Emotional Regulation, Psychological Resilience, and Depressive Symptoms among Caregivers of Patients with Psychiatric Disorders

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ABSTRACT

Background: Caregivers of psychiatric patient are exposed to significant psychological burdens, with depression being a common consequence. Emotional regulation and psychological resilience are recognized as potential protective factors that may help caregivers manage these burdens and reduce depressive symptoms. **Aim:** To explore the relation between emotional regulation, psychological resilience, and depressive symptom among caregivers of patients with psychiatric disorders. **Design**: A descriptive, cross-sectional methodological approach characterized this research**. Setting:** The study was executed within the psychiatric outpatient clinics situated at Port Said Health Hospital, along with an affiliated Addiction Treatment facility. **Subjects**: A purposive sample of 384 individuals serving as caregivers for psychiatric patients. **Data collection tools:** Four distinct tools: a questionnaire designed to gather personal and clinical characteristics, the Emotional Regulation Questionnaire, the Psychological Resilience Scale, and An Arabic Version of Beck Depression among caregivers of psychiatric patients. **Results:** More than three-quarters (78.4%) of the psychiatric patients' caregivers exhibited infrequent habitual engagement with emotional regulation strategies. Concurrently, over half (61.5%) of this caregiver cohort displayed an elevated degree of resilience, while more than one-third (38.3%) reported experiencing moderate depressive symptoms. **Conclusion:** The total scores for psychological resilience, emotional regulation and depressive symptoms were found to be negatively associated. Furthermore, a statistically significant positive connection has been observed between the total emotional regulation score and the total psychological resilience score. **Recommendations:** The study recommended that an educational program aimed at enhancing emotional regulation skills and employing resilient coping strategies may assist in alleviating depression symptoms.

Keywords: Caregivers of psychiatric patients; Depressive symptoms; Emotional regulation; Psychological resilience

INTRODUCTION

Psychiatric disorders are defined as clinical syndromes involving significant disruptions in an individual's cognitive abilities, emotional control, or behavior. These disturbances are indicative of underlying impairments in psychological, biological, or developmental mechanisms that govern mental functioning (Mohamed, Zaki, Saber, & Mohammed, 2024). It is estimated that nearly 90% of individuals diagnosed with severe mental health conditions rely on their family members for continuous emotional and practical support (Cham et al., 2022).

In many cases, family caregivers assume caregiving roles without adequate preparation or training, resulting in increased psychological burden. Though caregiving can bring positive meaning, it frequently leads to emotional strain, psychological distress, and depression (Li et al., 2021). Emotional regulation and psychological resilience serve as crucial protective mechanisms that enhance a caregiver's capacity to manage these challenges.

Emotion regulation (ER) encompasses the set of internal and external mechanisms that influence how individuals experience and express emotions, including adjustments in their frequency, intensity, and duration (Wylie, Colasante, De France, Lin, & Hollenstein, 2023). Cognitive aspects of emotion regulation are closely integrated with daily human functioning, as they enable individuals to interpret, process, and manage emotional reactions in response to various stressful situations (Garnefski et al., 2020). When emotion regulation strategies are effectively utilized, they contribute to improve social functioning, a reduction in negative affective states, and enhanced psychological resilience (Pornoshadi, Moradi, & Veiskarami, 2020).

In recent years, psychological resilience has been increasingly identified a fundamental protective factor influencing the mental health and emotional outcomes of caregivers. It reflects an individual's capacity to remain stable, emotionally balanced, and functionally effective when facing life stressors and adversities (Aprilianti, 2024). Operationally, resilience is conceptualized as a cognitive and emotional process that enables individuals to develop persistence, maintain a positive

outlook, and respond adaptively to difficult circumstances—demonstrated through attributes such as positive self-reflection, rational decision-making, emotional regulation, and the ability to function under pressure (Bekhet & Garnier-Villarreal, 2020). Numerous studies have reported that higher resilience levels among caregivers are strongly correlated with fewer symptoms of depression and improved emotional health and well-being (Yu et al., 2020).

Depression is among the most prevalent and burdensome psychiatric conditions affecting family caregivers of individuals with mental illness (Phillips, Durkin, Engward, Cable, & Iancu, 2023). The clinical manifestations of depressive symptoms typically include persistent low mood, diminished interest in daily activities, chronic fatigue, disturbances in sleep and appetite, feelings of guilt or hopelessness, impaired concentration, and withdrawal from social interactions (American Psychiatric Association, 2022; Park et al., 2020). Research has shown that caregivers of mentally ill individuals exhibit significantly higher rates of depressive symptoms—often more than double those observed in the general population (Di Lorenzo et al., 2024). This increased vulnerability is closely associated with chronic exposure to caregiving-related stressors, which are frequently intensified by factors such as the severity of behavioral issues in care recipients, extensive functional impairments, and limited social or emotional support (Almotairi et al., 2023; Cong et al., 2021). Given their central role in providing continuous support and meeting the complex needs of patients, caregivers are at persistent risk for psychological distress and mood-related disorders (Aman et al., 2020).

