EFFECTIVENESS OF EMOTION REGULATION TRAINING ON STRESS, ANXIETY, AND DEPRESSION FOR DOCTORS IN EMERGENCY DEPARTMENT DURING PANDEMIC COVID-19

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Abstract

The high risk of disease transmission and mortality in the Hospital Emergency Unit can cause health workers to experience stress, anxiety, and depression. Stress, anxiety, and depression are associated with emotion regulation. Poor emotion regulation, such as poor management of negative emotions, can increase stress to depression. In the emotion regulation training, there are three sessions whose material includes the introduction of emotion regulation, awareness of positive emotions, perception of negative emotions and their forms, acceptance of positive emotions, recognition and reassessment of emotions, and appropriate instruments of self-transformation. Outcomes were measured using a questionnaire on depression, anxiety, stress scale, and cognitive emotion regulation. The variables of depression and emotion regulation have a correlation coefficient of -0.142 with a significant value of 0.69. Based on this score, depression and emotion regulation have a negative and significant relationship. The relationship between the stress variable and emotion regulation has a correlation coefficient of -0.486 with a significant value of 0.154. Based on this score, depression and emotion regulation have negative and significant relations. Based on the different tests, the results of the pre-test and post-test were stress (0.005), depression (0.005), and emotion regulation (0.013). Emotion regulation training can reduce stress and depression for doctors in the Emergency Unit.

Keywords*:* emotion regulation, depression, stress

EFEKTIVITAS PELATIHAN REGULASI EMOSI TERHADAP STRES, KECEMASAN, DAN DEPRESI PADA DOKTER DI UNIT GAWAT DARURAT SELAMA PANDEMI COVID-19

Abstrak

Tingginya risiko penularan penyakit dan angka kematian di Unit Gawat Darurat Rumah Sakit dapat menyebabkan tenaga kesehatan mengalami stres, kecemasan, dan depresi. Stres, kecemasan, dan depresi berhubungan dengan regulasi emosional. Regulasi emosi yang buruk seperti pengelolaan emosi negatif yang buruk dapat meningkatkan stres hingga depresi. Dalam pelatihan regulasi emosi terdapat tiga sesi yang materi yang meliputi pengenalan regulasi emosi, kesadaran emosi positif, persepsi emosi negatif dan bentuknya, penerimaan emosi positif, pengenalan dan penilaian kembali emosi dan instrumen yang sesuai, serta transformasi diri. Pengukuran hasil dilakukan dengan kuesioner depresi, kecemasan, skala stres, dan regulasi emosi kognitif. Variabel depresi dan regulasi emosional memiliki koefisien korelasi sebesar -0,142 dengan nilai signifikan 0,69. Berdasarkan skor tersebut depresi dan regulasi emosi memiliki hubungan yang negatif dan signifikan. Hubungan antara variabel stres dengan regulasi emosi memiliki nilai koefisien korelasi sebesar -0,486 dengan nilai signifikan sebesar 0,154. Berdasarkan skor tersebut depresi dan regulasi emosi memiliki hubungan yang negatif dan signifikan. Berdasarkan uji beda didapatkan hasil pre-test dan post-test stress (0.005), depresi (0.005), dan regulasi emosi (0.013). Pelatihan regulasi emosi didapatkan dapat mengurangi stress dan depresi bagi dokter di Unit Gawat Darurat.

Kata kunci: regulasi emosi, depresi, stress

Introduction

Medical personnel who work in the Emergency Unit have a high workload and crowded hospitals. This is associated with increased stress and depression. High stressors can cause decreased work performance, staff morale, intrapersonal conflict, and aggression. In addition, work and high stressors cause low quality of care and a lack of ability and skills in medical personnel, leading to anxiety, stress, and depression (Xu et al., 2019).

