

Impact of Perceived Stress on Emotion Regulation and General Self-Efficacy of Mental Health Professionals in India

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ABSTRACT

Mental health professionals (MHPs) are susceptible to increased stress and burnout. One way to tackle stress is by regulating emotion. Stress also affects one's belief in their ability to achieve immediate and long-term goals. The present study explores the relationship between perceived stress in 150 Indian MHPs with emotion regulation and general self-efficacy. Emotion regulation is explored based on two strategies: expressive suppression and cognitive reappraisal. Results show perceived stress to have a significantly negative association with cognitive reappraisal and general self-efficacy, and a positive one with expressive suppression. Regression analyses establish that perceived stress has a significant impact on the use of the two strategies for emotion regulation, and general self-efficacy. Implications have been further discussed.

Keywords: *Perceived Stress, Emotion Regulation, General Self-Efficacy, Mental Health Professionals*

Perceived Stress

Over time, various views on stress have emerged in the field of psychology. The subfield of environmental psychology, for example, views stress as something in the environment that induces a response in individuals. Evans and Cohen (1987) recognized four types of environmental stressors: cataclysmic events, stressful life events, daily hassles and ambient stressors. Holmes and Rahe (1967) developed the Social Readjustment Rating Scale recognizing major life change as potential stressors as they require modification, adaptation and adjustment.

Other theories in the field view stress as a physiological, psychological, or behavioral reaction to perceived demands or threats. Selye's (1950) concept of the General Adaptation Syndrome, for example, describes the triphasic physiological response sequence an individual undergoes—alarm, resistance, and exhaustion—to meet the demands put by a stressor. Lazarus (1966) focused on the cognitive aspect of stress response. A cognitive appraisal, or evaluation, of the stressor induces emotional and physiological responses. Later, Lazarus and Folkman (1984) built on this concept to give the transactional model of stress and coping. Thus, psychological theories view stress either as a stimulus, a response, or an interaction.

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Lazarus and Folkman viewed stress as a product of the relationship between the person and the environment that is appraised as (a) being of personal relevance and (b) exceeding resources for coping. There are two kinds of appraisals: (a) primary, which constitutes determining whether the stressor presents a threat, and (b) secondary, which refers to an assessment of one's personal, social, and environmental resources to deal with the potential threat. A person responds to or copes with a stressor utilizing either of the two strategies: (a) problem-focused coping, which works on eliminating or changing the stressor itself, or (b) emotion-focused coping, which leads to lowering the emotional reactivity to the stressor.

Lazarus's (1966; Lazarus & Folkman, 1984) concept of appraisal brings in subjectivity. It talks about the varying responses people make even when experiencing a similar stressor and why a particular situation may be more stressful for one person than another. The situation may be of more personal significance to one person than the other, or the person may gauge their resources to be sufficient to handle the stressor. What is clear is that stress is not objective, it is not in the environment, but in how someone perceives it.

Perceived stress refers to the feelings or thoughts about how much stress one is under at any moment in time or over a particular time period (Phillips, 2013). So, it goes beyond just asking whether you experienced what kind of stressor or how many. It taps into how someone feels about the stressfulness in an area of life or life in general and their ability to handle the stress. Importantly, it incorporates feeling of unpredictability and uncontrollability, and of confidence in dealing with them (Cohen et al., 1983). Situations that are personally relevant and high in uncontrollability are appraised as threat. This could describe being confronted or having the potential to be confronted with any harm, loss, or threat. Situations that are personally relevant and high in controllability are typically appraised as a challenge (Folkman, 2013).

The idea of perceived stress has been born out of the cognitive-interactional approach taken by Lazarus and Folkman, and thus influenced, Cohen and colleagues (Cohen et al., 1983) developed a global measure of perceived stress. It measures "the degree to which situations in one's life are appraised as stressful" (Cohen et al., 1983), instead of measuring it in one area of one's life.

Studies have shown perceived stress to be negatively correlated with happiness (Schiffman & Nelson, 2008) and overall quality of life and depressive symptoms (Chen et al., 2024), and positively associated with moderately increased risk of coronary heart disease (Richardson et al., 2012), and unhealthy behaviors like higher fat diet, less frequent exercise and cigarette smoking (Ng & Jeffery, 2003).

Emotion Regulation

Just like any other psychological construct, 'emotion' has been defined in various ways. Gross and Thompson (2007) put forward a prototype conception that emphasizes three typical/core features that, when present, make it more likely to say that an emotion was experienced:

- a. Emotions arise from attending to a personally relevant situation. This relevance could be a lasting one or momentary; it could be close to our sense of self or subsidiary.

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- b. Emotions are multi-faceted, they trigger changes in the subjective experience of a situation, our behaviour, and central and peripheral physiology during it (Mauss et al., 2005, as cited in Gross & Thompson, 2007).
- c. The multi-faceted changes seldom obligate us. Emotions can force themselves into our awareness, however they must also dispute other forces within us which are guided by the environment within which those emotions arise. Gross and Thompson note of William James' (1884, as cited in Gross & Thompson, 2007) emphasis on this malleability of emotion, this characteristic of it to be modulated in many ways.

It is this third feature that gives rise to the conceptualization of emotion regulation. Gross and Thompson (2007) also described three core features of emotion regulation:

- a. There may be a possibility of regulating both negative and positive emotions, by increasing or decreasing their intensity.
- b. The process of emotion regulation may occur consciously or unconsciously. It is seen as a continuum, with effortful, deliberate, and conscious regulation on one end and effortless, automatic, unconscious on the other.
- c. No proclamation is made to say which form of emotion regulation is adaptive or maladaptive. It limits investigation into the costs and benefits of using one. A lot depends on the context. What may be helpful/adaptive to a person may be looked at as maladaptive by others.

Emotion regulation (ER) can be broadly defined as a person's capacity to modulate their emotional state at the behest of their goals (Gross and Thompson, 2007). This can be an intrinsic process (self-regulation), or an extrinsic one, as is the case when primary caregivers regulate an infant's. For intrinsic regulation, the process model was advanced.

This process model of ER (Gross & Thompson, 2007) lists five families of regulation strategies: (a) *situation selection* (knowing the likely features of situations and the potential emotional responses that may come with them, and actively choosing to engage in them or not); (b) *situation modification* (modifying an emotion-inducing element in a situation to alter its emotional impact); (c) *attentional deployment* (directing attention to or away from the element in the environment to modify its emotional impact); (d) *cognitive change* (changing how we appraise the situation to reconstruct its emotional impact); and (e) *response modulation* (directly reshaping our behavioral, experiential, and physiological response to an emotion-inducing situation). The first four are *antecedent-focused* clusters of strategies, indicating they occur before we attach meaning to a situation which causes flaring of emotional response, and the last one is *response-focused*, it is employed after an emotional response has been elicited. Thus, emotion regulation involves the modification of one's emotional responses to reduce the emotional impact of a situation by enlisting strategies that influence particular stages of the emotion generation process.

One of the extensively studied ER strategies, that comes under the 'cognitive change' family of strategies proposed by Gross and colleagues (Gross & John, 2003; Gross & Thompson, 2007), is *cognitive reappraisal*. Applying this antecedent-focused strategy changes the way an individual attaches meaning to a situation to reshape its emotional significance. Antecedent-focused strategies are employed *before* the susceptibility for emotion response has become fully triggered and changed one's behaviour and physiological responses.

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Reappraisal intervenes before the capacity for an emotion response has been fully stimulated. This means that reappraisal can consequently reconstruct the whole emotion trajectory that ensues in an adaptive manner. It is suggested that, when used to decrease the incidence and intensity of a negative emotion, reappraisal should successfully lower the experiential and behavioral responses associated with the negative emotion (Gross & John, 2003). Practicing cognitive reappraisal also allows to create and elicit appropriate interpersonal behaviour that is perceived by the others as appealing and welcoming (Cutuli, 2014). Cognitive reappraisal as an ER strategy has been linked with daily positive affect (Brockman et al., 2017). Although, Brockman et al. (2017) report age to be a moderator: higher use was associated with more negative affect for adolescents but became associated with less negative affect as age increases.

