

Emotion Regulation and Mental Wellbeing as Predictors of Workplace Stress in Mental Health Professionals

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Abstract

This study explored the relationship between emotion regulation, mental well-being, and workplace stress among mental health professionals, a group often exposed to high occupational demands. Using a purposive sampling strategy, 170 professionals from private and government hospitals in Lahore participated, with a mean age of 27.60 years (SD = 6.17). Data were collected through the Emotion Regulation Questionnaire (Gross & John, 2003), the Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007), and the Workplace Stress Scale. Reliability analyses confirmed that all instruments were suitable for further statistical examination. Descriptive statistics provided an overview of the sample, while Pearson product-moment correlation analysis revealed that cognitive reappraisal and mental well-being were significantly and negatively associated with workplace stress. Furthermore, hierarchical regression analysis demonstrated that both cognitive reappraisal and mental well-being significantly predicted lower workplace stress, even after controlling for demographic variables. These findings emphasize the protective role of emotion regulation strategies, particularly cognitive reappraisal, in enhancing mental well-being and mitigating stress in professional settings. The study underscores the importance of fostering effective emotion regulation techniques to support mental health professionals in managing daily stressors and maintaining psychological resilience within demanding work environments.

Keywords: *emotion regulation, mental wellbeing, workplace stress, mental health professionals*

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Introduction and Literature Review

Mental health professionals, including medical care experts and social service providers, are tasked with improving psychological well-being and treating mental health conditions. The nature of their work exposes them to sustained emotional weariness and psychological strain, particularly when caring for individuals with chronic mental illness, which can trigger frustration, helplessness, and emotional detachment (Moore & Cooper, 1996). These experiences are common in clinical practice and contribute to workplace stress, often arising from contradictions between professional obligations and workplace conditions such as workload, equity, community, and organizational standards (Cox, 1993; Jamal, 2005). Sustaining health in such demanding contexts requires effective emotion regulation strategies

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that enhance resilience and reduce exhaustion, as high stress levels impair both personal well-being and professional performance (Kadovic, et al, 2022).

Emotions fundamentally shape work attitudes and behaviors (Kiefer & Briner, 2006). When confronted with emotionally charged situations, professionals employ emotion regulation strategies to achieve goal-directed outcomes at work (Cote & Morgan, 2002; Weiss & Cropanzano, 1996). Ineffective emotion regulation can erode psychological well-being (Goldberg & Grandey, 2007). Two widely studied strategies are cognitive reappraisal—an antecedent-focused method involving reframing the meaning of emotionally evocative situations—and expressive suppression—a response-focused method involving inhibiting outward emotional expressions while leaving internal experience unchanged (Gross, 1998, 2015; Cutuli, 2014).

Research consistently shows that reappraisal is more adaptive and less resource-intensive than suppression, leading to reduced anxiety and negative affect (Eftekhari, Zoellner, & Vigil, 2009), whereas suppression is linked to detrimental outcomes for well-being and social functioning (Gross & John, 2003). Recent findings confirm that emotion regulation directly modulates compassion fatigue and stress trajectories among mental health professionals, highlighting the protective role of adaptive regulation (Brillon, Dewar, Lapointe, Paradis, & Philippe, 2025).

Well-being, broadly defined as happiness and life satisfaction, is central to psychological health. The World Health Organization (2005) conceptualizes mental health as encompassing personal well-being, autonomy, competence, and emotional potential. Poor mental well-being contributes to exhaustion and reduced capacity for meaningful personal and professional contribution. Given their constant interactions with patients, families, communities, administrators, and colleagues, mental health professionals face heightened stress risks. Promoting well-being reduces stress and fosters productive workplaces (Amin Mohamed, Mosa, & Mahmoud, 2023). Recent studies emphasize that positive mental health and manageable work stress strengthen resilience through emotional, cognitive, and behavioral self-regulation (Wang et al., 2025).

