

Workplace Well-Being in a Medical Training Institution

Mohd. Shahrul bin Kamaruddin, Ilmam Nurfa'izun bin Nayan, Christian Veron Anak Meerzagul, Ayuni binti Musri, Flora Juan Anak Alan Morsidi, Nur Kuaisya binti Hamdan, Septerina Anak Ebik

Faculty of Cognitive Sciences and Human Development, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia.

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ABSTRACT

This intervention study aimed to evaluate the effectiveness of a workplace stress management programme in improving the psychological well-being of staff at a selected medical training institution. A total of 30 participants took part in a one-day intervention programme incorporating psychoeducation, stress awareness sessions, group discussions, self-reflection activities, relaxation techniques, mindfulness practices, and interactive team-building activities. The programme was evaluated using a pre-test and post-test design with three standardised instruments: the Depression Anxiety Stress Scale-21 (DASS-21), the Job Satisfaction Survey (JSS), and the Emotion Regulation Questionnaire (ERQ). As the data were not normally distributed, the Wilcoxon Signed-Rank Test was employed to examine differences between pre-test and post-test scores. Significant reductions were observed in depression ($Z = -3.922, p < .001$), anxiety ($Z = -4.487, p < .001$), and stress ($Z = -4.322, p < .001$), together with a significant improvement in emotion regulation ($Z = -4.230, p < .001$). However, no statistically significant change was observed in job satisfaction ($Z = -1.618, p = .106$). These findings indicate that participation in the programme was associated with improvements in several psychological outcomes, while job satisfaction remained relatively unchanged. The findings should be interpreted cautiously because the study used a pre-test and post-test design without a control group, meaning that alternative explanations for the observed changes cannot be ruled out.

Keywords: workplace well-being, workplace stress, psychological well-being, stress management, emotion regulation, counselling intervention

INTRODUCTION

The organization selected for this intervention project was **a medical training institution**. As an educational and training institution in the healthcare sector, it plays a vital role in developing competent healthcare personnel while promoting the well-being and productivity of its staff. Prior to designing the intervention, a needs assessment was conducted to identify the main issues experienced by employees. A Google Forms questionnaire was distributed to 30 staff members. The findings revealed that workplace stress was one of the most prevalent concerns among employees. Responses indicated that stress was primarily associated with workload demands, time constraints, job responsibilities, and the need to balance multiple tasks in the workplace.

Based on these findings, our group identified workplace stress as the primary issue to be addressed through a counseling intervention. Workplace stress can negatively affect employees' psychological well-being, job performance, productivity, and overall job satisfaction if it is not managed effectively (Cooper et al., 2001). Therefore, an appropriate intervention was developed to help staff members understand the causes and effects of workplace stress while equipping them with practical coping strategies. To address this issue, our group designed and implemented a workplace stress management intervention module aimed at increasing awareness of workplace stress and enhancing participants' ability to manage stress effectively. The intervention incorporated psychoeducation, self-reflection activities, and practical stress management techniques that could be applied in the workplace. Previous research has shown that psychoeducational and stress management interventions can improve employees' coping skills and overall well-being (Richardson & Rothstein, 2008). The effectiveness of the intervention was evaluated using a pre-test and post-test design with three standardized

measurement instruments. The results were analysed to determine whether the intervention had successfully improved participants' knowledge, awareness, and coping skills related to workplace stress. This report presents the intervention process, implementation outcomes, data analysis, reflections, recommendations, and implications for organizational counseling practice.

Objectives

1. Increase participants awareness of the importance of well-being in the workplace.
2. Help participants manage emotions and stress more effectively.
3. Encourage positive communication and collaboration in the work environment.

Research Questions

1. The workplace stress management intervention significantly reduce depression among employees?
2. Does the workplace stress management intervention significantly reduce anxiety among employees?
3. Does the workplace stress management intervention significantly improve employees' emotion regulation?
4. Does the workplace stress management intervention significantly improve employees' job satisfaction?

INTERVENTION MODULE

The intervention program aims to enhance the level of workplace well-being among staff in a medical training institution by emphasizing mental, emotional, and social well-being in the workplace. The main issue highlighted in this program is workplace stress, which has been identified as one of the common challenges faced by employees, particularly in the healthcare sector. Workplace stress may arise from high workload demands, time constraints, multiple job responsibilities, and continuous organizational expectations. If left unmanaged, it can lead to psychological distress, reduced job satisfaction, lower productivity, and even burnout, ultimately affecting both individual health and service quality. As noted by Cooper et al. (2001), chronic occupational stress disrupts emotional balance and impairs professional functioning, making targeted support essential. Therefore, this intervention is designed not only to raise awareness of stressors but also to equip staff with practical coping strategies, as research confirms that structured psychoeducational programs effectively reduce distress and strengthen resilience in high-demand work environments (Richardson & Rothstein, 2008).

The target group for this program consisted of staff members from the a medical training institution, involving a total of 30 participants. The program was conducted over eight hours, from 8.00 a.m. to 4.30 p.m. Throughout the implementation, various activities were carried out to increase participants' awareness of workplace stress and to introduce effective stress management strategies aimed at promoting healthier coping mechanisms and improving overall workplace well-being.

