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Effectiveness of Training in Coping with Occupational Stress on Emotion Regulation, Anxiety Sensitivity, and Resilience in Bank Employees

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Abstract

Background: Work-related stress, as described in the literature on occupations, refers to the negative response of individuals when faced with high levels of pressure or other demands in the workplace.

Objectives: The present study aimed to investigate the effectiveness of training in coping with occupational stress on emotion regulation, anxiety sensitivity, and resilience among Bank Mellat employees.

Methods: The research conducted was a quasi-experimental study that included a pretest-posttest design with a control group. A total of 670 employees at Bank Mellat in District 2 of Tehran participated in the study, selected from 53 branches using cluster random sampling during the spring of 2022. Out of the total participants, 36 employees were randomly chosen and assigned equally to two groups: an experimental group and a control group, each consisting of 18 participants. The experimental group underwent weekly training sessions for ten weeks, with each session lasting 120 minutes, aimed at managing occupational stress. The tools utilized in the study were the Job Stress Questionnaire, the Anxiety Sensitivity Index, and the Connor-Davidson Resilience Scale. Data analysis was carried out using SPSS software version 21, utilizing the multivariate analysis of covariance technique.

Results: The study on coping with occupational stress at a 95% confidence level indicated a positive impact on the emotion regulation ($P<0.05$), anxiety sensitivity ($P<0.05$), and resilience ($P<0.05$) of Bank Mellat employees.

Conclusion: Therefore, it can be concluded that training in coping with occupational stress had a significant positive effect on improving emotion regulation and resilience and reducing anxiety sensitivity in employees.

Keywords: Anxiety sensitivity, Emotion regulation, Occupational stress, Resilience

1. Background

Working life is considered one of the most important dimensions of every individual's life, which greatly affects mental health. One of the factors affecting employees' performance in organizations is occupational stress, which puts the mental health and well-being of many of them at risk (1). Occupational stress has become a common and costly issue in work environments today, to the extent that the United Nations has called it the disease of the 20th century, and in recent years, the World Health Organization has declared it a global problem. Occupational stress or tension is the individual's harmful physical and emotional responses when job needs, abilities, resources, or employee needs do not match (2). Since humans started working, they have faced

stressful and challenging factors depending on their personality traits in interaction with others and the conditions of the work environment. Unhealthy competition, mismatch between effort and expected successes from individuals' perspectives, discrimination, improper leadership styles by group or organizational leaders, harsh and exhausting working conditions, and other factors all point to the presence of stress and burnout from the beginning of the job (1).

Anxiety sensitivity refers to individual differences in how much they are afraid of physical symptoms that come with anxiety, such as increased heart rate, shortness of breath, and dizziness. This fear comes from the belief that these symptoms can cause harm in social, mental, and physical aspects (3). Individuals with high anxiety sensitivity not only perceive stressful events as catastrophic but also perceive relatively normal events as disastrous, whereas individuals with low anxiety sensitivity perceive these events as undesirable but do not catastrophize about them (4). Therefore, it can be concluded that an individual's evaluation of a stressful situation plays a determining role in its subsequent consequences (5). In other words, the tendency towards fear is the catastrophic interpretation of the anxiety symptoms and perpetuates most mental disorders, especially anxiety disorders, increasing anxiety responses and creating fear of anxiety-inducing stimuli. Anxiety sensitivity leads to biases in the retrieval and processing of information related to anxiety-provoking stimuli, which in turn sets the stage for a person to develop mental disorders, including social anxiety (6).

Positive psychology introduces resilience as the key to healthy individuals who face challenges and failures. From this perspective, resilience is a process in which individuals strive to restore a positive balance within themselves during or following stressful situations (7). The best definition for resilience is to consider it a successful adaptation to unfavorable conditions. Some researchers define resilience as a consequence of a construct and see it as lacking psychological problems in response to harmful events, while others focus more on the process of resilience, which shows quick adaptation to stressful events (8). Resilience training helps individuals gain self-awareness about their abilities and skills, enabling them to perform better under stressful conditions, handle problem-solving effectively, and manage situations properly (9). Resilience is an individual, family, or social ability to cope with adverse situations or life stresses and flourish from them in a way that is not only effective in the short term but also leads to an increase in the individual's capacity to respond to future challenges. Resilience does not mean returning life to conditions before adversity and challenges; however, what you learn from coping with difficulties helps you pay more attention to what is important to you in your life (7).

