

Relationship Between Social Support and Emotional Regulation to the Resilience of Health Personnel in the COVID-19 Pandemi at Purwosari Health Centre in Pasuruan Regency

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Abstract

This study aims to determine the relationship between social support and emotional regulation on the resilience of health workers who work during the Covid-19 pandemic at the Purwosari Health Center, Pasuruan Regency. The measuring tool used in this study was a questionnaire consisting of three adaptation scales. The Multidimensional Scale of Perceived Social Support, consisting of 12 items, was used to measure social support variables, while the Difficulty in Emotion Regulation Scale-16 was used to measure emotion regulation variables, and The Connor-Davidson Resilience Scale, consisting of 25 items, was used to measure resilience variables. The data that has been collected is then analyzed using simple linear and multiple linear correlations. The study results show a significant relationship between social support and emotional regulation on the resilience of health workers working during the Covid-19 pandemic.

Abstrak

Penelitian ini bertujuan untuk mengetahui hubungan antara dukungan sosial dan regulasi emosi terhadap resiliensi tenaga kesehatan yang bekerja selama masa pandemi Covid-19 di Puskesmas Purwosari, Kabupaten Pasuruan. Alat ukur yang digunakan pada penelitian ini adalah angket yang terdiri dari tiga skala hasil adaptasi. *The Multidimensional Scale of Perceived Social Support* yang terdiri dari 12 item digunakan untuk mengukur variabel dukungan sosial, sedangkan *The Difficulty in Emotion Regulation Scale-16* yang terdiri dari 16 item digunakan untuk mengukur variabel regulasi emosi, dan *The Connor-Davidson Resilience Scale* yang terdiri dari 25 item digunakan untuk mengukur variabel resiliensi. Data yang telah terkumpul kemudian dianalisis menggunakan korelasi linear sederhana dan linear berganda. Hasil penelitian menunjukkan bahwa ada hubungan yang signifikan antara dukungan sosial dan regulasi emosi terhadap resiliensi tenaga kesehatan yang bekerja di masa pandemi Covid-19.



INTRODUCTION

The Covid-19 pandemic is an ongoing problem in almost the whole world. At least 200 countries have been affected by this virus (World Health Organization [WHO], 2020). The Covid-19 case

was first identified at the end of 2019 in Wuhan, Hubei Province, China. The spread of this virus occurred very quickly outside of China. Every day there are increasing reports of cases of death

due to Covid-19. On January 30, 2020, WHO determined Covid-19 as a health condition that attacks the wider community and causes world anxiety (Nathavitharana et al., 2020). Indonesia is among the numerous nations affected by the global spread of the Covid-19 virus. One of the national news portals, Kompas (Ihsanuddin, 2020), reported that two Depok residents experienced the first cases of Covid-19 in Indonesia. After it was confirmed that two Indonesian citizens were exposed to Covid-19, in the following months, the number of victims due to Covid-19 in Indonesia increased and spread to various provinces in Indonesia.

Some of the many victims of Covid-19 malignancy are doctors determined and other health workers. According to a report from one of the national news portals, CNN Indonesia (2021), as many as 1,141 health workers throughout Indonesia were declared dead due to exposure to Covid-19. The Ministry of Health of the Republic of Indonesia stated that health workers are at the forefront of actions to prevent and treat the transmission of Covid-19. In addition, a survey conducted by the Faculty of Medicine, University of Indonesia, from February to August 2020, among 1,461 nurses throughout Indonesia, found that 82% of the subjects experienced moderate burnout, 1% experienced severe burnout, and 17% experienced mild burnout.

Based on the results of initial interviews with several health workers at the Purwosari Health Center, it is known that they experience symptoms of burnout, such as emotional exhaustion, anxiety, and insomnia. The appearance of these symptoms is because they have a feeling of fear that they will carry and can transmit Covid-19 to families who are at home. In addition, high pressure at work, such as additional hours and work responsibilities, also causes health workers at the Purwosari Health Center to experience symptoms of burnout. Although the Technical Instructions for Community Health Center Services During the Covid-19 Pandemic (*Petunjuk Teknis Pelayanan Puskesmas pada Masa Pan-*

demi Covid-19) released by the Indonesian Ministry of Health (2020) does not state that community health centers are locations where people affected by Covid-19 can receive treatment, health workers in such facilities have responsibilities and roles as community supervisors who quarantine and self-isolate at home.

