



Colloquium 3(43)/2021
ISSN 2081-3813, e-ISSN 2658-0365
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DOI: <http://doi.org/10.34813/28coll2021>

THE ROLE OF HARMONIOUS AND OBSESSIVE WORK PASSION AND MENTAL HEALTH IN PROFESSIONALLY ACTIVE PEOPLE DURING THE COVID-19 PANDEMIC IN POLAND: THE MEDIATING ROLE OF THE COGNITIVE COPING STRATEGIES

**Rola harmonijnej i obsesyjnej pasji pracy i zdrowia psychicznego
u osób aktywnych zawodowo podczas pandemii COVID-19 w Polsce:
mediacyjna rola poznawczych strategii radzenia sobie**

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Abstract

This study examines the relationships between work passion and cognitive coping strategies, and their relevance to the occurrence of depressive, anxiety, and insomnia symptoms during the COVID-19 pandemic in the working population.

The study was conducted on a total sample of 317 employees. The Passion Scale, Cognitive Emotion Regulation Questionnaire, Patient Health Questionnaire-9, Generalized Anxiety Disorder Scale-7, and the Athens Insomnia Scale were used.

Study confirmed that cognitive coping strategies are a mediator in the relationship between work passion and the symptoms of depression, anxiety, and insomnia. The harmonious work passion was associated with adaptive cognitive coping strategies (e.g., positive reappraisal, planning), which were associated with lower intensity of depressive, anxiety, and insomnia symptoms. The obsessive work passion, in turn, was associated positively with maladaptive cognitive coping strategies (e.g., catastrophizing, rumination), which related to a greater intensity of depressive, anxiety and insomnia symptoms.

Harmonious work passion is related to lower level of mental health symptoms through the use of adaptive cognitive coping strategies, while obsessive work passion is linked to a higher intensity of the negative symptoms through the use of maladaptive cognitive coping strategies used dealing with the COVID-19 pandemic.

Key words: work passion, cognitive emotion regulation, cognitive coping, depression, anxiety, insomnia, professional activity, working population, COVID-19.

Streszczenie

W artykule przeanalizowano związki między pasją pracy a poznawczymi strategiami radzenia sobie oraz ich rolę w występowaniu symptomów depresji, lęku i bezsenności podczas pandemii COVID-19 w populacji pracowników różnych sektorów zatrudnienia.

Badanie przeprowadzono na próbie 317 pracowników. Wykorzystano *Skalę pasji*, *Kwestionariusz poznawczej regulacji emocji*, *Kwestionariusz zdrowia pacjenta-9*, *Kwestionariusz lęku uogólnionego-7* oraz *Ateńską skalę bezsenności*.

W badaniach potwierdzono, iż poznawcze strategie radzenia sobie mediują związki między pasją pracy a symptomami depresji, lęku i bezsenności. Pasja harmonijna pracy była związana z adaptacyjnymi poznawczymi strategiami radzenia sobie (np. pozytywne przewartościowanie, koncentracja na planowaniu), które z kolei wiązały się z mniejszym nasileniem symptomów depresji, lęku i bezsenności. Natomiast pasja obsesyjna pracy wykazała pozytywny związek z nieadaptacyjnymi poznawczymi strategiami radzenia sobie (np. katastrofizowanie, ruminacja), co ostatecznie wiązało się z większym nasileniem symptomów depresji, lęku i bezsenności.

Pasja harmonijna pracy wiązała się z niższym poziomem symptomów depresji, lęku i bezsenności poprzez stosowanie adaptacyjnych poznawczych strategii radzenia sobie, natomiast pasja obsesyjna pracy wiązała się z wyższym nasileniem uwzględnionych symptomów poprzez stosowanie nieadaptacyjnych poznawczych strategii radzenia sobie z pandemią COVID-19.

Słowa kluczowe: pasja pracy, poznawcze strategie regulacji emocji, poznawcze radzenie sobie, depresja, lęk, bezsenność, aktywność zawodowa, pracownicy, COVID-19.