For many individuals, effectively managing emotions in a manner that supports psychological stability and overall mental well-being can be particularly challenging—especially in the context of diminished resilience (Pinheiro, Gonçalves, & Cunha, 2024). Research consistently indicates that both an individual's ability to regulate emotions and their level of psychological resilience are influential factors contributing to the onset and severity of anxiety and depressive disorders (Liu et al., 2021).

Significance of study

Providing care for people with mental illnesses can have a negative impact on the family's general well-being and place a heavy psychological and physical strain on family caregivers. Daily functioning and quality of life may be hampered by the prolonged emotional involvement, effort, and commitment required of the caregiving role. According to Lane et al. (2022), 38.8% of caregivers had depression symptoms and 28.6% reported clinically relevant anxiety symptoms. Deficits in emotional processing, such as difficulties recognizing, accepting, comprehending, and controlling emotional events, are commonly linked to caregiver depression (Massarwe & Cohen, 2023).

The practice of controlling emotional experiences, especially their intensity, timing, and expression, is known as emotion regulation (Pinheiro, Silvam, & Magalhães, 2020). Furthermore, it has been acknowledged that psychological resilience is a protective characteristic that could help caregivers positively adjust and recover from stressors associated with caregiving (Mayordomo et al., 2021). To reduce depressive symptoms and enhance caregivers' psychological well-being, these results highlight the significance of enhancing emotional regulation and resilience. Thus, this research clarified the assessment of the relationship among caregivers of psychiatric patients between psychological resilience, emotional regulation, and depressive symptoms.

AIM OF THE STUDY

This study aimed to explore the relation between emotional regulation, psychological resilience, and depressive symptoms among caregivers who care for patients with psychiatric disorders:

Specific objectives:

1. To assess emotional regulation levels among caregivers of patients with psychiatric disorders.

2. To measure psychological resilience levels among caregivers of patients with psychiatric disorders.

3. To evaluate the severity, and depth of depressive symptoms among caregivers of patients with psychiatric disorders.

4. To examine the relation between emotional regulation, psychological resilience, and depressive symptoms among caregivers of patients with psychiatric disorders.

SUBJECT AND METHODS

I. Technical design

Technical design included study design, setting, subjects, sample size and data collection tools.

Research design:

This study used a descriptive correlational research design.

Study Setting:

This study was conducted at Port Said Psychiatric Health Hospital and Addiction Treatment's psychiatric outpatient clinic, which is executed by the Ministry of Health's General Secretariat of Mental Health and Addiction Treatment (GSMHAT). Patients may access psychiatric treatments continuously throughout the week at the outpatient clinic, which is accessible every day from 10:00 a.m. to 2:00 p.m.

Study Subjects:

A purposive sample of family caregivers of psychiatric patients who visited the aforementioned setting for follow-up visits with their relatives undergoing psychiatric treatment was included in the study.

Inclusion criteria:

Caregivers aged 18 years or older, of both genders, who expressed willingness to participate and had been co-residing with and providing care to the psychiatric patient for a minimum duration of one year were eligible for inclusion.

Exclusion criteria:

- Caregivers with any mental disabilities.

Sample Size

Based on results from a previous study showing that almost 50% of caregivers of patients with psychotic illnesses in Egypt had depressive disorders, the sample size was established (Abd El-Ghafara et al., 2018). This prevalence estimate and pertinent statistical factors were used to determine the necessary sample size.

- $n = \frac{(z\alpha 2)\times pq}{d}$ (Sahai & Khurshid, 1996)
- $n =$ Sample size
- $z\alpha 2 =$ The value of standerd normal distribution for type 1 error
- probility for thesided test and equal 1.96
- p represents the expected proportion in the population based on prior studies or pilot studies
- $q = 1 - p$
- $d^2 =$ The accuracy of estimate (.05)
- $n = \frac{(1.96)^2\times.5\times.5}{(0.05)^2} =$ $384 + 10\%(38)$caregivers of patients with psychiatric disorders

A total of 422 caregivers of patients with psychiatric disorders comprised the projected sample size of 384 caregivers, along with an expected non-participation rate of 10% (38 individuals).