Occupational stress within mental health facilities has long been recognized, especially among psychiatrists, due to sustained emotional involvement with patients (Volpe et al., 2014). Workplace stress manifests when demands and pressures exceed skills and coping capacities, exacerbated by poor organization, planning, conditions, and support (WHO, 2005). The Conservation of Resources (COR) theory (Hobfoll, 1989) provides a framework: stress intensifies when psychological resources are threatened or depleted. Emotion regulation strategies that conserve resources principally cognitive reappraisal are more protective, while resource-heavy strategies like suppression amplify stress through emotional dissonance and perceived inauthenticity (Brotheridge & Lee, 2002; John & Gross, 2004).

Cognitive reappraisal fosters alignment between internal feelings and external expressions, enhancing authenticity, positive emotion, and psychological congruence (Kernis & Goldman, 2006). This alignment supports mental well-being and reduces stress. Suppression disrupts that alignment, creating incongruence and escalating negative affect, undermining well-being and heightening workplace stress (Diener & Fujita, 1995). Recent comparative findings among professionals across different work settings corroborate these patterns,

showing that reliance on maladaptive regulation under heavy job demands correlates with elevated burnout (Chopra & Sethi, 2024).

Persistent use of cognitive reappraisal is associated with better psychological and physical health and stronger social communication skills (Zapf, 2002; Butler & Randall, 2013). Suppression, however, negatively impacts well-being and social functioning (Ehring et al., 2010). The core mechanism is straightforward: reappraisal reduces the intensity of negative emotions, feeding into more favorable mental health outcomes (Hu et al., 2014), whereas suppression tends to preserve or intensify stress, anger, and anxiety (Mawritz, Folger, & Latham, 2014). Recent longitudinal evidence confirms that training in adaptive emotion regulation reduces compassion fatigue and stabilizes stress responses in mental health professionals (Brillon et al., 2025).

This study positions emotion regulation and mental well-being as predictors of workplace stress among mental health professionals and addresses a gap by considering both psychiatrists and psychologists within a single investigation in Pakistan. By examining these associations indigenously, it contributes contextual specificity to a global literature increasingly focused on the interplay among regulation strategies, well-being, resilience, and stress. Emerging resilience models in health education underscore how positive mental health and manageable work stress enhance adaptive self-regulation, suggesting organizational levers support structures, workload calibration, and recognition systems can amplify the benefits of reappraisal and reduce the harms associated with suppression (Wang et al., 2025).

Rationale of the Study

Mental health professionals are uniquely vulnerable to workplace stress due to the emotional complexity of their roles. Cognitive reappraisal appears to be a particularly effective strategy for mitigating stress and enhancing well-being, while expressive suppression tends to undermine both. Promoting well-being and adaptive regulation is crucial for sustaining health, improving performance, and building resilience. Situated within Pakistan's service context, this work advances the discourse by connecting global theory and recent studies to local practice, underscoring the need for organization-level investment in emotion regulation training, resource conservation, and supportive cultures to protect practitioners and the quality of care they deliver.

Objectives of the Study

The current study has the following objectives.

1. To identify the relationship between emotion regulations, mental well-being, and workplace stress in mental health professionals.
2. To investigate the predicting role of emotion regulation and mental well-being for workplace stress in mental health professionals.

Hypotheses of the Study

In the present study, the following hypotheses were made.

1. There would be a negative relationship between cognitive reappraisal and workplace stress in mental health professionals.
2. There would be a positive relationship between expressive suppression and workplace stress in mental health professionals.
3. There would be a negative relationship between mental well-being and workplace stress in mental health professionals.

4. Emotional regulation and mental well-being would negatively predict workplace stress in mental health professionals.

Materials and Methods

Research Design

This study is based on a correlation research design where a relationship was found between emotion regulation, mental wellbeing, and workplace stress in mental health professionals.

Sampling Strategy

A purposive sampling strategy was used that is selected based on the characteristics of a population and the objective of the study.

Participants of the Study

In the current study, the sample consists of 170 Mental Health Professionals with mean age ($M = 27.60$, $SD = 6.17$) who were approached from different private and government hospitals in Lahore. This sample size was calculated by using G Power. Both male and female mental health professionals and married and unmarried participants were included in the present study. Psychologists and psychiatrists were included and retired professionals were excluded from the study. Only those included who gave their consent for their participation in the study.

Measures

In the current study, the following instruments were used to collect the data from participants.