Emotion regulation involves methods to control which emotions we feel, when we feel them, and how we show them. It is seen as a complex system that encompasses various strategies for managing emotions, including regulating emotional experiences and key components of emotions, such as cognitive processes and physical, social, and behavioral reactions. In other words, cognitive emotion regulation strategies refer to how individuals think after experiencing a negative event or traumatic experience (10). Emotion regulation plays a fundamental role in psychological well-being. Emotional regulation training involves reducing and controlling negative emotions and enhancing and positively utilizing emotions (11). The ability to cope with emotions enables individuals to recognize emotions in themselves and others, understand how emotions affect behaviors, and respond appropriately to their emotions (12). Effective emotion regulation is crucial for adaptive functioning, while maladaptive strategies can have negative consequences, such as decreased well-being and physical illnesses (13). This study aimed to provide an

appropriate answer to the question of whether training in coping with occupational stress affects emotion regulation, anxiety sensitivity, and resilience in bank employees.

2. Objectives

In general, the available findings demonstrate that stressful occupational roles may harm individuals emotionally and psychologically. Research suggests that training in resilience and emotion regulation can be effective in alleviating anxiety, stress, and depression in various populations, such as pregnant women, cardiovascular patients, epileptic patients, nurses, and firefighters. Previous studies have primarily focused on the impact of emotion regulation and resilience training on reducing anxiety sensitivity and stress. Some studies have also looked at the effects of stress-coping training on these variables individually. However, no studies have been dedicated to examining the combined impact of occupational stress-coping training on emotion regulation, anxiety sensitivity, and resilience. This unique and practical aspect sets the results of this study apart from previous research.

3. Methods

This applied study was conducted using a quasi-experimental method with a pretest-posttest design and a control group. The research sample consisted of 670 Bank Mellat employees from District 2 of Tehran, working across 53 branches in spring 2022. For experimental and causal-comparative studies, it is recommended to have a sample size of at least 36 individuals in each group. However, there are instances where experimental research is conducted under controlled conditions with 18 individuals in each group. Regardless, repeating experimental research with 18 individuals confirms the validity of the findings completely. The study included 36 patients who received occupational stress-coping training and agreed to take part in the research (18 patients in each group). The sample size was determined using G*Power software, with a significance level of 0.05, a test power of 0.90, and an effect size of 1.42 (14). Therefore, out of 53 branches, 36 bank employees were selected using the cluster random sampling method. The first step of the procedure was to select 36 branches using cluster random sampling, and then, based on the limitations in branches for employees to attend the occupational stress-coping training program, one person from each branch was selected. The total number of these individuals was 36 (due to the attrition phenomenon), who were then randomly assigned to two groups of experiment and control consisting of 18 individuals each (Figure1).

The criteria for entry included obtaining a moderate score or higher on the William Dyer Occupational Stress Questionnaire, working in bank branches and in tasks involving direct customer interaction, not suffering from noticeable anxiety disorders or other psychological disorders affecting the study process (assessed through clinical observation and self-reporting), and being willing to cooperate. On the other hand, the exclusion criteria were inappropriate responses to questionnaires, unwillingness to cooperate, and absence from more than one session in training sessions.

After coordinating with the management of Branches in District 2 and the Training Department of Bank Mellat in Spring 2022, 36 out of 53 branches were randomly selected using cluster sampling. Due to the impossibility of selecting individuals randomly from branches due to the daily activities of the branches and the impossibility of active participation of all individuals or more than one person from each branch in training sessions, one person from each branch was selected voluntarily using convenience sampling, taking into account the criteria for entry. These individuals were then randomly assigned to two groups of 18 subjects in the experimental and control groups. After

justifying both groups and explaining the work stages and ethical considerations of the research, the pre-test was conducted. This stage involved the administration of questionnaires related to emotion regulation, anxiety sensitivity, and resilience in the experimental and control groups. In addition, the William Dyer Occupational Stress Questionnaire was completed by individuals in the branches at the time of sampling and before their placement. Upon collecting questionnaires from the control group, they were appreciated, served refreshments, and asked to participate in a similar session in the future to answer the post-test. Subsequently, individuals in the experimental group participated in ten 120-minute group counseling sessions (one session per week) focused on occupational stress-coping training. On the other hand, individuals in the control group did not receive any training during the period leading up to the post-test. After the end of the ten training sessions for the experimental group, the control group was invited to participate in the post-test, where questionnaires on emotion regulation, anxiety sensitivity, and resilience were taken simultaneously but separately from both the experimental and control groups, and the data was prepared for statistical analysis.