Stress, anxiety, and depression can be prevented with good emotion regulation. Emotion regulation is a process that is responsible for monitoring, evaluating, and modifying the reactions of emotions, especially intensively and temporarily, to achieve a specific goal (Behrouian et al., 2020; Loevaas et al., 2018). Therefore, emotion regulation is needed in medical personnel to cope with stressors in the work environment. Emotion regulation training is given to doctors who work in the Emergency Unit to reduce stress, anxiety, and depression. Emotion regulation is also associated with stress and depression. Negative emotion cannot be adequately regulated with poor emotion regulation, causing increasing stress to become more frequent depressive episodes (Moriya & Takahashi, 2013). Several studies have also found that maladaptive emotion regulation increases the occurrence of depression in stressful situations. It was found that stress does not directly relate to emotion regulation, but maladaptive emotion regulation causes stress and depression. In individuals with depression, it was found that their emotions' regulation was mainly suppression. In contrast, in people who did not experience depression, it was found that they were more apparent in regulating their emotions (Moriya & Takahashi, 2013).

In a study conducted on burn patients with poor emotion regulation, especially in rumination, it was found that they had more depressive symptoms. His research also found that if emotion regulation was used as a mediator, there were no significant results between neuroticism and depressive symptoms. In contrast, the direct relationship between emotion regulation and depression obtained significant results (Bosmans et al., 2015). Another study conducted on male and female students found that emotion regulation training had significant results only for the female gender. In addition, it was found that emotion regulation training was related to anxiety only (Nesayan et al., 2017). Based on previous research, which found that emotion regulation training can make individuals with poor emotion regulation more at risk for depression and also that emotion regulation training does not give significant results in the male sex, therefore in this study, emotion regulation training was conducted on doctors with this type of male and female sex conditions whose previous emotion regulation conditions were not known.

Emotion regulation is not intended to reduce negative emotion and increase positive emotion. The situation of each individual is different. Therefore, the regulation of each individual is also different. Some individuals want to improve their negative emotions and decrease their positive emotions or vice versa (Gross, 1998, 2014; Mauss et al., 2007). For most individuals, in most cases, this emotion regulation will involve maintaining high levels of positive influence and low levels of adverse impact or increasing levels of positive effect when they are low and decreasing levels of adverse impact when they are high. Therefore, experiencing more frequent positive emotions and less frequent negative ones will lead to more effective or successful emotion regulation. Several studies have found that maintaining a high ratio of positive to negative influences (2.9 or more positive to negative emotional interactions) is an optimal emotional function of individuals, married couples, and work. However, too

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much positivity (positivity ratio of 11.6 or higher) may have unpleasant emotional effects. Specific forms of negative emotion can promote emotional growth and development, and certain negative states may have direct instrumental value (Tamir, 2009). Therefore, someone needs to know negative emotions, positive emotions and also how to regulate them. Emotion regulation is defined as an extrinsic and intrinsic process responsible for monitoring, evaluating, and modifying the reactions of emotions, especially intensively and temporarily, to achieve a specific goal (Behrouian et al., 2020; Loevaas et al., 2018).

There are two focuses on emotion regulation, namely extrinsically which means that one person influences the regulation of other people's emotions, while intrinsic is that the person regulates emotions in himself. Another essential thing in regulating emotions is how his responsibilities bind a person in changing his emotions. In this case, it can be exemplified, such as how someone tries to speak calmly when feeling anxious or when there is a problem, someone tries to see the bright side of an incident (Gross, 2013). The emotion regulation process involves five factors, namely situation selection, situation modification, attention-spreading, cognitive change, and response modulation.

The provision of emotion regulation training is to know and understand the meaning, concept, and application of emotion regulation management, awareness of positive emotions, negative emotions, attentional deployment, recognition and reappraisal of emotions, and self-transformation. This study aimed to see the effectiveness of emotion regulation training on stress, depression, and anxiety.

Method

This research was conducted on doctors at Type C Hospital in Indonesia with a pre-experimental study research method, with a pre-test on participants on November 10, 2020, using the DASS-21 and CERQ questionnaires. In comparison, the post-test was carried out on November 21, 2020, after the emotional regulation training.

Study Participants

Sampling was done by cluster sampling. There were criteria for a general practitioner doctor and a doctor who served in the Emergency Unit, Type C Hospital in Indonesia during the COVID-19 pandemic. The inclusion criteria were employed in a type C hospital. The sample involved 24 doctors on duty at a Type C Hospital in Indonesia, which consisted of 11 women and 13 men. This experimental study was conducted on November 27, 2020, with five sessions (Figure 1), including roleplay, discussion, and case sessions.