Demographic Information Sheet

Demographic information sheet comprised of information regarding age, gender, marital status, family system, education, and nature of service of mental health professionals.

Emotion Regulation Questionnaire (Gross & John, 2003)

The emotion regulation questionnaire is a 10-item scale designed to assess subjective differences in the regular use of two emotion regulation strategies: cognitive reappraisal and expression suppression. Respondents on each Likert scale respond from 7 points ranging from 1 (strongly disagree) to 7 (strongly agree). The ERQ components were derived rationally and contain specific characteristics of an individual's emotional life. One is about the internal feelings that individuals experience about the outside world and second is about the demonstration of your emotions to the outside world in the form of gestures, behavior, and the way you talk. For example: cognitive reappraisal (6 items) such as "regulating my emotions by changing the way of thinking about the position I find myself in" and expressive suppression (4 items) such as "I ensure not to express my negative emotions". In the current study, the reliability of cognitive reappraisal ($\alpha = .74$) and expressive repression ($\alpha = .77$).

Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007)

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was developed to measure the mental well-being of adults. WEMWBS is a psychological wellness measure consisting of 14 items that cover personal health and psychological performance. All items are written positively and address positive aspects of mental health. WEMWBS showed good reliability ($\alpha = .86$). The scale is set by adding answers to each element that has been answered by the Likert scale from 1 to 5.

Workplace Stress Scale

The Workplace Stress Scale was developed by the Marlin Company and the American Institute of Stress in 2001. It is a self-report scale to measure the level of workplace stress at workplace. It consists of an 8-item scale. The reliability of the scale is ($\alpha = .57$) The scale is scored by summing responses to each item answered on a 1 (never) to 5 (always) Likert scale which measures workplace stress at low, mild, moderate, severe, and very severe levels.

Procedure

At first, permission was taken from the respective authors to use the assessment measure. The assessment measures were used in the English version. The permission letter to collect the data was provided by the Department of Applied Psychology, Lahore Garrison University. Data collection was started after the official permission of the author and university. The researcher visited hospitals and took permission from the Medical Superintendent of the hospitals to fill out the questionnaire by mental health professionals. The researcher approached selected participants and requested them to fill out questionnaires. They were debriefed about the purpose of the study. Most of the professionals refuse to fill out the questionnaire due to their busy routines. The respondents were thanked for their cooperation

Statistical Analyses

Descriptive and inferential statistics were used and Statistical Package for Social Sciences (SPSS 24.0) was used to run the analyses. Pearson product-moment correlation was applied to explore the relationship between emotion regulation, mental wellbeing, and workplace stress of mental health professionals. Multiple hierarchical regression analysis was also conducted to analyze the predicted role of emotion regulation and mental wellbeing for workplace stress among mental health professionals.

Ethical Considerations

All ethical considerations were taken into account while conducting research such as permission of respective authors for the original measures taken. The institutional letter was taken from the Institute of Applied Psychology to collect data. Permission from the Medical Superintendent of hospitals was taken. Participants were informed of the objectives and procedures that were involved in the research study and provided with the assurance of information confidentiality. No psychological or physical harm was caused to the participants on the part of the researcher.

Results

Table 1
Demographic Characteristics of Sample

Characteristics	<i>f(%)</i>
Age	27.60(6.17)
Gender	
Male	37(21.8)
Female	133(78.2)
Marital Status	
Married	53(31.2)
Unmarried	117(68.8)
Family System	
Nuclear	56(32.9)
Joint	114(67.1)

Education	
BSc	18(10.6)
BS (Hons)	7(4.1)
MSc	15(8.8)
MS	98(57.6)
MPhil	6(3.5)
MBBS	24(14.1)
PhD	2(1.2)
Nature of Service	
Government	92(54.1)
Private	78(45.9)

Table 1 presents the demographic profile of 170 mental health professionals with a mean age of 27.60 years (SD = 6.17). The majority of participants were female (78.2%) and unmarried (68.8%), with most belonging to joint family systems (67.1%). In terms of education, the largest group held MS degrees (57.6%), followed by MBBS (14.1%), while only 1.2% had PhDs. More than half of the professionals worked in government hospitals (54.1%), with the remainder employed in private institutions.