The stress-coping training intervention protocol developed by the Counseling and Psychological Services Association was utilized for occupational stress-coping training (15). This protocol aims to support employees in dealing with occupational and personal stress, encourage self-disclosure and increase self-awareness in a safe environment, strengthen peer support and create a sense of community, and teach practical coping skills for daily use. The implementation involved preparing ten training sessions and materials to be provided to participants at the appropriate time with the guidance and direction of advisor and supervisor professors. Each session consisted of two 60-minute parts. In the first part, participants were allowed to explore their immediate concerns in an open and interactive environment, while in the second part, a psychological training topic focused on skill-building through participatory methods was conducted. Both parts of each group counseling session were presented seamlessly and continuously so that the first part (open counseling) would transition into structured psychological training. Short breaks and refreshments were provided between the two parts to alleviate fatigue and maintain session dynamics. A summary of these ten sessions is provided flowingly:

Measures

Demographic information form

This form included questions about the level of experience, gender, organizational position, education level, history of exposure, and treatment of psychological and physical disorders.

Job Stress Questionnaire: Dyer (1987) developed a questionnaire with 7 items to measure job stress levels in individuals (16). Poorghaz et al. (2011) established content validity by expert evaluation and calculated reliability using Cronbach's alpha coefficient method (17). The job stress questionnaire was given to a sample of 30 randomly selected individuals, resulting in a reliability coefficient of $\alpha = 0.815$. Each item on the questionnaire is scored on a scale from 1 to 8, with the total score determined by multiplying the sum of all item scores by 3, rendering a final score of 21-168. Scores between 21 and 74 represent low job stress, 74-95 indicate moderate job stress, and above 95 show high job stress. The questionnaire was used in this study solely to categorize job stress levels in individuals and as an inclusion criterion for the study (those with moderate or high job stress).

Cognitive Emotion Regulation Questionnaire (CERQ): The questionnaire consists of 18 items that assess emotion regulation strategies in response to threatening events and life stresses. Participants rate each item on a five-

point scale ranging from never to always across nine subscales) (18). These subscales include self-blame, acceptance, focus on thought/rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing, and other-blame. The scores range from 2 to 10 in each subscale, with higher scores indicating greater use of that particular cognitive strategy) (18). Studies have shown that the questionnaire has appropriate psychometric properties, with Cronbach's alpha coefficients generally above 0.70 and sometimes above 0.80. The questionnaire also demonstrates good construct validity and factorial validity. Cronbach's alpha values for the subscales indicate good internal consistency, with scores ranging from 0.68 to 0.81. Additionally, Dadkhah and Shirinbayan (2012) obtained Cronbach's alpha reliability coefficient and test-retest at a 12-week interval for adaptive strategies of (0.79) and (0.84) and for maladaptive strategies of (0.88) and (0.86), respectively (19). In the current study, the Cronbach's alpha for all items of the emotion regulation questionnaire was (0.79), for adaptive strategies (0.84), for maladaptive strategies (0.79), and for the subscales of self-blame (0.65), acceptance (0.72), rumination (0.66), positive refocusing (0.65), refocus on planning (0.79), positive reappraisal (0.86), putting into perspective (0.67), catastrophizing (0.67), and other-blame (0.70), indicating the desirable reliability of this questionnaire.

Anxiety Sensitivity Index: Reiss and Peterson (1985) created a self-report questionnaire consisting of 16 items. The questionnaire covers physical concerns (8 items), cognitive concerns (4 items), and social concerns (4 items) (20). Participants rate each item on a five-point Likert scale, with options ranging from 1 to 5 points (1=very little, 2=little, 3=moderate, 4=much, and 5=very much). The questionnaire includes specific items for each factor: physical concerns (items 3, 4, 6, 8, 9, 10, 11, 14), cognitive concerns (items 2, 12, 15, 16), and social concerns (items 1, 5, 7, 13). To calculate a person's overall score on the questionnaire, the scores for each item are added together. Scores can range from 16 (lowest) to 80 (highest). Higher scores closer to 80 indicate heightened anxiety sensitivity, while lower scores suggest lower anxiety sensitivity. Respondents' scores are categorized as low-level anxiety sensitivity (less than 26), moderate anxiety sensitivity (26-33), and high-level anxiety sensitivity (higher than 33) based on their total score. Psychometric evaluations have demonstrated the internal consistency of this scale. The Cronbach's alpha coefficient was calculated to assess internal consistency, resulting in values between 0.80 and 0.90. Test-retest reliability after two weeks was 0.75, and over three years, it was 0.71, indicating that anxiety sensitivity is a stable personality construct (20). A study was conducted in Iran to examine the psychometric properties of this questionnaire. The reliability of the questionnaire was established through internal consistency, test-retest reliability, and factor analysis, yielding coefficients of 0.93, 0.95, and 0.97 for the entire scale, respectively (21). In the current study, Cronbach's alpha was 0.92 for the total items, 0.91 for the subscale of physical concerns, 0.75 for cognitive concerns, and 0.81 for social concerns, demonstrating good reliability of the questionnaire.