Contrary to the antecedent-focused strategy discussed, response-focused strategies are engaged in once an emotion is underway, *after* the propensity to respond has already been activated. One such strategy is *expressive suppression*, coming under the family of ‘response modulation’ proposed by Gross and colleagues (Gross & John, 2003; Gross & Thompson, 2007). This refers to reducing of expressive behaviour of an emotion precipitated by a situation while already being in an activated emotional state, which leads to lessening of the situation’s emotional impact on the person. It is a form of response modulation that involves retarding emotion-expressive behaviour that’s already underway (Gross, 1998).

Suppression of emotion expression fundamentally works at the behavioral aspect of the emotion response tendencies, thus effectively lowering the behavioral expression of a negative emotion when experienced but might lead to the unintentional side effect of also applying restraint on expressions of a positive emotion. Furthermore, suppression will not be an adaptive measure in reducing the experience of the negative emotion and may allow it to endure and accrue unresolved. In addition, because suppression comes much later in the modulation process, it requires more effort to manage the emotion response tendencies at the pinnacle of their manifestations. These repeated efforts may consume cognitive resources that could otherwise be used elsewhere for efficient functioning (Gross & John, 2003). Moreover, suppression creates inconsistency between inner experience and outer expression, which could lead to a negative self-concept and detachment from self and others (Gross & John, 2003).

Expressive suppression is linked with disruption to social interaction and relationships (John & Gross, 2004) and higher negative and lowered positive affect (Brockman et al., 2017), and negatively correlated with memory, particularly for socially relevant information (Richards & Gross, 2000).

General Self-Efficacy

Perhaps the biggest name associated with the concept of *self-efficacy* is Albert Bandura, who defined it as “how well one can execute courses of action required to deal with prospective situations” (Bandura, 1977). Simply put, it is the belief that one has about their ability to accomplish tasks and achieve goals. With this definition, what is clear is that it isn’t concerned with the actual abilities of the individual, but rather, about their belief that they will be able to utilize those skills and abilities to attain mastery over situations. Bandura posited that self-efficacy beliefs are domain-specific, they can vary across different areas in life broadly or specific tasks, pursuits, or circumstances. Thus, one can have high self-efficacy in one area or specific task, but not in another.

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Bandura differentiated between response-outcome and efficacy expectations (Bandura, 1977). While outcome expectations are a person's evaluation of a given behaviour leading to likely outcomes, an efficacy expectation refers to the confidence that one can successfully execute desired behaviour to produce the outcomes. These are different concepts, because individuals can hold confident beliefs that a particular course of action will ensue certain outcomes, but if they bear doubtful beliefs about whether they can perform the necessary course of action such information does not impact their behaviour. Expectations of personal mastery affect not only whether a behaviour will be initiated but also the likelihood of persistence in coping with the situation. Not only can perceived self-efficacy have directive influence on choice of behaviour and situations, but, through expectations of resulting success, it can affect coping efforts once they are initiated. Efficacy expectations determine the amount of effort poured into a doing a task and the persistence to keep doing that in the face of setbacks and aversive experiences (Bandura, 1977).

Self-efficacy beliefs have roots in the following four primary sources (Bandura, 1977): (a) *performance accomplishments/performance outcomes* (instances of mastery accomplishments raise mastery expectations and repeated failures lower them); (b) *vicarious experience/social role models* (seeing others perform tasks successfully or in vain ensues our expectations, especially if one identifies strongly with the one observed); (c) *verbal persuasion* (suggestions, persuasions, and reinforcement from others influences expectations); and (d) *emotional arousal* (taxing situations may produce fear, stress and anxiety that debilitates performance and lowers efficacy expectations).

Efficacy expectations can differ in magnitude (high/moderate/low depending on the task), generality (specific to a task or generalized), and strength (strong expectations of perseverance versus weak ones). These dimensions influence behaviour and are, in turn, altered by the accruing effects of one's efforts.

Bandura's definition thus emphasizes on the importance of beliefs and prompts a cognitive locus of orientation in acquisition and regulation of novel behaviour.

Although Bandura's situation-specific view has dominated research in the field, growing interest is directed towards *general self-efficacy* (GSE), or belief in one's ability to confront novel circumstances and to cope with hardships in a broad span of taxing or challenging experiences (Schwarzer & Jerusalem, 1995; Sherer et al., 1982). GSE aims at a universal and stable sense of personal competence to manage effectively in a wide array of stressful situations. It might reflect a universality across various domains of functioning in which people judge how efficacious they are.

Sherer et al. (1982) note that generalized self-efficacy is an amalgamation of all previous success and failure experiences in an individual's life attributed to one's sense of self, as opposed to Bandura's view of successes and failures vis-a-vis specific tasks in life. Individual differences exist in general self-efficacy expectations, just like in domain-specific self-efficacy. For Bandura, specific domains of self-efficacy are unrelated to each other. Sherer and colleagues take self-efficacy into a different arena by suggesting that these unrelated domain-specific areas of self-efficacy contribute to "a general set of expectations that the individual carries into new situations" (1982, p. 664). Thus, general self-efficacy then impacts expectations of mastery in a new situation.

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Since GSE is a composite of all experiences ascribed to one's self, Shelton (1990) posited that a high general self-efficacy is composed of high regard for the self for valued successes than blame for failures, resulting in a mastery-oriented attitude toward daily challenges. Low general self-efficacy is characteristic of more self-blame for failure than regard to the self for prized success, resulting in a helpless attitude toward life challenges. A general mastery-oriented attitude significantly influences self-efficacy expectations for a specific situation. Shelton proposed this relationship between specific and general self-efficacy, presenting that general self-efficacy influences an individual's specific self-efficacy.

Summation

According to the transactional model discussed, when faced by a stressor, one way that an individual can tackle it is by attempting to reduce the emotion reaction it generates in them (Lazarus & Folkman, 1984). This is emotion regulation, the utilization of the amenable nature of emotion to synchronize with one's goals (Gross & John, 2003).

Perceived stress and self-efficacy are also closely connected conceptualizations. Appraisals of self-efficacy are essential in how one appraises the stressors in an environment (the step of secondary appraisal in the transactional model). Each external stressor is estimated as a threat or challenge, and high self-efficacy beliefs are more likely to evaluate the demands as a challenge, characteristic of high controllability (Folkman, 2013). People with strong self-efficacy recognize that they are able to conquer obstacles and focus on favorable circumstances and, therefore, they evaluate stressful situations as more challenging than those who harbor low efficacy expectations about their capacity to overcome hardships (Luszczynska et al., 2005). Effective coping from a stressor leads to increased self-efficacy because of the sense of mastery from a situation that entails from it. However, there is a dearth of research that explains the influence of stress perception on general self-efficacy, especially in mental health professionals. The concepts can work in combination as well: low self-efficacy and perceived stress increase negative affect and evasive behaviour, which could consequently lay the groundwork for further decline in self-efficacy and elevated susceptibility for more stressful life events (Fürtjes et al., 2023).

REVIEW OF LITERATURE

Especially after the COVID-19 pandemic, there seems to be a sizable increase in research done on psychological attributes of stress, anxiety, psychological capital, burnout, resilience and well-being of students and healthcare professionals. This period has also seen an upsurge and worsening of cases of mental illness (Joshi & Sharma, 2020; Chatterjee et al., 2020; Rangaswamy et al., 2022) and increase in resources made available to the public to manage mental health on national and state levels by the governments as well as initiatives taken by private practitioners, national institutes and NGOs/civil societies (Rangaswamy et al., 2022).

While these are important figures to consider when mental health in India is addressed, what remains underreported is the direct impact on the industry which provides these resources, i.e., the mental health professionals (MHPs) fraternity. The pandemic revealed the nasty truth about the Indian healthcare system, that there is a dearth of MHPs in the country (Jha, 2023; Garg et al., 2019; Birla, 2019). Not only was there a rise in stress and anxiety of contracting the virus, extended lockdown, and unemployment, practitioners were also dealing with other significant issues. The national lockdown worsened family dynamics resulting in significant rise in marital conflicts and reported domestic violence by women

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(Joshi & Sharma, 2020). One thing has been clear: The pandemic strained an already struggling system.

