence and self-efficacy on perceived social support of health workers during Covid-19 and found a significant joint and independent influence of both predictor variables on perceived social support. The results of the study revealed that workers scoring high on emotional intelligence and self-efficacy scales are also scoring higher on

---

perceived social support. The two predictors were found to be responsible for a 28.6 per cent increase in experienced perceived support by health workers during this period.

Those who have mastered their own and others' emotions, able to manage their own feelings and their relationships with others; those who believed in their own personal ability to successfully carry out giving task, have trust in their own decision, perceived more social support from significant others, family and friends during Covid-19 compared to those who lack the ability to understand their own emotion, those of others and lack trust in the own ability when given a task to be completed. Likewise, independently these predictors significantly predicted health workers tendency to perceive social support. In absence of self-efficacy, employees who are cognizant of their own and other behaviors and motivations perceived more social support compared to those who lack such ability. Same for self-efficacy, those who believed they can perform assigned skill under certain circumstances, had beliefs in their own skill in successful accomplishing a particular task and perceived more social support during the Covid-19 lockdown.

This finding is supported by previous studies. For instance, Metaj-Macula (2017), found emotional intelligence to be a strong predictor of perceived social support; likewise, Vyas et al., (2022) in their study found emotional intelligence to be an important skill needed for interacting with different people, irrespective of their background. In supporting this result, earlier study by Valenti et al., (2021) found those high on emotional intelligence to able to manage stress better and enhance perceived social support and mitigating stress linked to several psychological effects. In the study emotional

intelligence was found has a direct effect on diverse psychological effects and an indirect effect on almost all forms of stressor, while support from friends and family members served as the main mediators to these stressors. Likewise, several studies supported the predictive influence of self-efficacy on perceived social support. Taha et al., (2015) in a study that examined the relative efficacy of a culturally-sensitive empowerment group intervention with the goal of increasing three protective factors—self-esteem, hopefulness, and effectiveness of obtaining resources, the outcome of the study revealed that culturally informed interventions in terms of self-esteem, improving self-efficacy and increasing hopefulness contributed to effectiveness of obtaining available resources, that are earlier not perceived and therefore cannot be access. Saltzman and Charles (2002) found self-efficacy as a strong mediator between social support and psychological adjustment. Yenen and Çarkit (2023) found an inverse relationship between the fear of Covid-19 and the perceived social support; however, individual's level of self-efficacy mediates this relationship and increases the perception of social support in this situation.

Individuals who can manage his/her own emotion and that of others would be able to function better in a social context such as work place, they will have more social skills needed for interaction with colleagues, because he will be able to communicate effective and know the right words to use that will get attention of others because they already tapped into other's emotion. Those high on emotional intelligence function better in social setting and have more quality social and interpersonal relationship. Because they have chains of relationship and operates on several social context, they have access to various forms of social support coming from this

relationship and whenever in challenges, they know where to get support from and hence their perception was higher than those who are low on emotional intelligence, because they do not possess the needed skills and emotion to function properly in a social setting and hence had little social relationship with others and can only seek for support from these limited social network, who also sees him/her as source of support, this is supported by law of reciprocity.

Because of the ability to understand and interpret their own and other's emotion, those high on emotional intelligence are able to adapt better in new circumstances such as the case of Covid-19, in such new circumstances, they know what is appropriate to do, such as supporting others, frequently getting in touch with others, seek for advice and in return, they got supported too. So, as emotional intelligence increases, the ability to develop stronger personal and professional relationships that one can tap into for support when needed also increases. For those with high self-efficacy, it increases one's perception of self-worth, self-confidence, self-esteem, internal locus of control and state of hopefulness, which are all needed for one to have an enduring relationship from which support can be sought in term of need. Those high on self-efficacy are more likely to contribute significantly in group tasks, communicate more effectively and more likely to be attracted to by many, in return the individual can tap from the group resources in term of support, when needed. Moreover, in the state of fear, which reduces perception to availability to social support, self-efficacy can mediate, as those who have confidence in their ability entertain little or no fear when given a responsibility because they see chains of support, which is not the case with people on lower cadre of self-efficacy scale.