Under challenging conditions such as during the Covid-19 pandemic, health workers need good self-resilience and the strength to rise from the problems they are experiencing. Resilience is the form of effort to rise from the problems that individuals are experiencing. The research results by Kristiani (2015) state that resilience is needed and is considered capable of helping nurses avoid or overcome burnout. Resilience ability is a concept that must exist in health workers because the profession gets the most pressure (Turner, 2014). Connor & Davidson (2003) explained that resilience is a person's ability to overcome anxiety, stress, and depression. According to Reivich & Shatté (2002), resilience is an individual's ability to face and respond to traumatic events more productively and healthily in everyday life. From this description, resilience is the ability that exists in individuals to rise and face the problems they are facing by thinking positively.

Furthermore, Campbell-Sills & Stein (2007) revealed factors influencing resilience, including internal, external, and demographic factors. Internal factors include emotional intelligence, personality, temperament, self-esteem, spirituality, and positive emotions. External factors include social support, family and peer support, parenting styles, and the role of the teacher. Demographic factors that affect resilience include age and gender. Taylor (King, 2010) states that individuals with high social support will successfully cope with stress compared to someone with less social support.

Sarafino (2011) explains that social support is a form of attention, appreciation, or assistance given to other people or from groups to individuals. Taylor (Saputri & Sugiariyanti, 2016) re-

vealed that social support could be more meaningful for individuals if the person giving it is closely related to the individual receiving it. Shumaker & Brownell (Fauziyah, 2021) defines social support as an exchange of resources by at least two individuals who are aware of both the giver and the recipient to improve the welfare of the recipient. Based on some of the descriptions above, social support is emotional and instrumental assistance from people who have close relationships with individuals and can provide benefits or have a good impact on the behaviour of individuals who receive it.

Myers (Hobfoll, 1986) reveals that three factors encourage individuals to provide social support: (1) empathy, namely sharing in the distress that others are experiencing, intending to respect the feelings of others who are experiencing these difficulties; (2) social exchange, namely reciprocal relations in social interaction with fellow human beings where a balance in exchange will produce conditions of satisfying interpersonal relations, and with the social exchange can make individuals believe that other people will provide support to one another; and (3) social norms and values function as guides for individuals in carrying out and completing obligations in their lives. It can be concluded from the description above that the factors that influence the formation of social support are empathy, social exchange, and social norms and values.

Individual psychological factors, such as upbeat personality, motivation, self-confidence, focus, and social support, can influence individuals who have good resilience. One of the positive personality characteristics in question is emotional stability which is obtained from how individuals regulate their emotions. According to (Gross, 2007), positive emotions can be obtained by individuals who can regulate or control the emotions that exist within them. Furthermore, Gross (Saputri & Sugiariyanti, 2016) explains that emotion regulation is an intrinsic and extrinsic process, consciously or unconsciously, that affects the emotional component in a controlled

or automatic way when someone is in a stressful situation. Individuals with good resilience skills will also be able to control emotions, behaviour, and good attention when faced with a problem. In addition, research conducted by Trompeter et al. (2017) states that emotion regulation can encourage individuals to be resilient. When individuals can control their feelings well, with the help of their cognitive knowledge abilities, they will be better able to survive and find solutions to the problems he is experiencing.

Based on this description, this study aims to find out, among other things: (1) the relationship between social support and the resilience of health workers who work during a pandemic; (2) the relationship between emotional regulation and the resilience of health workers working during a pandemic; (3) the relationship between social support and emotional regulation on the resilience of health workers working during a pandemic.

METHODS

This research uses a quantitative approach with a descriptive correlational research type. Respondents in this study were health workers at the Purwosari Health Center, Pasuruan Regency, who worked during the Covid-19 pandemic as many as 87 people. Sampling was carried out using the saturation sampling technique, which means using all population members as samples (Sugiyono, 2010). Data was collected by filling out a questionnaire in the form of a Likert scale. The scales used to measure each variable are the result of adaptation.

The social support variable is measured using the Multidimensional Scale of Perceived Social Support by Zimet et al. (1988), adapted by Eva & Bisri (2018), with 12 items and a reliability value of 0.839. Emotional regulation variables are measured using a scale from Bjureberg et al. (2016), namely the Difficulty in Emotion Regulation Scale-16 (DERS-16), adapted by Nasution (2019), with 16 items and a reliability value of 0.928. The Connor-Davidson Resilience Scale (CD-RISC), developed by Connor

& Davidson (2003) and adapted by Wahyudi (2020), is used to measure the resilience variable, with 25 items and a reliability value of 0.932. The data that has been collected will be analyzed using simple and multiple linear correlation analysis.

