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Comparing Emotion-Focused Therapy and Cognitive Rehabilitation on Work Motivation and Self-Efficacy in Emergency Personnel with Depressive Symptoms

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Abstract

Objective: This study aimed to compare the effects of Emotion-Focused Therapy (EFT) and Cognitive Rehabilitation on occupational motivation and self-efficacy among emergency medical personnel presenting with depressive symptoms.
Methods: This research employed a quasi-experimental design with pre-test, post-test, and follow-up assessments alongside a control group. The statistical population comprised all emergency personnel with depressive symptoms in Tehran. A total of 42 individuals were selected through convenience sampling and randomly assigned to three groups: occupational motivation (n = 14), self-efficacy (n = 14), and control (n = 14). The instruments used included the Sherer General Self-Efficacy Scale (1982) and the Hackman & Oldham Job Motivation Survey (1975). Independent variables were administered to both experimental groups: the first received Cognitive Rehabilitation and the second received Emotion-Focused Therapy, while the control group underwent no therapeutic intervention throughout the study. Data were analyzed using repeated measures analysis of variance (ANOVA).
Results: Findings indicated that the mean scores of the study variables remained elevated not only at post-test but also at the follow-up stage. Both therapeutic approaches demonstrated effectiveness, yielding an effect size of 45% on self-efficacy enhancement and 22% on occupational motivation among emergency personnel with depressive symptoms.
Conclusion: Emotion-Focused Therapy, through the processing of congruent thoughts and emotions, and Cognitive Rehabilitation, with its greater emphasis on the developmental roots of psychological difficulties, are both effective in enhancing motivation and self-efficacy.

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Introduction

Occupational motivation may be broadly defined as any reason or objective that energizes employees toward enhanced performance. Motivation, as a construct, encompasses several interrelated concepts that describe the factors governing the energization and direction of human behavior — including needs, interests, values, attitudes, aspirations, and incentives. The actualization of work motivation is contingent upon an individual's capacity to fulfill a particular need through their efforts. Occupational motivation may further be conceptualized in terms of observable behavior: individuals who are motivated exert greater effort than their counterparts; motivation, therefore, constitutes the underlying cause of behavior and refers

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to the internal forces that activate and direct conduct toward a specific goal. In this regard, occupational motivation may be meaningfully examined in relation to an individual's sense of self-efficacy.

Self-efficacy refers to an individual's perceived capability to attain certain behavioral objectives. As such, it reflects one's perception of their ability to perform a specific task or regulate designated responsibilities. In other words, self-efficacy functions as a generative capacity through which cognitive, social, emotional, and behavioral competencies are effectively organized in the pursuit of varied goals. Self-efficacy beliefs exert a considerable influence on individuals' cognitive patterns and emotional responses; consequently, those with low self-efficacy may come to believe that their circumstances are insurmountable — a belief that fosters stress, depression, and a narrowed problem-solving perspective. Conversely, high self-efficacy facilitates a sense of ease when approaching demanding tasks and challenging activities, rendering self-efficacy beliefs a robust predictor of achievement and progress. To mitigate the difficulties individuals, encounter in the face of personal and occupational challenges, numerous therapeutic protocols have been developed. Among the diverse range of available therapeutic modalities, the present study undertakes a comparative examination of Emotion-Focused Therapy and Cognitive Rehabilitation.

Emotion-Focused Therapy (EFT) is oriented toward the promotion of strategies for emotional awareness, acceptance, expression, and regulation, as well as toward the facilitation of corrective emotional experiences. Its primary objectives include the consolidation of the self, emotion regulation, and the construction of new meaning within the client. Within this therapeutic framework, particular emphasis is placed on establishing empathic attunement, relational safety, and therapeutic collaboration; grounded in this therapeutic alliance, the client is guided to focus on their inner world — most notably their emotional experiences — and through heightened awareness and the reprocessing of emotions, arrives at personal growth and self-empowerment. Emotion regulation, in this context, encompasses a broad range of cognitive and behavioral strategies employed to reduce, maintain, or intensify emotional states. Within this approach, emotions are identified and systematically transformed into constructive, comprehensible messages.

Cognitive Rehabilitation — also referred to as neuropsychological rehabilitation — denotes a set of interventional strategies designed to empower individuals by reducing or managing cognitive deficits and fostering greater adaptation to illness and its associated impairments. The overarching aim of cognitive rehabilitation is to enhance an individual's capacity to interpret illness-related information and to improve their overall functional efficiency. It encompasses a range of brain-training programs that promote mental and neuropsychological functioning, as well as personal development across multiple domains. In a broader synthesis, the United States National Institutes of Health (NIH) defines the goal of cognitive and behavioral rehabilitation as enhancing an individual's ability to process and interpret information and to improve their efficacy across all dimensions of social and family life.

Review of Related Literature

Agharabparast et al. (2022) investigated the effectiveness of Emotion-Focused Therapy on hope for life and self-efficacy in depressed women with suicidal ideation. Results demonstrated that EFT significantly increased both hope for life (encompassing pathways and agency thinking) and self-efficacy among participants at the post-test stage. The authors concluded that this therapeutic modality can be effectively utilized in addressing depressive symptomatology and its associated consequences, including diminished hope and reduced self-efficacy.