LITERATURE REVIEW

Workplace Stress and Psychological Well-Being

Workplace stress has become one of the most prominent challenges affecting employees' mental health and overall well-being across various occupational settings. Employees experience workplace stress when they perceive that job demands exceed the resources or abilities available to cope with those demands, leading to psychological and emotional strain. In healthcare-related institutions, employees are frequently required to perform multiple responsibilities within limited timeframes while maintaining high standards of service quality. Such working conditions may increase the likelihood of experiencing stress, anxiety, emotional exhaustion, and reduced work performance. Cooper et al. (2001) further explained that prolonged exposure to occupational stress may negatively affect both employees' psychological well-being and organisational productivity if appropriate

interventions are not implemented. Therefore, promoting employees' psychological well-being has become an essential organisational priority because mentally healthy employees are more likely to demonstrate higher motivation, better work performance, and greater organisational commitment.

Workplace Stress Management Interventions

Various intervention approaches have been developed to reduce workplace stress and strengthen employees' ability to cope with occupational challenges. Previous evidence suggests that workplace stress management programmes incorporating psychoeducation, cognitive-behavioural techniques, relaxation training, and mindfulness practices can effectively reduce psychological distress while improving employees' coping skills (Richardson & Rothstein, 2008). Similarly, Joyce et al. (2016) reported that workplace mental health interventions contribute to significant reductions in depression and anxiety while promoting positive psychological functioning among employees. Rather than focusing solely on stress reduction, recent intervention programmes increasingly encourage employees to understand the underlying causes of workplace stress and develop adaptive coping strategies that can be applied in daily work situations. Interactive learning methods, including group discussions, self-reflection activities, and practical exercises, have also been recognised as valuable components because they encourage active participation and facilitate the application of newly acquired coping skills in real workplace settings (Carolan et al., 2017).

Emotion Regulation and Workplace Well-Being

Emotion regulation is recognised as one of the key psychological processes that enables individuals to respond adaptively to stressful situations. Gross (1998) described emotion regulation as an individual's ability to monitor, evaluate, and modify emotional experiences in ways that support effective functioning and goal achievement. Employees with stronger emotion regulation skills are generally more capable of maintaining emotional stability, making appropriate decisions under pressure, and sustaining positive relationships with colleagues despite demanding work conditions. Research by Aldao et al. (2010) demonstrated that poor emotion regulation is consistently associated with higher levels of depression, anxiety, and psychological distress. Consequently, workplace interventions that integrate mindfulness practices, breathing exercises, and guided self-reflection have received increasing attention because these strategies help employees develop healthier emotional responses when facing workplace stressors. Strengthening emotion regulation is therefore considered an important mechanism through which workplace stress management programmes improve employees' overall psychological well-being.

Job Satisfaction as an Organisational Outcome

Besides improving psychological well-being, workplace stress management interventions may also influence employees' job satisfaction. Job satisfaction reflects employees' overall evaluation of their work experiences, including satisfaction with supervision, communication, work conditions, career opportunities, and relationships within the organisation (Spector, 1985). Employees who experience lower levels of workplace stress generally report greater motivation, organisational commitment, and productivity (Judge et al., 2001). Nevertheless, previous studies have indicated that improvements in job satisfaction are often less immediate than improvements in psychological health because job satisfaction is influenced by broader organisational factors, including workload distribution, leadership practices, organisational support, promotion opportunities, and compensation systems (Faragher et al., 2005). Consequently, although short-term counselling interventions may successfully reduce stress and improve emotional functioning, sustained improvements in job satisfaction may require long-term organisational commitment alongside individual-level psychological interventions. For this reason, job satisfaction remains an important outcome variable in workplace intervention research as it provides a broader understanding of employees' overall workplace experience.

Research Gap

Despite the growing body of evidence supporting workplace stress management interventions, several important gaps remain in the existing literature. First, previous studies have predominantly focused on employees in corporate organisations, hospitals, and other healthcare settings, whereas limited attention has been given to employees working in medical training institutions. Employees in these institutions undertake multiple responsibilities involving administration, education, and healthcare training, which may expose them to unique workplace stressors. Therefore, findings from previous studies may not be fully generalisable to this occupational setting, highlighting the need for context-specific research (Joyce et al., 2016).

Second, many workplace stress management interventions have been implemented over several weeks or months, requiring considerable organisational resources, time, and participant commitment. Although these long-term interventions have shown promising outcomes, they may be difficult to implement in organisations with operational and scheduling constraints. Consequently, empirical evidence on the effectiveness of a brief, one day counselling-based workplace stress management intervention remains limited, particularly in workplace settings where practical and time-efficient programmes are needed (Carolan et al., 2017).

The next, previous intervention studies have commonly examined a single psychological outcome, such as stress reduction or burnout, while comparatively fewer studies have evaluated depression, anxiety, emotion regulation, and job satisfaction simultaneously using standardised psychological instruments. Since workplace stress affects multiple dimensions of employees' psychological functioning, a more comprehensive evaluation is required to determine the overall effectiveness of workplace stress management interventions (Aldao et al., 2010).

Finally, although individual intervention strategies such as psychoeducation, mindfulness, relaxation training, and cognitive-behavioural techniques have been widely studied, limited research has evaluated the effectiveness of an integrated counselling-based intervention module that combines these approaches with self-reflection, group discussion, and team-building activities within a single structured programme. Therefore, this study seeks to address these gaps by evaluating the effectiveness of a structured one-day workplace stress management intervention among employees in a selected medical training institution using the Depression Anxiety Stress Scale-21 (DASS-21), Job Satisfaction Survey (JSS), and Emotion Regulation Questionnaire (ERQ). The findings are expected to provide empirical evidence that supports the development of practical, evidence-based workplace counselling interventions to enhance employees' psychological well-being and adaptive coping skills (Joyce et al., 2016).

