

COVID-sumers

Consumers' Feelings due Covid-19 Pandemic in Brazil and Potential Implications for Services Marketing

Terres, Mellina da Silva; Rohden, Simoni F.; Vedolin Sebastião, Leticia

Document Version

Accepted author manuscript

Published in:

International Journal of Pharmaceutical and Healthcare Marketing

DOI:

[10.1108/IJPHM-04-2022-0034](https://doi.org/10.1108/IJPHM-04-2022-0034)

Publication date:

2024

License

Unspecified

Citation for published version (APA):

Terres, M. D. S., Rohden, S. F., & Vedolin Sebastião, L. (2024). COVID-sumers: Consumers' Feelings due Covid-19 Pandemic in Brazil and Potential Implications for Services Marketing. *International Journal of Pharmaceutical and Healthcare Marketing*, 18(4), 649-674. <https://doi.org/10.1108/IJPHM-04-2022-0034>

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Covid-sumers: Consumers' Feelings Due Covid-19 Pandemic in Brazil and Potential Implications for Services Marketing

ABSTRACT

Purpose - The changes in the service context due to COVID-19 have challenged service marketers to understand and react to consumers' feelings that impact their shopping behavior in services. Moreover, consumers had to face a challenging situation with an impact on mental health. This study assesses the impact of spirituality and compassionate love as coping mechanisms that might increase hope, which, in turn, decreases anxiety. Hope also mitigates the impact of fear on anxiety. We also investigate the mediate effect of hope in its relationship to spirituality and well-being during the pandemic in Brazil and its potential impact on services marketing.

Method - To investigate the relationship between fear, anxiety, hope, compassionate love, spirituality, and well-being, we conducted an online survey with 469 Brazilians who had been in quarantine for more than 45 days. To conduct our investigation, we used a purposive sampling to reach respondents due to the exceptional situation of the COVID-19 pandemic.

Findings - Using a structural equation model, we found that hope is a mediator with a buffer effect on the relationships between anxiety and fear and between spirituality and anxiety. Moreover, we found that hope mediates the relationship between spirituality and well-being leading to greater levels of well-being. Service companies in general can benefit from using

these findings to better manage their relationships with consumers during and after COVID-19 pandemic.

Research Limitations - The sample included only Brazilian respondents, and pre-pandemic well-being was not measured.

Originality/value - There is evidence that traumatic events (e.g., war) influence feelings and consumer behavior. The findings suggest that the adoption of practices related to spirituality during an extreme, stressful situation has an influence on people's hope and potentially mitigates anxiety. Increasing spirituality and hope can also benefit perceptions of well-being. Besides, in this context, we recommend that service providers communicate unobservable elements in a transaction (e.g., care, safety) by providing observable signals of spirituality and hope to reduce negative emotions.

Keywords hope, well-being, anxiety, compassionate love, spirituality

Paper type Research paper

1. Introduction

Previous studies have systematically found that emotions impact consumer behavior related to sustainable products (Wang and Wu, 2016); food choices (Evers et al., 2018), and service consumption (Ladhari et al., 2007; Jabeen et al., 2023). The COVID-19 context resulted in service mega-disruptions, which refer to fast-moving market disturbances at a massive scale caused by a pandemic (Kabadayi *et al.*, 2020). Due to the health impacts the pandemic posed on

the world, one of the strategies adopted by several countries to stop the spread of the virus was to recommend social distancing, which required that the population remained at home to avoid an increase in the number of cases of the disease (WHO, 2020). Social distancing, also called movement restriction, is used to protect individuals by restricting those situations where there is a potential for infection, which differs from isolation and consists of removing an already infected person entirely from circulation (Brooks *et al.*, 2020). Services were particularly affected due to its unique characteristics such as inseparability between service provision and consumption (Berry *et al.*, 2020).

These unexpected events resulted in economic losses for business (Pfefferbaum and North, 2020), disruptions in logistics and supply chains worldwide (Rokicki, 2022), changes in marketing channels for service providers (Altinay and Arici, 2022), and transformation of employee and company processes (Kabadayi *et al.*, 2020). Businesses and employees in many cases had to adopt creative solutions, such as changing a service provision that usually occurred in a face-to-face interaction to an online environment (e.g., online classes, telemedicine, virtual yoga practice). The goal was to continue to provide the services as best as they could while increasing separability and decreasing personal contact (Berry *et al.*, 2020). These technological interventions, however, altered consumers' perceived connectedness to the servicescape and influenced their perceived value of services during the pandemic (Feng and Meng, 2023). The servicescape includes environmental, organizational, and social aspects (Bitner, 1992), which can shape consumer experiences, behaviors, and well-being (Sheng *et al.*, 2016; Kumar *et al.*, 2023).