Background

The COVID-19 pandemic is a global crisis situation. It is primarily important for the health of the entire population. However, the changes it causes do not only concern health. Due to the pandemic, people have had to reformulate the way they carry out their professional duties, combine childcare with work from home, or even lose their jobs and livelihoods overnight. During the pandemic, the employees' situation is full of uncertainty and is characterized by a low level of control by an individual (along with social isolation). As a result, employees may lose, or be at risk of losing, their primary source of self-esteem. It should be emphasized, that the pandemic has forced many employees to modify their existing ways of carrying out professional tasks, some of them having to temporarily stop working.

People have worked in various industries that seemingly gave them the certainty that work, which allows them to realize their aspirations, and for some of them is also a passion (Mudło-Głagolska, 2019a), will always be available. These changes have

caused negative psychological consequences, including depression, anxiety, and insomnia (Baloran, 2020; Huang et al., 2020; Larionov & Mudło-Głagolska, 2020; WHO, 2020). However, their appearance, or severity, depends on the nature of previous work involvement, as well as the way employees deal with difficulties.

The first part of the article highlights the most important theoretical aspects of the two dimensions of work passion – harmonious and obsessive. The second part of the article focuses on empirical research aimed at studying the relationship between work passion and coping strategies, as well as how it relates to the occurrence of depressive, anxiety and insomnia symptoms among professionally active people in the first wave of COVID-19 pandemic in Poland.

The two dimensions of the work passion

A person has a work passion when the following criteria are met: they like (love) their work, spend time on it, consider it important, define it as their passion and consider it a part of themselves (Vallerand, 2015). According to the Dualistic Model of Passion, work passion can take two dimensions – harmonious and obsessive (Vallerand et al., 2003). Vallerand and Houliort (2019), differentiating the dimensions of passion, write about a passion that can be „energizing and uplifting" – a harmonious, and „destructive" passion – obsessive passion (p. 393). Harmonious passion is the result of self-determined motivation (autonomous internalization in Self-Determination Theory), while obsessive passion is the result of increasingly extrinsic non-self-determined motivation (controlled internalization) (Deci, Ryan, 2000). Work passion can arise due to interpersonal pressure (for example, strict family requirements) and/or intrapersonal problems (for example, neurotic desire for status and superiority, intrapersonal conflicts) (Serrano-Fernández et al., 2019).

The individuals with a harmonious passion like and appreciate their work highly. They are so involved in their work that they do not experience conflicts with other spheres of their life – family life, or leisure time. As a result, they derive pleasure from their work, have a sense of self-realization and fulfilment, but not at the expense of other spheres of life. The ones with an obsessive passion also love their work, but in this case their involvement causes conflict with other spheres of life. Their work is the only source of their self-esteem (Lafrenière et al., 2013).

Previous studies have shown that the two dimensions of passion are differently related to various mental health consequences, such as anxiety (Carbonneau et al., 2010; Mageau et al., 2005; Ratelle et al., 2004; Verner-Filion et al., 2014). Houliort et al. (2014) in their study, conducted in a group of teachers, showed that obsessive work passion predicts a higher level of depression, while harmonious passion does its lower level. The harmonious passion promotes less stress, whereas the obsessive passion maximizes it (Lucidi et al., 2016; Moen et al., 2016; Tomkins et al., 2019). In such situations, a harmonious passionate may feel distressed (Stoeber et al., 2011), but it is short-term

(Vallerand et al., 2003). An obsessive passionate in similar situations experiences stronger negative consequences (Stoeber et al., 2011). Obsessive passion for an activity was associated with worse sleep quality. The relationship between both types of passion and sleep quality was mediated by depressive mood symptoms (Bélanger et al., 2020).

Work engagement can lead to positive or negative individual and organizational outcomes, depending on the type of passion underlying work investment. The Dualistic Model of Passion presumes that harmonious passion allows access to adaptive self-regulation processes, while obsessive passion limits such access (Schellenberg et al., 2013; Vallerand 2015; Verner-Filion et al. 2014).

Which dimensions of work passion are associated with coping strategies?