Data Collection tools

The following four tools were used for data collection:

Tool I: Personal and clinical characteristics questionnaire for caregivers of patients with psychiatric disorders:

The data collection instrument was developed in Arabic by the researcher through a comprehensive review of relevant literature, subsequently undergoing review and validation by academic supervisors. This tool systematically documents caregivers' personal characteristics including (Age, marital status, level of education, gender, working status, monthly income, residence, number of family members,

relationship between psychiatric patient & caregiver, and number of years for providing caregiving). Alongside clinical data pertaining to caregivers medical health status, diagnosis of the psychiatric patient, and psychiatric family history.

Tool II: Emotional Regulation Questionnaire (ERQ):

This tool developed by Gross (2003); Cabello et al. (2013) in English language, comprises 10 core items assessing habitual use of emotional regulation strategies. For this study, the tool was translated into Arabic by the researcher. The reliability of Emotion Regulation Questionnaire was done by measuring the internal consistency of the items using the Cronbach's alpha coefficient in which it was reliable as r=(0.73-0.79) respectively confirming their suitability for the analysis, and scored high on a test of concurrent validity as shown by the Pearson's correlation coefficient (0.69).

Scoring System:

The Likert scale has seven points, with 1 denoting "strongly disagree" and 7 denoting "strongly agree," for each item on the scale. Six items (items 1, 3, 5, 7, 8, and 10) measure cognitive reappraisal, and four items (items 2, 4, 6, and 9) measure expressive suppression. These two subscales make up the scale. Higher scores on each subscale signify a more consistent application of the corresponding emotional management technique.

Tool 1I1: Psychological Resilience Scale:

The scale, which consists of 25 items, was created by Connor and Davidson, (2003) in English language and translated into Arabic by Khatib & El Helw, (2007). Its purpose is to assess the caregivers' resilience and positive adaptation to stressful situations. With a Cronbach's alpha coefficient of r = 0.70, the Arabic version of the CD-RISC showed good internal consistency and adequate validity, among other psychometric qualities that indicate accurate measurement.

Scoring System:

A five-point Likert scale, with 0 denoting "not true at all" and 4 denoting "true nearly all the time," is used to rate each item on the Connor-Davidson Resilience Scale. The entire degree of psychological resilience is reflected in the potential score, which runs from 0 to 100. Resilience levels are categorized as follows based on the overall score:

If the score was less than 50, there was a mild degree of resilience.
If the score falls between 50 and 75, the resilience level is moderate.
If the score was more than 75, there was a high degree of resilience.

Tool 1V: Beck Depression Inventory (BDI):

This self-report scale, which was created by Beck et al. (1961) in English and translated into Arabic by Garieb (2012), measures the depth, intensity, and severity of depressive symptoms. It consists of 21 items that are statements about symptoms of depression, including social isolation, sadness, fatigue, low energy, lack of safety, loss of appetite and feeling discouraged about the patient, and not enjoying things. Using the Cronbach's alpha coefficient to measure the internal consistency of the items, the reliability of the Arabic version of the Beck Depression Inventory (BDI) was determined to be r=.83 (Garieb, 2012). Following item substitutions and rewording to align with DSM-IV criteria for major depressive disorders, the BDI-II's content validity has increased. Clinical depression ratings and the BDI for psychiatric and non-psychiatric conditions have been reported to have mean correlation coefficients of 0.72 and 0.60, respectively (Beck, Steer & Carbin, 1988).

Scoring System:

Each item has four possible statements, and the caregiver is asked to select the one that best sums up who they have been over the past two weeks. The scores for each item were 0, 1, 2, and 3, with 3 denoting the most severe option:

Score	0-9 marks	10-16 marks	17-29 marks	30-63 marks
Severity of depression	No signs of depression.	Mild symptoms of depression.	Moderate symptoms of depression.	Severe symptoms of depression.

Ii. . Operational Design:

The operational design encompassed preparatory phase, fieldwork, pilot study, tool validity, reliability:

Preparatory Phase

It featured a thorough analysis of pertinent research, theoretical models, and empirical data pertaining to different study aspects. The sources that were consulted included professional journals, peer-reviewed research articles, scientific publications, online databases, and scholarly books.

B. Pilot study:

Ten percent (n = 38) of the targeted caregivers of mental patients chosen at random from Port Said mental Health Hospital and Addiction Treatment participated in a pilot study. The goal of the pilot project was to estimate the time needed to complete the study and assess the data collection tools' clarity, relevance, and usefulness. To verify that the final results were valid and reliable, the caregivers who took part in the pilot study were included in the full study sample. Before starting the primary data gathering phase, the tools were modified as needed in light of the results of the pilot testing.