The social distancing process also had an impact on individuals' social relations and emotions (Brooks *et al.*, 2020; Gruber *et al.*, 2020; Kowal *et al.*, 2020). Emotions are central to human

existence because they activate neural, cognitive, and motor processes that involve collaboration between the mind and the body to ensure survival and/or to enhance the individual's quality of life (Izard, 1977). Furthermore, emotions can have a positive or negative valence and influence the well-being of individuals (McColl-Kennedy *et al.*, 2017), especially in extreme situations such as the COVID-19 pandemic. For example, Kemp *et al.* (2021) found that feelings of fear and anxiety during the pandemic were associated with purchasing in large quantities. Overall, unpredictable situations have the potential to negatively influence well-being (Rabaia *et al.*, 2019) and fear and anxiety are among the main emotions involved in these events (Darrat *et al.*, 2016; Rosenboim *et al.*, 2012).

People experiencing a period of emotional stress usually have coping mechanisms to deal with the situation. In the pandemic and with social distancing rules, for example, individuals looked for online support from colleagues and friends, tried to interact with regular service providers to maintain a sense of control and normality, and even sought remote counseling to face challenging times (Glasesnapp *et al.*, 2022; Rehman *et al.*, 2023; Bochis *et al.*, 2023).

In the context of social distancing, people started thinking more about their life's purpose, one example of it was the increase of 50% in the online search for words related to spirituality (Bentzen, 2020). Spirituality provides transcendence, thus allowing individuals to reflect on their life's purpose (Hodge, 2003). It has been recognized as a critical support mechanism for dealing with stress and loss (Coppola *et al.*, 2021), with a positive impact on physical and mental health (Coppola *et al.*, 2021).

Extreme situations may also trigger compassionate love, which creates feelings of care and concern for other individuals who need help, despite being socially close or not to the person

who feels it (Sprecher and Fehr, 2005; Lazarus, 1991). In the COVID-19 context, some studies have suggested that individuals who adopted contemplative practices (which include love towards others) reported more resilience, positive emotions, and less distress (Chrisinger *et al.*, 2021; Schmiedeler *et al.*, 2023).

Such coping mechanisms can potentially increase feelings of hope, which is a positive motivational state goal that helps individuals to identify strategies for achieving goals and effectively pursuing their objectives (Gallagher *et al.*, 2019; Snyder *et al.*, 2002). Hope is especially important in stressful situations that demand resilience (Coppola *et al.*, 2021). Besides being an important antecedent of well-being (Snyder *et al.*, 2002; Satici, 2016), we suggest that hope would enhance the positive impact of spirituality and compassionate love on well-being and help to mitigate negative feelings such as fear. Although previous studies addressed coping in extreme situations (Rosenboim *et al.*, 2012), and some of them have even specifically dealt with the situation of the COVID-19 pandemic (Zheng *et al.*, 2020; Coppola *et al.*, 2021; Lewensohn *et al.*, 2021), none of them considered spirituality and compassionate love combined with hope as instruments to mitigate anxiety and enhance well-being.

Compassionate love differs from altruism, for instance, by encompassing a more enduring state. Since it could potentially enhance positive behaviors towards others (e.g., prosocial behavior), a clear comprehension of its impact on behavior may be relevant not only for individuals who practice compassionate love but also for service providers (e.g., healthcare professionals), companies and government who may benefit from this prosocial perspective. hence, our research also adds to the theory by also considering this previously unexplored context.

After the pandemic, shoppers experience more concern and fear about their safety (Altinay and Arici, 2022), but also a reduced perceived psychological closeness and connectedness to service providers due to service disruptions (Feng and Meng, 2023). Therefore, understanding the impacts of situations involving uncertainty and negative feelings can allow service providers to properly design the service environment and interactions to improve consumers' well-being. Based on the literature presented, this study explores the relationship between fear, anxiety, compassionate love, spirituality, hope, and well-being in the context of a pandemic, during the social distancing period. Once the service environment has the potential to reinforce consumers' positive emotions, reduce negative feelings (Pullman and Gross, 2004; Prajitmutita *et al.*, 2016), and generate future favorable behaviors (Namkung and Jang, 2010), we suggest some practices that could be incorporated by service providers to improve consumers well-being in challenging contexts.