It was emphasized by Vallerand (2010) that research on the role of coping strategies in the context of passion is important, especially in situations of pressure. In this case, it is a study of the coping strategies that a person applies when they are faced with negative or unpleasant situations. The correlation between passion and coping strategies has been examined by Schellenberg et al. (2013) and Verner-Filion et al. (2014). These studies were conducted in the samples of athletes. It has been shown that the harmonious passion positively predicted the use of approach-oriented coping strategies, while the obsessive passion positively predicted avoidance-oriented coping strategies. St-Louis et al. (2020) showed that harmonious passion is positively associated with more adaptive emotion regulation strategies such as cognitive reappraisal. However, obsessive passion is positively linked to a much less adaptive form of emotion regulation strategies, namely expressive suppression. A harmonious passionate can adequately assess the conditions of engagement, difficulties or dangers associated with it (Mudło-Głagolska, 2019b, Mudło-Głagolska et al., 2019; Vallerand et al., 2003). Previous studies have shown that harmonious passion is associated with purposeful, volitional and active efforts to achieve success, such as championship goals (Bonneville-Roussy et al., 2011; Vallerand et al., 2007; Vallerand et al., 2008) and active search for information (Rip et al., 2006).

An obsessive passionate is characterized by passiveness and an avoidance-oriented attitude. In particular, obsessive passion is related to the self-enhancement motive (Lafrenière et al., 2013), goal-shielding (Bélanger et al., 2013), ignoring pain during an injury (Rip et al., 2006), ignoring the danger of engaging in activity (Mudło-Głagolska, 2019b, Mudło-Głagolska et al., 2019; Vallerand et al., 2003), and avoidance-oriented goals (Bonneville-Roussy et al., 2011; Vallerand et al., 2007; Vallerand et al., 2008).

How do work passionates cope with the change in their professional activity?

People with a harmonious passion are able to adapt their personal aspirations to life's circumstances, which helps them to better adapt to changes in the performance of their professional duties (Trépanier et al., 2001). The positive emotions they encounter (Mudło-

Głagolska et al., 2019) help to break away from negative experiences and return to balance. A harmonious passionate is willing to seek and positively value life experiences, and is characterized by tolerance for novelty and cognitive curiosity (Balon et al., 2013; Dalpé et al., 2019).

People with an obsessive passion struggle with ruminations that prevent them from fully engaging in other activities (Ratelle et al., 2004), experience a negative affect (Mudło-Głagolska et al., 2019), are less open to experience (Balon et al., 2013; Dalpé et al., 2019). Obsessive passion is negatively associated with mental resilience (Mudło-Głagolska et al., 2019), which is related to the difficulties of adapting to new conditions. Thus, the harmonious passionate is characterized by flexibility in engagement, while the obsessive passionate is characterized by rigidity, which may respectively encourage, or hinder, adaptation in face of changes in professional activity.

To sum up, previous research on the positive effects of harmonious passion is consistent and unambiguous. At the same time, the role of obsessive passion for psychological functioning does not allow one to draw unambiguous conclusions, linking obsessive passion only with negative effects. Some studies have shown no relationship between obsessive passion and negative consequences, for example, chronic fatigue in the teachers' sample, resilience, anxiety, or negative emotions (Mudło-Głagolska et al., 2019; Mudło-Głagolska, 2019c; Vallerand et al., 2003). However, the results of most of these studies reflect the particularities of functioning of obsessive and harmonious passionates in ordinary conditions, i.e. when dealing with general “average” life problems, which are not extraordinary. Thus, the role of the work passion, both obsessive and harmonious, in psychological functioning during emergencies and threats to civilization, such as the COVID-19 pandemic, has not been studied. It seems important to conduct further research on work passion, in particular obsessive one, which would allow to study the mechanisms through which work passion is associated with health outcomes for the passionates.

The present study

This study attempts to examine the mechanisms through which coping among the obsessive and harmonious passionates is associated with their health in the crisis situation caused by the COVID-19 pandemic. The proposed research model suggests that the work passion – harmonious and obsessive – is correlated to the coping strategies used by the employee and, as a result, to the mental health during the COVID-19 pandemic.