RESULTS

Description of the Characteristics of Research Respondents

This study involved 87 health workers from the Purwosari Health Center in Pasuruan Regency working during the Covid-19 pandemic, comprising 15 male respondents (17.2%) and 72 female respondents (82.8%). Among the 87 respondents, 41 people (47.1%) were between the ages of 20 to 29; 21 people (24.1%) were between the ages of 30 to 39; 16 people (18.4%) were between the ages of 40 to 49; and nine peo-

ple (10.3%) were between the ages of 50 to 59. Furthermore, based on their profession, out of 87 people, 31 people (35.7%) were nurses, 30 people (34.5%) were tocologists, two people (2.3%) were dental nurses, five people (5.8%) were laboratory arrangers, three people (3.4%) were pharmacists, three people (3.4%) were assistant pharmacists, three people (3.4%) were physiotherapists, two people (2.3%) were environmental health educators, three people (3.4%) were nutritionists, and five people (5.8%) were included as other health workers.

Descriptive Statistics

The following is a table of descriptive statistical test results from the data collected in this study using a research questionnaire consisting of three measuring scales for each variable as, previously mentioned.

Table 1.
Descriptive Statistical Test Results

Variables	N	Minimum	Maximum	Mean	Standard Deviation
Social Support (X1)	87	50	84	69.02	7.881
Emotional Regulation (X2)	87	41	80	61.87	8.239
Resilience (Y)	87	60	100	79.15	10.905

Based on Table 1, it can be seen that from a total of 87 health workers, the minimum, maximum, mean, and standard deviation values of each variable were obtained. The following is a description of each research variable.

Social Support

In the social support variable (X1), the minimum score obtained by the respondents is 50, and the maximum score is 84. The mean of all respondents in this variable is 69.02, with a standard deviation of 7.881. The categorization of social support variables is as follows.

Table 2.
Categorization of Social Support Variables

Variable	Categories	Criteria	Total	Percentage (%)
Social Support	Very low	< 57	9	10.3%
	Low	58 – 65	17	19.5%
	Moderate	66 – 73	32	36.8%
	High	74 – 81	25	28.7%
	Very high	> 81	4	4.6%
Total			87	100%

Table 2 shows data on the level of social support from respondents with five categories, including the very low categories with nine people, the low categories with 17 people, the moderate categories with 32 people, the high categories with 25 people, and the very high categories with four people. Based on these categories, it can be concluded that most respondents have moderate social support levels.

Emotional Regulation

In the emotion regulation variable (X2), the minimum score obtained by the respondent is 41 and the maximum score is 80. The mean of all respondents in this variable is 61.87 with a standard deviation of 8.239. The categorization of emotion regulation variables is as follows.

Table 3.
Categorization of Emotional Regulation Variables

Variable	Categories	Criteria	Total	Percentage (%)
Emotion Regulation	Very low	< 50	6	6.9%
	Low	51 – 58	24	27.6%
	Moderate	59 – 66	33	37.9%
	High	67 – 74	20	23.0%
	Very high	> 74	4	4.6%
Total			87	100%

Table 3 shows data on the level of emotional regulation of respondents with five categories, including the very low category with six people, the low category with 24 people, the moderate category with 33 people, the high category with 20 people, and the very high category with four people. Based on these categories, it can be concluded that most respondents have a moderate level of emotional regulation.

Resilience

For the resilience variable (Y), the minimum score obtained from the respondents is 60 and the maximum score is 100. The mean of all respondents on the resilience variable is 79.15 with a standard deviation of 10.906. The categorization of the resilience variable is as follows.

Table 4.
Categorization of Resilience Variables

Variable	Categories	Criteria	Total	Percentage (%)
Resilience	Very low	< 62	5	5.7%
	Low	63 – 73	21	24.1%
	Moderate	74 – 84	29	33.3%
	High	85 – 95	24	27.6%
	Very high	> 95	8	9.2%
Total			87	100%

Table 4 shows data on the resilience level of respondents with five categories, including the very low category with five people, the low category with 21 people, the moderate category with 29 people, the high category with 24 people, and the very high category with eight people. Based

on these categories, it can be concluded that most respondents have a moderate level of resilience.