2. Literature Review and Hypothesis Development

2.1 Negative emotions: fear and anxiety

Fear is an emotion that derives from the perception of a possible physical and psychological threat and/or harm and encourages people to seek protective strategies to stay safe. Besides contextual factors, the predispositions and experiences of individuals can also influence the perception of fear (Izard, 1977). This is part of a defensive system that seeks to escape pain and generates different responses, such as paralysis or hyper-attention (Lang *et al.*, 2000). It can sometimes change the perception of individuals, making them more pessimistic about extreme events (Rosenboim *et al.*, 2012) and even after the situation that triggered the fear has passed (Zhou *et al.*, 2016).

Another emotion that belongs to this same system is anxiety. Which is a state of stress related to the anticipation of a threatening situation that is anchored in uncertainty (Izard, 1977; Lang *et al.*, 2000). One of the goals of anxiety is to prepare the individual to escape from a stressful situation. Higher levels of anxiety are capable of disorganizing and even disrupting the cognitive process (Freud, 1959). In other words, anxiety may be detrimental to one's mental health and well-being.

Nonetheless, hope may act as a buffer against such negative emotions. Hope is the process of thinking that includes two main dimensions: determination directed to a goal, and the planning of ways to meet such goals (Snyder *et al.*, 2002). Therefore, this feeling may be helpful in a challenging and unpredictable context. Previous literature already stated that it is related to the resilience someone demonstrates in stressful situations (Gallagher *et al.*, 2019), because it enhances the meaning of life, coping with stress, and improving life satisfaction (Karatas and Tagay, 2021).

Previous research has already discussed how disruptions and social distancing during the pandemic increased levels of negative emotions such as fear and anxiety (Kowal *et al.*, 2020). Amidst this situation, individuals adopt coping mechanisms to try to balance these feelings (Mittal, 2022) and hope is one of the tools that could help reduce negative effects. In the COVID-19 scenario, individuals with higher levels of hope had lower levels of personal distress and improved well-being (Lewensohn *et al.*, 2021; Counted *et al.*, 2022). Therefore, we propose that hope will reduce the impact of fear on anxiety (Salehi *et al.*, 2020; Kızılgeçit and Yıldırım, 2023) as posited in the hypothesis as follows:

H1: Hope mediates the relationship between fear and anxiety during the COVID-19 pandemic.

2.2 Positive feelings: hope and well-being

Compassionate love is defined as feelings, emotions, and cognition that focus on helping and understanding people who are close and/or strangers, especially in situations in which somebody is suffering or in need (Sprecher and Fehr, 2005). In other words, compassion can be understood as an emotion that makes someone sensitive to another person's situation and creates a feeling of wanting to help them (Lazarus, 1991). People usually feel compassionate love towards those with whom they have a close relationship (e.g., family members, husband, wife), but it can also occur with strangers. It can be explained by evolutionary theory because when individuals protect their family, they increase the chance of their genes surviving (Sprecher and Fehr, 2005). Compassionate love is related to empathy, bonding, and attachment (Underwood, 2009).

There is no consensus as to the effect of compassion in a situation such as the pandemic. Some research provides evidence that altruism during COVID-19 could potentially increase anxiety and depressive symptoms (Feng *et al.*, 2020), while other results suggest that contemplative practices, including compassionate love, could reduce distress and depression (Chrisinger *et al.*, 2021). Overall, people who feel compassion usually have a sense of purpose in life and this can positively influence their levels of hope (Spandler and Stickley, 2011). Based on this rationale we believe that hope has the potential to enhance the effects of contemplative practices such as compassionate love, therefore it would reduce anxiety. Thus, we suggest that hope will reinforce the impact of compassionate love on reducing anxiety (Lekhak *et al.*, 2023; Dizon *et al.*, 2023) as follows in the second hypothesis:

H2: Hope mediates the relationship between compassionate love and anxiety during the COVID-19 pandemic.

Spirituality addresses questions related to the meaning of life and can be defined as being connected to transcendence. It differs from religiosity, which is collective and normally related to rituals and artifacts (Hodge, 2003). Spirituality is positively associated with greater mental health, well-being, and hope (Herth, 1990; Joshanloo and Daemi, 2015). During social distancing and lockdown episodes, spirituality became a protective mechanism of general well-being (Coppola *et al.*, 2021).