Connor-Davidson Resilience Scale: Connor and Davidson (2003) developed this questionnaire by reviewing the literature about resilience from 1979 to 1991 (22). This 25-item scale measures various dimensions of resilience and consists of five factors: perception of personal competence (items 10, 11, 12, 16, 17, 23, 24, 25), trust in one's instincts and tolerance of negative affect (items 6, 7, 14, 15, 18, 19, 20), positive acceptance of change and secure relationships (items 1, 2, 4, 5, 8), control (items 13, 21, 22), and spiritual influences (items 3 and 9). The

total score of this scale is obtained at a range of 25-125. The items are scored on a six-point Likert scale ranging from zero (not true at all) to five (always true), and the final score of the questionnaire is calculated by summing up the scores of each item, ranging from 25 to 125. Scores below 41 indicate low resilience, scores between 41 and 83 show moderate resilience, and scores above 83 suggest high resilience. This scale was standardized in Iran by Khoshouei (23). To determine the validity of this scale, first, the correlation of each score with the total score, except for item 3, was demonstrated with coefficients ranging from 0.41 to 0.64. Then, the items of the scale were subjected to factor analysis using the principal component method. Cronbach's alpha was used to determine the reliability of this scale, resulting in a reliability coefficient of 0.89 (23). According to the current study, the total items of the questionnaire had a Cronbach's alpha of 0.91. Furthermore, Cronbach's alpha for the perception of personal competence was 0.80, for trust in one's instincts and tolerance of negative affect was 0.75, for positive acceptance of change and secure relationships was 0.66, for control was 0.68, and for spiritual influences was 0.67, indicating good reliability of this questionnaire.

Method of Data Analysis

Descriptive and inferential statistics were utilized to examine the data in this research. Descriptive statistics included the use of frequency tables, graphs, means, standard deviations, sizes, measures of central tendency, and dispersion. It is essential to carefully assess the relevant assumptions before conducting inferential analysis and employing an appropriate statistical method to ensure the prerequisites for statistical tests are met. The assumption was tested using Levene's test, with all research variables showing significance levels higher than 0.05, confirming the assumption of variance homogeneity. The Box's M test was used to verify this assumption, with results indicating a significance level above 0.05, affirming the homogeneity of variance-covariance matrices assumption for the utilization of multivariate analysis of covariance (MANCOVA) in the research. In terms of inferential statistics, MANCOVA was employed to control for nuisance variable effects in the pretest, utilizing SPSS-21 software.

4. Results

The study included 16.7% females (3 individuals) and 83.3% males (15 individuals) in both the experimental and control groups. In the experimental group, 16.7% (3 individuals) had less than 5 years of work experience, 11.1% (2 individuals) had 5-9 years, 22.2% (4 individuals) had 15-19 years, 38.9% (7 individuals) had 20-24 years, and 11.1% (2 individuals) had over 25 years. In the control group, 16.7% (3 individuals) had less than 5 years of work experience, 22.2% (4 individuals) had 5-9 years, 27.8% (5 individuals) had 10-14 years, 22.2% (4 individuals) had 15-19 years, and 11.1% (2 individuals) had 20-24 years. The data in Table 1 presents the job positions of the participants. In the experimental group, 16.7% (3 individuals) were cashiers, 11.1% (2 individuals) were credit managers, 50% (9 individuals) were deposit and services bankers, and 22.2% (4 individuals) were credit bankers. In the control group, 5.6% (1 individual) were branch deputies, 11.1% (2 individuals) were cashiers, 11.1% (2 individuals) were credit managers, 50% (9 individuals) were deposit and services bankers, and 22.2% (4 individuals) were credit bankers. As for education background, in the experimental group, 5.6% (1 individual) had an associate degree or lower, 61.1% (11 individuals) had a bachelor's degree, and 33.3% (6 individuals) had a master's degree, while in the control group, 55.6% (10 individuals) had a bachelor's degree, 38.9% (7 individuals) had a master's degree, and 5.6% (1 individual) had a doctorate (Table 2).