Dehghan Kalash et al. (2022) conducted a study examining the relationship between quality of work life and emotional intelligence with occupational motivation among female nurses. Findings revealed a significant positive correlation between quality of work life and emotional intelligence on the one hand, and occupational motivation on the other. Given this relationship, the authors recommended that emotional intelligence be taken into consideration during the nurse recruitment process, that structured training programs be developed to cultivate emotional intelligence among nurses, and that managers implement initiatives aimed at enhancing quality of work life — thereby facilitating an increase in occupational motivation.

Rahbar Karbasdehi et al. (2021) examined the effectiveness of Schema Therapy on cognitive emotion regulation and social self-efficacy in adolescents with epilepsy. Analysis of covariance revealed that Schema Therapy exerted a statistically significant effect on improving both cognitive emotion regulation and social self-efficacy in this population. The authors concluded that Schema Therapy constitutes a viable therapeutic approach for improving emotion regulation and social skills in adolescents with epilepsy and may contribute meaningfully to their overall life satisfaction.

Sosa and Laganà (2019) reported that training in video games grounded in cognitive emotion regulation principles had a significant positive impact on cognitive performance, cognitive flexibility, and executive functioning in adults.

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Methodology

The present study employed a quasi-experimental design incorporating pre-test, post-test, and follow-up assessments with a control group. The statistical population consisted of all emergency medical personnel in Tehran presenting with depressive symptoms. A total of 42 individuals were selected through convenience sampling and subsequently randomized into three groups: occupational motivation (n = 14), self-efficacy (n = 14), and control (n = 14). The measurement instruments utilized in this study are described as follows:

Job Motivation Questionnaire (Hackman & Oldham, 1975): This instrument comprises 15 items across five subscales — skill variety, task identity, task significance, autonomy, and performance feedback. Specifically, items 1, 5, and 7 correspond to skill variety; items 2, 4, and 8 to task identity; items 3, 6, and 9 to task significance; items 10, 13, and 15 to autonomy; and items 11, 12, and 14 to performance feedback. Total scores range from a minimum of 15 to a maximum of 75. To assess the reliability of this instrument, Hackman and Oldham conducted a study among 658 employees and supervisors across seven selected organizations in the United States. Internal consistency coefficients for all subscales ranged from 0.59 to 0.79, indicating satisfactory reliability. The instrument has been employed in numerous studies within Iran; notably, Ebrahimpour and colleagues administered it in a sample of 250 employees at the Tehran Broadcasting Training Faculty. Content validity was confirmed by a panel of ten experts in the field of management. For reliability estimation, 25 questionnaires were distributed and collected from the target population, yielding a Cronbach's alpha coefficient of 0.82 — indicative of adequate reliability.

General Self-Efficacy Scale (Sherer et al., 1982): This scale was developed to assess varying levels of general self-efficacy. The original version consisted of 36 items; following validation analyses, items that did not meet a factor loading criterion of 0.40 on either the general or social self-efficacy factors were eliminated, reducing the instrument to 23 items. Each item is rated on a five-point Likert scale. Scores ranging from 17 to 34 indicate low self-efficacy, scores between 35 and 51 reflect moderate self-efficacy, and scores between 52 and 85 denote high self-efficacy. Internal consistency reliability coefficients, as assessed by Cronbach's alpha, have been reported in the range of 0.84 to 0.86. In the present study, the Cronbach's alpha coefficient for this instrument was calculated at 0.78.

Participants assigned to the Cognitive Rehabilitation group received training over ten one-hour sessions conducted twice weekly. Emotion-Focused Therapy was administered concurrently to the experimental group on an individual basis, also across ten one-hour sessions held twice per week. During this period, the control group received no therapeutic intervention of any kind.

Both descriptive and inferential statistical methods were employed in the analysis. At the descriptive level, frequency tables, means, and standard deviations were reported. At the inferential level, the research hypotheses were evaluated using repeated measures analysis of variance (ANOVA). All data were analyzed using SPSS statistical software.

Results

The means and standard deviations for the pre-test, post-test, and follow-up assessments across the study variables are reported in Table 1.

Table 1. Means and Standard Deviations for Pre-Test, Post-Test, and Follow-Up Assessments

Variable	Group	Pre-Test M (SD)	Post-Test M (SD)	Follow-Up M (SD)
Occupational Motivation	Control	50.57 (5.92)	51.24 (8.14)	51.37 (6.02)
	Experimental 1	53.82 (7.66)	63.25 (7.52)	62.75 (12.50)
	Experimental 2	51.18 (8.82)	62.53 (6.66)	63.21 (9.05)
Self-Efficacy	Control	80.57 (4.85)	80.44 (4.78)	81.17 (6.54)
	Experimental 1	77.69 (7.38)	93.18 (11.59)	90.81 (11.80)
	Experimental 2	81.32 (5.90)	92.53 (8.00)	92.75 (7.85)

An examination of the variable means reveals the following:

Occupational motivation in Experimental Group 1 (Cognitive Rehabilitation) increased from 53.82 (SD = 7.66) at pre-test to 63.25 (SD = 7.52) at post-test, with the follow-up mean remaining elevated relative to pre-test at 62.75 (SD = 12.50).