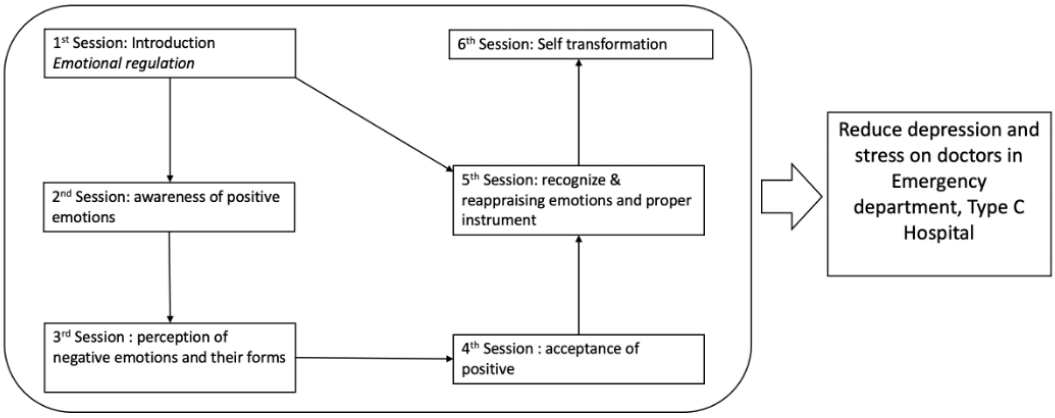

Figure 1. Intervention chart

Measures

DASS-21

The DASS-21 (Depression Anxiety Stress Scale – 21) measuring instrument contains 21 items with answer choices for each question 0 (never), 1 (sometimes), 2 (often), and 3 (very often). There are seven items for each depression, anxiety, and stress subscale (Osman et al., 2012). The categories of depression, anxiety, and stress are divided into five categories, namely very high, high, moderate, low, and very low. More than 31.5 is in the very high category, 24.5 - 31 is in the high category, moderate is 17.5 - 24, low is 10.5 - 17, and very low is less than 10.5. The reliability test on the DASS-21 was conducted using Cronbach's alpha, with the results of each subscale p = .81 for depression, p = .78 for stress, and p = .89 for anxiety.

CERQ

The CERQ (Cognitive Emotion Regulation Questioner) measuring instrument contains 36 Likert scale items with 1 (never) and 5 (very often). The CERQ measuring instrument has aspects of self-blame, acceptance, focus on thoughts, focus on positive things, focus on plans, putting oneself in perspective, reassessment in positive terms, catastrophizing, and other self-blame (Abdi et al., 2012). There are five divisions of categories on the CERQ measuring instrument. More than 55 are included in the very high category, 44 - 54.5 high category, 35 - 43.5, moderate category, 25 - 34.5 low category, and very low category less than 25. the CERQ reliability test was obtained with a Cronbach alpha value of 0.69 - 0.82. The reliability of self-blame and acceptance is 0.69 and 0.70. Focus on the thought and positive refocusing 0.72 - 0.82, other blame 0.81, positive reappraisal and catastrophizing 0.82 and 0.74, refocus on planning 0.78 and putting into perspective 0.79.

Results

Overall participation from participants was quite good, there were no dropout participants (n= 24 or 100%; female= 11; male= 13). Participants with an age range of 25-30. All participants are general practitioners who work in Emergency Hospital Type C. In (Table 1) shows the sociodemographic of the participants. Participants divided by marital status found 10 (41.7%) married participants and 14 (58.3%) participants who were not married. Participants divided based on physical exercise were found

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to do physical exercise 7 (29.2%) and 17 (70.8%) people who did not.

Table 1. Demographic characteristics of the studied populations

Demographics characteristic	Males N=13	Females N=11	Total N=24
Males	-	-	13 (54.2%)
Females	-	-	11 (45.8%)
Age, ranges			
25-30	13 (54.2%)	11 (45.8%)	-
Marital status			
Yes	2 (15.4%)	8 (72.7%)	10 (41.7%)
No	11 (84.6%)	3 (27.3%)	14 (58.3%)
Physical exercise			
Yes	5 (38.5%)	2 (18.2%)	7 (29.2%)
No	8 (61.5%)	9 (81.8%)	17 (70.8%)

Measurement of the effectiveness of the training explained that 74% of participants felt that the emotion regulation training provided exceeded their expectations, and 26% of participants thought that the emotion regulation training provided was in line with their expectations.