Furthermore, the positive relationship between hope and well-being has been supported in the literature among various populations and more recently it was also confirmed during a worldwide pandemic (Murphy, 2023; Counted *et al.*, 2022). In this sense, we suggest that spirituality positively influences hope, which, in turn, reduces the negative emotional effects of social distancing, namely anxiety felt by individuals, while also improving one's sense of well-being. Based on the evidence presented, we postulate hope will reinforce the negative impact of spirituality on anxiety (Yadollahpour *et al.*, 2023; Dizon *et al.*, 2023) and the positive impact of spirituality on well-being (Koburtay *et al.*, 2023; Howard *et al.*, 2023) according to our final two hypotheses:

H3: Hope mediates the relationship between spirituality and anxiety during the COVID-19 pandemic.

H4: Hope mediates the relationship between spirituality and well-being.

In summary, based on this rationale our research framework presented in figure 1 considered that hope has a mediating effect on the relationship between fear and anxiety. Hope also plays a mediating role in the impact that compassionate love and spirituality have on anxiety. Finally,

hope mediates the relationship between spirituality and well-being. Understanding these underlying mechanisms that influence consumers' well-being, will enable private and public providers to improve their service design to better attend to their consumers' needs. Managers need to understand how to create a servicescape that promotes relief from mental fatigue and improves customer health and well-being (Rosenbaum and Massiah, 2011). COVID-19 arises under asymmetric information where consumers are not sure if the service providers are safe or not, generating negative feelings (Di Crosta *et al.*, 2021). In this case, the service provider needs to communicate the level of some unobservable element in a transaction by providing an observable signal (Kirmani and Rao, 2000) to reduce negative emotions. The present paper addresses desirable emotions and feelings that can be used for companies through their communication and servicescape.

INSERT FIGURE 1 HERE

3. Method

Data was collected through a questionnaire, using a web-based survey implemented on the Qualtrics software due to the exceptional situation of the COVID-19 pandemic and the time constraints to conduct our investigation. We considered a survey as the most suitable method because it involves the systematic collection and analysis of numerical data to understand patterns, relationships, and trends within a population. This approach also allows for statistical inference and generalization of the findings to a larger population, as they facilitate the gathering of a large and diverse sample (Malhotra, 2019).

We used purposive sampling (Campbell *et al.*, 2020). Inclusion criteria encompassed being over 18 years old and having been in social distancing at least for some time. This element was fundamental because the goal of the study was to further understand the impacts of social

distancing on individuals, besides getting a deeper understanding of the coping mechanisms being used during this period.

Participants were recruited through word-of-mouth and social media. The survey began by asking the interviewee to keep in mind the current situation they are experiencing due to the COVID-19 Pandemic. Afterward, the interviewees responded to scales referring to the variables of the conceptual model. Finally, they answered socio-demographic questions.

3.1 Measures

Fear was measured on a 3-item scale (e.g., "I feel scared") by Izard (1977), while anxiety was measured using a 4-item (e.g., "I feel easily upset") scale (Darrat *et al.*, 2016). Compassionate love was measured with 6 items (e.g., "One of the activities that give my life meaning is helping others") that were adapted from Sprecher and Fehr (2005), while spirituality was verified on a 6-item scale (e.g., "Spirituality is a part of my life") from Hodge (2003). To verify hope levels, we used a 5-item scale and 6-item scale, respectively, adapted from the Herth Hope Index (e.g., "I am optimistic about life"), which was initially intended to measure the hope of ill patients (Herth, 1990), however, it has already been used to assess levels of hope in the general population (Wahl *et al.*, 2004). Finally, well-being was measured on a 6-item scale (e.g., "I feel depressed") by Cohen *et al.* (1996). Even though the work of Cohen *et al.* (1996) considered four dimensions of well-being (psychological, social, existential, and physical), to keep the parsimony of the questionnaire we only used two dimensions: psychological and social well-being, which were the most likely to be affected by the social distancing measures triggered by the Covid-19 pandemic.

All Likert scales can be found in the Appendix and varied from “totally disagree” to “totally agree”. We also measured how vivid the respondents’ recollections of the pandemic situation were, and their recollection of their feelings during this period. This was done so we could be sure that all respondents were able to recall the social distancing period, even if they were not in isolation anymore. On a scale from 1 to 5, all participants recorded a vivid memory of this period ($M= 4.11$, $SD= 1.18$), and as all of them could also recall how they felt ($M= 4.50$, $SD= .80$), they were all considered in the analysis.