Occupational motivation in Experimental Group 2 (Emotion-Focused Therapy) increased from 51.18 (SD = 8.82) at pre-test to 62.53 (SD = 6.66) at post-test, with the follow-up mean likewise remaining above pre-test levels at 63.21 (SD = 9.05).

Self-efficacy in Experimental Group 1 (Cognitive Rehabilitation) increased from 77.68 (SD = 7.38) at pre-

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test to 93.18 (SD = 11.59) at post-test, with the follow-up mean continuing to exceed pre-test scores at 90.81 (SD = 11.80).

Self-efficacy in Experimental Group 2 (Emotion-Focused Therapy) increased from 81.32 (SD = 5.90) at pre-test to 92.53 (SD = 8.00) at post-test, with the follow-up mean remaining elevated at 92.75 (SD = 7.85).

Table 2 presents the repeated measures analysis of variance comparing pre-test, post-test, and follow-up scores across the experimental and control groups.

Table 2. Repeated Measures Analysis of Variance for Pre-Test, Post-Test, and Follow-Up Comparisons

Scale	Source	SS	df	MS	F	p	η^2
Self-Efficacy	Time	2122.44	2	1056.83	60.165	.001	.619
	Time × Group	1101.88	4	277.23	14.629	.001	.450
	Error	1346.05	80	15.083			
	Group	676.20	2	337.60	14.21	.001	.451
	Error	847.38	40	20.37			
Occupational Motivation	Time	1487.54	2	748.27	13.47	.001	.275
	Time × Group	656.04	4	162.38	2.465	.013	.142
	Error	3915.88	80	48.10			
	Group	502.20	2	251.05	4.593	.007	.222
	Error	1829.97	40	45.045			

Given the statistically significant main effect of time, there were meaningful differences between pre-test, post-test, and follow-up means for both occupational motivation and self-efficacy across the experimental and control groups ($p < .05$). It can therefore be stated with 95% confidence that both therapeutic approaches exerted a significant effect, with an effect size of 45% for the improvement of self-efficacy and 22% for the enhancement of occupational motivation.

Discussion

The present study was conducted to compare the effectiveness of Emotion-Focused Therapy and Cognitive Rehabilitation on occupational motivation and self-efficacy in emergency medical personnel presenting with depressive symptoms. The findings of the study are summarized as follows:

- The mean occupational motivation of emergency personnel with depressive symptoms increased following Cognitive Rehabilitation, with the follow-up mean remaining elevated relative to pre-test scores.
- The mean occupational motivation of emergency personnel with depressive symptoms increased following Emotion-Focused Therapy, with the follow-up mean likewise remaining above pre-test levels.
- The mean self-efficacy of emergency personnel with depressive symptoms increased following Cognitive Rehabilitation, with the follow-up mean continuing to exceed pre-test scores.
- The mean self-efficacy of emergency personnel with depressive symptoms increased following Emotion-Focused Therapy, with the follow-up mean similarly remaining elevated relative to pre-test levels.
- The educational techniques derived from both therapeutic approaches demonstrated effectiveness, yielding an effect size of 45% for the enhancement of self-efficacy and 22% for the improvement of occupational motivation among emergency personnel with depressive symptoms.

The present study established that both Emotion-Focused Therapy — through the transformation of maladaptive thoughts and emotional experiences — and Cognitive Rehabilitation — with its greater emphasis on the developmental underpinnings of psychological difficulties — are effective in enhancing motivation and self-efficacy among emergency medical personnel presenting with depressive symptoms.

Conclusion

Cognitive Rehabilitation aims to enhance an individual's mental and neuropsychological functioning, as well as to promote personal development across diverse domains. Rehabilitation, broadly conceived, is the process of restoring an individual to a state of health or functional activity, enabling them to recover or attain the independence, well-being, and level of performance they possessed prior to the onset of disability. Cognitive Rehabilitation addresses individuals' maladaptive beliefs and undertakes systematic efforts to modify them. Emotion-Focused Therapy, grounded in the principles of emotion regulation, can similarly enhance individuals' cognitive capacities, improve their self-perception, and strengthen self-efficacy beliefs. The application of emotion regulation strategies fosters a more positive self-view, encourages the pursuit of enriching future experiences, and consequently elevates one's sense of competence and self-efficacy.

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Accordingly, the primary objective of Emotion-Focused Therapy in the present study was the cultivation of psychological flexibility in emergency personnel with depressive symptoms — an objective that was successfully achieved, as evidenced by the observed improvements in both self-efficacy and occupational motivation.

Among the principal limitations of this study are the use of convenience sampling and the restriction of the sample to emergency personnel with depressive symptoms residing in Tehran. It is recommended that future research extend these findings to other statistical populations and broader geographic contexts.

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None

Authors' Contribution

The author conceptualized the study objectives and design.

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None

Ethics

None

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