

Impact of Altruism, Heroism, and Psychological Distress on Quality of Life Among Social Workers During COVID-19

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The primary aim of the current study was to explore the impact of altruism, heroism, and psychological distress on the quality of life among social workers during the COVID-19 pandemic. The study comprised of a sample of 300 social workers belonging to different nongovernmental organizations and social worker centers. Data were collected through purposive sampling technique with cross-sectional research design during the COVID-19 pandemic. The results revealed that altruism and heroism were positively correlated with compassion satisfaction – a subscale of quality of life, whereas these variables were negatively correlated with burnout and secondary traumatic stress - subscales of quality of life. Additionally, the psychological distress was negatively correlated with compassion satisfaction and positively correlated with burnout and secondary traumatic stress. The results of hierarchical regression revealed that altruism and heroism were positive predictors of compassion satisfaction, whereas they were negative predictors of burnout and secondary traumatic stress. Psychological distress was a negative predictor of compassion satisfaction, whereas a positive predictor of burnout and secondary traumatic stress related to quality of life. The study has concluded and recommended that the appropriate measures should be taken to promote altruism and heroism while the psychological distress upon social workers should be mitigated to minimize their burnout and secondary traumatic stress, and to enhance their compassion satisfaction-quality of life during COVID-19 and/or similar stressful situations like pandemics, floods, earthquakes, droughts, etc. The study has implications for the social and rescue workers, their managers, counsellors, and governing bodies.

Keywords: Altruism, heroism, psychological distress, compassion satisfaction, burnout, secondary traumatic stress, quality of life

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Whether historically or in the contemporary era, man has always remained determined to achieve optimum health, an absolute level of comfort, and constructively interact with society. These factors determine an individual's quality of life (Jenkinson et al., 2020). Unfortunately, the current period has witnessed the coronavirus epidemic, also known as COVID-19. The epidemic has directly impacted the people who are in direct exposure to other people in society, such as social workers. Therefore, individuals' quality of life, and precisely, the social workers' quality of life has been thwarted by the conditions during the coronavirus period (Miller & Grise-Owens, 2022).

In a life-threatening situation, altruism plays a significant role. History is replete with examples that indicate that whenever humans have experienced existential threats, they have expressed behavioral patterns of cooperation and social cohesion (Kramer & Brewer, 1984). Such behavioral patterns indicate altruism within an individual. In this behavioral pattern, the individual works for the welfare of another person, and such behaviors as altruism do not guarantee any immediate reward to the individual (Batson et al., 2011). Altruism involves two significant factors, which include compassion and prosocial behavior. An altruistic person does not initiate the behavior to take advantage; it is an unselfish exercise (Wang et al., 2020). Moreover, altruism aims to decrease pain and enhance others' psychological, emotional, and physiological well-being (Post, 2007).

An individual's capability to take risks for the welfare of others and to enable others to get out of danger contributes a lot to people who work in vulnerable environments. This process, in specific terms, is called heroism (Zimbardo et al., 2011). During the period of coronavirus, medical practitioners were most susceptible to get contracted with the virus, as they were in direct exposure to people suffering from coronavirus (Lancet, 2020). However, regardless of knowing that they may get in contact with the virus, heroism among healthcare workers enable them to work efficiently and effectively during the pandemic of coronavirus (Cox, 2020).

Undoubtedly, those who work as front-line fighters in any outbreak are exposed to critical working environments. They are required to work for a longer duration; they may experience burnout and may be exposed to pathogens; therefore, they are likely to experience psychological distress (WHO, 2022). Literature suggests that during the coronavirus period, healthcare workers experienced the most challenging situation, which led to increased psychological distress (WHO, 2022).

Therefore, keeping in line with the context mentioned above, the study aims to explore the role of altruistic behavior, heroic behavior, along with psychological distress on the quality of life among social workers during the coronavirus pandemic. Moreover, while assessing the QoL, the study will assess influence of altruism, heroism, and PD on social workers' personal satisfaction and mental misery.

