

Relationship Between Emotional Regulation and Anxiety Among Nurses During the Covid-19 Pandemic

Arif Rakhman¹, Anisa Oktawati², Khodijah³

^{1,2,3}STIKes Bhakti Mandala Husada Slawi

*Email korespondensi: arifrahmannn774@gmail.com

ABSTRAK

Penyebaran wabah *The Coronavirus Disease* (COVID-19) dalam waktu yang relatif cepat terjadi hampir di seluruh negara. Fenomena ini menyebabkan terjadinya perubahan pada berbagai aspek kehidupan, seperti kesehatan, ekonomi, sosial, psikologis, budaya dan lainnya. Respon psikologis yang dialami oleh petugas kesehatan yaitu perasaan cemas tentang kesehatan diri sendiri dan penyebaran virus pada keluarganya. Oleh karena itu, perawat perlu memahami masalah yang sedang dihadapi sehingga tidak kesulitan dalam mengenali emosi yang ada dalam dirinya. Kemampuan seorang perawat dalam meregulasi emosi sangat diperlukan untuk memfokuskan diri dalam menghadapi suatu masalah. Penelitian ini bertujuan untuk mengetahui hubungan regulasi emosi dengan kecemasan perawat pada masa pandemi COVID-19. Jenis penelitian ini adalah penelitian kuantitatif dengan desain deskriptif korelasi dan menggunakan pendekatan *cross sectional*. Teknik pengambilan sampel yang digunakan yaitu *accidental sampling* sejumlah 202 responden, yang dilakukan selama bulan Juli 2020. Hasil analisis *pearson product moment* didapatkan *p value* $0,007 < 0,05$ sehingga dapat disimpulkan bahwa terdapat hubungan antara regulasi emosi dengan kecemasan perawat pada masa pandemi COVID-19. Diharapkan perawat mampu mengendalikan emosi yang ada dalam dirinya sehingga dapat mengenali masalah dan menentukan tindakan yang tepat, dengan demikian kecemasan tidak akan terjadi.

Kata-kata kunci: Regulasi Emosi, Pandemi COVID-19, Perawat, Kecemasan

ABSTRACT

*The Coronavirus Disease (COVID-19) outbreak occurred in almost all of countries. This phenomenon causes changes in various aspects of life, such as health, economic, social, psychological, cultural, and more. Psychological responses experienced by health workers are the feelings of anxiety about their health and the spread of the virus to their families. Hence, nurses need to understand the problems that being faced, therefore they have no difficulties in recognizing their emotions. The ability of nurses to regulate their emotions is needed to focus on dealing with a problem. This study aims to determine the relationship between emotional regulation and anxiety among nurses during the COVID-19 pandemic. This is quantitative research with a descriptive correlation design and a cross sectional approach. The sampling technique that used was accidental sampling with a total of 202 respondents, which was carried out during July 2020. The results of the pearson product moment analysis obtained that *p-value* is $0.007 < 0.05$. It can be concluded that there is a relationship between emotional regulation and anxiety among nurses during the COVID-19 pandemic. Nurses are expected to be able to control their emotions, therefore they can recognize problems and determine appropriate actions, thus anxiety will not occur.*

Keywords: Anxiety, COVID-19 pandemic, Emotional Regulation, Nurses

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Introduction

The COVID-19 outbreak has spread at the end of 2019 in Wuhan, Hubei, China¹. In a relatively short period, the outbreak spreads to almost all countries². According to World Health Organization on 6 April 2020, there

were 1,278,523 persons infected with COVID-19³. In Indonesia, the first COVID-19 case was discovered on 2 March 2020 and detected in almost all provinces and cities⁴. This phenomenon causes various life changes. Not only influences health aspect, but also it has an impact on economic,

social, culture, and other aspects⁵. Psychological responses faced by health workers towards the pandemic coronavirus infectious disease is increasing due to the anxiety about personal health and spreading the COVID-19 to family⁶. They also might feel depression caused by shortages of personal protective equipment (PPE)⁷. Moreover, health workers especially nurses are at increased risk for exposure to COVID-19, a heavy workload, moral dilemma, and environment that is different from what they are familiar with^{6,8,9}.