3.2 Participants and procedure

Data were collected from social networking websites in Brazil with a convenience sample and using the snowball technique. The snowball sampling technique was used to gain access to respondents who were respecting the social distancing recommendations. An ethical committee approved the project, and informed consent was appropriately obtained. Data collection took place in May 2020 and was stopped when no more new participants were reached in June 2020. The sample size was estimated following N:q ratio (Kline, 2015). This estimation method recommends that there are at least 20 respondents in the sample for each of the parameters that require estimation. The sample in the study reached 36 respondents for each estimated parameter.

Of the total number of participants, 119 did not complete the questionnaire and they were not considered in the data analysis. The final sample involved 469 Brazilian adults. All respondents were facing the COVID-19 pandemic under some level of social distancing restriction (61 days on average). Most respondents were female (78%), which is one of the limitations considering it was a convenience sample collected online. Most of the respondents spent their time under social distancing restrictions with the family (80%). Their average age was 42 years old. There was a

difference in well-being levels ($F(2, 466) = 12.780, p = 0.01$) between the male ($M = 3.59, SD = .922$) and female respondents ($M = 3.08, SD = .976$), which indicates that, overall, the women reported lower levels of well-being. There was, however, no difference in hope levels ($F(2, 466) = .843, p = .431$) between the genders. When we consider age as a factor there were also differences in well-being ($F(2, 466) = 8.626, p = .001$), with those from a younger generation (Z) reporting lower well-being ($M = 2.75, SD = .928$) than their older (baby boomer) peers ($M = 3.57, SD = .926$). Likewise, younger individuals were less hopeful ($M = 3.53, SD = .904$) than the older ($M = 4.38, SD = .556$) ones ($F(4, 464) = 14.909, p = .001$).

INSERT TABLE 1 HERE

Since these results and recent research indicate that women have indeed had higher levels of stress, which is related to their perceptions of well-being (Kowal *et al.*, 2020), and members of younger generations (from 18 to 25 years old) feel more anxiety and less life satisfaction than older individuals (60, and older) in the COVID-19 context (Carson *et al.*, 2020), we controlled for gender and generation throughout the data analysis. In other words, we accounted for gender and generation in the analysis so that we made sure that these variables were not responsible for the observed effects. By controlling for these variables in the equation, one can know that the effects stem from the independent variables and not from the controlled variables.

3.3 Analysis

Descriptive statistical data were analyzed by way of SPSS software, while all structural equation modeling (SEM) was conducted using R package lavaan. The functions "CFA" and "SEM" were used to perform the confirmatory factor analysis and fit the structural equation model. The first

item in each latent variable had its factor loading set to 1, while the other items loaded freely, and variables were allowed to covary. Covariates were included in the model as predictors of all latent regressions.

All answers were mandatory on the survey form, so we had no missing values and all results are based on the full sample. The latent construct indicators were treated as ordered categorical data in our analyses. We assessed the normality of two variables with the Shapiro-Wilk test (psychological well-being and compassionate love) and the returned p-values were close to 0. As a result, we decided to use the MLM (Rosseel, 2012) estimator with a robust standard error estimate variant within the lavaan package in R. The complete R code for our analyses is available in the Appendix.

4. Results

4.1 Preliminary analysis

We tested for the Mahalanobis distance to detect outliers. One outlier was detected and excluded from the dataset. Tabachnick and Fidell (2001) and Hair *et al.* (2005) recommend using a conservative significance level ($p < 0.001$) to exclude multivariate outliers. One case was identified and excluded at this stage.

We also built a boxplot and ran a Cook's distance test, but no outliers were detected using these techniques. We then ran asymmetry and kurtosis analyses. The asymmetry presented values between -1 and 1 and the kurtosis values between -3 and 3 (Hair *et al.*, 2005). We analyzed the means and bivariate correlations between variables, which are shown in Table 1.

Overall fear and anxiety are negatively correlated with hope and well-being, while spirituality is positively related to these outcomes, which suggests that while fear and anxiety reduce people's perception of well-being, spirituality helps increase it. In analyzing compassionate love, we identified a positive correlation with hope, but the correlation with well-being was not significant. Besides this result, all other correlations were as expected according to the literature and the hypotheses previously outlined. Respondents' characteristics are presented in Table 2.