METHODOLOGY

Research Design

This study employed a quantitative pre-test and post-test research design to evaluate the effectiveness of a one-day workplace stress management intervention among staff members of a selected medical training institution. The design enabled the comparison of participants' psychological well-being, job satisfaction, and emotion regulation before and after participation in the intervention. The programme incorporated psychoeducation, stress awareness activities, group discussions, self-reflection, relaxation techniques, mindfulness practices, and interactive team-building activities.

The pre-test was administered before the intervention commenced, while the post-test was administered immediately after the completion of the programme. This design provided an opportunity to examine changes in participants' psychological outcomes following their exposure to the intervention.

Participants and Demographics

A total of 30 staff members from a selected medical training institution participated in the workplace stress management programme. The intervention was conducted over approximately eight hours, from 8.00 a.m. to 4.30 p.m., and involved employees from the selected institution.

The available study documentation confirms the total number of participants but does not provide systematic demographic information such as age, gender, educational background, or length of employment. Therefore,

these demographic characteristics are not reported in the present study to avoid making assumptions beyond the available data.

Sampling

A non-probability sampling approach was used to recruit participants from the staff population of the selected medical training institution. Participants were drawn from the available staff members who took part in the workplace stress management programme. A total of 30 participants completed the pre-test and post-test assessments used to evaluate the intervention outcomes.

Instruments

Three standardised instruments were used to evaluate the effectiveness of the workplace stress management intervention: the Depression Anxiety Stress Scale-21 (DASS-21), the Job Satisfaction Survey (JSS), and the Emotion Regulation Questionnaire (ERQ).

Depression Anxiety Stress Scale-21 (DASS-21)

The Depression Anxiety Stress Scale-21 (DASS-21) was used to assess participants' levels of depression, anxiety, and stress. The instrument was administered before and after the intervention to identify changes in participants' psychological distress following programme participation.

Job Satisfaction Survey (JSS)

The Job Satisfaction Survey (JSS), developed by Spector (1985), was used to assess participants' level of job satisfaction. The instrument consists of 36 items covering several aspects of workplace satisfaction, including supervision, communication, working conditions, promotion opportunities, and relationships with colleagues.

The JSS was administered during both the pre-test and post-test stages. Changes in scores were examined to determine whether participation in the intervention was associated with improvements in participants' perceptions of their workplace experiences and job satisfaction.

Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ), developed by Gross and John (2003), was used to assess participants' emotion regulation abilities. The instrument consists of 10 items measuring two major emotion regulation strategies: cognitive reappraisal and expressive suppression.

Participants responded to the items using a seven-point Likert scale ranging from strongly disagree to strongly agree. The ERQ was administered before and after the intervention to examine changes in participants' ability to regulate their emotional responses following participation in the programme.

Procedure

The intervention programme was conducted at a selected medical training institution and was implemented over one full day. The programme commenced with participant registration and an ice-breaking activity designed to establish rapport, encourage interaction, and create a comfortable learning environment.

Following the introductory activities, participants completed the pre-test using the DASS-21, JSS, and ERQ. The pre-test was conducted to establish baseline levels of depression, anxiety, stress, job satisfaction, and emotion regulation before the intervention.

The intervention subsequently introduced participants to the concept of workplace stress, including its common causes and potential effects on psychological well-being and work performance. A question-and-answer session was incorporated to encourage active participation and allow participants to clarify their understanding.

Participants then took part in a group activity entitled “Stress Mapping.” During this activity, participants worked in small groups to identify and discuss the primary sources of workplace stress experienced in their daily work. The groups subsequently presented their findings, allowing participants to share experiences, reflect on common workplace challenges, and learn from one another.

The programme continued with a session on practical stress management techniques. Participants were introduced to breathing exercises, relaxation techniques, and mindfulness practices and were given opportunities to practise these techniques under the guidance of the facilitators.

In the afternoon, interactive intervention activities, including the Broken Telephone Game (Radio Rosak) and Pass the Positivity, were conducted. These activities were designed to encourage communication, interaction, cooperation, and social support while creating a relaxed and engaging learning environment.

At the conclusion of the programme, participants completed the post-test using the same three instruments. The post-test scores were subsequently compared with the pre-test scores to evaluate changes in psychological well-being, job satisfaction, and emotion regulation following the intervention.

Ethical Considerations

Ethical considerations were taken into account throughout the implementation of the intervention and data collection process. Participation in the programme was voluntary, and participants were informed about the purpose and activities involved in the intervention.

Participant privacy and confidentiality were respected throughout the assessment and reporting processes. Information obtained through the psychological assessment instruments was treated confidentially and used for programme evaluation purposes. Individual participant responses were not publicly identified in the presentation or reporting of the findings.

Data Analysis

The data obtained from the pre-test and post-test assessments were analysed using descriptive and inferential statistical procedures. Descriptive statistics were used to summarise participants’ scores before and after the intervention. The normality of the data was also examined before conducting inferential analysis.

As the data were not normally distributed, the Wilcoxon Signed-Rank Test was employed to examine differences between the pre-test and post-test scores. This non-parametric test was appropriate for comparing two related measurements obtained from the same participants.

The inferential analysis examined changes in depression, anxiety, emotion regulation, and job satisfaction. Statistical significance was determined based on the obtained p-values. The results were subsequently presented using tables to facilitate interpretation and comparison of the pre-test and post-test findings

PROGRAM IMPLEMENTATION

The intervention program was conducted at **a selected medical training institution**, involving 30 staff members. The program was implemented over one full day with a total duration of eight hours, from 8.00 a.m. to 4.30 p.m. The primary purpose of the program was to enhance employees' psychological well-being by addressing workplace stress through a structured counseling intervention. The intervention focused on increasing participants' awareness of workplace stress, strengthening their coping skills, and promoting positive mental health practices that could be applied in both personal and professional settings. In addition, the program encouraged participants to develop greater emotional resilience, improve interpersonal relationships, and foster a more supportive and healthier work environment. Such interventions are essential because promoting employee well-being contributes to improved job satisfaction, work performance, and overall organizational effectiveness (World Health Organization, 2022).