Table 2
Correlation between Study Variables

Variables	1	2	3	4
1. Cognitive Reappraisal	-	.24**	.14	-.25**
2. Expressive Suppression		-	-.02	.10
3. Mental Wellbeing			-	-.15*
4. Workplace Stress				-
<i>M</i>	28.31	16.40	50.68	21.80
<i>SD</i>	5.76	4.90	8.07	4.29

** $p < .01$, * $p < .05$.

Table 2 shows that cognitive reappraisal and mental wellbeing have significant negative relationship with workplace stress.

Table 3
Hierarchical Regression Results for Workplace Stress

Variables	<i>B</i>	95% CI for <i>B</i>		<i>SE B</i>	β	<i>R</i> ²	ΔR^2
		<i>LL</i>	<i>UL</i>				
Step 1						.07	.07*
Age	-.15*	-.03	-.27	.06	-.22		
Gender ^a	1.72*	.09	3.34	.82	.17		
Marital Status ^b	1.18	-.42	2.77	.82	.13		
Nature of Service ^c	-1.60*	-2.92	-.27	.67	-.19		
Step 2						.12	.05*
Cognitive Reappraisal	-.20**	-.08	-.32	.06	-.27		
Expressive Suppression	-.06	-.16	.13	.07	-.02		
Step 3						.16	.04*
Mental Wellbeing	-.10*	-.18	-.02	.04	-.19		

Note. CI=confidence interval; LL=lower limit; UL=upper limit; ^a0 = male, 1= female, ^b0 = married, 1 = unmarried, ^c0 = government, 1 = private, *B* = unstandardized coefficient, β = standardized coefficient; *SE* = standard error. * $p < .05$, ** $p < .01$,

Hierarchical regression was run to evaluate the predicting role of emotional regulation and mental wellbeing for workplace stress in mental health professionals. The assumption of independent error was checked through Durbin Watson value which was 1.81 falling between 1-3 values. Before running the analysis, dummy coding was done for gender, marital status, and nature of service as it had more than two categories. Male, married, and government services are taken as reference categories carrying 0 value, and female, unmarried, and private services bearing 1 value. Demographics were added as controlling variables in block 1 which explained a 7% variance in workplace stress $F(4, 165) = 3.16, p = .02$, where age significantly negatively predicts workplace stress, whereas female mental health professionals used to face more workplace stress as compared to male participants. Similarly, participants are more likely to contract workplace stress in government sectors than in private service. In block 2, emotional regulation subscales explained 5% variance in workplace stress $F(6, 163) = 3.79, p = .002$ where cognitive reappraisal was found as a significant negative predictor of workplace stress, and in block 3 mental well-being explained 4% variance in workplace stress $F(7, 162) = 4.31, p = .000$ where mental wellbeing significantly negatively predicts workplace stress which means the more likely mental health professionals have positive mental health the more likely they will have less workplace stress.

Discussion

The present study aimed to explore the relationship between emotion regulation, mental wellbeing, and workplace stress in mental health professionals. This also meant to investigate if emotion regulation and mental well-being affect workplace stress among mental health professionals. The obtained results from the analysis are explained in the light of previous research. The current study showed that cognitive reappraisal and mental well-being has a significant negative relationship with workplace stress in mental health professionals. Similarly, cognitive reappraisal and mental wellbeing were found as significant negative predictors of workplace stress in mental health professionals.

Literature shows that unsuccessful adaptation strategies can lead to remarkable outcomes worsening the experience of mental wellbeing (Hobfoll, 2002). Grandey (2000) proposed that effective emotional management is crucial to day-to-day life. Past literature has shown the distinguishing effects of these two emotion regulation techniques (Butler et al., 2003; Gross & John, 2003). Similarly, current findings show cognitive reappraisal has a positive relationship with mental well-being and expressive suppression has a negative relationship with mental well-being. These findings are in line with previous literature where Gross and John (2003) depicted that only reappraisal appears to improve emotion regulation. People who constantly use reappraisal experience possess higher well-being because cognitive reappraisal reduces pessimistic feelings (Chopra, & Sethi, 2024; Hu et al., 2014). Conversely, incessant utilization of expressive submission has been viewed as connected with additional burdensome and decreased well-being (Ehring et al., 2010). In comparison to expressive suppression, the use of cognitive reappraisal has often been linked to “healthier” outcomes including improved mental wellbeing and strong expressive suppression indicated poor positive emotions and mental well-being (Butler et al., 2003).