INSERT TABLE 2 HERE

In this study, for eliminating the indicators in loadings, we considered high loadings in each of the factors ($>.50$) (Gaskin and Happell, 2014) and a minimum of 300 observations (Lloret *et al.*, 2014). We ran reliability analyses of all the constructs and, as a result of these tests, three items of compassionate love, two items of hope, and three items of well-being were not considered in the final analysis. Items with standardized loadings lower than 0.65 were excluded from the purified analysis to increase the pattern correlations of variables and components (Asadzadeh *et al.*, 2015, Hair *et al.*, 2005; Van Zyl and Klooster, 2022). The results are detailed in Table 3. We, however, ran the structural model with and without these variables, and the results are reported in the Appendix and summarized in Table 4. The model with purified scales had a better adjustment. Common Method Variance was avoided by using procedural remedies in the questionnaire design as well as statistical remedies (Podsakoff and MacKensie, 2003). Participants were informed that the survey was anonymized to avoid social desirability effects. Furthermore, to avert common method bias, temporal separation of measurement was employed by including breaks between every three measures. This follows recommendations to think of

CMV before implementing the study (Williams and McGonagle, 2016). Moreover, marker variables were not included due to the length of the questionnaire.

INSERT TABLE 3 HERE

4.2 CFA measurement model

We conducted CFA in lavaan to establish a suitable measurement model for the data. We specified the model with the latent variables, the model was fit by multinormal maximum likelihood with robust estimates of coefficient standard errors and robust tests. Fit indices were satisfactory (CFI = 0.931; SRMR = 0.084 RMSEA = 0.066; $\chi^2 = 733.704^*$; df = 239).

4.3 Evaluation of the hypotheses: a structural model

We tested Hypotheses 1-4 by specifying a structural model that investigated the direct and indirect pathways, including the variables fear caused by the pandemic, anxiety, compassion, spirituality, hope, and well-being. SEM accounts for the measurement error by partitioning the variance of each factor into measurement error and true variance. The model included fear, compassionate love, and spirituality as the predictor variables. Hope was a mediator in the relationship between the three constructs and anxiety. Finally, well-being was the outcome variable. We controlled for generation and gender by including them as covariates in the model. The results with and without covariates are detailed in Table 4. The model with the best adjustment indexes was the one with purified scales and with covariates.

INSERT TABLE 4 HERE

The participant's generation was associated with anxiety ($b = -0.096$, $p = 0.048$) and with hope ($b = 0.308$, $p = 0.000$), with older participants being significantly more hopeful. Furthermore, the respondent's gender also predicts anxiety ($b = 0.141$, $p = 0.000$) and well-being ($b = -0.080$, $p = 0.012$), with female participants reporting higher levels of anxiety ($M = 2.38$, $s.d. = 1.03$) than their male counterparts ($M = 1.99$, $s.d. = 0.83$), which is consistent with recent literature about gender differences in Covid-19 perceptions (Metin et al., 2022). The regression results confirmed that fear reduces hope ($b = -0.306$, $p = 0.000$), as expected. While anxiety reduces well-being ($b = -0.844$, $p = 0.000$), hope helps to reduce anxiety feelings ($b = -0.566$, $p = 0.000$). Spirituality, has a positive effect, increasing hope ($b = 0.291$, $p = 0.000$), however, the effect of compassion is not significant ($b = 0.097$, $p = 0.105$).

In the relationship between fear and anxiety, there is a direct positive effect ($b = 0.445$, $p = 0.000$) with higher levels of fear eliciting more anxiety, however, the indirect effect via hope is also significant, meaning that hope mitigates the main effect and reduces anxiety (indirect $b = 0.173$, $p = 0.000$). Likewise, spirituality has a direct effect on well-being ($b = 0.101$, $p = 0.045$), and when we include hope in the equation the positive effect of spirituality on well-being is enhanced (indirect $b = 0.478$, $p = 0.000$). The indirect relationship between spirituality and anxiety via hope (indirect $b = -0.165$, $p = 0.000$) is also significant, nonetheless the relationship between compassion and anxiety via hope was not significant (indirect $b = -0.055$, $p = 0.106$). The model explained 38.5% of the variance in anxiety ($R^2 = 0.385$), 29% of the variance in hope ($R^2 = 0.291$), and 74.5% of the variance in well-being ($R^2 = 0.745$).

In summary, even though people experienced higher levels of fear in the period when they were socially isolated during the COVID-19 pandemic and had higher levels of anxiety, hope

alleviates this effect and reduces anxiety, thus confirming hypothesis H1. Since spirituality also enhances feelings of hope, this effect also mitigates anxiety and increases perceptions of well-being, hence confirming H3 and H4. Unfortunately, the mediation of hope in the relationship between compassionate love and anxiety (H2) was not significant, nonetheless hope seems to be a useful coping mechanism for dealing with negative emotions triggered by social isolation (e.g., fear and anxiety), and like spirituality, it has a potentially positive effect on well-being. Path analysis results are detailed in Table 5.