In situation of serious psychological challenges, if one believed that he could access support from significant others, family and friends, the challenges will not be severe and to perceive such, will depends on the level of confidence the person have in him/herself and others. An individual who lacks trust in self, may not trust others either and hence may not expect any form of support from them. Also, the influence of marital status on perceived social support was examined in this study. The results revealed that married health workers perceived more social support when compared to single workers. This was supported by Vaingankar (2020) whose structural equation modeling results revealed that being married was only variable positively associated with perceived social support in people with and without mental disorders and study have also shown that being married reduces the tendency of mental disorders and probability of enjoying higher levels of perceived social support (RL, 2014; Harandi et al., 2017). Also, Adamczyk and Segrin (2015) reported a lower satisfaction with life and social support from others among single individuals, with higher romantic and social loneliness, and higher family support. The study further revealed significant indirect effects from relationship status to life satisfaction through romantic, family, and social loneliness, and through perceived social support from significant others and from family.

Those who are married are less likely to be lonely when compared to single one, who are mostly mature and live alone, married people do enjoy moral, informational and even emotional support from the spouse, colleagues, children, parents, friends and so many others sources. Because, they have so many social and emotional relationship, they tend to perceived higher level of support when compared to single health workers, most of who may be living alone and therefore

will still have to attend to personal needs, such as cooking after work, tend to be lonelier during Covid-19 lockdown, because movement were restricted and therefore have fewer social relationship from which they can readily source for support in term of need. Covid-19 pandemic restricted social interaction among people, this restriction leads to loneliness, particularly among those who are single and because they are working are more likely to live alone, this in itself can create anxiety and fear and once they have no social relationship to share the fear and sources of anxiety with, it may sever more relationship and make these singles feel as if they are not getting the needed social support. This is not the case with the married, whose slight change in behavior can easily be observed by family and important others and who will immediately serve as a source of support in order to restore the person to ideal state.

## **6. CONCLUSIONS AND RECOMMENDATIONS**

This study examined the influence of emotional intelligence, self-efficacy, and perceived social support among health workers during Covid-19. Data were gathered from 350 health workers who were active in attending to patients in hospitals during Covid-19 epidemic. For analysis of collected data, multiple regression analysis and t-test for independent tests were employed. The fundamental reason for this research was to examine the roles of emotional intelligence and self-efficacy on perceived social support in unusual and unplanned situations, such as the one experienced during Covid-19 lockdown for the sake of future purpose. The findings of this study revealed that the predictor variables of emotional intelligence and self-efficacy have positive and significant independent and joint impact on the dependent variable's



---

perceived social support, in such a way that health workers who are able to regulate their emotion and that of others, had confidence and trust in their own abilities perceived more social support from significant others, friends and family during covid-19 epidemic.

Furthermore, marital status was also found to have a significant influence on perceived social support among health workers, married health workers perceived more social support when compared to their counterparts who are not married. Based on these findings, recommendations were made for policy makers and future researchers.

- Since Emotional intelligence is important for navigating important relationships in life and since our ability to perceive and access social support when needed is based on these social networking. Therefore, there is a need to improve health workers' emotional intelligence through intentional training and education. Such training should focus on how to be more self-aware, recognize others feeling, practice active listening and communicate clearly with others and within group, stay positive on issue, empathize, be open-minded, listen to feedback, stay calm under pressure.
- Organizations should occasionally conduct tests on employees' emotional intelligence training and self-efficacy. Those who are below expected level on these predictors can go on self-development training on key components of emotional intelligence which are: Empathy, social skills, self-awareness, self-regulation, and motivation and for the confidence and trust building ability to enhance such workers level of emotional intelligence and self-efficacy.

- 
- Employees can also encourage on relationship management, such as developing and maintaining good relationships, communicate clearly, inspire and influence others, work well in a team, and manage conflict.
  - There should be different avenues for social gathering in workplace, as this will increase workers' social networking and by so doing enhance perceived social support by workers.
  - Those found to be high on emotional intelligence and self-efficacy can be used to encourage others too on how to develop these skills, through regular interaction with such person, allowing them to work in team and group and in some cases giving them leadership position where they have to communication, manage conflict, and relate with others. These will make them learn the skills needed to carry out these assignments.
  - Other likely predictors not examined in this study should be look into in nearest future studies, such variables include personality factors, leadership styles and other environmental factors not covered in this study.