A thorough review of existing literature revealed merely two studies on Indian mental health practitioners from COVID-19 pandemic. Joshi and Sharma (2020)—using the job demands-resources model (JD-R) of burnout by Demerouti et al. (2001) to conceptualise burnout as a risk factor among mental health professionals in India during COVID-19—opened their study citing instances of trends in therapy-seeking and provisions via online therapy during the pandemic lockdown. According to the JD-R model, stress and burnout increase from high job demands and low job positives/derivatives. High derivatives act as a buffer from the same. With limited number of practitioners and increase in workload, i.e., high job demand, mental health practitioners were at a risk of experiencing burnout. Burnout is a psychological syndrome that occurs as a sustained response to chronic interpersonal stressors and is considered as an occupational hazard in people-oriented jobs (Maslach & Leiter, 2016). Some factors suggested that put MHPs at risk of burnout are emotional contagion, perceived stress, compassion fatigue, secondary traumatic stress, poor therapy effectiveness, and long therapy durations. Additionally, Sandhu and Singh (2021) explored the predictive role of cognitive emotion regulation in 64 novice counsellors during COVID-19. Cognitive emotion regulation could be done either adaptively via acceptance, positive refocusing, refocusing on planning, putting into perspective, and positive reappraisal, and maladaptively via strategies like self-blame, rumination, catastrophising, and other-blame. Burnout was found to be positively associated with rumination, which was also a statistically significant and positive contributor to burnout. Burnout was negatively associated with refocusing on planning and positive reappraisal, with positive reappraisal and other-blame being statistically significant and negative contributors to burnout.

Dey and Bhau (2023) report of psychological well-being of MHPs remaining an unexplored factor in India, thus, they conducted a comparative study of 67 MHPs and 53 non-MHPs on their levels of perceived stress, life satisfaction, and quality of life (QoL). They reported MHPs having higher levels of perceived stress and lower levels of life satisfaction and QoL vis-a-vis the non-MHPs.

Savarimalai et al. (2023) assessed work-life balance and its relationship with perceived stress, psychological distress and burnout among 101 mental health professionals (psychiatrists, psychiatric social workers, clinical psychologists, and psychiatric nurses) in a tertiary neuropsychiatric care centre in India. The level of work-life balance score was average to below average among 64% of participants. Among MHPs, psychiatrists have the lowest work-life balance. Psychiatric social workers scored higher on secondary trauma and psychological distress. Results also revealed MHPs to have high burnout and perceived stress, and sub-clinical psychological distress. There was a positive correlation between work-life balance and compassion satisfaction, and a negative correlation between secondary trauma and perceived stress. The study found that the nature of the job (resident student or employed personnel), compassion satisfaction, and psychological distress shall predict work- life balance.

Caramanica et al. (2023) studied emotion regulation strategies and perceived stress in workplace settings. Analysis revealed a significantly positive correlation between the expressive suppression and perceived stress. There is also a significantly positive correlation between the usage of suppression and being in the vicinity of a supervisor. The study also

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reports of perceived stress having a significantly negative correlation with reappraisal strategy and a significantly positive one with time pressure and the presence of a supervisor. Lastly, there was a significantly positive relationship between time pressure and being in the presence of a superior.

Liu et al. (2023) studied the mediating effects of emotion regulation strategies and psychological capital on the relationship between perceived stress and depression in a sample of 1267 college students. After controlling for gender, they found both buffered the role of perceived stress on depression, and both significantly lowered depression levels in high and low stress perceivers, and this inhibitory effect was more evident in high stress perceivers, but expression suppression specifically did not mediate the relationship between perceived stress and depression, only cognitive reappraisal did.

Interestingly, Brijwani and Desouza (2022) explored the experience of undergoing personal therapy among 15 young mental health professionals using qualitative analysis. Undertaking thematic analysis, there emerged eight themes:

1. Professional development: Personal therapy allowed professionals to gain experiential learning, provided a vantage point for them to witness working styles and understand the client-therapist alliance to utilise in one's own practice, and helped resolve personal roadblocks.
2. Personal development: Personal therapy helped MHPs gain self-awareness and alleviate distress, which led to better intellectual and emotional functioning. This also helped in practising staying in the here-and-now and gaining perspective. Personal therapy leads to constructive personality development, as reported by participants, that it made them more secure, comfortable, and hardy against the uncertainties of the nature of work and other emotional demands of their roles. It also facilitated greater self-acceptance and empowerment.
3. Working through countertransference: Personal therapy helps identify and work through countertransference. For some participants, it was challenging to distinguish between what was appropriate to discuss in supervision and in personal therapy. Some even reported that they would get invested in the narrative and feelings of the client to the point that they would start over-identifying with it, and this led to difficulty in separating clients' feelings from their own. Participants reported supervision and referrals, and preventative measures like setting self-disclosure and professional boundaries, as some ways to deal with countertransference.
4. Coping mechanisms: Participants reported some ways to cope with the demanding nature of the job, including self-care practices, taking adequate rest and time off to disconnect, having a reliable social support system, and going for personal therapy and undergoing supervision and training.
5. Stressors experienced: Participants expanded on internal stressors like fear, self-doubt, low tolerance for frustration, self-imposed pressures to help the client, and poor work-life balance, as precursors of burnout. External stressor that was touched upon was the financial burdens of this job. Participants reported possessing multiple jobs and the collective cost of going for personal therapy, training and supervision, along with dissatisfaction with pay as a stressor.
6. Viewpoints on personal therapy: Some viewed therapy as a preferential service, while others expressed it should be mandated for students to secure their personal and professional development. There were differing views and considerations among those who viewed it as mandatory.

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7. Being a client in therapy: Most participants pursued therapy to bear with personal crises. Interestingly, they also revealed that being on the other side of the chair aided in making the process less mechanical, more human. It helped them empathise with clients' vulnerabilities, pace the sessions according to their capacity, and understand resistance. It also made them see the difference in power dynamics and expectations.
8. Professional difficulties: Participants found their work to be quite distressing but eventually satisfying. Due to the emotionally demanding nature of the job, they voiced their concerns of potential burnout and compassion fatigue. Mental health stigma also hinders clients' ability to seek timely care and hide distress due to shame. A lack of regular income and dearth in resources were also reported as stressors. Lastly, systemic difficulties like the lack of a regulatory/licensing body further allows damage to happen to clients and the reputation of the field.

Bhagwagar (2022) conducted a meta-analysis of 14 research studies on secondary trauma stress, compassion fatigue, burnout, and resilience among Indian mental health professionals such as psychiatrists, psychiatric nurses and social workers, clinical psychologists, psychotherapists and counsellors. The review suggested prevalence of significant burnout and secondary trauma among Indian mental health professionals. The studies indicated moderate to severe levels of STS and moderate to high levels of burnout. The author also notes of there being not many studies on indirect trauma, burnout and resilience among Indian mental health professionals, but more studies on burnout exist than those on indirect trauma. No studies as of then were intervention-oriented to secondary trauma. Studies on psychiatrists were largest in number.

Riepenhausen et al. (2022) conducted a meta-analysis of 99 existing studies to explore the effects of positive cognitive reappraisal on stress resilience outcomes. In most studies, positive reappraisal was positively linked to resilience, positive affect, self-acceptance, optimism, well-being, life satisfaction, self-efficacy, self-esteem, positive relations with others, managing one's emotions, and emotion closeness with others. It is negatively associated with negative affect, anger, aggression, loneliness, perceived stress, and emotional response to stressful life events. Positive reappraisal was also reported to act as a buffer between adversity and negative outcomes such as perceived stress, indicated a mediating role. When looking at positive reappraisal and low-to-moderate levels of psychiatric symptoms, there exists a negative correlation. Moderating effects were found between everyday stressors and negative mood, and adverse workplace conditions and distress.

Singh and Hassard (2021) investigated emotional labour, emotional regulation strategies, and secondary traumatic stress in a sample of 99 allied mental health professionals in the UK. 51% of participants reported high secondary traumatic stress. Analysis also revealed that age, surface-acting emotional labour, and expressive suppression as an emotional regulation strategy significantly predicted secondary traumatic stress. Cognitive reappraisal and expressive suppression did not moderate the relationship between emotional labour and secondary traumatic stress.

Girme et al. (2021) investigated the costs of engaging in expressive suppression for people and their partners, and whether attachment anxiety is a moderating factor between this two. For an individual, suppression lead to outcomes like decreased satisfaction with the relationship, responsiveness success, discussion success, and threat from discussion. In the

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presence of low attachment anxiety, low levels of suppression did not lead to accosting of partners' everyday relationship satisfaction, perceptions of the other's responsiveness, discussion success and threat. However, once suppression levels transcended average levels, the more the suppression, the more were the detrimental effects on partners' outcomes. In the case of high attachment anxiety, detrimental effects on partners' outcomes were more pronounced with higher levels of suppression.