INSERT TABLE 5 HERE

5. Discussion

This research addresses the importance of hope complementing previous findings about how stressful situations, such as a pandemic, affect people's perceptions of their mental health (Kowal *et al.*, 2020; Gruber *et al.*, 2020) and their well-being (Zheng *et al.*, 2020; Pan *et al.*, 2023), which it does by highlighting the effects of spirituality, compassionate love and fear on anxiety that is mediated by hope. Previous studies have shown that emotions impact consumer behavior related to service consumption (Ladhari *et al.*, 2007; Jabeen *et al.*, 2023), and must therefore be considered in the design of services. The present study sheds light on the feeling that can arise in decision-making process in services in stressful situations as experienced during the COVID-19 pandemic.

Fear and anxiety are important negative feelings triggered by the pandemic, either because people are afraid that they and their loved ones will become infected, or because the social distancing process reduces human contact and might trigger side effects, such as loneliness and

distress (Gruber *et al.*, 2020). The impact of these emotions on the mental health of individuals in ordinary or extreme times has already been explored in literature. The interesting findings of this article, however, are that it explores how to reduce these negative outcomes. Increasing the well-being of populations during a pandemic when most people in the world are following government social distancing recommendations is a challenge, not only for individuals themselves but also for governments and policymakers. This research sheds some light on how spirituality can help foster hope and reduce anxiety in adverse times. Based on our findings, exploring spirituality and hope in the service company's communication is highly desirable.

While spirituality has been considered in other fields of research it is underrepresented in research involving a psychological perspective (Joshani and Daemi, 2015; Pargament and Saunders, 2007). The role of spiritual engagement and its effects on one's anxiety and well-being are particularly interesting in a situation such as a pandemic, given its impact on human daily life and the changes that are triggered by it in terms of behavior (Gruber *et al.*, 2020). Even though other studies have investigated spirituality as a protective factor connected to psychological health during the pandemic (Coppola *et al.*, 2021), the major contribution of this paper is related to the fact that it explores the influence of spirituality on increasing hope and well-being, and reducing specific emotions triggered by social distancing such as anxiety.

Previous research has suggested that hope is a coping mechanism used during difficult and distressing times, such as the COVID-19 pandemic. These studies, however, considered specific cultural groups (e.g., Jewish and Arab) (Lewenshon *et al.*, 2021), or they focused on social support as a mechanism for reducing loneliness and, therefore, increasing hope (Bojmel, *et al.*, 2021). One of the main contributions of this research is that it does not consider hope only as a

dependent variable, but as a mediator that can mitigate the negative impacts of social distancing (e.g. fear and anxiety), while improving well-being perceptions. Moreover, our sample included citizens who were living under conditions of social distancing and were of different ages and came from different backgrounds.

Another important contribution of this research is the fact that, as far as we are aware, this is the first study in scientific literature reporting on the psychological impact of the COVID-19 pandemic that uses a sample of Brazilians, which does not include just students (Esteves *et al.*, 2021). Brazil was one of the countries with the highest number of deaths in the world caused by the virus (Johns Hopkins University, 2020). This study addresses important issues to better understand the effects of the pandemic on people's anxiety and well-being. Previous findings have revealed currently lower levels of psychological well-being and higher levels of anxiety and depression in individuals than existed before COVID-19 (Gruber *et al.*, 2020), but they did not focus on mechanisms that help alleviate these psychological effects (Esteves *et al.*, 2021). Literature has shown that compassion benefits psychological well-being (Ironson *et al.*, 2018; Underwood, 2009). The evidence from research into stress and coping also shows that being compassionate towards others results in survival benefits for sick people; offering love appears to be as important as receiving it (Ironson *et al.*, 2018).

Our results do not confirm the positive effects of compassionate love on increasing hope and, therefore, reducing the anxiety felt by individuals. One possible explanation for this may be related to the fact that because of social distancing, the perception of compassionate love and its effects on others have been attenuated because individuals have been isolated at home. Other research on the topic mentions that an altruistic attitude during the COVID-19 pandemic could

potentially increase anxiety (Feng *et al.*, 2020), which appears to be aligned with our results. It is important to mention that previous studies have also identified the positive effect of contemplative practices, such as meditation and compassionate love, in reducing distress and other negative effects of the pandemic (Chrisinger *et al.*, 2021). Those authors, however, did not consider the impact of love on hope and they considered only Americans. It might be the case that in Brazil, where it took much longer to control the pandemic than in the US, the influence of compassion on hope works differently. Further investigation, therefore, is required to better understand these effects and the boundary conditions that explain when compassionate love has a positive effect, and when this effect is mitigated by other variables.