## REFERENCES

- Adamczyk, K., & Segrin, C. (2015). Direct and Indirect Effects of Young Adults' Relationship Status on Life Satisfaction through Loneliness and Perceived Social Support. *Psychologica Belgica*, 55(4): 196-211.
- Ahorsu, D.K., Lin, C., Imani, V., Saffari, M., Griffiths, M.D., & Pakpour, A.H. (2020). The Fear of COVID-19 Scale: Development and initial validation. *International Journal of Mental Health and Addiction*, 20:1537–1545.
- Aluttis, C., Bishaw, T., & Frank, M.W. (2014). The workforce for health in a globalized context--global shortages and international migration. *Global Health Action*, 7:23611.
- American Psychological Association (2019). [Manage Stress: Strengthen Your Support Network](#).
- Bhagwati, J., & Hamada, K. (1974). The brain drain, international integration of markets for professionals and unemployment: a theoretical analysis. *Journal of Development Economics*, 1:19–42.
- Bitan, D.T., Grossman-Giron, A., Bloch, Y., Mayer, Y., Shiffman, N., & Mendlovic, S. (2020). Fear of COVID-19 scale: Psychometric characteristics, reliability and validity in the Israeli population. *Psychiatry Research*, 289:1–5.
- Boniol, M., Kunjumen, T., Nair, T.S., Siyam, A., Campbell, J., & Diallo, K. (2022) The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? *BMJ Global Health*, 7(6):e009316.
- Brackett, A. M., Mayer, D. J., & Warner, M. R. (2004). *Emotional intelligence and its relation to everyday behavior*. University

of New Hampshire, Department of Psychology, Conant Hall, 10 Library Way, Durham, NH 03824, USA.

Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research*, 287:112934.

Çarkit, E. (2021). Intolerance of uncertainty as a predictor of fear of COVID-19 in university students. *Maarif Mektepleri International Journal of Educational Sciences*, 5(1):33-42.

Clark, P.F., Stewart, J.B., & Clark, D.A. (2006). The globalization of the labour market for health-care professionals. *International Labour Review*, 145:37-64.

Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4): 300-302.

Fitzpatrick, K.M., Harris, C., & Drawve, G. (2020). Fear of COVID-19 and the mental health consequences in America. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1):17-21.

Hajli, M.N., Shanmugam, M., Hajli, A., Khani, A.H., Wang, Y. (2015). Health care development: integrating transaction cost theory with social support theory. *Informatics for Health and Social Car*, 40(4):334-44.

Harandi, T.F., Taghinasab, M.M., & Nayeri, T.D. (2017). The correlation of social support with mental health: A meta-analysis. *Electron Physician*, 9(9):5212-22.

Goleman, D. (2018). *Diversity + emotional intelligence = More success.* Available at <https://www.kornferry.com/insights/this-week-in->

[leadership/diversityemotional-intelligence-leadership#:~:text=Studies%20show%20teams%20innovate%20better,best%2Dselling%20author%20Daniel%20Goleman.](#)

- Grav, S., Hellzèn, O., Romild, U., & Stordal, E. (2012). Association between social support and depression in the general population: The HUNT study, a cross-sectional survey. *Journal of Clinical Nursing*, 21(1-2):111-120.
- Grey, I., Arora, T., Thomas, J., Saneh, A., Tohme, P., & Abi-Habib, R. (2020). The role of perceived social support on depression and sleep during the COVID-19 pandemic. *Psychiatry Research*, 293:1-6.
- Gros, D. F., Flanagan, J.C., Korte, K.J., Mills, A.C., Brady, K.T., & Back, S.E. (2016) Relations among social support, PTSD symptoms, and substance use in veterans. *Psychology of Addictive Behaviour*, 30(7):764-770.
- Gündoğan, S. (2021). The mediator role of the fear of covid-19 in the relationship between psychological resilience and life satisfaction. *Current Psychology*, 40(12):6291-6299.
- Koelmel, E., Hughes, A.J., Alschuler, K.N., & Ehde, D.M. (2017). Resilience Mediates the Longitudinal Relationships Between Social Support and Mental Health Outcomes in Multiple Sclerosis. *Archives of Physical Medicine and Rehabilitation*, 98(6):1139-48.
- Labrague, L.J., & Delos-Santos, J.A.A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, 28(7):1653-1661.