The results in Table 3 show that the mean and standard deviation of the adaptive emotion regulation strategies scores in the

experimental group were 3.40±0.55 during the pretest phase and 3.53±0.52 in the post-test phase. In comparison, these were in the control group were 3.74±0.44 and 3.70±0.39, respectively.

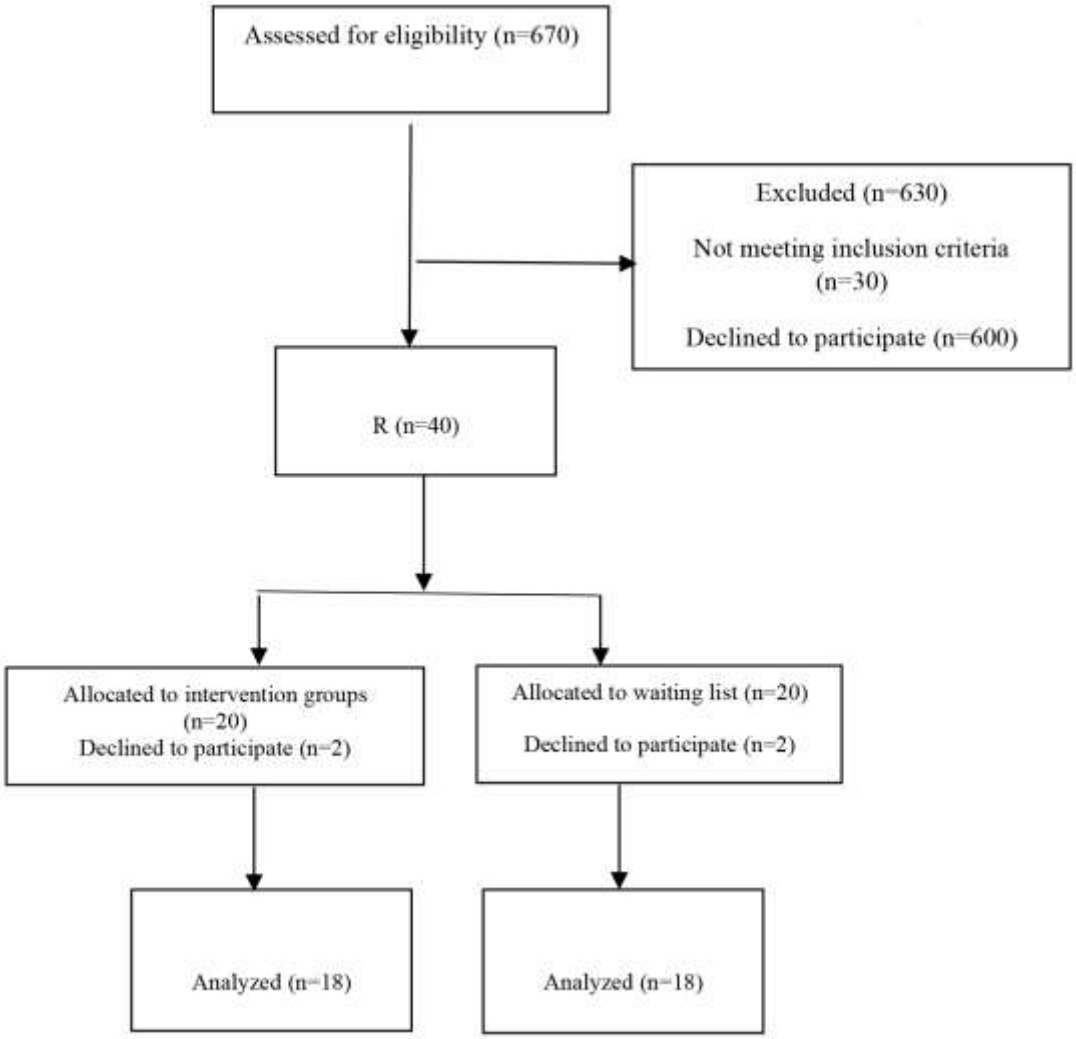

Figure 1: CONSORT diagram

Table 1. Summary of the content of training sessions

	Session content
Session 1	**Welcoming, introduction, establishing communication and mutual trust**
Session 2	**Understanding the importance of self-esteem and personal values**
Session 3	**Understanding the importance and training of self-care and relaxation skills**
Session 4	**Explaining and teaching personal and family communication skills**
Session 5	**Communication skills in the workplace**
Session 6	**Approaches of coping skills**
Session 7	**Practical coping skills and stress management**
Session 8	**Anger management**
Session 9	**The phenomenon of support for change**
Session 10	**Strategies for participation in the community and completion of the course and its evaluation**