Health workers have high job demands like long working hours, increasing the number of patients, lack of social support due to having social stigma against frontline health workers, personal protective equipment that restricts movement, lack of information about long-term exposure to infected persons, and fear of frontline health workers who can transmit COVID-19 to friend and family because of their field of work. These cause them to have anxiety¹⁰. A research conducted by Chen et al, conveys that the health workers feel anxiety because protective supplies have not been fulfilled when performing action to patients⁶. Healthcare workers, especially nurses, are a group that is very vulnerable to infection because they are at the forefront in dealing with the spread of COVID-19.

Nurses are required to be able to cope with stress that they have experienced. Nurses with psychological disorders need to comprehend the problems thoroughly, their mind related to the problems, and their emotions experienced. The understanding can help nurses determine nursing actions in providing optimal care to patients. Nurses who do not understand problem encountered will have difficulties in identifying the emotions. The nurses' ability to regulate the emotions is very necessary to focus on dealing with a problem¹¹.

Emotion regulation as intrinsic and extrinsic processes is responsible for monitoring, evaluation, and modifying emotional reactions intensively and specifically to achieve goals¹². Emotion dysregulation causes individuals to be unable to create reasonable evaluation, not creative, and unable to make decision in various contexts¹³. Davis, Griffith., Thiel., & Connelly, show that emotion regulation can affect goal and performance in the service sector¹⁴. Gross states that emotion regulation can dampen, or maintaining emotion depends on how someone experiences and expresses the emotions. Emotion regulation involves all strategies used consciously or unconsciously to increase, maintain, or decrease one or more components of emotional response like feeling, behaviour, and physiological response¹². The study aimed to determine the relationship between emotion regulation and nurses' anxiety during the COVID-19 pandemic.

Method

The study was a quantitative research with a descriptive correlation design and cross-sectional approach. The population were all nurses working in health centers and hospitals throughout Indonesia. The sample were taken by accidental sampling during July 2020 numbered 202 respondents. The research instruments used were Emotion Regulation Questionnaire (ERQ) and anxiety questionnaire with Coronavirus Anxiety Scale (CAS).

Univariate analysis was in the form of frequency distribution table displayed in a percentage table. Then, bivariate analysis used pearson product-moment correlation.

Result and Discussion

The results of filling out the questionnaires were then continued by calculating univariate and bivariate analysis to find out

Table 1. Frequency Distribution based on Nurses' Emotion Regulation (n=202)

Emotion Regulation	Frequency (f)	Percentage (%)
High	76	37.6
Fair	124	61.4
Low	2	1.0
Total	202	100

the relationship between emotion regulation and nurses anxiety during the COVID-19 pandemic.

Table 1 describes that majority of nurses emotion regulation is in "fair" category as many as 124 respondents (61.4%). This is in line with a research conducted by Nafisah, Khatrine and Juwariyah (2021) resulting that most of respondents experienced "fair" emotion regulation by 41 people (68.3%) of 60 respondents¹⁵. Syahadat (2013) said that emotion regulation is an expected way to assist in facilitating emotional needs¹⁶.

Emotion regulation can be conducted through two ways namely intrinsic (regulate emotions in individuals) and extrinsic (feel or regulate someone's emotions)¹⁷. Factors affecting emotion regulation stated by Ratnasari and Suleman (2017) were (1) age; the older a person gets, the more problems they face and the better emotion regulation they have, (2) family; each family member has different way to cope with problem that will be an example for other family members, (3) environment; it is about friends and the media used will affect the emotions, (4) cognitive; it will have an impact on how to interpret an event related

to the emotions¹⁸.

Table 2 reports that most of nurses experiences mild anxiety as 114 people (56.4%). It is supported by a study by Situmorang and Sudharmono (2021). They stated that most of nurses who worked in emergency departments during the COVID-19 faced mild anxiety as many as 6 persons (40%) of 15 respondents¹⁹. Lautan and Savitri (2021) explained that 117 persons (97.7%) of 129 nurses were in mild anxiety; it was due to adaptation to new habits against COVID-19²⁰.

Problems caused by COVID-19 are not only health disorders but also social, economic, and mental; one of them is anxiety²¹. Cheng et al (2020) illustrated that health workers have increase of physiological problems in facing the COVID-19 pandemic due to the anxiety²². Anxiety is vague feeling due to fear or discomfort followed by a certain response. If the feeling is not given by the right intervention, it will be chronic anxiety that can interfere with daily activities²³.