Literature Review

Empathy plays a vital role in altruistic behavior. According to the empathy-altruism hypothesis, when an individual has an empathetic feeling towards another person in distress, one is likely to initiate altruistic behavior to help the other deal with the crisis (Klimecki et al., 2014). Altruism leads to improved psychological and physiological well-being. A study conducted by Poulin et al. (2013) reveals that when an individual behaves altruistically, it improves one's overall physical health. Moreover, when people adopt altruistic behavior regularly, it is linked to decreased mortality. Another study reveals that altruism leads to improved mental health. It is because altruism instills a feeling of happiness among those who show altruistic behavior (Post, 2005).

There exists a close linkage between altruism and quality of life. Altruistic activity has the positive effect of an event, while decreasing/controlling the negative ones (Dulin & Hill, 2003). A study was conducted to investigate how altruistic behavior in an individual affects the wellness of students. The results revealed that altruistic behavior led to increased self-esteem, along with subjective well-being; however, there is a significant negative correlation among altruism, anxiety, and depression. Altruism increases self-esteem and subjective well-being (Bala et al., 2022).

Heroism is the highest productive behavior initiated by an individual. It is an act exhibited by a person to facilitate others. While showing heroic behavior, an individual is aware of risk that one may face while performing the task (Zimbardo et al., 2011). Farley (2012) differentiates between two different forms of heroism, namely, big heroism and small heroism. *Big heroism* is an individual's attempt to solve complex issues. Big heroism indicates the presence of ideal heroism. It can occur in different circumstances, such as situational heroism, life-long heroism, and professional heroism. In contrast, in *small heroism*, an individual attempts to seek morality.

It has been observed that heroism instills in an individual the determination to work in a life-threatening situation. Social workers have been found working in an environment to help others with

having the perception of danger (Schklenk, 2018). A heroic personality possesses different attributes, which include prosocial behavior and taking personal risks and sacrifices (Zimbardo et al., 2011). Moreover, in heroism, an individual acts voluntarily to help others such as people and the community. A heroic person acts without expecting any reward. One is willing to take risks and make sacrifices and prefers others' interests to one's own self (Kinsella et al., 2015).

In a life-threatening environment, an individual is likely to suffer psychological distress. It is a disturbed emotional state of mind in which an individual suffers from anxiety, depression, and disturbances in psychological states. Psychological discomfort interferes with an individual's daily life activities (Mcdowell, 2006). An individual's resources enable one to cope with a challenging environment; however, when the resources deplete, one becomes exhausted and experiences psychological distress (Akram & Khan, 2012).

Psychological distress has been found to lead to a negative view of the environment, sadness, anxiety, and a lower level of subjective well-being and quality of life (Ferrara, 2021). One of the major causes of psychological distress is traumatic experiences, such as COVID-19 pandemic outbreak. When external stressors place demands on an individual with which an individual fails to cope up leads to psychological distress (Aldwin, 2007). Research reveals that COVID-19 period has exposed social workers to an unprecedented situation leading to disturbed psychological states of mind. One of the main reasons is that social workers' resources were exhausted in fighting against the virus, which was novel in nature, with no immediate solutions (WHO, 2022).

Quality of life assesses the level to which an individual's needs have been fulfilled and the level to which a person considers satisfied and/or dissatisfied. It is an integral part of social functioning and social integration (Saloma et al., 2012). Quality of life encompasses all bodily well-being (Barcaccia, 2013). There exists a close relationship between quality of life and psychological well-being. Individuals with a better quality of life experience better psychological health (Saloma et al., 2012). However, the outbreak of COVID-19 has obstructed an individual from fulfilling basic psychological and physiological needs (Rao et al., 2011).