Table 2. Description of the study sample

Variable		Experimental group		Control group	
		Frequency	Percentage	Frequency	Percentage
Gender	Female	3	7.16	3	7.16
	Male	15	3.83	15	3.83
Work Experience	Less than 5 years	3	7.16	3	7.16
	5-9 years	2	1.11	4	2.22
	10-14 years	-	-	5	8.27
	15-19 years	4	2.22	4	2.22
	20-24 years	7	9.38	2	1.11
	More than 25 years	2	1.11	-	-
Organizational Position	Head of Branch	-	-	-	-
	Branch Deputy	-	-	1	6.5
	Cashier	3	7.16	2	1.11
	Credit Manager	2	1.11	2	1.11
	Deposit and Services Banker	9	0.50	9	0.50
	Credit Banker	4	2.22	4	2.22
Education	Associate Degree and Lower	1	6.5	-	-
	Bachelor's Degree	11	1.61	10	6.55
	Master's Degree	6	3.33	7	9.38
	Doctorate	-	-	1	6.5

Table 3. Mean, standard deviation, skewness, and kurtosis of the emotion regulation scores in the pretest and posttest stages in the experimental and control groups

Group	Variable	M±SD	Skewness	Kurtosis
Experimental Group	Adaptive emotion regulation strategies (pretest)	3.40±0.55	0.13	-0.69
	Adaptive emotion regulation strategies (posttest)	3.53±0.52	-0.40	-0.26
	Maladaptive emotion regulation strategies (pretest)	3.11±0.57	0.46	0.15
	Maladaptive emotion regulation strategies (posttest)	2.91±0.39	-0.47	-0.87
Control Group	Adaptive emotion regulation strategies (pretest)	3.74±0.44	-0.34	-1.21
	Adaptive emotion regulation strategies (posttest)	3.70±0.39	-0.01	-0.62
	Maladaptive emotion regulation strategies (pretest)	3.18±0.52	0.61	0.08
	Maladaptive emotion regulation strategies (posttest)	3.12±0.41	0.37	-0.82
Experimental Group	Anxiety Sensitivity (pretest)	41.55±11.93	41.0	-46.0
	Anxiety Sensitivity (posttest)	40.11±10.96	21.0	-78.0
Control Group	Anxiety Sensitivity (pretest)	41.66±11.50	41.0	-39.0
	Anxiety Sensitivity (posttest)	41.86±11.07	46.0	-33.0
Experimental Group	Resilience (pretest)	97.94±11.25	-19.0	-78.0
	Resilience (posttest)	113.83±6.95	-44.0	-84.0
Control Group	Resilience (pretest)	93.61±9.33	0.02	-1.18
	Resilience (posttest)	90.00±11.38	-0.89.0	2.07

Similarly, the mean and standard deviation of the maladaptive emotion regulation strategies scores in the experimental group were 3.11±0.57 during the pretest phase and 2.91±0.39 in the posttest phase. In contrast, the mentioned values in the control group were obtained at 3.18±0.52 and 3.12±0.41 in the pretest and posttest phases, respectively. In the experimental group, adaptive strategies scores increased while maladaptive strategies scores decreased; however, there were no significant changes in the control group. Statistical tests are needed to determine the significance of these changes.

Table 3 shows that the mean and standard deviation of anxiety sensitivity scores in the experimental group during the pretest and posttest phases were 41.55±11.93 and 40.11±10.96, respectively. In the control group, these scores were 41.66±11.50 in the pretest phase and 41.86±11.07 in the posttest phase. Reductions in anxiety sensitivity were observed in the experimental group but not in the control group.

In Table 3, the mean and standard deviation of resilience scores in the experimental group during the pretest phase were 97.94±11.25, whereas they were 113.83±6.95 in the posttest

phase. In the control group, these scores were 93.61±9.33 and 90.00±11.38 in the pretest and posttest phases, respectively. In the inferential statistics section, significant positive changes in resilience were observed in the experimental group, whereas no such changes were found in the control group.