The program began with participant registration, followed by an ice-breaking session. This activity was conducted to help participants feel more comfortable, build rapport, and encourage early interaction between facilitators and participants. Following the ice-breaking session, participants completed the pre-test using three standardized instruments such as the Depression, Anxiety and Stress Scale (DASS-21), the Job Satisfaction Survey (JSS), and the Emotion Regulation Questionnaire (ERQ). The pre-test was conducted to assess participants' baseline levels of depression, anxiety, stress, job satisfaction, and emotion regulation before the intervention.

The session covered the definition of stress, its common causes in the workplace, and its effects on employees' mental health and job performance. A short question-and-answer session was also conducted to encourage participants to engage actively and clarify their understanding of the topic. Following the talk, participants took part in a group activity entitled *Stress Mapping*. During this activity, participants worked in small groups to identify and discuss the primary sources of workplace stress they experienced in their daily work. They then presented their findings using mahjong paper, allowing them to share experiences, reflect on common workplace challenges, and learn from one another. This collaborative activity promoted self-awareness, peer support, and problem-solving, which are important components of effective workplace stress management interventions (Lazarus & Folkman, 1984).

The second talk session focused on stress management techniques. Participants were introduced to breathing exercises, relaxation techniques, and mindfulness practices. They also took part in practical exercises guided by the facilitators to help them apply these techniques in real-life situations. In the afternoon session, participants participated in intervention games, including the *Broken Telephone Game (Radio Rosak)* and *Pass the Positivity*. These activities were designed to reduce stress, increase interaction among participants, and create a more relaxed and enjoyable learning environment. Interactive group activities can enhance participant engagement, communication, and social support, which are important factors in promoting workplace well-being (Corey, 2018).

Finally, the program concluded with the post-test session, during which participants completed the DASS-21, JSS, and ERQ to evaluate changes in their psychological well-being following the intervention. The post-test results were compared with the pre-test findings to determine the effectiveness of the program. The closing ceremony included a brief summary of the program activities, followed by an appreciation session to acknowledge the participants' involvement. A group photograph was also taken as part of the program documentation. Overall, the intervention was successfully implemented and achieved its intended objectives.

ANALYSIS OF DATA

Descriptive Analysis

The descriptive statistics (Table 1, Appendix A) summarised the mean and standard deviation of the pre-test and post-test scores for the study variables. The results indicated that depression, anxiety, and stress scores decreased following the intervention. Meanwhile, ERQ scores increased, indicating an improvement in emotion regulation. JSS scores showed only a slight increase following the programme.

The number of observations available for analysis varied across outcome measures because some pre-test or post-test responses were missing. Consequently, the effective sample size differed across outcomes, with analyses based on the available paired observations for each measure. The total number of participants recruited for the programme was 30; however, some outcome analyses were based on smaller paired samples ($n = 26$ or $n = 28$) where complete pre-test and post-test data were not available. Missing responses were handled through pairwise exclusion for the relevant outcome, such that only participants with complete pre-test and post-test scores for a particular measure were included in that Wilcoxon Signed-Rank Test.

Results of Normality Test

Normality testing was conducted to determine the appropriate statistical procedure for comparing pre-test and post-test scores. The results indicated that the data were not normally distributed. Therefore, the Wilcoxon Signed-Rank Test, a non-parametric test for comparing two related measurements, was used to examine changes between pre-test and post-test scores.

The analyses covered the DASS-21 Depression, Anxiety, and Stress subscales, the Emotion Regulation Questionnaire (ERQ), and the Job Satisfaction Survey (JSS). The relevant normality results are presented in Appendix A.

Inferential Analysis (Wilcoxon Signed-Rank Test)

The Wilcoxon Signed-Rank Test results (Table 2, Appendix A) indicated statistically significant changes in depression, anxiety, stress, and emotion regulation following participation in the workplace stress management programme. In contrast, no statistically significant change was observed in job satisfaction.

Because the study did not include a control group, these findings should be interpreted as changes observed following participation in the programme rather than definitive evidence that the programme itself caused the changes.

Depression

The results revealed a statistically significant reduction in participants' depression scores from pre-test to post-test ($Z = -3.922$, $p < .001$). This finding indicates that depression scores were lower following participation in the workplace stress management programme.

The observed reduction may be consistent with the programme components, including psychoeducation, stress awareness, mindfulness, self-reflection, and coping strategies. However, given the absence of a control group, other explanations for the observed change cannot be excluded.

Anxiety

The results revealed a statistically significant reduction in participants' anxiety scores from pre-test to post-test ($Z = -4.487$, $p < .001$). This finding indicates that anxiety scores were lower following participation in the programme.

The reduction may be related to participants' exposure to relaxation techniques, mindfulness practices, breathing exercises, and opportunities to discuss workplace stressors. Nevertheless, the findings represent an association between programme participation and changes in anxiety scores rather than definitive evidence of a causal effect.

Stress

The results revealed a statistically significant reduction in participants' stress scores from pre-test to post-test ($Z = -4.322$, $p < .001$). This finding indicates that participants reported lower stress scores following participation in the workplace stress management programme.

The reduction in stress is consistent with the programme's focus on identifying workplace stressors and developing practical coping strategies through psychoeducation, Stress Mapping, breathing exercises, relaxation techniques, mindfulness practices, and group activities. However, because the study did not include a control group, the observed reduction cannot be attributed exclusively to the intervention.