Rationale of the Study

Certain factors encouraged the researcher to conduct the present study. Primarily, there is abundant literature on the focal constructs of

the present study; however, there is a dearth of research on the present study's variables in the indigenous context of Pakistan and in specified population. Therefore, it is aimed to address the research gap in Pakistani culture. Moreover, the present study aims to understand the mechanisms, such as altruism and heroism that play an essential role in ensuring workers' quality of life even in the outbreak of a deadly coronavirus.

Objectives

The aims of this study are described as below:

1. To examine effect of altruism and heroism on quality of life among social workers during the coronavirus period.
2. To explore the impact of psychological distress on quality of life among social workers.
3. To study the role of gender in altruism, heroism, psychological distress, and quality of life.

Hypotheses

The hypotheses of this study were formulated on basis of literature. The hypotheses of present study are:

1. Altruism would positively predict quality of life.
2. Heroism would positively predict quality of life.
3. Psychological distress would negatively predict quality of life.

Method

Research Design

The correlational, cross-sectional survey research design was used to test the proposed hypotheses.

Sample

The sample power analysis was carried out through G * Power 3.0 to assess the sample size. The analysis results revealed that the linear regression was based on 3-predictors with $\alpha = .95$; the medium effect size of .15 to large effect size of .35 could reliably be assessed with $N = 107$.

To improve power of the test further, a sample of 300 literate frontline social workers were recruited with convenient sampling technique during who were working during COVID-19 in different nongovernmental organizations and social worker centers of Lahore

city. It included men ($n = 156$) and women ($n = 144$) with age ranging between 18 to 60 years with mean ($M = 38.91$, $SD = 6.52$). The study has predetermined inclusion and exclusion criteria (Panacek & Thompson, 2007).

Inclusion Criteria

Men and women social workers with an age range of 18-60 years were included. Social workers, working in an organization, who came in direct contact with general public were included in the study. Lastly, the study included literate individuals who could easily comprehend the English language questionnaires.

Exclusion Criteria

The social workers who were physically and/or mentally challenged and working on a temporary and part-time basis were excluded.

Measures

The following self-report questionnaires were used for collection of data.

Adapted Self-Report Altruism (ASRA)

Rushton (1981) developed the Adapted Self-Report Altruism Scale (ASRAS) that comprises 14 items with a response pattern of the scale ranges from 0 = *never* to 4 = *often*. It has a Cronbach alpha of .80. It has no reverse item and no subscale. Altruism is a behavior initiated by an individual for helping and benefiting others without seeking any extrinsic reward from them (Rushton, 1981). High score on the scale means that one possesses altruistic behavior.

Activity Frequency Inventory (AFI)

Lilienfeld (1998) developed the Activity Frequency Inventory that measures everyday heroism, which is defined as prosocial behavior exhibited by an individual that involves either physical or social risk. The Scale comprises 30 items with a response pattern ranging scores from 1-5. It has a Cronbach alpha of .89. The scale has no reverse item and no subscale. High score on the scale means that one possesses heroic behavior.

The Kessler Psychological Distress Scale (KPDS)

It was constructed by [Kessler et al. \(2002\)](#). It comprises 10 items with a response pattern of scale ranging from 1 = *None of the time* to 5 = *All of the time*. It has a Cronbach alpha of .83. The scale has no reverse item and no subscale. Psychological distress is a disturbed psychological state in which one experiences anxiety that everything is a useless and impaired and is discouraged that they will prolong further [Kessler et al. \(2002\)](#). High score indicates that one suffers from psychological distress.

Professional Quality of Life Scale (PQLS)

It was constructed by [Stamm \(2005\)](#). It comprises 30 items with a response pattern of the scale ranging from 1 = *never* to 5 = *very often*. It has a Cronbach alpha of .80 for Burnout, .84 for Traumatic Stress, and .90 for Compassion Satisfaction. There are no reverse items in the scale. Quality of life as per this scale is a person's ability of enjoying life, resulting from the perception of accomplishment and fulfillment of needs, managing challenges, and taking care of one's responsibilities adequately ([Stamm, 2005](#)). High score means that more experience in respective domain of quality of life.