C. Field work:

Data was gathered in the Psychotic Health Hospital and Addiction Treatment between early November 2023 and late February 2024, a span of four months. The researcher visited the specified locations, obtained formal approval to conduct the study, and worked with the nursing director to arrange the details of data collecting during this phase.

The caregivers of mental patients who came to the outpatient clinic for treatment or regular follow-up were interviewed by the researcher. Three days a week, in particular on Mondays, Tuesdays, and Thursdays, data was collected. Participants

received a brief orientation at the beginning of the study, which included information about the researcher, the goal of the research, an overview of the instruments used to gather data, and a request for signed informed consent to take part.

Data were collected individually from 5 to 15 caregivers per day using the Arabic versions of the previously described tools. The time required to complete each questionnaire ranged from 15 to 30 minutes, depending on the caregiver's response pace. All participants received appreciation for their time and contributions to the study at the end of the research process.

Iii. Administrative Design:

The Dean of the Faculty of Nursing sent a formal letter to the Director of the specified study setting prior to the study's execution. In addition to outlining the study's purpose, the letter formally asked for collaboration and authorization to help carry out the research.

Ethical Considerations:

The research ethics committee of Port Said University's Faculty of Nursing and the ethics committee of the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health and Population, both approved the study protocol. After a brief description of the study's purpose, verbal informed consent was obtained from each participating caregiver prior to the data collection process to promote cooperation and confidence.

The information was used exclusively for scientific study, and all obtained data was kept completely confidential. Because no personally identifiable information was recorded, anonymity was guaranteed. The importance of participation being voluntary was underlined, and participants were made aware of their right to leave the study at any time without facing any repercussions. Furthermore, they received reassurance that their answers should accurately represent their true emotions and actions and that there was no right or wrong answer, guaranteeing complete respect for their privacy and independence.

RESULTS

Table (1): Frequency and percent distribution of psychiatric patients' caregivers' according their personal characteristics (n=384).

Personal characteristics	No.	%
Age (years)		
<30	73	19.0
30-<40	98	**25.5**
40-<50	83	21.6
50-<60	81	21.1
≥ 60	49	12.8
Min-Max, Mean ±SD	15-74 42.47±13.79	
Gender		
Male	146	38.0
Female	238	**62.0**
Marital status		
Single	70	18.2
Married	250	**65.1**
Divorced	26	6.8
Widow	38	9.9
Educational levels		
Not read and write	79	20.6
Read and write	17	4.4
Basic education	65	16.9
Secondary education	141	**36.8**
Bachelor degree of education	76	19.8
Post graduate education	6	1.6
Working status		
Working	207	**53.9**
Not working	143	37.2
Student	8	2.1
Retired	26	6.8
Occupation of working care giver N=207		
Employee	113	**54.6**
Skilled or manual worker	94	45.4
Income (month) "from caregiver' point of view"		
Enough	151	39.4
Not enough	219	**57.2**
Enough and overflowing	13	3.4

Table (2): Frequency and percentage distribution of the psychiatric patients' caregivers' according to patient clinical characteristics (N=384).

Clinical characteristics	No.	%
Patient diagnosis		
Schizophrenia	104	27.1
Depressive disorder	109	28.4
Bipolar disorder	39	10.2
Obsessive compulsive disorder	16	4.2
Anxiety	12	3.1
Manic disorder	5	1.3
Others	99	25.7
Disease onset/ years		
<5	112	29.2
5-<10	172	44.8
10-<15	81	21.1
≥15	19	4.9
Onset of treatment/years		
<1	90	23.4
1-<10	202	52.6
10-<20	70	18.2
20 ≥	22	5.7
Duration of patient illness (years)		
<5	240	62.5
5-<10	66	17.2
10-<15	45	11.7
15-<20	12	3.1
≥20	21	5.5
Number of psychiatric hospitalization/times (N=274)		
No	110	28.6
Once	148	**54.0**
Twice	54	19.7
More	72	26.3