Emotion Regulation Questionnaire (ERQ)

The results revealed a statistically significant improvement in participants' emotion regulation scores from pre-test to post-test ($Z = -4.230$, $p < .001$). This finding indicates that participants reported improved emotion regulation following participation in the programme.

The improvement may reflect the programme's emphasis on self-reflection, mindfulness, emotional awareness, relaxation, and coping strategies. These activities provided participants with opportunities to recognise and manage their emotional responses to workplace stress.

Job Satisfaction Survey (JSS) Total

For the JSS Total score, the results showed no statistically significant difference between pre-test and post-test scores ($Z = -1.618$, $p = .106$). This finding indicates that participation in the programme was not associated with a statistically significant change in participants' job satisfaction.

One possible explanation is that job satisfaction is influenced by broader organisational factors, including workload, job demands, leadership, organisational support, communication, promotion opportunities, compensation, and workplace conditions. These factors are unlikely to change substantially following a one-day psychological intervention.

In addition, changes in job satisfaction may require a longer period to become evident. The immediate post-test may therefore have been too soon to detect changes in participants' broader perceptions of their work environment.

Overall Summary

Overall, the findings indicate that statistically significant reductions were observed in depression, anxiety, and stress scores, together with a statistically significant improvement in emotion regulation scores following participation in the workplace stress management programme. However, no statistically significant change was observed in job satisfaction.

These findings indicate that the programme was associated with improvements across several psychological outcomes. However, the absence of a control group means that alternative explanations, including regression to the mean, testing effects, and other external factors, cannot be ruled out.

DISCUSSION

Interpretation of Findings

The purpose of this study was to evaluate changes in employees' psychological well-being following participation in a workplace stress management programme at a selected medical training institution. The findings showed statistically significant reductions in depression, anxiety, and stress scores, together with a significant improvement in emotion regulation. However, no statistically significant change was observed in job satisfaction.

The significant reduction in depression scores suggests that participants reported lower levels of depressive symptoms following the programme. The intervention incorporated psychoeducation, Stress Mapping, self-reflection, breathing exercises, relaxation techniques, and mindfulness practices, which may have provided participants with practical strategies for recognising and managing workplace stressors.

Similarly, the significant reduction in anxiety scores suggests that participants reported lower levels of anxiety following the programme. Workplace anxiety may be associated with workload, role demands, time constraints, and uncertainty. The programme provided participants with opportunities to discuss workplace challenges and practise relaxation and mindfulness techniques that may support the management of psychological and physiological responses to stress.

The significant reduction in the DASS-21 Stress subscale further supports the observed improvement in psychological outcomes. Participants reported lower stress scores following the programme, which is consistent with the intervention's emphasis on stress awareness and coping skills. Stress Mapping enabled participants to identify common workplace stressors, while breathing exercises, relaxation techniques, and mindfulness practices provided practical strategies for managing stress responses.

The significant improvement in emotion regulation also represents an important finding. Participants reported improved emotion regulation following participation in the programme. This may be related to the programme's emphasis on self-reflection, mindfulness, emotional awareness, and coping strategies. These activities may have helped participants recognise their emotional responses and develop more adaptive ways of responding to workplace challenges.

However, the baseline DASS-21 scores should also be considered when interpreting these findings. The relatively low baseline levels of psychological distress suggest that participants may not have presented with severe levels of depression, anxiety, or stress at the beginning of the programme. Therefore, although the reductions were statistically significant, statistical significance should not automatically be interpreted as evidence of a clinically meaningful change. Statistical significance indicates that a change was detected by the statistical test, whereas clinical significance concerns whether the magnitude of that change is meaningful in terms of symptoms, functioning, or movement between clinically relevant severity categories. Because clinical cut-offs and measures of functional improvement were not specifically examined in this study, the practical or clinical significance of the observed reductions should be interpreted cautiously.

In contrast, no statistically significant change was observed in job satisfaction. This finding suggests that psychological outcomes may respond more readily to a brief intervention, whereas job satisfaction is influenced by broader organisational factors. Workload, leadership, organisational policies, opportunities for promotion, remuneration, communication, and organisational culture may affect employees' overall job satisfaction and are unlikely to change substantially following a one-day programme.

Importantly, the present study used a pre-test and post-test design without a control group. Therefore, the observed improvements cannot be interpreted as definitive evidence that the intervention caused the changes. Alternative explanations include regression to the mean, whereby unusually high or low scores at baseline may move closer to average values upon repeated measurement, and testing effects, whereby participants' familiarity with the assessment instruments may influence their post-test responses. Other contextual factors occurring between the two assessments may also have contributed to the observed changes.

Overall, the findings suggest that participation in the workplace stress management programme was associated with improvements in several psychological outcomes, particularly depression, anxiety, stress, and emotion regulation. However, stronger causal conclusions would require a controlled research design with a larger sample and longer-term follow-up.

Comparison with Previous Studies

Overall, this study's findings are consistent with other research on workplace stress management intervention programs. Richardson and Rothstein's (2008) research, which found that workplace stress management programs can lower psychological distress through cognitive behavioural interventions, relaxation training, and psychoeducational interventions, supports the results of notable reductions in anxiety and depression. Furthermore, Joyce et al. (2016) have demonstrated that workplace interventions aimed at improving employees' mental health are highly successful in enhancing their psychological well-being by lowering depressive and anxious states and boosting resilience.