Simple Linear Correlation Test

Table 5.
Simple Linear Correlation Test Results of Social Support (X1) to Resilience (Y)

Pearson Correlation (r _{xy})	Significance	Conclusion
.368	.000*	H ₀ is rejected
*) p < .05 is considered significant		

Based on Table 5, it is known that the significance value obtained is 0.000. Because this value is less than 0.05, it can be interpreted that there is a relationship between social support and the resilience of health workers at the Purwosari Health Center in Pasuruan Regency who worked during the Covid-19 pandemic. The correlation coefficient between the two variables is 0.368. Sugiyono (2010) states that the coefficient be-

tween 0.20 and 0.399 is classified as a low correlation. The correlation coefficient number is positive, which means that the higher the level of social support, the higher the resilience of health workers. Vice versa, the lower the level of social support, the lower the level of resilience. Next, a multidimensional hypothesis test was carried out to see whether the dimensions of social support correlate with resilience.

Table 6.
Multidimensional Hypothesis Test Results of Social Support

Support Social Dimensions	Pearson Correlation (r _{xy})	Significance	Conclusion
Friend	.392	.000*	H ₀ is rejected
Family	.305	.004*	H ₀ is rejected
Significant Other	.407	.000*	H ₀ is rejected
*) p < .005 is considered significant			

Based on Table 6, it is known that the three dimensions of social support obtain a significance value of less than 0.05. These results mean a relationship exists between the dimensions derived from friends, family, and significant other aspects of resilience. The correlation coefficient

on the dimensions of friends and family is between 0.20 and 0.399, classified as a low correlation category, while for the dimension of significant other is between 0.40 and 0.599, classified as a sufficient correlation category.

Table 7.
Simple Linear Correlation Test Results for Emotion Regulation (X2) to Resilience (Y)

Pearson Correlation (r _{xy})	Significance	Conclusion
.216	.045	H ₀ is rejected
*) p < .05 is considered significant		

Based on Table 7, it is known that the significance value obtained is 0.045. Because this value is less than 0.05, it can be interpreted that there is a relationship between emotional regulation and the resilience of health workers at the Purwosari Health Center in Pasuruan Regency who worked during the Covid-19 pandemic. The correlation coefficient between the two variables

is 0.216. Sugiyono (2010) states that the coefficient between 0.20 and 0.399 is classified as a low correlation. The positive correlation coefficient means that the higher the level of emotion regulation, the higher the level of resilience. Vice versa, the lower the level of emotional regulation, the lower the level of resilience.

Multiple Linear Correlation Test

Table 8.

Multiple Linear Correlation Test Results of Social Support (X1) and Emotional Regulation (X2) on Resilience (Y) of Health Workers Working During the Covid-19 Pandemic

R	Adjusted R Square	F Change	Conclusion
.436	.171	.000*	H ₀ is rejected
*) p < .05 is considered significant			

Table 8 above shows that the significance value of F Change is less than 0.05, which is 0.000. Therefore, it can be interpreted that H₁ is accepted, which means there is a relationship between social support and emotional regulation on the resilience of health workers who work during the Covid-19 pandemic. The correlation coefficient of 0.436 means that the correlation is included in the moderate correlation. In addition, it is known that the Adjusted R Square of 0.171 means that social support and emotional regulation contribute 17.1% to the resilience of health workers who work during the Covid-19 pandemic. In comparison, other variables determine the remaining 82.9%. The positive correlation coefficient means that the higher the social support and emotional regulation level, the higher the resilience of health workers working during the Covid-19 pandemic. Vice versa, the lower the social support and emotional regulation level, the lower the level of resilience of health workers working during the Covid-19 pandemic.

DISCUSSION

Clare et al. (2010) stated that social support is one factor that influences resilience. The existence of social support that individuals get from the people around them can increase positive feelings and make individuals not feel alone in facing their problems. Furthermore, Campbell-Sills & Stein (2007) revealed that social support is an external factor that can help individuals achieve resilience. The results of this study align with previous research conducted by van Kessel (2013), which stated that social support from the community and family has a relationship in helping individuals achieve resilience.