Aggarwal and Sriram (2018)—one among the few studies conducted on Indian mental health professionals' strengths prior to COVID-19—, using an experimental mixed methods design, explored the happiness and well-being of psychiatrists, clinical psychologists, and psychiatric social workers. Using the Mental Health Continuum (Long Form), social, psychological and emotional well-being was assessed. To explore happiness, an in-depth interview was conducted questioning their meaning of happiness and how they express it, what their experience of peak happiness was like and its antecedents, how being a part of the mental health profession affects the experience, and their notions of un-happiness.

Participants obtained relatively higher scores on psychological and social well-being with respect to emotional well-being. Of the 17 participants, 14 had high well-being scores and were considered to be flourishing. None of them had low well-being scores to be considered as languishing. Participants who had moderate scores of well-being reported experiencing stressors such as an inability to cope with increased work pressure and ill-health. However, all three were attempting to overcome these problems. In contrast, the accounts of participants with high well-being scores were filled with high energy, positivity and zeal in all arenas of their life—personal, interpersonal, and environmental.

Although happiness was recognised as a universal human value, the meaning and characteristics ascribed to it were extremely subjective. The modality a professional practised coloured their definition of happiness. For most of the participants, the terms happiness and contentment were interchangeable. Happiness was understood as an abstract and intangible concept, a state that was felt momentarily. While happiness was perceived parallel to an absence of lasting negative emotions for some, others suggested that optimal functioning, despite negative states, led to happiness. This lines up with Keyes' (2007, as cited in Aggarwal & Sriram, 2018) theory of well-being used in the study, that well-being is more than the absence of ill-being. The expression of happiness—verbal, non-verbal, or none at all—was moderated by the presence of people and the relationship that existed between them. Happiness was expressed either in a self-focused (cognitively, affectively, and behaviourally) or other-focused manner (engaging more in altruism, being more social, or increased gratefulness). Four important sources of happiness were identified—personal (temperament, engaging in hobbies), interpersonal (positive regard, willingness to confide in, sense of belonging), work-related (meeting deadlines and fulfilling one's duties) and environmental (absence of danger, sense of control). Good physical health was not a guarantee for happiness, however, its absence led to a reduced sense of well-being. Eustress was a mediator of well-being, and distress contributed negatively.

Participants reported their professional life as adding to their well-being. Better emotional regulation and greater perspective-taking and acceptance of reality were some of the changes brought about as a result of training. Clients' stories and processing helped MHPs view their lives in a refined manner. However, the same narratives packed with negativity were considered as a source of stress. Inability to maintain adequate work–life balance and facing

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ethical dilemmas were also viewed as stress-inducing. Stress from the professional sphere only poured into personal lives if it was extremely overwhelming and distasteful. Participants reported having less time to pursue hobbies and interests which contributed to exhaustion and stress that could lead to burnout. Due to less time devoted to spending with family members, some reported experiencing feelings of guilt, which they dealt with for the time being by rescheduling their appointments to make time for family members. This is in synchronisation with studies that report higher rates of burnout among female Indian medical professionals due to higher familial demands, causing a work–life imbalance (Langade et al., 2016, as cited in Aggarwal & Sriram, 2018). Most of the participants regarded their job as being stressful and accepted burnout as a typical outcome of being in this emotionally engaging field.

Protective factors for well-being observed include time management; setting reasonable goals; optimism; emotional distancing; contentment from helping others; significant others keeping a check on professionals' well-being; applying therapeutic tools on oneself; and personality traits such as having keen observation and listening skills, assertiveness, empathy, ability to reflect, adaptability, resourcefulness, and sensitivity.

Risk factors for well-being include high workload; inflexibility; lack of supervision; extra responsibilities given to PhD candidates due to their vague job descriptions; dearth of workload leading to boredom and reservations on self-worth; uneven case distribution due to chain of command; stigma associated with psychiatry being in the field of medicine leading to disrespect; lack of opportunities for growth; and lack of workforce.

Troy et al. (2018) studied the effects of two emotion regulation strategies—cognitive reappraisal—on immediate physiology, emotion, and perceived cognitive costs during and after two samples watched sad film clips. Results from both samples showed homogenous patterns of connection between regulation strategies and their emotional response and perceived cognitive costs. Reappraisal was associated with greater mitigation of negative emotions and increasing of positive emotions while watching the clips vis-a-vis strategy of acceptance. Reappraisal was also associated with significantly larger decreases in negative emotions post watching in one sample. Participants from both samples showed no differences in perceived effort in employing either of the strategies, however, they reported acceptance to be less difficult to deploy than reappraisal, and perceived themselves more successful at executing instructions for it. Acceptance also lead to better physiological regulation than reappraisal in one sample.

Burger and Samuel (2016) investigated the relationship and extent of perceived stress in education and general self-efficacy with the life satisfaction of adolescents. Baseline stress was found to be negatively associated with life satisfaction, whereas self-efficacy was positively associated with it. Increases in perceived stress relative to baseline stress over time were associated with a decrease in life satisfaction, and vice versa. Interestingly, increases in self-efficacy were associated with an increase in life satisfaction, and vice versa. Baseline self-efficacy was also found to moderate the negative effect of baseline stress on life satisfaction, as a result confirming the belief that it is not just the experience of a stressor that may lead to low satisfaction, but a combination of stress alongside a lack in the ability to cope will potentially contribute.

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Previous research has showed extensively how reappraisal has positive effects on well-being. Troy et al. (2013) went ahead to explore whether there are contextual factors that mediate this relationship in a sample of 170 participants by assessing reappraisal abilities, the magnitude of recent life stressors, controllability levels of that stressor, and depression levels. For events those pose uncontrollable stress, strong reappraisal capacities was associated with lower levels of depression. In contrast, considering controllable stress, higher reappraisal capacity was related with higher levels of depression. The findings pose the question of whether we should categorise particular emotion-regulation strategies as adaptive or maladaptive, rather, on the basis of their adaptiveness in a context.

On a sample size of 8796 participants across five countries (Costa Rica, Germany, Poland, Turkey, and the USA), Luszczynska et al. (2005) studied whether general self-efficacy is a predictor of variations in a number of psychological constructs. Analyses provided evidence for associations between general self-efficacy and the selected variables. As theorised and backed by previous research, general self-efficacy was positively correlated with assessing stressful situations as challenges. The highest positive associations were with optimism, self-regulation, and self-esteem. Furthermore, the highest negative associations emerged with depression and anxiety. Academic performance was also correlated with general self-efficacy as was postulated.

METHOD

Aim

The aim is to examine the interconnections between perceived stress and emotional regulation and general self-efficacy of mental health professionals practicing in India.

Objectives

1. To understand the association between perceived stress and emotion regulation.
2. To understand the association between perceived stress and general self-efficacy.
3. To study the impact of perceived stress on emotion regulation.
4. To study the impact of perceived stress on general self-efficacy.

Hypotheses

1. There will be a significant association between perceived stress and emotion regulation.
2. There will be a significant association between perceived stress and general self-efficacy.
3. There will be a significant impact of perceived stress on emotion regulation.
4. There will be a significant impact of perceived stress on general self-efficacy.

Research Design

The study uses a quantitative approach and is based on a correlational research design. The motive is to assess whether changes in one variable are associated with changes in the other(s), thus investigating the association between three variables: perceived stress, emotional regulation, and general self-efficacy. The investigation also goes beyond to see the effects of perceived stress on emotional regulation and general self-efficacy.

Sample

The sample comprises 150 participants, 24 male, 125 female, 1 genderqueer respectively, between 24–60 years of age. Since participants/elements for this study were based on

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specific, predetermined criteria derived from the purpose of the study, i.e., mental health professionals practicing in India, purposive sampling was employed. The eligibility criteria were:

- Fall under the age range of 24–60 years; and
- Are currently practicing as a mental health professional (dealing with clients/patients directly) in India.

This study will use 150 mental health professionals practicing in India, aged between 24 and 59 years (mean=31.54, SD=8.438), which includes psychiatrists, counselling psychologists, clinical psychologists, school psychologist, corporate psychologist, etc.