The findings regarding the control of emotions are likewise in line with earlier studies' findings. Gross (1998) asserts that emotion regulation enables people to alter their feelings in order to perform in an appropriate manner. Additionally, a meta-analysis by Aldao et al. (2010) revealed a connection between enhanced psychological adjustment and lower levels of anxiety and depression and adaptive emotion control techniques. According to a

recent study by Hu et al. (2023), individuals with excellent emotion management skills have better mental health outcomes and are more resilient under pressure.

However, past research may also support the lack of discernible changes in job satisfaction in this instance. For instance, Faragher et al. (2005) have proposed that a variety of organisational characteristics, including workload, leadership, organisational support, and opportunities for advancement, influence job satisfaction in addition to psychological aspects. In response, Kowalski and Loretto (2022) noted that individual interventions are insufficient to create long-term gains in job satisfaction; instead, regular organisational activities are necessary. Therefore, the current study's findings can be utilised to support the claim that counselling aids in addressing psychological well-being.

Theoretical Support

The current study's findings show that the Cognitive Behavioural Theory (CBT) has empirical support. According to cognitive behavioural therapy (CBT), individuals can improve their psychological well-being by identifying maladaptive thinking and creating adaptive cognitive patterns. Throughout the intervention, participants engaged in self-reflection, stress mapping, psychoeducation, and mindfulness exercises to increase their awareness of workplace stresses and develop more flexible cognitive processing strategies.

Lazarus and Folkman's (1984) Transactional Model of Stress and Coping is in line with the study's findings. According to the transactional theory, stress is not only caused by outside stimuli but also by an individual's coping mechanisms and cognitive evaluation of the circumstances. Participants improved their coping mechanisms during the intervention by learning stress-reduction strategies such as breathing exercises, mindfulness, emotional awareness, and social support activities. People were able to evaluate their stresses more skilfully as a result, which lessened psychological suffering.

Overall, the findings of this study suggest that workers' psychological well-being can be improved by work-related counselling programs based on contemporary psychological theories. The notable variations in melancholy, anxiety, and emotional control indicate that counseling-based programs are beneficial, even though organisational changes like raising employees' job satisfaction would require more time and structural intervention.

PRACTICAL IMPLICATIONS

The findings of this study have several practical implications for workplace counselling and employee well-being programmes. The reductions observed in depression, anxiety, and stress, together with the improvement in emotion regulation, suggest that structured workplace stress management programmes may provide employees with practical strategies for managing psychological stress and emotional challenges.

The intervention incorporated psychoeducation, stress awareness, self-reflection, mindfulness, relaxation techniques, and interactive group activities. These components may be incorporated into workplace well-being programmes to encourage employees to recognise workplace stressors, develop appropriate coping strategies, and strengthen their emotional regulation skills.

The use of interactive activities also highlights the importance of experiential approaches in workplace counselling. Activities such as Stress Mapping, breathing exercises, mindfulness practices, and group-based activities provided participants with opportunities to identify workplace stressors, reflect on their experiences, and practise practical coping strategies. Organisations may consider incorporating similar activities into employee development and workplace well-being programmes.

However, the absence of a statistically significant change in job satisfaction indicates that individual-focused interventions may not be sufficient to address broader organisational factors influencing employees' workplace experiences. Factors such as workload, leadership, organisational support, communication, promotion opportunities, and working conditions may require organisational-level strategies.

Therefore, workplace counselling programmes may be complemented by organisational interventions that address broader workplace conditions. An integrated approach combining individual psychological support with organisational-level strategies may provide a more comprehensive and sustainable approach to promoting employee well-being.

STUDY LIMITATIONS

Several limitations should be considered when interpreting the findings of this study. First, the study involved only 30 participants from a selected medical training institution. The relatively small sample size and the use of participants from a single institution may limit the generalisability of the findings to other organisations and occupational settings.

Second, the intervention was conducted as a one-day programme. Although statistically significant changes were observed in depression, anxiety, stress, and emotion regulation, the short duration of the programme may have limited the potential for more substantial or sustained changes, particularly in relation to job satisfaction.

Third, the study employed a pre-test and post-test design without a control group. Consequently, the observed changes cannot be attributed exclusively to the intervention. Alternative explanations include regression to the mean, whereby unusually high or low baseline scores may naturally move closer to average values upon repeated measurement, and testing effects, whereby participants' familiarity with the assessment instruments may influence their post-test responses.

Fourth, the post-test was administered immediately after the intervention. Consequently, the study could not determine whether the observed improvements in depression, anxiety, stress, and emotion regulation were maintained over a longer period. Follow-up assessments would be necessary to establish the sustainability of the observed changes.

Fifth, the number of participants included in the statistical analyses varied across outcome measures because some pre-test or post-test responses were missing. Although 30 participants took part in the programme, some analyses were based on smaller numbers of complete paired observations. This reduction in sample size may have affected the statistical power and comparability of the outcome analyses.

Finally, the relatively low baseline DASS-21 scores should be considered when interpreting the magnitude and practical meaning of the observed reductions. Although statistically significant changes were detected, the study did not specifically assess clinical significance or whether participants moved between established severity categories. Therefore, the findings should not be interpreted as demonstrating clinically significant Improvement Without Further Assessment.

Future Research

Future research should involve a larger number of participants from multiple medical training institutions and other occupational settings. Increasing the sample size and including participants from different organisations would improve the generalisability of the findings and provide a broader understanding of workplace stress management interventions.

Future studies should also employ longitudinal research designs with follow-up assessments conducted several weeks or months after the intervention. This would allow researchers to determine whether improvements in depression, anxiety, stress, and emotion regulation are maintained over time.

A control or comparison group should also be incorporated into future research. A controlled design would provide stronger evidence regarding the effectiveness of the intervention and help distinguish intervention-related changes from alternative explanations such as regression to the mean and testing effects.