This research is based on the model of emotion regulation by Garnefski, Kraaij and Spinhoven (2001). According to it, two types of emotion regulation strategies (or coping strategies) can be distinguished. These are cognitive coping strategies and behavioral coping strategies: *what I think* versus *what I do*. Garnefski et al. (2001) have described nine cognitive emotion regulation strategies (CERS) used when experiencing negative or unpleasant events. There are five adaptive strategies (positive refocusing, planning,

positive reappraisal, putting into perspective, and acceptance) and four maladaptive strategies (self-blame, other-blame, rumination, and catastrophizing). Numerous studies have confirmed that the frequent use of maladaptive CERS is associated with the occurrence of stress and the symptoms of depression, anxiety (Martin & Dahlen, 2005) and insomnia (Cheng et al., 2020). The following CERS were strong predictors of the symptoms of depression for both women and men: blame, rumination, catastrophizing, and positive reappraisal (negatively) (Garnefski et al., 2004). The results of the research described above have shown that people who often use adaptive CERS during negative life situations are likely to have fewer mental health symptoms, while the use of maladaptive CERS may lead to negative emotions.

The purpose of research

The aim of this study is to establish the relationship between work passion and the occurrence of symptoms of depression, anxiety, and insomnia, including cognitive coping strategies passionate used when dealing with the COVID-19 pandemic, as a mediator. It is presumed that the relationship between the passion for work (harmonious passion, obsessive passion) and symptoms of depression, anxiety, insomnia was mediated by cognitive coping strategies (adaptive, maladaptive strategies).

The study examined the following hypotheses:

- H1: The harmonious work passion is positively associated with adaptive cognitive coping strategies and negatively with maladaptive cognitive coping strategies.
- H2: The obsessive work passion is positively associated to maladaptive cognitive coping strategies and negatively related to adaptive cognitive coping strategies.
- H3: The harmonious work passion is negatively associated with symptoms of depression, anxiety, and insomnia.
- H4: The obsessive work passion is positively associated to symptoms of depression, anxiety and insomnia.
- H5: Adaptive cognitive coping strategies mediate the relationship between the harmonious work passion and the symptoms of depression, anxiety and insomnia.
- H6: Adaptive cognitive coping strategies mediate the relationship between the obsessive work passion and the symptoms of depression, anxiety, and insomnia.
- H7: Maladaptive cognitive coping strategies mediate the relationship between the harmonious work passion and the symptoms of depression, anxiety, and insomnia.
- H8: Maladaptive cognitive coping strategies mediate the relationship between the obsessive work passion and the symptoms of depression, anxiety, and insomnia.
- H9: Symptoms of depression, anxiety, and insomnia are positively interrelated with each other.

Method

Participants and procedure

The study initially included 317 employees, of which 83.60% are women, employed in various sectors (e.g., drivers, IT employees, cashiers, administration employees, healthcare representatives) at an average age of 32.18 years ($SD=11.78$, $Min=19$, $Max=68$) with an average length of work experience of 10.34 years ($SD=10.48$, $Min=3$ month, $Max=42$ year). Among the respondents 38.49% are married, 31.86% are in an informal relationship, 24.29% are single, and 4.10 % are divorced. Individuals with higher education make 56.15% of the respondents, vocational – 36.28%, primary, and high-school equal to 1.89%. The remaining people did not indicate their education. Large cities are home to 47.00% of the respondents, villages to 23.34%, medium-sized towns to 17.35%, small towns to 12.30%.

The survey was conducted online via Google Forms. The link to the survey was made available on a social networking sites (Facebook, Instagram). The survey was conducted in the period from 17 May 2020 to 7 June 2020.

The method of data collection and the characteristics of the group of respondents allow it to be defined as representative. Due to the fact that the link to the study was placed on social networks, having an account on them was a specific criterion for inclusion in the group of respondents, which to some extent limited the randomness of the sample selection. It should also be emphasized that the ratio of the sample size of women to men is uneven. Nevertheless, this is a common phenomenon in online research.

Tools

The Passion Scale (Marsh et al., 2013; Vallerand et al., 2003) in the Polish version by Mudło-Głagolska et al. (2019) was used to measure the work passion. The tool consists of twelve positions, equally divided into the subscale of harmonious and obsessive passion. Five items assessing the passion criteria were added to the scale to distinguish between people with and without passion. These items relate to the time spent on a passionate activity, whether a person likes them, is important to them, defines them as their passion, and considers them a part of themselves. The individual items have been adapted to explore the work passion, for example: “*My work is in harmony with other activities in my life*” (harmonious passion), “*I have almost an obsessive feeling for my work*” (obsessive passion), or “*My work is important to me*” (passion criteria). The answers are given on a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The Polish version of the Passion Scale can be considered a reliable and validity tool for measuring the harmonious and obsessive work passion (Mudło-Głagolska et al., 2019). In the presented study, the reliability of the scale determined by Cronbach alpha coefficient (α) for harmonious passion was 0.77 and 0.81 for obsessive passion.

The Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski & Kraaij, 2007) in the Polish version by Marszał-Wiśniewska and Fajkowska (2010) allows for the assessment of nine cognitive coping strategies or CERS. The subscale reflects individual CERS, among which there are five adaptive strategies (acceptance, refocus on planning, positive refocusing, positive reappraisal, and putting into perspective) and four maladaptive strategies (self-blame, other-blame, rumination, and catastrophizing) were distinguished. The results can be calculated for each strategy separately, as well as the average result for all adaptive and maladaptive scales. The questionnaire consists of 36 statements; the respondent determines on a 5-point scale, from 1 (*(almost) never*) to 5 (*(almost) always*) how often they act in a particular manner in a stressful situation. The CERQ can be used to measure not only someone's general cognitive style, but also someone's CERS after having experienced a specific event. In this study, the instruction of the CERQ was changed with the aim of measure cognitive strategies used in response to the COVID-19 outbreak. The reliability (α) was 0.91 for adaptive CERS and 0.91 for maladaptive CERS.

Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001) in the Polish language version (<http://www.phqscreeners.com>) was used to assess the symptoms of depression. The tool consists of nine basic questions and one supplementary question. The answer to each question is scored on a scale from 0 to 3, depending on the frequency of the symptoms within the two previous weeks. In this study, the reliability (α) of the PHQ-9 was 0.90.

Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006) in Polish version (<http://www.phqscreeners.com>) is used to assess the symptoms of anxiety. GAD-7 consists of seven items. The scale of the answers has four levels, from 0 to 3. The scale measures the frequency of anxiety symptoms within the last 2 weeks. In this study, the reliability (α) of the GAD-7 was 0.93.

Athens Insomnia Scale (AIS; Soldatos et al., 2000) in Polish adaptation Fornal-Pawłowska, Wołyńczyk-Gmaj and Szelenberger (2011) allows for a quantitative measurement of insomnia symptoms based on the ICD-10 criteria. The scale consists of eight items. The response scale is divided into four levels, from 0 to 3, where 0 means no symptom, 3 – its significant severity. The reliability of the scale (α) in this study was 0.87.

The study controlled changes in the area of professional activity. The respondents were asked how much their professional activity has changed in their opinion. The participants replied to this question on a scale from 1 (*no change*) to 10 (*total change*).

Statistical analyses

Structural Equation Modeling was used in order to determine the fit of the theoretical model to the data. Several indicators were used to assess the model fit (Hu & Bentler, 1999). The model's fit to data was checked using the χ^2 test. An insignificant χ^2 test result indicates that the theoretical model under test does not differ significantly from

the obtained empirical data. In addition, other fit indicators were used to further evaluate the model fit: Comparative Fit Index (CFI), Tucker-Lewis index (TLI) and Standardized Root Mean Square Residual (SRMR). CFI and TLI should equal 0.90, or more, for an acceptable model fit. SRMR should be 0.08, or less, for an acceptable model fit (Kline, 2005). Then, the R program with the *lavaan* package analyzed the mediation results to confirm or reject the hypotheses. The Harman’s single factor test was used to examine common method bias (Razmus & Mielniczuk, 2018).

Results

About 17.03% of the respondents did not experience any changes in terms of changes in professional activity (answer: 1). Small changes (2-4) were experienced by 16.40%. Then the average changes (5-7) were shown by 27.01% of the respondents. Significant changes (8-10) concerned 39.94% of people participating in the study.

The distribution of variables was close to normal. Skewness values ranged from -0.65 to 0.99, and kurtosis from -0.17 to 0.55. Moreover, no significant gender differences were found in any of the examined variables ($p > 0.069$). All variables included in the subsequent pathway analyses were tested for missing data and for matching between their distributions and the hypotheses underlying the maximum likelihood estimation (ML). The Harman’s single factor test showed the absence of common method bias (one factor explained only 23.26% of common variance).