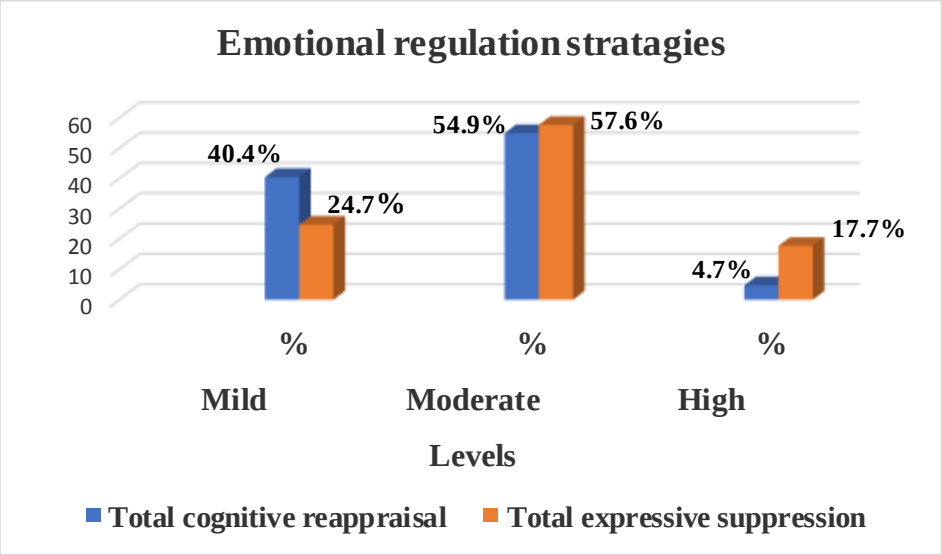

Figure (1): Distribution of the emotional regulation strategies levels among the psychiatric patients' caregivers' (N=384).

Table (3): Distribution of the total emotional regulation levels among the psychiatric patients' caregivers' (N=384).

Total emotional regulation strategies levels	No.	%
Greater habitual usage of that strategy	83	21.6
Lesser habitual usage of that strategy	301	78.4

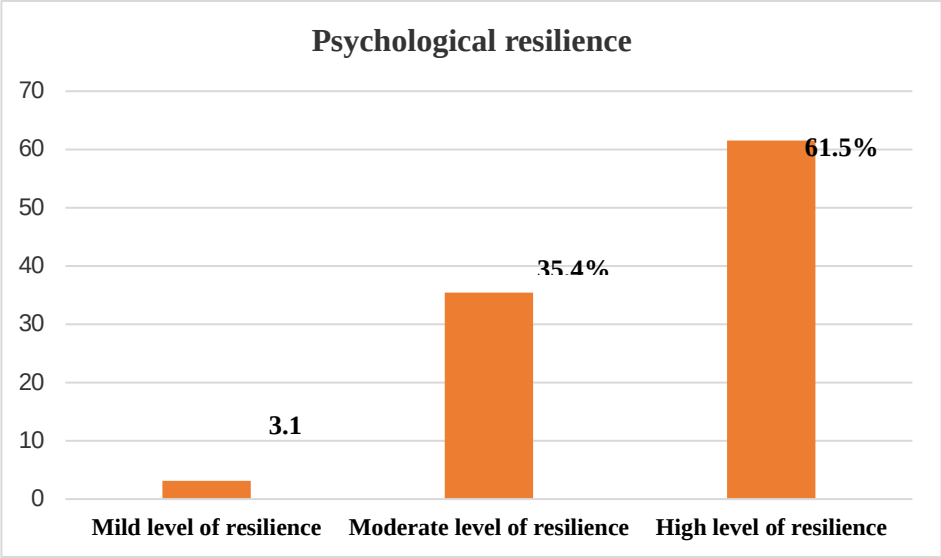

Figure (2): Reveals that distribution of the psychological resilience levels among thepsychiatric patients' caregivers' (N=384).

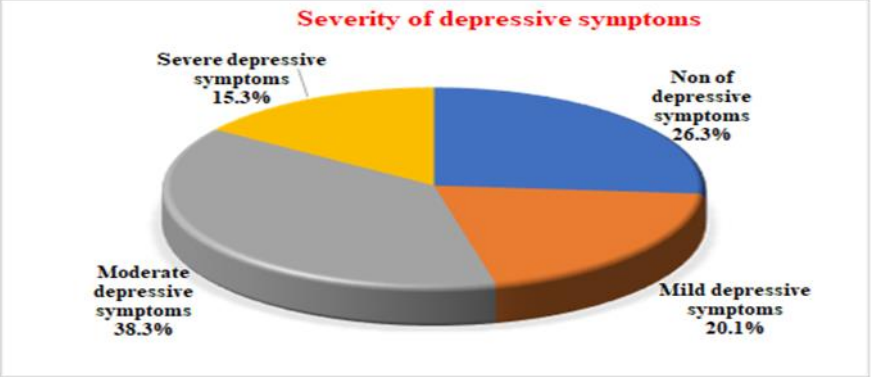

Figure (3): Displays that distribution of the severity of depressive symptoms among the psychiatric patients' caregivers' (N=384).

Table (4): Correlation between total score emotional regulation, psychological resilience, depressive symptoms among the psychiatric patients' caregivers.