Table 4 displays the outcomes of the MANCOVA concerning the influence of the group on emotion regulation, anxiety sensitivity, and resilience. The results demonstrate that the test is statistically significant at a 0.05 level ($F=36.48$; $P<0.05$), indicating a significant difference between the experimental and control groups, particularly in relation to one of the dependent variables. Therefore, the primary hypothesis of the study, which suggested a beneficial effect of stress-coping training on emotion regulation, anxiety sensitivity, and resilience among bank employees, has been validated. The magnitude of this effect was measured at 0.84, suggesting an 84% difference in the adjusted means of the experimental group compared to the control group during the posttest phase in terms of emotion regulation, anxiety sensitivity, and resilience, all of which were impacted by stress coping training (group factor).

Table 5 presents a clear statistical difference between the experimental and control groups regarding adaptive and maladaptive emotion regulation strategies in the post-test. The first mean in the experimental group increased significantly while the second mean decreased, confirming the positive effect of job stress-coping training on emotion regulation. Effect sizes of 0.39 and 0.127 suggest that a significant portion of the variance in adaptive and maladaptive emotion regulation strategies in post-test scores between the two groups can be attributed to the training on managing occupational stress.

Additionally, the results highlight a significant variance in the post-test anxiety sensitivity scores between the experimental and control groups, with a visible decrease in mean anxiety sensitivity scores in the experimental group. This supports the beneficial impact of job stress-coping training in reducing anxiety sensitivity among bank employees. An effect size of 0.43 indicates that a considerable portion of the differences in post-test scores between the groups can be explained by the training program for handling occupational stress.

Furthermore, the data in Table 5 demonstrates a significant difference in post-test resilience scores between the experimental and control groups, emphasizing the positive influence of job stress-coping training on improving resilience in bank employees. With an effect size of 0.74, it can be concluded that a substantial percentage of the variations in post-test resilience scores in the experimental group were associated with the job stress-coping training program.

Table 4. Results of multivariate analysis of covariance (MANCOVA)

Effect	Test	Value	F	Significance	Effect size
Group	Wilks' Lambda	156.0	481.36	0001.0	844.0

Table 5. Results of univariate covariance analysis in the text of MANCOVA

Variables	SS	MS	F	P	ETA
Adaptive emotion regulation strategies	6.515	6.515	646.989	0.0001	0.956
	0.193	0.193	19.141	0.0001	0.39
	0.302	0.01			
Maladaptive emotion regulation strategies	0.014	0.014	1.429	0.241	0.045
	0.076	0.076	4.354	0.04	0.127
	0.522	0.017			
Anxiety sensitivity	0.001	0.001	0.145	0.706	0.005
	33.237	33.237	22.697	0.0001	0.431
	43.932	464.1			
Resilience	0.002	0.002	0.159	0.693	0.005
	3831.768	3831.768	85.361	0.0001	0.74
	1346.66	44.889			

5. Discussion

The results of occupational stress-coping training had a positive effect on emotion regulation, anxiety sensitivity, and resilience among bank employees. This result was consistent with the findings reported by Shokrimanesh et al. (24), Saedpanah et al. (25), Teodoro et al. (26), and Tsai et al. (27). Stress resulting from any changes that an individual must adapt to can have a wide range of variations and different sources. The four main sources of stress consist of the individual's surrounding environment, social stressors, physiological factors, and individual beliefs. Stress can cause an individual to feel extremely upset, nervous, insecure, and stuck. They might experience difficulty in clear thinking, reduced understanding of others, restlessness, and decreased tolerance (28). According to the emotion regulation framework, the first feature of emotion is triggers or situational antecedents, with Gross pinpointing choosing the situation as the primary emotion regulation strategy (10).

An individual's primary appraisal, involving assessing the nature of the threat and situation, and their secondary appraisal, which involves assessing their capabilities and resources in the face of the threat and danger, determine the quality and level of stress experienced by the individual (29). This perception can be changed and improved through stress-coping skills training, which can, in turn, impact the individual's emotion regulation (22-27). This highlights the importance and role of stress-coping training in individual emotion regulation strategies. Individuals' judgments of themselves play a significant role in their ability to be resilient (28).

To better understand the impact of emotion regulation and the role of individual evaluations of themselves and their emotions, we can refer to Carl Rogers: "The strange paradox is that when I accept myself as I am, then I change." Different perspectives in similar situations can lead to different outcomes. This concept demonstrates the important relationship between individuals' resilience and their evaluations in line with their emotion regulation strategies, as mentioned in Chapter Two (30), which has a strong research background. Cognitive distortion is a key element in anxiety sensitivity, and individuals with high anxiety sensitivity interpret their physical experiences during stressful and anxiety-provoking situations as signs of their own physical and mental disorders. They label these events as catastrophic, and it is expected that this assessment impacts their resilience level and the strategies they adopt to regulate emotions and cope with stressors (31).