The analysis showed a positive average correlation between harmonious passion and adaptive CERS and a negative weak correlation with the symptoms of depression, anxiety, and insomnia. There were a positive average relationship between obsessive passion and maladaptive coping strategies, symptoms of depression and anxiety, and positive weak with insomnia. Adaptive CERS were negatively associated with symptoms of depression and insomnia. In contrast, maladaptive CERS were highly associated with symptoms of depression, anxiety and, on average, with insomnia. Depressive symptoms were highly associated with symptoms of anxiety and insomnia. The symptoms of anxiety were highly correlated with insomnia. Detailed descriptive statistics and correlation coefficients between the variables are presented in Table 1.

Table 1. Means, standard deviations of variables and correlations between the variables

Variable	<i>M</i>	<i>SD</i>		1	2	3	4	5	6
1. Harmonious passion	28.22	6.94							
2. Obsessive passion	15.85	6.78	Pearson’s <i>r</i>	0.227					
			<i>p</i> -value	<0.001					
3. Adaptive CERS	12.92	2.80	Pearson’s <i>r</i>	0.287	0.010				
			<i>p</i> -value	<.001	0.859				

Variable	<i>M</i>	<i>SD</i>		1	2	3	4	5	6
4. Maladaptive CERS	8.44	2.98	Pearson's <i>r</i>	-0.048	0.341	0.073			
			<i>p</i> -value	0.398	<0.001	0.195			
5. Depressive symptoms	8.31	6.56	Pearson's <i>r</i>	-0.173	0.379	-0.154	0.623		
			<i>p</i> -value	0.002	<0.001	0.006	<.001		
6. Anxiety symptoms	6.99	5.68	Pearson's <i>r</i>	-0.153	0.355	-0.104	0.678	0.827	
			<i>p</i> -value	0.006	<0.001	0.064	<0.001	<0.001	
7. Insomnia	7.61	5.03	Pearson's <i>r</i>	-0.126	0.278	-0.133	0.433	0.769	0.668
			<i>p</i> -value	0.025	<0.001	0.018	<0.001	<0.001	<0.001

The results showed a satisfactory fit of the measuring model. The value of χ^2 was insignificant, $\chi^2/df = 3.564$ ($p = 0.059$), and the other indicators came to the following values: CFI = 0.997, TLI = 0.929, SRMR=0.029).

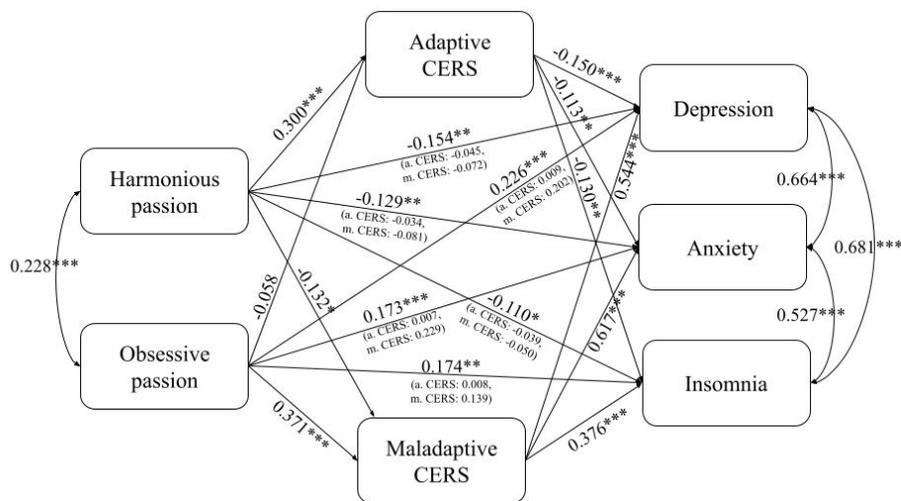


Fig. 1. The final model. The relationships between work passion, cognitive emotion regulation strategies (CERS) and mental health. Standardized path estimates (coefficients) were shown. Note. a. CERS – adaptive cognitive emotion regulation strategies, m. CERS – maladaptive cognitive emotion regulation strategies. Indirect effects are indicated in parentheses.