Research Tools

Data was collected using a Google Form of questions from the following tools in this specific order:

- 1. Perceived Stress Scale (PSS-10; Cohen & Williamson, 1988):** Originally developed in 1983 with 14 items by Cohen and colleagues, the Perceived Stress Scale is the most widely used measure for assessing appraisal of stress among test takers in the last one month. The original version of the tool has seven negative and seven positive items. After conducting a factor analysis, Cohen and Williamson removed the four items with the lowest factor loadings to create this shortened version. The 10 items are measured on a 5-point Likert scale (“0” = never, “1” = almost never, “2” = sometimes, “3” = fairly often, “4” = very often). Four statements are reversely scored, the rest six remain as is. The total is obtained by summation of scores on all items. Scores range from 0 to 40; the higher the score, the more elevated is the perception of stress. It is not a diagnostic instrument and the developers have not published any score cut-offs. There exists an even shorter PSS-4 version. Roberti et al. (2006) conducted an exploratory factor analysis and revealed two underlying factors of the PSS: perceived helplessness and perceived self-efficacy. The scale has been translated to various other major languages like Arabic, Chinese, Thai, Spanish, Korean, Greek, German, French, Japanese, etc. and shows good validity and reliability. In India, the scale has been translated and validated in Bengali (Chakraborti et al., 2013), Hindi (Jaiswal et al., 2021), and Punjabi (Chawla et al., 2014). Lee (2012) conducted a meta-analysis of 19 studies that assessed the PSS-10’s psychometric properties and found good test-retest reliability for re-administration in 2 days to less than 6 weeks. Cronbach’s alpha coefficient for internal consistency was higher than .70 in all 12 studies that measured it.
- 2. Emotional Regulation Questionnaire (ERQ; Gross & John, 2003):** The Emotion Regulation Questionnaire is a 10-item tool designed to assess the self-perception of two strategies to regulate one’s emotions, i.e., cognitive reappraisal and expressive suppression, on a 7-point Likert scale (“1” = strongly disagree, “4” = neutral, “7” = strongly agree). It asks questions about two distinct aspects of one’s emotional life: the emotional experience and emotional expression. There are 6 items for measuring reappraisal, and 4 for suppression. Each dimension’s scoring is kept separate and higher scores in one indicate greater use of the corresponding emotion regulation strategy. In the development of the ERQ, the authors were intent on not associating either of the strategies with affective, social or well-being consequences, as these could influence responses given by participants (Gross & John, 2003). To the best of the present author’s knowledge, the questionnaire has not been translated or

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validated in the Indian context. However, other studies report internal consistency ranging between .73 to .91 (Wang et al., 2022; Preece et al., 2020; Hasani, 2016).

- 3. General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 1995):** The General Self-Efficacy Scale is a 10-item tool that assesses levels of perceived self-efficacy. Respondents answer on a 4-point Likert scale (“1” = not at all true, “2” = hardly true, “3” = moderately true, “4” = exactly true) to each statement. A total score is obtained by summing of scores of all items. The total score ranges from 10 to 40, with a higher score indicating more self-efficacy. The authors’ construct of perceived self-efficacy reflects an optimistic self-belief, thus, each item on the scale measures one’s perception of their successful coping with unfamiliar or difficult situations. The scale has been extensively validated and has proved to be reliable in a study with 13 nations (Schwarzer & Born, 1997, as cited in Scholz et al., 2002) and another with 25 nations, including India (Scholz et al., 2002).

Procedure

To measure the variables of the present study, quantitative tools that fulfilled the requirements were chosen (PSS-10, ERQ, and GSES). Further, an online survey was framed using Google Forms which comprised questions from the respective tools. Offline data was also collected from three participants. The participants were explained the purpose and significance of the study and eligibility criteria for participation, and were also provided with a note on insurance of confidentiality and voluntary nature of participation. Consent was taken and they filled the questionnaire. Data was collected using the purposive sampling technique. Participants were approached via WhatsApp, in person, and by e-mail. After data collection, using the IBM Statistical Package for the Social Sciences software (SPSS v. 21.0), raw scores on the Perceived Stress Scale, Emotion Regulation Questionnaire, and General Self-Efficacy Scale were analysed to reveal mean and standard deviation scores along with correlation and regression computations between the three variables. Results from the analysis are communicated in the next chapter.

RESULTS

Table 1 Descriptive Statistics

	<i>n</i>	<i>M</i>	<i>SD</i>
Age	150	31.54	8.438
Perceived Stress	150	16.54	6.467
Emo. Reg. (Reappraisal)	150	28.49	6.945
Emo. Reg. (Exp. Suppression)	150	11.82	5.390
General Self-Efficacy	150	31.61	4.777

Note. Emo. Reg. (Reappraisal) = Emotion Regulation Strategy of Reappraisal, Emo. Reg. (Exp. Suppression) = Emotion Regulation Strategy of Expressive Suppression

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Table 2 Correlation Between Perceived Stress, Reappraisal, Expressive Suppression, and General Self-Efficacy

Variable		1	2	3	4
1. Perceived Stress	Pearson Correlation	-	-.161*	.257**	-.478**
	Sig. (2-tailed)		.049	.002	.000
	<i>n</i>		150	150	150
2. Emo. Reg. (Reappraisal)	Pearson Correlation	-.161*	-	.224**	.347**
	Sig. (2-tailed)	.049		.006	.000
	<i>n</i>	150		150	150
3. Emo. Reg. (Exp. Suppression)	Pearson Correlation	.257**	.224**	-	-.032
	Sig. (2-tailed)	.002	.006		.701
	<i>n</i>	150	150		150
4. General Self-Efficacy	Pearson Correlation	-.478**	.347**	-.032	-
	Sig. (2-tailed)	.000	.000	.701	
	<i>n</i>	150	150	150	

Note. *p<0.05, **p<0.01

Table 3 Linear Regression Analysis with Perceived Stress as a Predictor of Emotion Regulation and General Self-Efficacy

Predictor: Perceived Stress								
Variable	B	SE	Beta	R	R ²	t	F	p
Emo. Reg. (Reappraisal)	-0.173	0.087	-0.161	0.161	0.026	-1.982	3.927	0.049*
Emo. Reg. (Exp. Suppression)	0.214	0.066	0.257	0.257	0.066	3.235**	10.465	0.002**
General Self-Efficacy	-0.353	0.053	-0.478	0.478	0.229	-6.623**	43.864	0.000**

Note. *p<0.05, **p<0.01

DISCUSSION

The aim of the study was to establish a relationship between perceived stress, emotion regulation, and general self-efficacy of mental health professionals practicing in India. For the same, several hypotheses were formed which will be discussed ahead. The study used a correlational design to show whether and how strongly the variables of perceived stress, emotion regulation, and general self-efficacy are related, and investigate the impact of perceived stress on emotion regulation and general self-efficacy respectively.

Analysis of data collected reveals results reported in tables 1 to 3. Table 1 reports the descriptive statistics, indicating the mean age of the sample to be 31.54 years, SD=8.438. Table 1 also shows the mean and standard deviation of scores of 150 participants on each of the dimensions respectively. The mean score on the variable of perceived stress was 16.54, SD=6.467, which is a below average score. These findings are inconsistent with previous international (O'Connor et al., 2018; Yang et al., 2015; Edwards et al., 2000) and Indian research (Dey & Bhau, 2023; Savarimalai et al., 2023; Bhagwagar, 2022; Joshi & Sharma, 2020; Sarma, 2018) that shows mental health professionals to be at high risk of burnout and levels of perceived stress. This could be accounted for by the fact that the sample scored

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high on general self-efficacy ($M=31.61$, $SD=4.777$). According to the transactional model of stress and coping (Lazarus & Folkman, 1984), how one appraises their ability to perform tasks successfully influences whether a stimulus in the environment is appraised as a stressor. Additionally, other factors that can explain low levels of perceived stress are self-care practices, seeking personal therapy, undergoing supervision and periodical training, having a social support network, taking time off, high use of cognitive reappraisal, experiences with clients, contentment as a product of being in the helping profession (Brijwani & Desouza, 2022; Riepenhausen et al., 2022; Aggarwal & Sriram, 2018).