Procedure

Primarily, the data collection process was started after seeking approval from the Advanced Board of Research Studies, signed by the Head and Ethical Committee of Department of Psychology. The data were collected from Edhi Foundation Lahore (a social workers organization), Social Work Department Lahore (Home for disabled persons), Social Welfare Home for Old Age Lahore, Infirm Persons Lahore, and Rescue Department Lahore. Initially, the head of each organization was briefed about the aims and objectives of the research. After getting their permission, the data were collected from the workers of each department. The workers were briefed about the study, and they were taken into confidence that their identity, as well as narrated information would remain confidential. Moreover, the participants were briefed that they have the right to terminate the research process at any time. After debriefing, the participants were requested to read each question carefully and fill out the form entirely because otherwise, their responses would not be counted. The process of data collection was completed in 5 months.

Results

Based upon objectives of the study, results of the present study are tabulated below:

Table 1

Psychometric Properties of Psychological Measures (N = 300)

Scales/Subscales	k	M	SD	Range		α	Sk
				Actual	Potential		
ASRA	14	42.29	7.51	14-50	0-56	.84	1.65
AFI	30	37.08	4.85	56-98	30-150	.90	1.21
KPDS	10	37.57	6.47	15-43	10-50	.75	.97
PQLS							
CS	10	25.38	5.60	17-50	10-50	.57	1.13
Burnout	10	27.12	5.74	13-36	10-50	.72	1.25
STS	10	28.29	5.30	13-37	10-50	.80	1.32

Note. k = no. of items; Sk = Skewness; ASRA = Adapted Self-Report Altruism; AFI = Activity Frequency Inventory; KPDS = Kessler Psychological Distress Scale; PQLS = Professional Quality of Life Scale; Compassion Satisfaction; STS = Secondary Traumatic Stress.

Table 1 shows the mean, standard deviation, Cronbach's alpha reliability, and actual and potential range of all scales of the present study. The results reveal that all scales and subscales have good reliability values as all of these have Cronbach's alpha above .70, which indicates that all scales were internally consistent. However, only Compassion Satisfaction have reliability below .70. Moreover, none of the distribution is skewed.

Table 2

Pearson Product Moment Correlation Among Variables (N = 300)

Variables	2	3	4	5	6
1 Altruism	.13***	-.48***	.21***	-.43***	-.34***
2 Heroism	-	-.04	.31***	-.34***	-.25***
3 Psy Distress	-	-	-.03	.25***	.19***
QL	-	-	-	-	-
4 CS	-	-	-	-.57***	-.61***
5 Burnout	-	-	-	-	.78***
6 STS	-	-	-	-	-

Note. Psy Distress = Psychological Distress; QL = Quality of Life; CS = Compassion Satisfaction; STS = Secondary Traumatic Stress.

*** $p < .001$.

Table 2 describes the Pearson Product Moment correlation among variables of the present study. Altruism has a positive

significant correlation with heroism and compassion satisfaction domain of quality of life. It has a significant negative correlation with psychological distress, burnout, and secondary trauma. Heroism has a significant positive correlation with compassion satisfaction domain of quality of life. It has a significant negative correlation with burnout and secondary trauma, but nonsignificant with psychological distress. Psychological distress has a significant positive correlation with burnout and secondary trauma, but nonsignificant correlation with compassion satisfaction.