The mediating role of adaptive and maladaptive CERS in the relationship between harmonious passion and symptoms of depression, anxiety, and insomnia was confirmed. Moreover, the mediation role of maladaptive CERS in the relation between obsessive passion and depression, anxiety and insomnia were also confirmed.

Table 2. Estimates and standardized path coefficients for indirect effects

Effect	Estimate	SE	<i>z</i>	<i>p</i>	<i>std.est</i>
HP -> Adaptive CERS -> PHQ	-0.043	0.014	-2.990	0.003	-0.045
HP -> Maladaptive CERS -> PHQ	-0.068	0.031	-2.335	0.025	-0.072
OP -> Adaptive CERS-> PHQ	0.009	0.009	0.975	0.329	0.009
OP -> Maladaptive CERS-> PHQ	0.197	0.033	5.507	<0.001	0.202
HP -> Adaptive CERS -> GAD	-0.028	0.010	-2.474	0.007	-0.034
HP -> Maladaptive CERS -> GAD	-0.067	0.030	-2.267	0.023	-0.081
OP -> Adaptive CERS-> GAD	0.006	0.006	0.991	0.322	0.007
OP -> Maladaptive CERS-> GAD	0.193	0.034	5.751	<0.001	0.229
HP -> Adaptive CERS -> AIS	-0.028	0.012	-2.325	0.020	-0.039
HP -> Maladaptive CERS -> AIS	-0.036	0.016	-2.201	0.028	-0.050
OP -> Adaptive CERS-> AIS	0.006	0.006	0.943	0.346	0.008
OP -> Maladaptive CERS-> AIS	0.104	0.022	4.739	<0.001	0.139

Note. HP – harmonious passion; OP – obsessive passion; PHQ – PHQ-9 score, GAD – GAD-7 score, AIS – AIS scale; *std.est.* – standardized estimate. Statistically significant effects were shown in bold.

The hypothesis of a mediating role of adaptive strategies in the relationship between obsessive passion and symptoms of depression, anxiety, and insomnia was not confirmed. The detailed results of the mediation analysis are presented in Table 2.

To sum up the results, all tested hypotheses were fully supported except partially supported Hypothesis 2 and unsupported Hypothesis 6.

Discussion

The presented study examined the mediating role of CERS (adaptive, maladaptive) in the relationship between work passion (harmonious, obsessive) and the severity of the symptoms of depression, anxiety, and insomnia in professionally active people in the early stages of the COVID-19 pandemic.

The key feature of this study while researching cognitive coping strategies should be emphasized clearly. This study did not imply researching cognitive coping styles, which are rather stable styles of dealing with negative life events. This paper researches the strategies with regard to a specific and extraordinary event, namely, to the COVID-19 pandemic. In other words, it has been studied what people thought while experiencing

the COVID-19 pandemic and how certain cognitive coping strategies were related to mental health symptoms.

A hypothetical model of the mediating role of the cognitive coping strategies between the work passion and the severity of depression, anxiety, and insomnia were supported. The negative correlation between harmonious work passion, depression, and anxiety were mediated by adaptive cognitive coping strategies (positive refocusing, planning, positive reappraisal, putting into perspective, and acceptance). Moreover, the positive correlation between obsessive work passion and depression, anxiety and insomnia were mediated by maladaptive cognitive coping strategies (self-blame, other-blame, rumination, and catastrophizing).

Due to the fact that harmonious work passion is positively correlated with adaptive cognitive coping strategies, whereas obsessive work passion is positively correlated with maladaptive cognitive coping strategies, some important conclusions can be drawn. While reflecting on the pandemic, the individuals having harmonious passion were looking for a positive sense in it with a view of personal growth, or gaining new experience. If needed, they switched to the thoughts of other, more pleasant events and situations instead of thinking about the difficulties of the pandemic. They also assessed the threats to their life, caused by the pandemic, adequately. Reflections on which are the best following steps to be taken in order to benefit from the working conditions which have changed contributed to their coping with the difficulties during the pandemic adequately. Referring to some maladaptive strategies, such as rumination, Skalski, Uram, Dobrakowski and Kwiatkowska (2020) shows that rumination thinking leads to fear of COVID-19, which in turn generates a negative trauma effect. The individuals having obsessive passion responded to the outbreak of the pandemic quite differently. They considered pandemic to be a catastrophic event, exaggerating its significance. The prolonged fixation on their reflections (rumination) on the pandemic, combined with the tendency to blame others for what happened, did not lead to solving current life's problems.