The ERQ is scored separately on the two emotion regulation strategies of reappraisal and expressive suppression. The average score on the strategy of reappraisal was 28.49, $SD=6.945$, and for expressive suppression it was 11.82, $SD=5.390$. Since higher scores indicate higher use of the corresponding emotion regulation strategy, it can be said that, on average, there occurs greater use of reappraisal among the sample of mental health professionals. Reappraisal, in comparison with suppression, is associated with better well-being (Gross & John, 2003). Professionals who reappraise events show more positive and less magnitudes of negative emotions, as well as better social functioning (Posluns & Gall, 2020; Troy et al., 2018; Cutuli, 2014). Positive reappraisal acts as a buffer between hardships and perceived stress, and has positive affiliations with effects such as resilience, self-efficacy, emotion regulation, positive relationships, among others (Riepenhausen et al., 2022), which can be beneficial in a social, helping professions in the field of mental health.

Correlation analysis (table 2) revealed a significantly negative relationship between perceived stress and the emotion regulation strategy of reappraisal (Pearson's $r = -.161$, $p<0.05$), consequently supporting the first hypothesis. Thus, as perceived stress increases, the use of reappraisal strategy for emotion regulation decreases, and vice versa. Similar findings were found with respect to perceived stress in employees (Caramanica et al., 2023) and mental health providers (Phillips et al., 2021). Cognitive reappraisal comprises of adopting perspective-taking, which allows individuals to view a situation from different vantage points and change the meaning to one that suits their goals, and therefore regulate the emotional response from the initial meaning. Appraisals of stressful situations and one's resources may be thus re-evaluated. However, as the perception of stress increases, cognitive impairments that accompany high stress may affect the resources that are directed towards cognitive reappraisal, thus bringing its vitality down (Shermohammed et al., 2017).

Furthermore, the association between perceived stress and emotion regulation strategy of expressive suppression was significantly positive ($r = .257$, $p<0.01$), thereby acting as corroborating evidence in support of the first hypothesis. Thus, as perceived stress goes up, so does the use of expressive suppression for regulating one's emotions, and vice versa. These findings are backed by previous research in workplace settings (Caramanica et al., 2023), patients with chronic illness (Bramanti et al., 2021), and independent mental health providers (Phillips et al., 2021). Expressive suppression works to reduce the behavioral response of an emotion, and not the emotion itself. Thus, it may be left to accumulate and endure (Gross & John, 2003). This could be an explanation for the current study's findings. The emotion regulation strategy has also shown to predict secondary traumatic stress in mental health professionals (Singh & Hassard, 2021).

Lastly, analysis reports a significantly negative association between perceived stress and general self-efficacy ($r = -.478$, $p<0.01$), thereby supporting the second hypothesis of a

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significant relationship existing between the two. Thus, a higher perception of stress is associated lower levels of general self-efficacy, and vice versa. The same has been reported in other studies among college (Liu et al., 2024; Shilpa & Prasad, 2017) and high school students (Moeini et al., 2008). The findings can be explained using Lazarus and Folkman's (1984) transactional model as done earlier.

Linear regression analysis was also conducted to investigate the influence of perceived stress on specific emotion regulation strategies and general self-efficacy. When checking for perceived stress as a predictor of the use of reappraisal strategy, a significant negative regression was found $F(1,148)=3.927, p<0.05$. Thus, it has a significant impact on emotion regulation, which supports the third hypothesis. The R^2 value was 0.026, indicating that perceived stress explained 2.6% of the variance in the operation of reappraisal strategy for emotion regulation. In previous research, it has been found that cortisol, a hormone that is activated during stress, is related to attentional resources directed towards negative stimuli (Roelofs et al., 2007)—which counters the regulation of emotional arousal from stress—and working memory impairment (Elzinga & Roelofs, 2005), which hampers comprehension, reasoning, and problem-solving of the amount of information that is available to us at any given point (Cowan, 2014). Thus, the appraisal of a stressor leads to physiological arousal of the fight-or-flight mechanism, attentional bias towards the negative, and hampering of working memory for the situation at hand. This contributes to resources being utilized for physiological response and selective attention towards negative stimuli to anticipate possible threats to survival. As stress increases gradually to cross moderate levels, cognitive impairment can cause reappraisal use to falter (Shermohammed et al., 2017).

Furthermore, considering the impact of perceived stress on expression suppression strategy, the $F(1,148)$ value of 10.465 ($p<0.01$) was significant and positive, thusly attesting to the third hypothesis again. An R^2 value of 0.066 specified that perceived stress explains 6.6% variance in expressive suppression strategy employed with the goal of regulation of one's emotion. Perceived stress is a predictor of expressive suppression in that, as perception of stress increases, so does the use of suppression strategy to regulate one's emotions. Lazarus (1966) believed that an evaluation of stress is accompanied by emotional and physiological outcomes. Suppression may be explained as a form of experiential or cognitive avoidance of these unpleasant outcomes, which serves as a technique for self-preservation (Hayes et al., 2003).

Lastly, perceived stress also has a significant negative impact on general self-efficacy [$F(1,148)=43.864, p<0.01$], which supports the fourth and final hypothesis. Findings of the present study have been corroborated by a recent study by Liu et al. (2024) with college population, who reported perceived stress can significantly negatively predict general self-efficacy and that the opposite is also true, general self-efficacy can also significantly negatively predict perceived stress. The R^2 value 0.229 in the present study indicates that perceived stress accounts for 22.9% of variance in general self-efficacy of an individual. An extensive review of existing literature revealed that general self-efficacy has been predominantly studied either as a moderating factor between perceived stress and personality (Şahin & Çetin, 2017; Ebstrup et al., 2011), life satisfaction (Burger & Samuel, 2016), resilience (Okur & Ümmet, 2021), quality of life (Long et al., 2020), and anxiety and depression (Fürties et al., 2023), or as a predictor of constructs such as life satisfaction (Burger & Samuel, 2016), low burnout (Smeds et al., 2020), and perceived stress (Piekarska, 2020; Jurado et al., 2019).

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Findings are further concluded.

CONCLUSION

The current study aimed to explore the relationship between perceived stress and emotion regulation and general self-efficacy of practicing mental health professionals based in India. Emotion regulation was studied separately based on the two strategies that can be deployed: expressive suppression and cognitive reappraisal. Research findings reveal a significantly negative relationship between perceived stress and the use of cognitive reappraisal as an emotion regulation strategy, and between perceived stress and general self-efficacy beliefs. A significantly positive relationship exists between perceived stress and expressive suppression. Hence, significant associations were established between perceived stress and emotion regulation, as well as general self-efficacy, respectively. Additionally, perceived stress exhibited as a significant predictor of both emotion regulation strategies and general self-efficacy.

Implications of this Study

There are important implications of this study. *Firstly*, the profession of mental health faces a scarcity of research done on the experiences of those working in it. Specifically, the amount of research done on mental health professionals in India is sparse. The present study provides findings about the experience of working in the field. *Secondly*, within the pool of research done in India, there seem to be limitations related to low sample size and sampling techniques. This study uses purposive sampling which allows for targeted selection of the population sample and increase depth of knowledge about a specific area. Sample size also exceeds most studies. *Thirdly*, to the best of the author's understanding, previous research on Indian mental health professionals has not targeted the interplay of the variables studied here. Thus, this is a novel addition to the pool of existing knowledge in the field. *Fourthly*, now that there's some clarity about the interrelationships between these perceived stress, emotion regulation strategies and general self-efficacy, interventions that target stress and its effects on personal functioning in the population studied can be tailored accordingly. Policies can also be implemented to safeguard a stress-prone population like the mental health professionals from emotional and psychological harm. In educational settings, students of psychiatry, psychology and social work can be trained in self-care before they enter the field. Stress can hamper professional competence, thus, interventions, policies, and training can help buffer the effects of stress on professional functioning.

Limitations of this Study

The strengths of the study also come with certain limitations. *Firstly*, due to resource constraints, a large sample size couldn't be implemented. *Secondly*, the usage of self-report measures creates possibilities of response bias. *Thirdly*, the effects of findings haven't been studied. For example, the finding that perceived stress is a predictor of the usage of expressive suppression strategy for emotion regulation could have been enhanced with further investigation into the dynamics. *Fourthly*, a qualitative analysis to supplement quantitative findings would have given a more authentic take on on-ground realities of being in the field.