Table 3 shows multiple hierarchical regression for altruism, heroism, and psychological distress as predictors of compassion satisfaction, burnout, and secondary traumatic stress. The findings reveal that the overall model explains 15% variance in compassion satisfaction, 27% variance in burnout, and 19% of the variance in secondary traumatic stress. Altruism was added in Step I for prediction of the component of compassion satisfaction, burn out, and secondary traumatic stress. In Step I, altruism explains 4% of unique variance for compassion satisfaction with $F(2, 298) = 14.34, p < .001$; 18% of unique variance for burnout with $F(2, 298) = 67.18, p < .001$; and 14% of unique variance for secondary traumatic stress with $F(2, 298) = 38.93, p < .001$. In Step 1, altruism is a significant and negative predictor of the fatigue-related factors of quality of life (burnout and secondary traumatic stress disorder) whereas it is a significant and positive predictor of the compassion-related factor of quality of life that is compassion satisfaction. In Step 2, heroism is added for the prediction of components of quality of life. Model explained 14% of unique variance for compassion satisfaction with $F(2, 298) = 24.80, p < .001$; 8% of unique variance for burnout with $F(2, 298) = 53.62, p < .001$; and 4% of unique variance for secondary traumatic stress with $F(2, 298) = 28.12, p < .001$. In Step 2, heroism is a significant and negative predictor of the fatigue-related factors of quality of life (burnout and secondary traumatic stress disorder) whereas it is a significant and positive predictor of the compassion-related factor of quality of life that is, compassion satisfaction. In Step 3, psychological distress is added for the prediction of components of quality of life. For Step 3, model explained 1% unique variance in secondary stress trauma with $F(2, 298) = 17.55, p < .001$; 1% unique variance in burnout with $F(2, 298) = 36.85, p < .001$; and 1% of unique variance in secondary traumatic stress with $F(2, 298) = 19.20, p < .001$. In this step, psychological distress is a nonsignificant predictor of all components of QL.

Table 3

Hierarchical Regression for Altruism, Heroism, and Psychological Distress as Predictors of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress (N = 300)

Variables	B	95% CI		SEB	β	R^2	ΔR^2
		LL	UL				
Compassion Satisfaction							
Step 1						.05	.05***
Constant	32.05	28.48	35.62	1.81			
Altruism	.16	.24	.07	.04	.21***		
Step 2						.14	.09***
Constant	44.53	39.23	49.83	2.69			
Altruism	.12	.21	.04	.04	.17***		
Heroism	.37	.50	.25	.06	.32***		
Step 3						.15	.01
Constant	43.50	37.58	49.43	3.01			
Altruism	.14	.23	.05	.04	.19**		
Heroism	.37	.49	.24	.06	.32***		
Psy Distress	-.04	-.06	.15	.05	.04		
Burn out							
Step 1						.18	.18***
Constant	13.24	9.86	16.63	1.72			
Altruism	-.32	-.24	-.40	.04	-.42***		
Step 2						.26	.08***
Constant	2.56	-3.15	6.95	2.56			
Altruism	-.03	-.22	-.37	.03	-.38***		
Heroism	-.05	-.22	-.45	.05	-.28***		
Step 3						.27	.01
Constant	2.85	-5.844	5.40	2.85			
Altruism	-.04	-.18	-.34	.04	-.34***		
Heroism	-.06	-.24	-.47	.06	-.29***		
Psy Distress	.05	-.015	.18	.05	.09		
Secondary Traumatic Stress							
Step 1						.14	.14***
Constant	18.14	14.88	21.39	1.65			
Altruism	-.24	-.16	-.31	.03	-.34***		
Step 2						.18	.04***
Constant	10.43	5.44	15.41	2.53			
Altruism	-.21	-.14	-.29	.03	-.31***		
Heroism	-.23	-.11	-.34	.05	-.21***		
Step 3						.19	.01
Constant	3.50	14.64	3.50	2.82			
Altruism	-.11	-.28	-.11	.04	-.27***		
Heroism	-.12	-.35	-.12	.05	-.22***		
Psy Distress	.04	.15	-.04	.05	.06		

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; Psy Distress = Psychological Distress.

** $p < .01$. *** $p < .001$.

Table 4 shows independent sample *t*-test depicting gender differences in altruistic behavior, heroic behavior, psychological distress, and quality of life. Nonsignificant differences are observed on all study variables.