Occupational stress management has a significant impact on increasing an individual's sense of control in the work environment. Increasing the sense of control can improve symptoms, such as guilt, irritability, depression, anxiety, and low self-confidence, as well as psychosomatic symptoms related to occupational stress, such as insomnia, fatigue, stomach discomfort, headaches, cardiovascular disorders, decreased immune response to infections, and eating disorders (32). Moreover, by combining Rotter's social learning theory on different sources of control and Seligman's positive psychology theory on overcoming helplessness and promoting optimism, it is believed that training in managing work-related stress can improve an individual's perception of control, boost their ability to internalize their sources of control, and ultimately lead to a more positive evaluation of stress factors. Bank employees spend the majority of their hours in their high-stress work environment. Despite the various stress factors people experience in their personal and social lives, high job stress is a standard part of daily life for bank employees, as shown in surveys by the National Institute for Occupational Safety and Health (32). Research has found a connection between anxiety sensitivity and the risk of heart attacks, as well as the impact of emotion regulation on

the cardiovascular system (33).

Anxiety sensitivity is not just a psychological condition and can be considered a personal trait that can lead to the development of a vicious circle of personality, stress, and illness. Additionally, in emotion regulation, the maladaptive rumination strategy is also considered a personal trait that can impact the effects of stressful factors on the duration and quality of sleep (34), and this factor can affect individuals' daily irritability and consequently, their resilience. Additionally, as indicated in research conducted by Vanini et al. (30), resilience plays a crucial role in managing stress. The study suggests that individuals with higher levels of resilience are more likely to employ adaptive methods of regulating their emotions and less likely to resort to maladaptive strategies. In our study, 83% of the participants exhibited a high level of resilience, enabling them to persevere in demanding work environments driven by the need for organizational success and rules and the expectations of both employees and customers. On the other hand, 72% of them also had high anxiety sensitivity, meaning they were severely affected by the consequences of this stress, threatening their physical and mental health. Occupational stress-coping training has improved employees' resilience (22-24) while also reducing anxiety sensitivity and its harmful effects (23-27). Furthermore, the high resilience of employees in continuing to work under high-stress conditions increases the positive effect of resilience on their health and job satisfaction (32).

The study had some limitations, among which one can refer to the tool used for data gathering, which was in a survey form. Since questionnaires have inherent limitations (converting quality to quantity), and the results may be influenced by the respondent's mental states, thoughts, and considerations at the time of response, the research results could be significantly affected. Moreover, since this study was performed in Bank Mellat branches in District 2 of Tehran, caution is advised when applying the results to other banks, organizations, and geographical areas. The study implemented statistical control (analysis of covariance) to control the pretest effect; however, due to the experimental design, it was not possible to control factors related to concurrent events during the research and the phenomenon of growth, which could have potentially affected the internal validity of the study. The job stress experienced by employees in different branches and professions of the bank was not evenly distributed. Due to the inability to measure and classify job stress experienced by participants in this study based on geographical location and job type at the time of sampling, this uneven distribution has been considered, which could somewhat influence the research results. Despite using codes instead of names and fully explaining the ethical considerations of the research in maintaining confidentiality and personal privacy, the individuals' participation in training sessions might have been affected by these factors. The other affecting factors could be the impossibility of coordination and holding training sessions for individuals from different areas and the possibility of their familiarity before the research. Finally, the results might have been influenced by the inequality of organizational positions.

6. Conclusion

Training in occupational stress coping strategies through various techniques can improve their emotional regulation, anxiety sensitivity, and resilience. These techniques can encompass positive thinking, self-care, increasing self-esteem, communication skills training, anger management, relaxation and mindfulness, time management, improving sleep quality, increasing the use of healthy eating habits, and generally, directly and indirectly improving employees' lives and work conditions. In other words, training in coping with occupational stress can directly impact work stress, improve work and life conditions,

and even sleep, leading to increased resilience and decreased anxiety sensitivity. Additionally, it has the ability to enhance the employment of flexible emotion regulation techniques and reduce the reliance on unhelpful emotion regulation methods among employees through enhancing their perception of control over their surroundings and communication, leading to a notable combined impact on emotional regulation, sensitivity to anxiety, and ability to bounce back from challenges.

In conclusion, as observed in the test results of the hypotheses, training in coping with occupational stress not only had a positive influence on emotional regulation, anxiety sensitivity, and resilience individually but also had a combined positive effect on these variables.

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