5.1 Implications, limitations, and future research

Besides the theoretical contributions, these results also offer interesting managerial insights. First, considering all the evidence presented in this article, companies could benefit from considering the importance of spirituality, hope, and compassionate love on consumers' feelings when designing their services. The servicescape literature states that the service environment has the potential to reinforce consumers' positive emotions and reduce negative feelings during the service encounter, helps consumers to create expectations about service quality and positively influences satisfaction and behavioral intentions (Durna *et al.*, 2015; Prajitmutita *et al.*, 2016).

Based on the results of the present study, we strongly suggest that companies consider tangible (e.g. artifacts) and intangible (e.g. communication with consumers) aspects in their servicescape that incorporate elements of hope, spirituality, and compassionate love to positively influence consumer feelings during service consumption. Soldevilla *et al.* (2019) reinforce that brands create a system similar to religions with artifacts, images, experiences, and shared values. So,

considering ethical issues, communication professionals suggest the use of concepts such as “happiness” or “love” in their campaigns because these are human values that do not belong to a specific religion.

Besides, service design elements can evoke positive emotions such as pleasure (Ellen and Zhang, 2014; Prajitmutita *et al.*, 2016), store love (Koo and Kim, 2013), and satisfaction (Kearney *et al.*, 2013), and elicit future favorable behaviors (Namkung and Jang, 2010; Durna *et al.*, 2015; Chang, 2016). Service environment gives consumers some tangible cues about the services that are predominantly intangibles (Shonstack, 1977; Jiang and Nagasawa, 2014), and has the potential to reinforce consumers’ positive emotions and reduce negative effects (Booms and Bitner, 1982). Therefore, based on these research findings, marketers and service providers could promote experiences that help consumers to cultivate personal resilience (Mittal, 2022), such as activities that may work as a coping mechanism while waiting for the service to be provided or investing in communication and signs that elicit feelings of hope. This would potentially reduce anxiety and increase well-being in moments of distress.

Second, considering the positive impact hope can have on a person’s mental health during a crisis, public policymakers also could explore ways of fostering hope during the pandemic. These coping mechanisms might be interesting tools that could help society deal with the emotional stress experienced during such times (Bojmel *et al.*, 2021; Coppola, *et al.*, 2021; Lewensohn *et al.*, 2021). MacInnis and Mello (2005) exemplify the concept of hope and its relevance to product evaluation and choice considering the “Weight Watchers Program” once the organization stimulates hope in their meetings as people relate their success stories and achievements to the newcomers. In the case of a pandemic, stimulating consumer beliefs that it

all will pass, reinforces their well-being as shown in the results of our study. This same high uncertainty context also can be observed in the healthscape context which is characterized by stress and difficult decisions for consumers (Hutton and Richardson, 1995). Considering our findings, health services companies could design the healthscape to allow patients to practice their spirituality and foster hope aiming at improving their well-being.

The contributions of this work can be weighed against the limitations surrounding it. First, there is a limited amount of literature with empirical data on the feelings and behavior of individuals during the COVID-19 pandemic. To overcome this limitation, in the current study, we used previous theories taken from psychology, nursing, and medicine in the current study. Second, the study was conducted in Brazil, which limits any current generalization of its results. The feelings of individuals from countries with lower infection and mortality rates may differ. Third, we used an online panel data collection method that adopted a snowball sampling technique. Therefore, even though there is variety in the distribution of age and education level, the sample is selective, and the research findings cannot be extended in any generalized way to include individuals who are more heavily impacted by the pandemic, such as vulnerable communities (e.g., the poor, those with low levels of education), or people who work in hospitals. Future research could conduct more focused studies with specific populations and even aggregate the data collected at different moments during the pandemic to be able to compare its effects on the mental health of individuals.

Finally, we believe that the information presented here is theoretically significant and offers a consistent basis for starting a research program on the impacts of the COVID-19 pandemic on individual behavior. If it were to be carried out, this research program could enrich our

knowledge of the constructs presented here, in addition to contributing to how consumers face up to a pandemic or other extreme situations. To address the mental health needs of society that have been triggered by this context, it is important to consider strategies for improving or even preventing psychological distress (Gruber *et al.*, 2020; Coppola *et al.*, 2021) once emotions play a mediating role in the relationship between consumers' cognitive evaluations and their satisfaction (Varela-Neira *et al.*, 2010).

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