Table 4

Mean, Standard Deviation, and t-values on Altruism, Heroism, Psychological Distress, and Quality of Life (N = 300)

Variables	Men ^a		Women ^b		<i>t</i> (298)	<i>p</i>	95% CI	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>
Altruism	42.08	7.45	42.6	7.59	-.59	.50	-2.23	1.19
Heroism	37.28	4.72	36.85	5.00	.77	.44	-.67	1.53
Psy Distress	37.27	6.44	37.77	6.5	-.49	.62	-1.87	1.10
CS	25.54	6.49	25.01	4.46	.83	.13	-.73	1.81
BN	22.84	5.74	22.92	5.77	-.12	.95	-1.39	1.23
STS	19.62	4.70	19.65	4.53	-.09	.70	-1.08	1.02

Note. ^a *n* = 156; ^b *n* = 144. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; Psy Distress = Psychological distress; CS = compassion satisfaction; BN = burnout; STS = secondary traumatic stress.

Discussion

The primary goal of the current study was to investigate the effect of altruism, heroism, psychological distress on quality of life among social workers during the coronavirus pandemic. Moreover, the secondary goal was to investigate the role of gender on the focal constructs of the current study.

Multiple hypotheses were formulated and analyzed. The first hypothesis assumed that altruism would be a positive predictor of quality of life. The present study's results revealed a positive correlation between altruism and quality of life (Table 2), and positive prediction of altruism for quality of life (Table 3).

Altruism is closely associated with quality of life. Among various factors of quality of life, one's quality of life depends on satisfaction. Altruism plays a significant role in instilling a sense of satisfaction in an individual. The primary reason behind this argument is that one does not seek any external reward when one exhibits altruistic behavior, but shows altruistic behavior for intrinsic satisfaction (Deci & Ryan, 2008). Literature reveals that intrinsic motivation guarantees true, long-lasting satisfaction to an individual. In contrast, extrinsic

motivation gradually fades away after achieving the external reward (Kasser & Ryan, 2001).

More specifically, as per results, altruistic behavior is positively correlated with and predicts compassion satisfaction (Tables 2 & 3). An individual who feels pleasure and satisfaction by helping other people is likely to experience a feeling of satisfaction known as compassion satisfaction. Moreover, altruism is significant in enabling an individual to experience compassion satisfaction (Chambers, 2022). Furthermore, the coronavirus pandemic has presented humans with an unprecedented situation (WHO, 2022). During the coronavirus period, social workers had more empathetic feelings for other people; their behaviors were aimed at helping other people in crisis (Chambers, 2022). Social workers, who worked enthusiastically during a crisis, were found to experience a higher level of intrinsic satisfaction/compassion satisfaction by helping others (Conrad & Kellar-Guenther, 2006).

Furthermore, as per results, altruism is negatively correlated and negative predictor of burnout and secondary traumatic stress (see Tables 2 & 3). It is also in line with the literature. A study was conducted on schoolteachers to explore which factors enable them to work more than the required time. It was seen that those employees who had altruism were intrinsically motivated to derive higher results for the institution for the sake of internal satisfaction. They were unlikely to experience burnout even in absence of any external reward (Gicheva, 2022). Therefore, considering the literature mentioned above, it can be concluded that altruistic behavior guarantees intrinsic/compassion satisfaction, leading to quality of life.

The next hypothesis of contemporary study was that heroism would predict quality of life in a positive direction. As per results, there exists positive correlation and heroism predicts quality of life (Table 2 & 3). Moreover, the results of current study revealed that heroism was negatively correlated with burnout and secondary traumatic stress. Literature reveals that frontline workers, especially social workers, had increased risk of contracting coronavirus during pandemic (Thombs et al., 2020). In addition, there were higher risks that virus may spread to their family members as well. Such perception instilled fear of death among the social workers which ultimately thwarted heroic tendencies in the workers. Therefore, decreased heroism led to burnout and secondary traumatic stress in their study (Furlong & Finnie, 2020).