Figure 2. Training Effectiveness

The normality test using the Shapiro-Wilk scale was obtained < 0.05. With this, it can be said that the results are not normally distributed.

Table 2. Normality Test

Aspect	p	Description
Depression Pre-test	0.190	Normal
Depression Post-test	0.083	Normal
Stress Pre-test	0.989	Normal
Stress Post-test	0.564	Normal
Emotion regulation Pre-test	0.041	Normal
Emotion regulation Post-test	0.632	Normal

Based on the Shapiro-Wilk normality test results, a sig value > 0.05 was obtained for the depression and stress variables; with this, the distribution of the data distribution was normal. There was a normal distribution on the pre-test emotion regulation and a normal distribution on the post-test emotion regulation. Furthermore, a non-parametric difference test was carried out using Wilcoxon.

Based on the results of the different tests, it was found that there were differences in the results before and after training on the variables of depression, stress, and emotion regulation

Table 3. T-test

Aspect	p	Description
Depression Pre-test & post-test	0.013	Significantly Different
Stress Pre-test & post-test	0.005	Significantly Different
Emotion regulation Pre-test & post-test	0.005	Significantly Different

Note: If the value of sig < 0.05, then there is a difference between the two variables; on the contrary, if the value of sig > 0.05, then there is no difference between the two variables.

Furthermore, the effect of emotion regulation training on depression and stress was tested. The following are the results of the mean calculation test based on the pre-test and post-test of each variable:

Table 4. Mean Score

Aspect	Min. Score	Max. Score	Mean
Depression Pre-test	4	35	17.40
Depression Post-test	4	42	12.10
Stress Pre-test	9	36	22.40
Stress Post-test	6	42	14.60
Emotion regulation Pre-test	19	23	21.20
Emotion regulation Post-test	41	63	53.60

Based on the table above, it can be seen that there is an increase in the mean value of each variable before and after the training. The relationship between depression and stress variables has a correlation coefficient of -0.09 with a significant deal of 0.80. These values show that depression and

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stress have a negative and significant correlation. In contrast, the relationship between depression and emotion regulation variables has a correlation coefficient of -0.142 with a significant value of 0.69. Based on this value, depression and emotion regulation have a negative and significant correlation. The relationship between stress and emotion regulation variables has a correlation coefficient of -0.486 with a significant value of 0.154. Based on this value, depression and emotion regulation have a negative and significant correlation.

Table 5. Correlation

Variables	Stress	Emotion regulation	Depression
Depression	-.090*		
Stress		-.486*	
Emotion regulation			-.142*

Depression and stress have a negative relationship with emotion regulation. This is obtained from the results of the pre-test and post-test after training. The relationship of emotion regulation with depression and stress was significantly vital. Participants in the emotion regulation training were found to be quite actively involved in discussions, and there was a decrease in depression and stress after participating in emotion regulation training. Based on the graph, some participants also showed a decrease in the pre-test and post-test; this could be due to the negative relationship between emotion regulation with depression and stress.

Discussion

Depression and stress have a negative relationship with emotion regulation. This is obtained from the results of the pre-test and post-test after training. The relationship of emotion regulation with depression and stress was significantly vital. This supports the theory that there is an influence of difficulty regulating emotions on stress and depression. Individuals who have a problem regulating emotional strategies can less understand their emotions (Pisani et al., 2013). Inappropriate emotion regulation strategies include rumination and suppression; suppression itself is a response-focused emotion regulation strategy that involves active efforts to reduce or inhibit affect expression after being stimulated (Gross, 2013). Suppression can increase depressive symptoms by increasing problems with those closest to them and reduced social connections; this happens because individuals with suppression methods are inhibited from displaying their emotions, which can be interpreted by others as insensitive people, thus contributing to the experience of conflict. Rejection cannot communicate their emotional needs or fail to express their emotions (Tsai et al., 2016).