- Metaj-Macula, A. (2017). The Relationship between Emotional Intelligence and Perceived Social Support. *Journal of Educational and Social Research*, 7(1): 168-172.
- Moore, S.E., Wierenga, K.L., Prince, D.M., Gillani, B., & Mintz, L.J. (2021). Disproportionate impact of the COVID-19 pandemic on perceived social support, mental health and somatic symptoms in sexual and gender minority populations. *Journal of Homosexuality*, 68(4):1-15.
- Morelli, S.A., Lee, I.A., Arnn, M.E., & Zaki, J. (2015). Emotional and instrumental support provision interact to predict well-being. *Emotion*, 15(4):484-493.
- RL, S. (2014). *Mental Health and Marital Status*. In: The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society, p. 1485-9.
- Satıcı, B., Göçet-Tekin, E., Deniz, M.E., & Satıcı, S.A. (2020). Adaptation of the Fear of COVID-19 Scale: Its association with psychological distress and life satisfaction in Turkey. *International Journal of Mental Health and Addiction*. 19(6):1980-1988.
- Satıcı, B., Sarıçalı, M., Satıcı, S.A., & Griffiths, M.D. (2020). Intolerance of uncertainty and mental wellbeing: Serial mediation by rumination and fear of COVID-19. *International Journal of Mental Health and Addiction*, 20(5): 2731-2742.
- Sarıçalı, M., Satıcı, S.A., Satıcı, B., Göçet-Tekin, E., & Griffiths, M.D. (2020). Fear of COVID-19, mindfulness, humor, and hopelessness: A multiple mediation analysis. *International Journal of Mental Health and Addiction*. 20(4):2151-2164.
- Skalski, S., Konaszewski, K., Dobrakowski, P., Surzykiewicz, J., & Lee, S. A. (2021a). Pandemic Grief in Poland: Adaptation

---

of a measure and its relationship with social support and resilience. *Psiarchive*. 41(10): 7393-7401.

Skalski, S., Uram, P., Dobrakowski, P., & Kwiatkowska, A. (2021). The link between ego-resiliency, social support, SARS-CoV-2 anxiety and trauma effects. Polish adaptation of the Coronavirus Anxiety Scale. *Personality and Individual Differences*, 171:1-7.

Soulsby, L., & Bennett, K. (2015). Marriage and Psychological Wellbeing: The Role of Social Support. *Psychology*, 6: 1349-1359.

Vaingankar, J.A., Abdin, E., Chong, S. et al., (2020). The association of mental disorders with perceived social support, and the role of marital status: results from a national cross-sectional survey. *Achieves of Public Health*, 78:108.

Valenti, G.D., Faraci, P., & Magnano, P. (2021). Emotional Intelligence and Social Support: Two Key Factors in Preventing Occupational Stress during Covid-19. *International Journal of Environmental Research and Public Health*, 18(13):6918.

Vyas, D., Rogan, E.L., Wu, G., Galal, S.M., Solorio, G., & Chandra, R. (2022). Social and Emotional Development in a Telehealth-Based Ambulatory Care Skills Course. *American Journal of Pharmaceutical Education*, 86(8): 8755.

Waite, L.J., & Lehrer, E.L. (2003). The Benefits from Marriage and Religion in the United States: A Comparative Analysis. *Population and Development Review*, 29(2):255-76.

- 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. *International Journal of Environmental Research and Public Health*, 17:1–25.
- World Health Organization (2020). Coronavirus disease (COVID-19) Pandemic. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- World Health Organization. (2020). *Coronavirus disease 2019 (COVID-19) Situation Report*. [https://www.who.int/docs/defaultsource/coronavirus/situationreports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_10](https://www.who.int/docs/defaultsource/coronavirus/situationreports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10).
- World Health Organization. (2021a). *Coronavirus disease 2019 (COVID-19) situation report*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Yakut, E., Kuru, Ö., & Güngör, Y. (2020). Determination of the influence of work overload and perceived social support in the effect of the COVID-19 fears of health care personnel on their burnout by structural equation modelling. *Ekev Journal of Academia*, 24(83):241–262.
- Ye, Z., Yang, X., Zeng, C., Wang., Shen, Z., Li, X., & Lin, D. (2020). Resilience, social support, and coping as mediators between COVID-19-related stressful experiences and acute stress disorder among college students in China. *Applied Psychology: Health and Well-Being*, 12(4):1074–1094.



---

Yenen, E.T., & Çarkit, E. (2023). Fear of COVID-19 and general self-efficacy among Turkish teachers: Mediating role of perceived social support. *Current Psychology*, 42(3):2529-2537.

Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian Journal of Psychiatry*, 51:101990.