The third hypothesis of contemporary study theorized that psychological distress would predict quality of life in a negative way.

As per results, psychological distress was negatively associated with quality of life (see [Table 2](#)), and hierarchical regression results also supported the hypothesis (see [Table 3](#)). The findings are also in line with literature. Undoubtedly, COVID-19 has created anxiety among the public. People were unaware of causes, mediating, and remedial factors of the diseases. Being exposed to such a situation for a longer duration of time prompted expanded sentiments of dread and vulnerability. The infectious nature and high mortality related to the sickness has caused fears, anxiety, mental illness, unhappiness, stress, and tension among almost everybody, including patients and frontline workers which ultimately may have led to poor quality of life ([Mukhtar, 2020](#)).

The fourth hypothesis postulated significant mean differences between men and women on altruism, heroism, psychological well-being, and quality of life during COVID-19 pandemic among social workers. However, as per results, there were nonsignificant differences on variables of the present study across gender ([Table 4](#)). Prior literature reveals that people may exhibit altruistic and heroic behaviors during emergency situations to cope with the negative effects and to deal with traumatic situations ([Staub & Vollhardt, 2008](#)). The nonsignificant results indicate that there is nonsignificant difference across gender on altruistic and heroic behavior in the current study as the present study was also carried out during the emergency situations, where there was uncertainty, and confusion due to pandemic COVID-19. As every individual was trying to cope with negative effects of COVID-19 and get out of this traumatic situation this may have affected both gender equally.

Conclusion

The overall findings of the study have indicated that altruism and heroism are likely to improve quality of life and vice versa. Moreover, psychological distress is likely to decrease quality of life and vice versa. High altruism and heroism reduce burnout and secondary traumatic disorders, while psychological distress increases burnout and secondary traumatic stress and lowers levels of compassion satisfaction. The study has recommended that the altruism and heroism should be promoted, while the psychological distress among social workers needs to be mitigated to minimize burnout and secondary traumatic stress, and to further enhance their compassion satisfaction quality of life during COVID-19 and/or in similar stressful situations.

Limitations of the Study

Variables such as spirituality and fear of infection can play a buffering role in the relationship of altruistic behavior, heroic behavior, psychological distress with quality of life. Such variables could not be explored in the study. Moreover, the present study has generalization issues, as the data were collected only from participants working as frontline workers during COVID-19. The data for the present study was only collected from social workers working in Lahore. Finally, the study may have mono-method biasness, as only one method was utilized to assess altruism, heroism, quality of life, and psychological distress.

Suggestions

There are certain suggestions for conducting future research. Firstly, the data was only collected from social workers during the pandemic period; however, the data should also be taken from social workers during the nonpandemic period to have better comparative analysis. Secondly, future studies should utilize the multi-method approach to have more valid finding. Moreover, the future study is recommended to utilize longitudinal method instead of cross-sectional method. Thirdly, future study can add important variables such as fear of getting infection, religiosity, etc. to study its impact on quality of life.

Implications

The present study abridged the research gap with regard to the effect of altruistic behavior, heroic behavior, and psychological distress on quality of life among workers during pandemic period especially in Pakistan. The current study will facilitate organizations to devise policies that can help to improve workers' quality of life and reduce psychological distress when faced with a crisis. The current study will aid the organization's management and social workers welfare policy in understanding the mechanism and devising standard operating procedures. This study result may be generalized on almost similar situations like pandemics, floods, earthquakes, droughts, conflagrations, mayhem, etc. The findings of present study will facilitate the organizations to devise policies that can help to improve workers' quality of life and reduce psychological distress during a critical situation. Every organization has one common goal, to achieve the workers' highest efficiency and effectiveness. The current study will aid the organization's management in understanding the mechanism and devising standard operating procedures.

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