Items	Total score of emotional regulation		Total score of psychological resilience		Total score of depressive symptoms	
	r	p-value	r	p-value	r	p-value
Total score of emotional regulation			0.369	0.000**	-0.116	0.023*
Total score of psychological resilience					-0.332	0.00**
Total score of depressive symptoms						
r= Spearman correlation	****Significant at P≤0.05**		****Significant at P≤0.01**			

DISCUSSION

Family caregivers are vital sources of care and emotional support for people with mental illnesses, but they frequently face significant stress and negative psychosocial outcomes. Depression is one of the most common psychological effects of caregiving, especially for those who look after patients with severe mental illness (Phillips, Durkin, Engward, Cable, & Iancu, 2023). Emotion regulation techniques including expressive suppression and cognitive reappraisal, which have been linked to a decrease in anxiety and depression symptoms, are frequently used by caregivers to manage such emotional demands (Preston, Carr, Hajcak, Sheffler, & Sachs-Ericsson, 2022).

Furthermore, according to Panzeri et al. (2024), caregivers who possess greater psychological resilience also typically demonstrate improved emotional well-being, a better comprehension of their relative's illness, and more positive interactions with the care receiver. Therefore, the goal of the current study was to look at how depressed symptoms, psychological resilience, and emotional regulation relate to those who care for patients with psychiatric disorders.

The results of the current study showed that more than three-quarters of the participants had low habitual use of emotional regulation strategies, which is indicative of general emotional regulation levels among caregivers of patients with psychiatric disorders. This result could be explained by the fact that more than half of the caregivers said they had trouble expressing or controlling their negative feelings. This could be a result of underlying emotional suppression or a lack of access to healthy coping strategies.

The present study's results are in line with those reported by Pirallahi, Alavi, Akbari, and Aliyari (2025), in their study entitled *"The Effect of the Mental Health Literacy Promotion Program on Emotion Regulation Strategies of Family Caregivers of Patients with Chronic Psychiatric Disorders in Isfahan, Iran."* Their results indicated that, prior to the intervention, the majority of family caregivers were unable to effectively utilize emotional regulation strategies. Additionally, many caregivers of individuals with mental disorders exhibited signs of emotional dysregulation, including heightened levels of stress and anxiety.

However, the findings of the current study contradict those of Bagheriamiri, Mirsepassi, and Sayad's (2024) study entilted "caregiver burden, attachment and cognitive emotion among the family caregivers of severe mental illness patients", which found that the most of the family caregivers of patients with severe mental illness in Iran used adaptive emotional regulation techniques. Given that culture shapes social norms, values, and beliefs and promotes the adoption of particular emotion management techniques, this contradiction may result from cultural differences, which are known to have an impact on emotion regulation.

According to the resilience framework, psychological resilience is the capacity to adjust to adversity and regain psychological equilibrium (Xiang, Dong & Zhao,

2020). Resilient caregivers are better able to handle a range of emotional, cognitive, behavioral, and social issues and have better mental health. Erkuş and Gümüş (2024) conducted a study named "Hope and Psychological Resilience in Primary Caregivers of Patients with a Chronic Mental Illness Followed in a Community Mental Health Center" and found that these individuals were also better equipped to handle negative emotions in difficult situations.

According to the results of the current study, less than two-thirds of the caregivers were highly resilient. This may be attributed to the fact that more than half of the participants had secondary or higher level of education , which that likely enhanced their ability to use coping strategies and problem solving techniques, also nearly half of them able to dealing with life's challenges and difficulties which improving their resilience.

Furthermore, this finding might have been influenced by cultural influences. Due to their sense of dedication to an unalterable condition, Egyptian families are considered to be more understanding and supportive of their loved ones (Palacio, Vera & García, 2020). According to earlier research, family members can remain united despite a sick patient's disagreeable conduct if they embrace and comprehend the characteristics of the condition. According to Abd El-Ghafar, El-Nabic, and Fathalla (2018), family caregivers can discover various strategies to adjust to their circumstances when they are able to accept the diagnosis and view a crisis scenario constructively.

This result is consistent with that of a study conducted in India in 2022 by Sruthi, Sreedevi, Sreejamol, Anjali, and Vaishnavi Nair, titled Stress Resilience among Caregivers of Patients with Mental Illness During the COVID-19 Pandemic, which found that nearly half of the caregivers had the highest resilience level. Also, McKenna and others (2023) found that almost half of caregivers usually show moderate to high levels of resilience in their study called "Toward Conceptual Convergence: A Systematic Review of Psychological Resilience in Family Caregivers of Persons Living with Chronic Neurological Conditions."