Table 3 is the analysis result of pearson product-moment obtained p-value is 0.007 meaning that p-value is lower than 0.05, on the other hand, H_a is accepted. This shows

Table 2. Frequency Distribution based on Nurses' Anxiety (n=202)

Anxiety	Frequency (n)	Percentage (%)
Severe	7	3.5
Moderate	10	5.0
Mild	114	56.4
No Anxiety	71	35.1
Total	202	100

Table 3. The Relationship between Emotion Regulation and Nurses Anxiety

Variable	Mean	Standard Deviation	r-count	p value
Emotion Regulation	48.19	6.755	-	0.007
Anxiety	7.4	2.743	0.191	

that there is a significant relationship between emotion regulation and nurses anxiety during the COVID-19 pandemic. The better emotion regulation the nurses get, the lower anxiety they felt. Vice versa, the lower emotion regulation the nurses have, the higher anxiety they get. The result is in line with statement of Gross and Thompson (2006) that someone having a good emotion regulation will perform re-assessment of emotions and can control instruction on anxiety suppression, otherwise, individuals who have a bad emotion regulation are unable to do re-assess of emotions in order to control anxiety suppression²⁴.

Nurses feel anxiety during the COVID-19 pandemic. With the number of COVID-19 cases increased, it makes nurses worry about contracting the virus, both transmitted from patients and colleagues. According to Aprisandityas and Elfida (2012), when individuals get stressful situations on the environment and social life, they are in a state of being anxious. It means that when the individuals' cognitive is under pressure from environment and social life, it can produce anxiety as a reaction to the impending danger²⁵.

Nurses' anxiety can interfere with the work performance. As the frontline health workers handling the COVID-19 outbreak, nurses are required to control the emotions and provide nursing care professionally without worry or fear. Emotion regulation can decrease less adaptive emotion and increase significantly learning ability including learn to respond situation more adaptive²⁶. In this

case, nurses must conduct emotional management to minimize the anxiety.

Nurses who are able to manage the emotion well or have ability of high emotion regulation, they will not feel anxiety in facing the COVID-19 pandemic. Nurses who are still having anxiety about the COVID-19 pandemic need to train their mental and focus on their mind to reduce anxiety they felt. Managing emotions in individuals can affect anxiety and even their psychology. A good emotion regulation can reduce anxiety so that nurses can show professional performance.

Conclusion and Suggestion

In this study, it was found that there is a relationship between emotion regulation and nurses anxiety during the COVID-19 pandemic. It is expected that nurses comprehend their psychological condition and are able to regulation the emotions to focus on dealing with the problems, thus they are still able to determine the right intervention when providing nursing care to patients.

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References

1. National Health Commission of China. (2020). *Update on the new coronavirus pneumonia outbreak*. <http://www.nhc.gov.cn/yjb/s7860/20200>