Directions for Future Research

Firstly, the current research only studied the unidirectional impact of perceptions of stress on self-efficacy beliefs and emotion regulation. Future trends in research can study multidirectional effects of the three variables on each other. *Secondly*, carrying forward a

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limitation of the study that can be rectified, qualitative analyses could be conducted alongside quantitative results to for an in-depth exploration and robust results. Much of what happens in the field gets buried under quantitative analysis as it takes away the humanness that is characteristic of the field of mental health. *Thirdly*, to accompany self-report measures, various biomarkers can be utilized such as neurotransmitter and hormone levels, heart rate variability (HRV), genetic markers, etc. to provide better understanding of the physiological underpinnings of stress and emotion regulation processes. *Fourthly*, community mental health and rural health SMART systems can be a fertile ground for further research.

REFERENCES

- Aggarwal, P., & Sriram, S. (2018). Exploring Well-Being among Mental Health Professionals in India. *Psychological Studies*, 63(4), 335–345.
- Bandura, A. (1977). Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review*, 84(2), 191–215.
- Bhagwagar, H. (2022). Secondary trauma, burnout and resilience among mental health professionals from India: A review of research. *Asian Journal of Psychiatry*, 76.
- Birla, N. (2019, October 10). Mental health in India: 7.5% of country affected; less than 4,000 experts available. *The Economic Times*. <https://economictimes.indiatimes.com/magazine/s/panache/mental-health-in-india-7-5-of-country-affected-less-than-4000-experts-available/articleshow/71500130.cms?from=mdr>
- Bramanti, S. M., Trumello, C., Lombardi, L., & Babore, A. (2021). COVID-19 and chronic disease patients: Perceived stress, worry, and emotional regulation strategies. *Rehabilitation Psychology*, 66(4), 380–385.
- Brockman, R., Ciarrochi, J., Parker, P., & Kashdan, T. (2017). Emotion regulation strategies in daily life: mindfulness, cognitive reappraisal and emotion suppression. *Cognitive Behaviour Therapy*, 46(2), 91–113.
- Burger, K., & Samuel, R. (2016). The Role of Perceived Stress and Self-Efficacy in Young People's Life Satisfaction: A Longitudinal Study. *Journal of Youth and Adolescence*, 46(1), 78–90.
- Caramanica, R., Williams, Z., & Rice, S. (2023). Expressive suppression as an emotion regulation technique and its potential impact on perceived stress. *Management Science Letters*, 13(1), 1–10.
- Chakraborti, A., Ray, P., Sanyal, D., Thakurta, R. G., Bhattacharayya, A. K., Mallick, A. K., Das, R., & Ali, S. N. (2013). Assessing perceived stress in medical personnel: in search of an appropriate scale for the bengali population. *Indian Journal of Psychological Medicine*, 35(1), 29–33.
- Chatterjee, S. S., Barikar C, M., & Mukherjee, A. (2020). Impact of COVID-19 pandemic on pre-existing mental health problems. *Asian Journal of Psychiatry*, 51. <https://doi.org/10.1016/j.ajp.2020.102071>
- Chawla, J K., Shenoy, S., & Sandhu, J. S. (2014). Assessment of Occupational Stress using Punjabi Version of Perceived Stress Scale (PSS-10) in Punjabi Population. *International Journal of Medical and Health Sciences*, 3(3), 163–171.
- Chen, L., Wang, C., Smith, G.L., Dawkins-Moultin, L., Shin, L.J., & Lu, Q. (2024). Job Loss and Well-Being Among Chinese American Breast Cancer Survivors: The Mediating Role of Income and Perceived Stress. *International Journal of Behavioral Medicine*.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 24, 385–396.

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- Cohen, S., & Williamson, G.M. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The Social Psychology of Health* (pp. 31–67). Sage.
- Cutuli, D. (2014). Cognitive reappraisal and expressive suppression strategies role in the emotion regulation: an overview on their modulatory effects and neural correlates. *Frontiers in Systems Neuroscience*, 8.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512.
- Dey, N., & Bhau, S. (2023). A Comparative Study of Levels of Perceived Stress, Life Satisfaction and Quality of Life among Mental Health Professionals and Non-mental Health Professionals in India. *Indian Journal of Health and Well-being*, 14(2), 171–178.
- Ebstrup, J. F., Eplöv, L. F., Pisinger, C., & Jørgensen, T. (2011). Association between the Five Factor personality traits and perceived stress: is the effect mediated by general self-efficacy? *Anxiety, Stress, & Coping*, 24(4), 407–419.
- Edwards, D., Coyle, D., & Hannigan, B. (2000). Stress and burnout in community mental health nursing: a review of the literature. *Psychiatric and Mental Health Nursing*, 7(1), 7–14.
- Elzinga, B. M., & Roelofs, K. (2005). Cortisol-induced impairments of working memory require acute sympathetic activation. *Behavioral Neuroscience*, 119(1), 98–103.
- Evans, G. W., & Cohen, S. A. (1987). Environmental stress. In D. Stokols & I. Altman (Eds.), *Handbook of environmental psychology*. Wiley.
- Folkman, S. (2013). Stress: Appraisal and Coping. In M.D. Gellman & J.R. Turner (Eds.), *Encyclopedia of Behavioral Medicine*, 1913–1915. Springer.
- Fürtjes, S., Voss, C., Rückert, F., Peschel, S.K.V., Kische, H., Ollman, T.M., Berwanger, J., & Beesdo-Baum, K. (2023). Self-efficacy, stress, and symptoms of depression and anxiety in adolescents: An epidemiological cohort study with ecological momentary assessment. *Journal of Mood & Anxiety Disorders*, 4.
- Garg, K., Kumar, C. N., & Chandra, P. S. (2019). Number of psychiatrists in India: Baby steps forward, but a long way to go. *Indian Journal of Psychiatry*, 61(1), 104–105. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_7_18
- Girme, Y. U., Peters, B. J., Baker, L. R., Overall, N. C., Fletcher, G. J. O., Reis, H. T., Jamieson, J. P., & Sigal, M. J. (2021). Attachment anxiety and the curvilinear effects of expressive suppression on individuals' and partners' outcomes. *Journal of Personality and Social Psychology*, 121(3), 524–547.
- Gross, J. J. (1998). Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, 74(1), 224–237.
- Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348–362.
- Gross, J. J., & Thompson, R. A. (2007). Chapter 1: Emotion Regulation: Conceptual Foundations. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3–24). The Guilford Press.
- Hasani, J. (2016). Persian Version of the Emotion Regulation Questionnaire: Factor Structure, Reliability and Validity. *International Journal of Behavior Sciences*, 10(3), 108–113.
- Hayes, S. C., Strosahl, K. D., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., Polusny, M. A., Dykstra, T. A., Batten, S. V., Bergan, J. R., Stewart, S. H., Zvolensky, M. J., Eifert, G. H., Bond, F. W., Forsyth, J. P., Karekla, M., & McCurry, S. M. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The Psychological Record*, 54(4), 553–578.
- Holmes, T. H., & Rahe, R. H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213–218.