The results of this study provide evidence of the invariant effectiveness of emotional regulation strategies on work-related stress. Current findings suggest that the cognitive reappraisal strategy has a significant negative relationship with work-related stress which means it reduces work stress in mental health workers. It has been shown above that the adaptive emotion regulations technique has a positive association with mental wellbeing while Sonnentag (2015) and Kinman and Grant (2011) in their research have recognized cognitive reappraisal as a guard against stress (Brillion et al., 2025). These findings can be supported

with the help of previous literature which showed that cognitive reappraisal expected to increase positive feelings was positively connected with higher well-being and negatively connected with stress. Suppression of positive feelings was negatively connected with well-being and has a positive relationship with stress (Katana et al., 2019). Further in another study, it was concluded that a higher level of mental wellbeing is associated with low stress, depression, and anxiety (Uncu, et al., 2007).

Another promising finding of the current study was that cognitive reappraisal and mental well-being would negatively predict workplace stress in mental health professionals. These results are in line with previous studies as well which showed workplace wellbeing and job stress had a negative significant relationship (Amin Mohamed et al., 2023). Page et al. (2014) depicted that positive mental health- positively focused well-being has a negative relationship with job/work stress precisely said workplace stress among workers (Wang et al., 2025). Positive mental well-being might assist with safeguarding workers from the impact of workplace stress. Positive well-being plays a vital part in managing workplace stress (Adi, et al., 2022). Previously, it showed that individuals having more work-related stress were about three times more likely to have received treatment for mental health issue and were assumed to be diagnosed with anxiety or mood disorders when compared to individuals reporting a low level of stress (Szeto & Dobson, 2013).

Work stress experience has always been linked with negative outcomes for mental health workers, measured through a range of indicators of both psychological and physiological well-being (Laranjeira, 2009; Ganster & Rosen, 2013). However, when faced with events that are perceived to be stressful, they respond differently. Moreover, a number of previous studies have provided evidence that there is a strong negative connection between workplace stress and mental wellbeing (Chen, et al., 2009; Laranjeira, 2009; Silva et al., 2013).

Conclusion of the Study

Mental health professionals are under stress as they have to deal with mentally ill patients. However, an effective emotional regulating technique can be helpful to enhance their mental well-being and reduce workplace stress. This demonstrates that poor emotion regulation and mental wellbeing generate higher workplace stress. Other techniques such as resilience could help deal with unhealthy emotions and ways to cope with stressful events to overcome workplace stress and enhance mental wellbeing in different contexts (Ferreira et al., 2006; Troy & Mauss, 2011). Further research is needed to test strategies for regulating the emotions of daily life in various samples.

Limitations and Suggestions of Study

The data was only collected from private and government hospitals it might include clinics too. The research study could be reproduced by using the different assessment scales of stress as in the current study this workplace stress scale had less reliability. To enhance the generalizability of the findings, the sample size should be diversified. Future research can use another research design such as in-depth semi-structured interviews or conducting focus groups to gain the best understanding of how mental health professionals regulate their emotions for sound mental health.

Implications of the Study

The present findings can be understood as reappraisal is preferable to suppression to deal with stress when mental health professionals are faced with adverse workplace events. Particularly, the tactical use of reappraisal strategy can contribute to building strong relationships with supervisors or colleagues that in turn can decrease work-related stress. Further workshops and training should be conducted to improve emotional regulation skills that can contribute to working hours and job insecurity as a result of deteriorating working conditions. While this study provides only preliminary information, the subject matter is important, given the need to enhance mental health in a workplace environment. In addition,

examining the possibility of having positive psychological skills to enhance the mental health of these mental health workers and mitigate harmful aspects of the workplace, might prove an important area for future research.

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