- [2/945bd98a9d884aeeb54d76afa02ca813.shtml](https://doi.org/10.1001/jama.2020.3972)
2. Yuliana. (2020). Corona virus diseases (Covid -19); Sebuah tinjauan literatur. *Wellness and Healthy Magazine*, 2(1), 187–192.
<https://wellness.journalpress.id/wellness/article/view/v1i218wh>
3. Kementrian Kesehatan. (2020, April 6). Situasi Terkini Perkembangan Coronavirus (COVID 19) 6 April 2020. *Media Informasi Resmi Terkini Penyakit Infeksi Emerging*.
<https://covid19.kemkes.go.id/situasi-infeksi-emerging/info-corona-virus/situasi-terkini-perkembangan-coronavirus-covid-19-6-april-2020/#.XwGvwygzbiU>
4. Agung, I. M. (2020). Memahami Pandemi Covid-19 Dalam Perspektif Psikologi Sosial. *Psikobuletin: Buletin Ilmiah Psikologi*, 1(2), 68–84.
<http://ejournal.uin-suska.ac.id/index.php/Psikobuletin/article/view/9616/5058>
5. Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., & Dong, J. (2020). *Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information . January.*
6. Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., He, L., Sheng, C., Cai, Y., Li, X., Wang, J., & Zhang, Z. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e15–e16.
[https://doi.org/10.1016/S2215-0366\(20\)30078-X](https://doi.org/10.1016/S2215-0366(20)30078-X)
7. Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*, 3(3), e203976.
<https://doi.org/10.1001/jamanetworkopen.2020.3976>
8. Adams, J. G., & Walls, R. M. (2020). Supporting the Health Care Workforce during the COVID-19 Global Epidemic. *JAMA - Journal of the American Medical Association*, 323(15), 1439–1440.
<https://doi.org/10.1001/jama.2020.3972>
9. Cohen IG, Crespo AM, W. D. (2020). Potential legal liability for withdrawing or withholding ventilators during COVID-19: assessing the risks and identifying needed reforms. *JAMA: The Journal of the American Medical Association*.
<https://doi.org/10.1001/jama.2020.5442>
10. MHPSS Reference Group. (2020). Catatan Tentang Aspek Kesehatan Jiwa dan Psikososial Wabah Covid. *Iasc*, Feb, 1–20.
11. Putri, G. G., & Kristiana, I. F. (2018). Hubungan Antara Hardiness Dan Regulasi Emosi Pada Perawat Rumah Sakit Usada Insani Kota Tangerang. *Empati*, 6(4), 87–90.
12. Gross, J. J. (2014). Emotion regulation: Conceptual and empirical foundations. *Emotion Regulation*, 3–20.
13. Kostiuk, L. M., & Fouts, G. T. (2002). Understanding of emotions and emotion regulation in adolescent females with conduct problems: A qualitative analysis. *The Qualitative Report*, 7(1), 1–14.
<http://www.nova.edu/ssss/QR/QR7-1/kostiuk.html>
14. Davis, Joshua., Griffith, J., Thiel, C., & Connelly, S. (2015). *Development and Validation of a Measure for Emotion Regulation at Work: Introducing the Workplace Emotion Regulation Preference Inventory (WERPI [Personality and Individual Differences])*.
https://www.academia.edu/19587745/Development_and_validation_of_a_measure_for_emotion_regulation_at_work_Introducing_the_Workplace_Emotion_Regulation_Preference_Inventory_WERPI
15. Nafisah, D., Khatrine, L., & Juwariyah, S. (2021). Hubungan regulasi emosi terhadap tingkat kesehatan mental remaja pada masa pandemi covid-19. *Jurnal Manajemen Asuhan Keperawatan*, 5(2): 104-109.
16. Syahadat, Y.M. (2013). Pelatihan regulasi emosi untuk menurunkan

- perilaku agresif pada anak. *Jurnal psikologi Indonesia*, 10: 20-36.
17. Gross, J.J., & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology: An affective science perspective. *Clinical psychological science*, 2(4): 387-401.
 18. Ratnasari, S., & Suleeman, J. (2017). Perbedaan regulasi emosi perempuan dan laki-laki di perguruan tinggi. *Jurnal Psikologi Sosial*, 15(1): 35-46.
 19. Situmorang, L., & Sudharmono, U. (2021). Tingkat kecemasan perawat Instalasi Gawat Darurat terhadap paparan Covid-19. *Jurnal Penelitian Perawat Profesional*, 3(4): 799-806.
 20. Lautan, L.M., & Savitri, E. (2021). Tingkat kecemasan perawat di masa adaptasi kebiasaan baru. *Jurnal Ilmiah Kesehatan Pencerah*, 10(2): 224-231.
 21. Wang, Z.Q.W , & H, K. (2020). A handbook of 2019-nCov Pneumonia control and prevention. Hubei Science and Technology Press.
 22. Cheng, Q., Liang, M., Li, Y., He, L., Guo, J., Fei, D., & Zhang, Z. (2020). Correspondence mental health care for medical staff in China during the Covid-19. *Lancet*, 7: 15-26.
 23. Arifiati. (2019). Peningkatan sense of humor untuk menurunkan kecemasan pada lansia. *Aspek psikol*, 1(2): 139-169.
 24. Gross, J. J., & Thompson, R. A. (2006). Emotion Regulation: Conceptual Foundations. In J. J. Gross (Ed.), *Handbook of Emotion Regulation*. New York: The Guilford Press
 25. Aprisandityas, A., Elfida, D. (2012). Hubungan antara regulasi emosi dengan kecemasan pada ibu hamil. *Jurnal Psikologi UIN Sultan Syarif Kasim Riau*, 2(2): 80-89.
 26. Manz, C. C. (2007). *Emosional Discipline* (Terj. Burhanudin Hamam Faizin). Yogyakarta: Thin