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- Jaiswal, A. K., Meshram, S., Pandey, V., & Singh, A. (2021). Standardization and Validation of Hindi Version of Perceived Stress Scale in Indian Sample. *Indian Journal of Health and Well-being*, 12(3), 386–390.
- Jha, D.N. (2023, October 11). India needs 3 psychiatrists per lakh population, has only 0.7. *The Times of India*. http://timesofindia.indiatimes.com/articleshow/104327049.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
- John, O. P., & Gross, J. J. (2004). Healthy and Unhealthy Emotion Regulation: Personality Processes, Individual Differences, and Life Span Development. *Journal of Personality*, 72(6), 1301–1334.
- Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian Journal of Psychiatry*, 54.
- Jurado, M., Pérez-Fuentes, M., Ruiz, N., Márquez, M., & Linares, J. (2019). Self-Efficacy and Emotional Intelligence as Predictors of Perceived Stress in Nursing Professionals *Medicina*, 55(6).
- Lazarus, R. S. (1966). *Psychological stress and the coping process*. McGraw-Hill.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. Springer.
- Lee, E.-H. (2012). Review of the Psychometric Evidence of the Perceived Stress Scale. *Asian Nursing Research*, 6, 121–127.
- Liu, X., Li, Y., & Cao, X. (2024). Bidirectional reduction effects of perceived stress and general self-efficacy among college students: a cross-lagged study. *Humanities and Social Sciences Communications*, 11.
- Liu, Y., Yu, H., Shi, Y., & Ma, C. (2023). The effect of perceived stress on depression in college students: The role of emotion regulation and positive psychological capital. *Frontiers in Psychology*, 14.
- Long, Q., Guo, J., Zhong, Q., Jiang, S., Wiley, J., & Chen, J. (2021). General self-efficacy and social support as mediators of the association between perceived stress and quality of life among rural women with previous gestational diabetes mellitus. *Journal of Clinical Nursing*, 30, 1026–1036.
- Luszczynska, A., Gutiérrez-Doña, B., & Schwarzer, R. (2005). General self-efficacy in various domains of human functioning: Evidence from five countries. *International Journal of Psychology*, 40(2), 80–89.
- Maslach, C., & Leiter, M.P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111.
- Moeini, B., Shafii, F., Hidarnia, A., Babaii, G.R., Birashk, B., & Allahverdipour, H. (2008). Perceived Stress, Self-Efficacy and its Relations to Psychological Well-Being Status in Iranian Male High School Students. *Social Behavior and Personality*, 36(2), 257–266.
- Ng, D. M., & Jeffery, R. W. (2003). Relationships Between Perceived Stress and Health Behaviors in a Sample of Working Adults. *Health Psychology*, 22(6), 638–642.
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74–99.
- Okur, S., & Ümmet, D. (2021). The Relationship Between Psychological Resilience and Perceived Stress in Adults: The Mediating Role of General Self Efficacy. *Turkish Psychological Counseling and Guidance Journal*, 11(60), 67-84.
- Phillips, A. C. (2013). Perceived Stress. In M.D. Gellman & J.R. Turner (Eds.), *Encyclopedia of Behavioral Medicine*, 1453–1454.
- Phillips, L. A., Thompson, T. J., Edelman, S. A., & Ruiz, T. U. (2021). Independent mental health providers' experience in initial months of the COVID-19 pandemic. *Practice Innovations*, 6(4), 209–220.

Impact of Perceived Stress on Emotion Regulation and General Self-Efficacy of Mental Health Professionals in India

- Piekarska, J. (2020). Determinants of Perceived Stress in Adolescence: The Role of Personality Traits, Emotional Abilities, Trait Emotional Intelligence, Self-Efficacy, and Self-Esteem. *Advances in Cognitive Psychology, 16*(4), 309–320.
- Posluns, K., & Gall, T. L. (2020). Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care. *International Journal for the Advancement of Counselling, 42*, 1–20.
- Preece, D. A., Becerra, R., Robinson, K., & Gross, J. J. (2020). The Emotion Regulation Questionnaire: Psychometric Properties in General Community Samples. *Journal of Personality Assessment, 102*(3), 348–356.
- Rangaswamy, T., Grover, S., Tyagi, V., & Bhan, A. (2022). How Did the Mental Health Care System in India Respond to COVID 19 Pandemic?. *Schizophrenia Bulletin Open, 3*(1). <https://doi.org/10.1093/schizbullopen/sgac043>
- Richards, J. M., & Gross, J. J. (2000). Emotion regulation and memory: The cognitive costs of keeping one's cool. *Journal of Personality and Social Psychology, 79*(3), 410–424.
- Richardson, S., Shaffer, J. A., Falzon, L., Krupka, D., Davidson, K. W., & Edmondson, D. (2012). Meta-Analysis of Perceived Stress and Its Association with Incident Coronary Heart Disease. *The American Journal of Cardiology, 110*(12), 1711–1716.
- Riepenhausen, A., Wackerhagen, C., Reppmann, Z. C., Deter, H.-C., Kalisch, R., Veer, I. M., & Walter, H. (2022). Positive Cognitive Reappraisal in Stress Resilience, Mental Health, and Well-Being: A Comprehensive Systematic Review. *Emotion Review, 14*(4), 310–331.
- Roberti, J.W., Harrington, L.N., & Storch, E. A. (2006). Further Psychometric Support for the 10-Item Version of the Perceived Stress Scale. *Journal of College Counseling, 9*(2), 135–147.
- Roelofs, K., Bakvis, P., Hermans, E. J., van Pelt, J., & van Honk, J. (2007). The effects of social stress and cortisol responses on the preconscious selective attention to social threat. *Biological Psychology, 75*(1), 1–7.
- Şahin, F., & Çetin, F. (2017). The mediating role of general self-efficacy in the relationship between the big five personality traits and perceived stress: A weekly assessment study. *Psychological Studies, 62*(1), 35–46.
- Sandhu, T., & Singh, H. (2021). Counselor Burnout During COVID-19: Predictive Role of Cognitive Emotion Regulation. *Indian Journal of Positive Psychology, 12*(3), 258–262.
- Sarma, P. G. (2018). Burnout in Indian Psychiatrists. *Indian Journal of Psychological Medicine, 40*, 156–60.
- Savarimalai, R., Christy, J., Bhaskarapillai, B., Damodharan, D., & Sekar, K. (2023). Work-life balance among mental health professionals in a tertiary care neuropsychiatry centre in India. *Industrial Psychiatry Journal, 32*(2), 354–360.
- Schiffirin, H. H., & Nelson, S. K. (2008). Stressed and Happy? Investigating the Relationship Between Happiness and Perceived Stress. *Journal of Happiness Studies, 11*(1), 33–39.
- Scholz, U., Doña, B.G., Sud, S., & Schwarzer, R. (2002). Is General Self-Efficacy a Universal Construct? *European Journal of Psychological Assessment, 18*(3), 242–251.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in Health Psychology: A User's Portfolio* (pp. 35–37). Nfer-Nelson.
- Selye, H. (1950). Stress and the General Adaptation Syndrome. *British Medical Journal, 1*(4667), 1383–1392.
- Shelton, S. H. (1990). Developing the Construct of General Self-Efficacy. *Psychological Reports, 66*(3), 987–994.
- Sherer, M., Maddux, J. E., Mercandante, B., Prentice-dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-efficacy Scale: Construction and validation. *Psychological Reports, 51*(2), 663–671.

Impact of Perceived Stress on Emotion Regulation and General Self-Efficacy of Mental Health Professionals in India

- Shermohammed, M., Mehta, P. H., Zhang, J., Brandes, C. M., Chang, L. J., & Somerville, L. H. (2017). Does Psychosocial Stress Impact Cognitive Reappraisal? Behavioral and Neural Evidence. *Journal of Cognitive Neuroscience*, 29(11), 1803–1816.
- Shilpa, S. L. L. N., & Prasad, R. (2017). Self efficacy, perceived stress and happiness among students. *2017 International Conference on Advances in Computing, Communications and Informatics (ICACCI)*, 2015–2109.
- Singh, J., & Hassard, J. (2021). Emotional labour, emotional regulation strategies, and secondary traumatic stress: a cross-sectional study of allied mental health professionals in the UK. *The Social Science Journal*, 1–15.
- Smeds, M. R., Janko, M. R., Allen, S., Amankwah, K., Arnell, T., Ansari, P., Balters, M., Hess, D., Ferguson, E., Jackson, P., Kimbrough, M. K., Knight, D., Johnson, M., Porter, M., Shames, B. D., Schroll, R., Shelton, J., Sussman, J., & Yoo, P. (2020). Burnout and its relationship with perceived stress, self-efficacy, depression, social support, and programmatic factors in general surgery residents. *The American Journal of Surgery*, 219(6), 907–912.
- Troy, A. S., Brunner, A., Shallcross, A. J., Friedman, R., & Jones, M. C. (2018). Cognitive reappraisal and acceptance: Effects on emotion, physiology, and perceived cognitive costs. *Emotion*, 18(1), 58–74.
- Troy, A. S., Shallcross, A. J., & Mauss, I. B. (2013). A Person-by-Situation Approach to Emotion Regulation: Cognitive Reappraisal Can Either Help or Hurt, Depending on the Context. *Psychological Science*, 24(12), 2505–2514.
- Wang, D., Yuan, B., Han, H., & Wang, C. (2022). Validity and reliability of emotion regulation questionnaire (ERQ) in Chinese rural-to-urban migrant adolescents and young adults. *Current Psychology*, 41, 2346–2353.
- Yang, S., Meredith, P., & Khan, A. (2015). Stress and burnout among healthcare professionals working in a mental health setting in Singapore. *Asian Journal of Psychiatry*, 15, 15–20.

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