However, the current study's findings are different from those of Su, Liu, Li, and Chen (2021), who conducted a study in China titled "Investigation into the

psychological resilience of family caregivers burdened with in-home treatment of patients with bipolar disorder" and found that caregivers' psychological resilience was below the national norm.

The lifetime prevalence of depression, a prevalent psychiatric disorder and major public health issue, is estimated to be 10% in the general population, 20% in clinical settings, and most common among those who care for patients with severe mental illness and chronic medical conditions. Caregivers of patients with serious mental illness suffer twice as much as the general population, and providing care requires a significant investment of time and other resources (Munie et al., 2024).

Regarding depressed symptoms among caregivers of psychiatric patients, the current study found that more than one-third of the caregivers had moderate depression symptoms. This could be explained by the fact that over half of the caregivers in the study had jobs, which increased their responsibilities for providing care, caused them to be unhappy and stressed when they had to take full responsibility for the patient's care, and ultimately led to depression. According to Zhang, Subramaniam, Lee, Abdin, Sagayadevan, and Jeyagurunathan (2018), stigma affects not only the person with the severe mental illness but also those who are close to them as primary caregivers, which either directly or indirectly exacerbates depressive symptoms.

The findings of this study are in line with those of Munie et al. (2024), who conducted a study in Northwest Ethiopia titled Predictors of Depression Among Caregivers of Patients with Severe Mental Illness. They found that one-third of the primary caregivers of patients with severe mental illness experienced symptoms of depression. Additionally, Chen et al.'s (2025) study in China, which found that slightly less than half of the caregivers of patients with mental illness showed depressive symptoms, supports the current study's findings.

Pertaining to the correlation between emotional regulation levels of the caregivers of the psychiatric patients under study and their personal characteristics. The study discovered no statistically significant correlations between the use of emotional regulation and the caregivers' age, gender, marital status, or educational attainment. These results run counter to those of a study on the emotions expressed by

caregivers of people with schizophrenia conducted in Southern Thailand by Kaewchum, Pitanupong, Tepsuan, Yakkaphan, & Maneepongpermpoon (2025). This study found a statistically significant correlation between caregivers' usage of emotional control techniques and their occupation and educational attainment. This dispute might have anything to do with cultural differences.

This result indicates that there was a significant positive correlation between the psychological resilience and emotional regulation of the caregivers in the study, as well as between their overall emotional regulation and psychological resilience. It might have to do with how well emotion regulation lowers unpleasant feelings, increases resilience, and makes it easier to deal properly in social situations. Pornoshadi, Moradi, and Veiskarami (2020), who found that employing techniques for emotional regulation enhances psychological resilience, corroborate this finding.

In addition, Behrouian, Ramezani, Dehghan, Sabahi, and Ebrahimnejad Zarandi's (2021) study on the impact of emotion regulation training on the resilience of caregivers of patients with schizophrenia in southeast Iran demonstrated that emotion regulation cognitive and metacognitive skills can be recommended as one of the strategies for improving the psychological well-being of caregivers of patients with schizophrenia. Increasing caregivers' resilience and mental health can assist them better care for a patient with schizophrenia. They found that emotion management has a favorable influence on resilience, which is consistent with the findings of this study.

Regarding the relationship between the total psychological resilience of the caregivers under study and their depressed symptoms, this finding clearly shows that there was a statistically significant negative relationship between both of them. Given their ability to maintain their optimism in the face of a potentially fatal situation, caregivers with higher resilience levels may be better equipped to handle psychological discomfort. This finding is consistent with a study conducted in China by Fang, Dong, Fang, and Zheng (2022), which found a statistically significant negative connection between depressive symptoms and resilience among the primary family caregivers of stroke patients.

The study concluded by demonstrating a statistically significant negative link between the depressed symptoms and the emotional regulation of the caregivers.

According to a study by Bullard, Brown, Scheffer, Toledo, and Levenson (2024), women who care for patients with dementia who employ more emotional regulation techniques also have fewer depressed symptoms.

CONCLUSION

Based on the results of the present study, the following can be concluded:

The findings of this study revealed that there was a statistically significant negative correlation between psychological resilience and depressed symptoms as well as between overall emotional regulation and depressive symptoms. Additionally, a statistically significant positive correlation was found between psychological resilience and the total emotional regulation score.