The study also found that participants in emotion regulation training had decreased stress and depression rates. This finding supports the research conducted by Kharatzadeh et al. (2020) that there is a decrease in stress and burnout among nurses in the Incentive Care Unit. (Kharatzadeh et al., 2020). A decrease in stress on nurses is because nurses know and try to practice regulating emotions with adaptive strategies. This study showed that emotion regulation training could reduce stress; it was also found in previous research conducted on adolescents that there was a decrease in stress and anxiety in adolescents after emotion regulation training was carried out. (Nesayan et al., 2017).

Individuals who use the suppression method when dealing with conditions that make the individual stressed and fail to provide distress information so that others are not known to have the

effect of reducing social support (Tsai et al., 2016). Based on the conservation of resource (COR) theory, there is a resource for the individual's ability to be able to communicate his feelings; this is if the individual with the suppression method loses the resource, it can cause the individual to be more susceptible to symptoms of depression (Hobfoll, 2001). Health workers, especially doctors who work in the Emergency Department, have higher stress levels during the pandemic and have difficulty regulating their emotions, as shown by the lack of regulating emotions, namely individuals using rumination or suppression methods, which can increase symptoms depression in these students. This is because students who use suppression strategies experience a lack of social support from people around them due to the individual's lack of ability to communicate the emotions they experience. People around them do not know the emotions they are experiencing and provide support. So that the absence of support from the surrounding environment can increase stress; in addition, this can also lead to increased conflict with the people around them because other people perceive students with the emotion suppression regulation method as insensitive because they do not show the emotions they feel, with increasing conflict this adds stressors to doctors and results in increased stress experienced by doctors.

Rumination is the thought of individuals who continuously think about the causes and outcomes of adverse events and the feelings that arise from negative events without regard to solving the problem of the incident (Liang et al., 2020; Nolen-Hoeksema & Aldao, 2011). This inappropriate emotion regulation method can not only impact depressive symptoms but also increase relapse in individuals with inappropriate emotion regulation and experiencing depressive symptoms compared to individuals who have depressive symptoms but have proper emotion regulation (Joormann & Vanderlind, 2014). Focused rumination can cause individuals to think about their adverse condition continuously, thereby worsening their negative affect so that they are more prone to the appearance of depressive symptoms (Restubog et al., 2020). Individuals who used the rumination method experienced adverse events in this study; negative events occurred while medical personnel in the emergency department experienced high virus exposure during the pandemic, limited personal protective equipment, increased number of patients, and increased mortality in the emergency department. Furthermore, new knowledge and learning about viruses make doctors who work in emergency departments experience increased anxiety, stress, and depression (Tengilimoğlu et al., 2021). So if based on the theory of Conservation of Resources, it explains that when an individual lacks resources, the individual is vulnerable to losses and when the investment in the individual decreases, the individual may experience depression. In a pandemic condition, there are several lost investments from these individuals, namely insufficient necessary tools for work, security for their health at work, reduced stamina due to the increasing number of patients, and also lost stable employment because many colleagues are required to isolate independent, isolated in hospital, or died. Stress, anxiety, and depression can increase in doctors because of the imbalance between the loss of investment in oneself and the individual's investment. Individuals with good emotional regulation can be an investment in the individual. When individual experiences a loss of resources, they can still regulate it well (Hobfoll, 2001). This is also supported by the pre-test and post-test differences between participants in emotion regulation training. It was found that they were also quite actively involved in the discus. There was a decrease in depression and stress after participating in emotion regulation training. Based on the graph, some participants also showed a decrease in pre and post; this was due to the negative relationship between emotion regulation and depression and stress.

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Conclusion

Emotion regulation training has a relationship with depression and stress. This study found that if the individual has good emotion regulation, the lower the likelihood of depression and stress.

Emotion regulation training is needed because it can help reduce depression and stress. It can also be in participants who experience workloads, personal problems, and poor emotion regulation, increasing stress. If stress is not appropriately regulated, it can impact depression. Giving ways to regulate emotions is very important and can be done on a more specific worker in one place with the same workload and can previously be evaluated for stress, depression, and anxiety and focus on one of these variables. So that medical personnel has adaptive strategies to deal with stressors in the hospital.

Further research is needed with a more significant number. The hospital is in the same area, and similar medical personnel characteristics can be carried out based on graduates from the same university. Cultural, family, and status factors can also influence stress and depression, so further research is needed.

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