From the results of this study, it can be seen that health workers at the Purwosari Health Center who worked during the Covid-19 pandemic had sufficient value in social support from friends, family, and significant others. Support from friends can give health workers a sense of belonging to someone other than family. Especially during critical times due to the Covid-19 pandemic, where health workers in Indonesia play the frontline in fighting the spread of Covid-19, colleagues can encourage one another. The magnitude of the role given by the friend dimension can be seen in how fellow health workers strengthen and encourage one another in dealing with a pandemic. As stated by Astrini (2011), establishing relationships and also developing a mutually supportive attitude between individuals can be an alternative way to reduce feelings that tend to be negative and hinder the achievement of goals. Apart from support from friends, support from family and significant others can also help health workers recover from their problems.

Individuals with good resilience are influenced by the social support they receive and can also be influenced by internal factors, such as positive emotions (Campbell-Sills & Stein, 2007). Positive emotions are obtained from the way individuals regulate their emotions. According to Reivich & Shatte (Nasution, 2019), emotional regulation is an important thing that can help individuals to control their emotions when facing pressure. If the individuals can express their emotions appropriately, then they will be able to grow the ability of resilience in him. Meanwhile, according to Sukmaningpraja &

Santhoso (2018), individuals with emotional regulation skills can be calm even though they are facing a stressful situation in their life. Research by Mawardah & Adiyanti (2014) states that good emotional regulation abilities will help direct a person's behavior.

This study's results align with previous research conducted by Wahda (2019), which states that there is a relationship between emotional regulation and resilience. Furthermore, research conducted by Donoso et al. (2015) showed that nurses with higher emotional regulation abilities would also have high motivation at work and well-being when dealing with emotional demands at work. This finding also aligns with research conducted by Trompeter et al. (2017), which states that emotional regulation can encourage individuals to be resilient. When individuals can control their feelings well, with the help of their cognitive knowledge abilities, they will be better able to survive and find solutions to the problems they are experiencing.

This can happen because individuals have great potential to deal with existing problems. Individuals can learn from past experiences or their surroundings which makes them resilient in dealing with any problems, including when working during the Covid-19 pandemic as it is today. Desmita (2009) states that resilience is not only owned by a person or group of people but by everyone. In this case, every individual, including health workers working during a pandemic, can learn to deal with difficult conditions befall him. This is reinforced by research by Turner (2014), which states that nurses who have high resilience do not experience stress easily and can work in excellent conditions.

Based on the explanation above, it can be concluded that most Purwosari Health Center health workers who worked during the Covid-19 pandemic had sufficient levels of resilience. This conclusion means that health workers feel they can rise and face problems while working during the Covid-19 pandemic. The results of this study are in accordance with the description of re-

silience put forward by Connor & Davidson (2003), namely, individuals who have resilience can adapt and develop amid the difficulties and pressures they face. In addition, from the research results, information was obtained that most health workers indicated that they had tried hard and did not give up on achieving their goals. This indicates that there is an effort being made by health workers to find the best solution to solve the problems encountered while working during the current Covid-19 pandemic.

The Covid-19 pandemic has been a difficult time for health workers worldwide because, at this time, health workers are on the front line in tackling the spread of the virus that has caused millions of human lives to be lost. The increasing number of cases due to Covid-19 in Indonesia has resulted in higher pressure faced by health workers. Therefore, with the social support received by health workers, it is hoped that it can help them deal with difficult times like today so that health workers can be well-efficiency and reduce burnout rates in health workers.

Based on the explanation above, this research has proven that social support and emotional regulation have a significant relationship with health workers' resilience during the Covid-19 pandemic. Health workers with good social support and emotional regulation abilities will also have good resilience skills. Conversely, poor social support and emotional regulation abilities will also lead to poor resilience. Good resilience will make health workers not easily give up and drag on in difficult circumstances and help them get back up, carry out their lives, and work well.

CONCLUSION

Based on the results of the research that has been described, it can be concluded that: (1) there is a significant and positive relationship between social support and the resilience of health workers who work during the Covid-19 pandemic; (2) there is a significant and positive relationship between emotional regulation and the resilience of health workers who work during the

Covid-19 pandemic; and (3) there is a significant and positive relationship between the variables of social support and emotional regulation on the resilience of health workers who work during the Covid-19 pandemic. It is recommended that health workers maintain good relations with their families and those around them so they have a place to share and get social support, so they do not feel alone when facing problems. In addition, it is suggested that the community health center can provide outreach programs or seminars regarding the importance of emotional regulation and social support to increase the resilience of health workers working during a pandemic.

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