RECOMMENDATIONS

- ***Based on the findings of the current study, the following recommendations were suggested***

- Psychiatric nurses working in outpatient clinics should play an active role in supporting caregivers by guiding them in the development of effective emotion regulation skills. This includes assisting caregivers in identifying and labeling their emotions, recognizing emotional triggers, and adopting flexible coping strategies. Additionally, providing targeted psychoeducation is essential to enhance caregivers' confidence, reduce uncertainty, and improve their understanding of the patient's mental health condition.
- Planning and implementation of psycho educational programs to help caregivers manage depression, confront negative thoughts, and develop more adaptable coping strategies.
- Implementing structured programs that equip caregivers with resilient coping strategies such as goal setting, positive reframing, and meaning-making within the context of their daily caregiving roles may significantly enhance their psychological well-being and contribute to more favorable mental health outcomes.

- Standardized assessment tools, such the Beck Depression Inventory (BDI), should be regularly used by psychiatric nurses to assess depressed symptoms in caregivers and make sure that they are promptly referred to the right psychiatric services when necessary.
- Future interventions ought to focus on improving psychological resilience and emotional regulation because both of these concepts have demonstrated a great deal of promise in reducing depressed symptoms in those who care for people with psychiatric illnesses.

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تنظيم العاطفة والمرونة النفسية والأعراض الاكتئابية لدي مقدمي الرعاية للمرضي النفسيين

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الخلاصة

الخلفية: يواجه مقدمي الرعاية للمرضى النفسيين أعباءً نفسيةً كبيرة، وتُعد الإصابة بالاكتئاب من أكثر النتائج شيوعًا. فالضغوط المزمنة والمتطلبات العاطفية المرتبطة بمهمة الرعاية قد تؤثر بشكل بالغ على صحتهم النفسية. وتُعد القدرة على تنظيم الانفعالات والتمتع بالمرونة النفسية من العوامل الأساسية التي تؤثر على كيفية تعامل مقدمي الرعاية مع هذه التحديات. إذ يسهم تنظيم الانفعالات الفعّال في تمكين مقدمي الرعاية من إدارة المشاعر القوية المصاحبة لدورهم، بينما تساعد المرونة النفسية على التكيف مع الضغوط المستمرة والحفاظ على مستوى جيد من الصحة النفسية. وبذلك، تلعب هذه العوامل دورًا محوريًا في تحديد الصحة النفسية العامة لمقدمي الرعاية وقدرتهم على تقديم الدعم المستدام. **الهدف:** دراسة العلاقة بين تنظيم الانفعالات، والمرونة النفسية، وأعراض الاكتئاب لدى مقدمي الرعاية للمرضى النفسيين. **العينة:** تم اختيار عينة قصدية مكونة من 384 من مقدمي الرعاية للمرضى النفسيين ممن استوفوا معايير الاشتمال المحددة. **تصميم البحث:** إستخدمت الدراسة تصميماً وصفياً ارتباطياً.**مكان إجراء الدراسة:** تم تنفيذ الدراسة في العيادات الخارجية للطب النفسي بمستشفى صحة بورسعيد وعلاج الإدمان، التابعين للأمانة العامة للصحة النفسية وعلاج الإدمان بوزارة الصحة. **أدوات جمع البيانات:** تم استخدام أربعة أدوات في جمع البيانات:الأداة الأولى: استبيان تنظيم الانفعالات, الأداة الثانية: مقياس المرونة النفسية, الأداة الثالثة: النسخة العربية من مقياس بيك للاكتئاب الخاصة بمقدمي الرعاية للمرضى النفسيين. **النتائج:** أظهرت النتائج أن أكثر من ثلاثة أرباع مقدمي الرعاية للمرضى النفسيين (78.4%) كانوا يستخدمون استراتيجيات تنظيم الانفعالات بمعدل أقل من المعتاد، وأن أكثر من نصفهم (61.5%) أظهروا مستوى مرتفعًا من المرونة النفسية، بينما أظهر أكثر من ثلثهم (38.3%) أعراض اكتئاب بدرجة متوسطة. **الخلاصة:** تم العثور على ارتباط سلبي بين الدرجات الكلية للمرونة النفسية، وتنظيم الانفعالات، وأعراض الاكتئاب. كما لوحظ وجود ارتباط إيجابي ذا دلالة إحصائية بين الدرجة الإجمالية لتنظيم الانفعالات والدرجة الإجمالية للمرونة النفسية. **التوصيات:** خلصت الدراسة إلى أهمية تصميم وتنفيذ برامج تعليمية موجهة تهدف إلى تعزيز مهارات التنظيم العاطفي وتدريب الأفراد على استخدام استراتيجيات التكيف المرنة، لما لذلك من أثر إيجابي محتمل في التخفيف من حدة أعراض الاكتئاب لدى مقدمي الرعاية لمرضى الاضطرابات النفسية.

الكلمات المرشدة: *مقدمي الرعاية; والأعراض الاكتئابية; تنظيم العاطفة; المرونة النفسية.*