The phenomenological description of the two completely different responses to the pandemic, characteristic to the two types of passionates, reflects the differences in their levels of depression, anxiety, and insomnia. Negative correlation between harmonious work passion and the symptoms of depression, anxiety and insomnia, as well as positive correlation between obsessive work passion and these symptoms, can be explained through the cognitive coping mechanisms. An individual with the obsessive work passion will cognitively deal with emotions in a maladaptive way. Maladaptive cognitive coping strategies exhaust the energy and resources of employees, thus reducing their ability to cope optimally with the demands of the situation and eventually leading to higher levels of depressive, anxiety and insomnia symptoms. It can be assumed cautiously that obsessive work passion can eventually lead to mental illnesses. However, the emergence of certain disorders is determined by a wider range of conditions and

predispositions than considering only the role of work passion in a person's life. Nevertheless, these data are worth considering, as they expand the phenomenology of obsessive passion in the field of organizational psychology and health psychology. At the same time, these data additionally confirm the conclusions drawn by other scientists concerning the adaptive role of harmonious passion for health (Pollack et al., 2020).

These results confirm previous reports, showing that the harmonious work passion is related to self-regulation processes that help individuals effectively deal with life's difficulties. This study indicates that not only in difficult situations, but also in cases of catastrophes, threats to civilization, in this particular case of the COVID-19 pandemic, those characterized by harmonious work passion effectively deal with stress even in the event of changes in professional activity, which cannot be found in those who experience obsessive work passion.

The results provide support for the study of the relationship between motivational and self-regulatory processes in the work area, which creates new opportunities for understanding the role of passion in crisis situations. They emphasize the adaptive nature of harmonious work passion and the maladaptive nature of obsessive work passion. Harmonious work passion is related to lower level of negative consequences through the use of adaptive cognitive coping strategies, while obsessive work passion is linked to a higher intensity of the negative symptoms through the use of maladaptive cognitive coping strategies.

So far, research has shown that harmonious and obsessive work passion not only leads to different cognitive, emotional, behavioral and interpersonal consequences (Valleland, 2010), but also affects the perception of the work environment (Lavigne et al., 2014). People who have harmonious passion may see the changes in their professional activity, caused by the COVID-19 pandemic, as a challenge, an opportunity to gain new experiences or self-diagnosis of their competences in different conditions. For the workers who have obsessive passion, it is primarily a situation that causes negative psychological consequences.

Future research directions

The results of the presented study can be a starting point for designing activities focused on developing employees' passion. For this purpose, it would be worth constructing preventive programs and then directing them to companies. In research, it is worth testing the role of organizational variables conducive to shaping a harmonious passion, such as social support, types of leadership, or organizational climate. These variables appear to be particularly relevant in crisis situations such as the COVID-19 pandemic, and can impact the mental health of workers.

The results of the study can be considered from the perspective of other sciences, for example, pedagogy. Employees with passion "infect" their passion in colleagues (Ho

& Astakhova, 2020), or students (Gilal, Channa, Gilal, Gilal & Shah, 2019), affect their successes (Ruiz-Alfonso & León, 2019). We assume that the specificity of perception of the COVID-19 pandemic, the use of coping strategies (adaptive or maladaptive) and the emotional state of teachers with two different types of work passion can also be transferred to students. This will probably determine the effectiveness of the educational process and the level of mental well-being of both teachers and students.

The presented study shows that those with harmonious work passion, during the COVID-19 pandemic, use adaptive cognitive coping strategies, which protects them from experiencing symptoms of depression, anxiety, and insomnia. Thus, it can be concluded that they have the ability to adapt. They deal well not only with difficult situations, but also with disasters on a national scale. We assume that a harmonious passion may be a good criterion for selecting workers for professions, activities involving extreme events, such as intervention and crisis management or psychological help for victims of disasters and accidents.

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