Future studies should also consider using measures of clinical or practical significance in addition to statistical significance. Examining changes in symptom severity categories, functional outcomes, or clinically meaningful

thresholds would provide a clearer understanding of whether observed statistical changes translate into meaningful improvements in participants' daily functioning.

Longer-term intervention programmes with regular follow-up sessions and refresher activities could also be examined. Such approaches may provide greater opportunities for maintaining psychological improvements and potentially improving job satisfaction.

In addition, future studies should examine organisational factors such as workload, leadership, organisational support, communication, workplace culture, and working conditions. Since job satisfaction did not demonstrate a statistically significant improvement following the one-day programme, examining these broader organisational factors may help identify strategies that can complement individual-level counselling interventions.

CONCLUSION

The workplace stress management intervention demonstrated positive effects on several aspects of employees' psychological well-being. The findings showed statistically significant reductions in depression and anxiety, together with a significant improvement in emotion regulation following participation in the intervention.

However, the intervention did not produce a statistically significant improvement in job satisfaction. This finding suggests that psychological well-being outcomes may respond more readily to a brief intervention, whereas job satisfaction may be influenced by broader organisational factors that require longer-term strategies and sustained workplace support.

Overall, the findings support the use of structured workplace stress management programmes incorporating psychoeducation, stress awareness, mindfulness, relaxation techniques, self-reflection, and interactive activities. Combining individual-level psychological interventions with organisational-level support may provide a more comprehensive approach to promoting sustainable workplace well-being.

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Ethical Statement

The intervention was conducted with consideration for the privacy, confidentiality, autonomy, and well-being of all participants. Participation in the programme was voluntary, and participants were informed about the purpose and activities associated with the intervention.

Information collected through the assessment instruments was treated confidentially and used for the purpose of evaluating the intervention. Individual participant responses were not publicly identified in the reporting of the findings, and results were presented in an aggregated manner to protect participant privacy.

Conflict of Interest

No conflict of interest was identified in relation to the conduct, analysis, or reporting of this study.

FUNDING

No external funding was received for the implementation of the workplace stress management intervention or the preparation of this study.

Data Availability Statement

The data generated and analysed during this study are not publicly available due to participant privacy and confidentiality considerations. Subject to appropriate ethical and confidentiality requirements, the data may be made available upon reasonable request.

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APPENDIX

A. RESULT TEST

TABLE 1: Descriptive Analysis

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	DASS_Dep_Pre	3.2000	30	3.27372	.59770
	DASS_Dep_Post	.1667	30	.46113	.08419
Pair 2	DASS_An timer _Pre	5.2000	30	3.29472	.60153
	DASS_An timer _Post	.5333	30	.93710	.17109
Pair 3	DASS_Str_Pre	5.2000	30	2.79655	.51058
	DASS_Str_Post	.8667	30	1.33218	.24322
Pair 4	ERQ_Pre	156.6538	26	18.58804	3.64542
	ERQ_Post	193.2308	26	16.42999	3.22219
Pair 5	Pre_JSS_Total	143.2500	28	16.27000	3.07474
	Post_JSS_Total	147.9286	28	5.04739	.95387

Paired Samples Test									
		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	DASS_Dep_Pre - DASS_Dep_Post	3.03333	3.40874	.62235	1.76049	4.30618	4.874	29	.000
Pair 2	DASS_An timer _Pre - DASS_An timer _Post	4.66667	3.55580	.64920	3.33891	5.99442	7.188	29	.000
Pair 3	DASS_Str_Pre - DASS_Str_Post	4.33333	3.37673	.61650	3.07244	5.59422	7.029	29	.000
Pair 4	ERQ_Pre - ERQ_Post	-36.57692	24.26384	4.75853	-46.37730	-26.77655	-7.687	25	.000
Pair 5	Pre_JSS_Total - Post_JSS_Total	-4.67857	15.95840	3.01585	-10.86659	1.50945	-1.551	27	.132

TABLE 2: Inferential Analysis

Wilcoxon Signed Ranks Test

Ranks				
		N	Mean Rank	Sum of Ranks
Post_Depression - Pre_Depression	Negative Ranks	20 ^a	12.35	247.00
	Positive Ranks	2 ^b	3.00	6.00
	Ties	8 ^c		
	Total	30		

a. Post_Depression < Pre_Depression

b. Post_Depression > Pre_Depression

c. Post_Depression = Pre_Depression

Test Statistics^a

	Post_Depres sion - Pre_Depressi on
Z	-3.922 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Wilcoxon Signed Ranks Test

		Ranks		
		N	Mean Rank	Sum of Ranks
Post_Anxiety - Pre_Axiety	Negative Ranks	26 ^a	14.44	375.50
	Positive Ranks	1 ^b	2.50	2.50
	Ties	3 ^c		
	Total	30		

a. Post_Anxiety < Pre_Axiety
b. Post_Anxiety > Pre_Axiety
c. Post_Anxiety = Pre_Axiety

Test Statistics^a

	Post_Anxiety - Pre_Axiety
Z	-4.487 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

Wilcoxon Signed Ranks Test

		Ranks		
		N	Mean Rank	Sum of Ranks
Post_Stress - Pre_Stress	Negative Ranks	24 ^a	14.38	345.00
	Positive Ranks	2 ^b	3.00	6.00
	Ties	4 ^c		
	Total	30		

- a. Post_Stress < Pre_Stress
b. Post_Stress > Pre_Stress
c. Post_Stress = Pre_Stress

Test Statistics^a

	Post_Stress - Pre_Stress
Z	-4.322 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

► Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
ERQ_Post - ERQ_Pre	Negative Ranks	3 ^a	3.00	9.00
	Positive Ranks	23 ^b	14.87	342.00
	Ties	0 ^c		
	Total	26		

a. ERQ_Post < ERQ_Pre

b. ERQ_Post > ERQ_Pre

c. ERQ_Post = ERQ_Pre

Test Statistics^a

	ERQ_Post - ERQ_Pre
Z	-4.230 ^b
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
Post_JSS_Total - Pre_JSS_Total	Negative Ranks	8 ^a	16.50	132.00
	Positive Ranks	20 ^b	13.70	274.00
	Ties	0 ^c		
	Total	28		

a. Post_JSS_Total < Pre_JSS_Total

b. Post_JSS_Total > Pre_JSS_Total

c. Post_JSS_Total = Pre_JSS_Total

Test Statistics^a

	Post_JSS_To tal - Pre_JSS_Tot al
Z	-1.618 ^b
Asymp. Sig. (2-tailed)	.106

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

NORMALITY

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
DASS_Dep_Pre	.191	30	.007	.854	30	.001
DASS_Dep_Post	.508	30	.000	.416	30	.000

a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
DASS_Anxiety_Pre	.174	30	.021	.932	30	.055
DASS_Anxiety_Post	.415	30	.000	.627	30	.000

a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
DASS_Str_Pre	.173	30	.022	.948	30	.150
DASS_Str_Post	.409	30	.000	.666	30	.000

a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
ERQ_Pre	.137	26	.200*	.948	26	.212
ERQ_Post	.192	26	.014	.877	26	.005

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre_JSS_Total	.243	28	.000	.869	28	.002
Post_JSS_Total	.209	28	.003	.921	28	.036

a. Lilliefors Significance Correction

3 TEST (PRE/POST TEST)

DASS-21 TEST

DASS 21 NAME _____ DOB: _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.
The rating scale is as follows:
0 Did not apply to me at all - NEVER
1 Applied to me to some degree, or some of the time - SOMETIMES
2 Applied to me to a considerable degree, or a good part of time - OFTEN
3 Applied to me very much, or most of the time - ALMOST ALWAYS

	N	S	O	AA	FOR OFFICE USE				
					D	A	S		
1 I found it hard to wind down	0	1	2	3					
2 I was aware of dryness of my mouth	0	1	2	3					
3 I couldn't seem to experience any positive feeling at all	0	1	2	3					
4 I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3					
5 I found it difficult to work up the initiative to do things	0	1	2	3					
6 I tended to over-react to situations	0	1	2	3					
7 I experienced trembling (eg, in the hands)	0	1	2	3					
8 I felt that I was using a lot of nervous energy	0	1	2	3					
9 I was worried about situations in which I might panic and make a fool of myself	0	1	2	3					
10 I felt that I had nothing to look forward to	0	1	2	3					
11 I found myself getting agitated	0	1	2	3					
12 I found it difficult to relax	0	1	2	3					
13 I felt down-hearted and blue	0	1	2	3					
14 I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3					
15 I felt I was close to panic	0	1	2	3					
16 I was unable to become enthusiastic about anything	0	1	2	3					
17 I felt I wasn't worth much as a person	0	1	2	3					
18 I felt that I was rather touchy	0	1	2	3					
19 I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3					
20 I felt scared without any good reason	0	1	2	3					
21 I felt that life was meaningless	0	1	2	3					
TOTALS									

DASS Severity Ratings

The DASS is a **quantitative** measure of distress along the 3 axes of depression, anxiety¹ and stress². It is not a categorical measure of clinical diagnoses.

Emotional syndromes like depression and anxiety are intrinsically dimensional - they vary along a continuum of severity (independent of the specific diagnosis). Hence the selection of a single cut-off score to represent clinical severity is necessarily arbitrary. A scale such as the DASS can lead to a useful assessment of **disturbance**, for example individuals who may fall short of a clinical cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms and as being at high risk of further problems.

However for clinical purposes it can be helpful to have 'labels' to characterise degree of severity relative to the population. Thus the following cut-off scores have been developed for defining mild/moderate/severe/extremely severe scores for each DASS scale.

Note: the severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still way below the typical severity of someone seeking help (ie it does not mean a mild level of disorder).

The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available to you in determining appropriate treatment for any individual.

¹Symptoms of psychological arousal

²The more cognitive, subjective symptoms of anxiety

DASS 21 SCORE

DEPRESSION SCORE	ANXIETY SCORE	STRESS SCORE

	Depression	Anxiety	Stress
Normal	0 - 4	0 - 3	0 - 7
Mild	5 - 6	4 - 5	8 - 9
Moderate	7 - 10	6 - 7	10 - 12
Severe	11 - 13	8 - 9	13 - 16
Extremely Severe	14 +	10 +	17 +

ERQ-30 TEST

Name: _____ Date: _____

ERQ-30

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. For each item, please answer using the following scale:

	Strongly disagree	1	2	3	4	5	6	7	Strongly agree
1 When I want to feel more positive emotion (such as joy or amusement), I change the way I'm thinking about the situation.	1	2	3	4	5	6	7		
2 I keep my emotions to myself.	1	2	3	4	5	6	7		
3 When I want to feel less negative emotion (such as sadness or anger), I change the way I'm thinking about the situation.	1	2	3	4	5	6	7		
4 I control my emotions by regularly doing pleasant and meaningful activities throughout my week.	1	2	3	4	5	6	7		
5 When I am faced with a stressful situation, I try to get away from that situation as quickly as possible.	1	2	3	4	5	6	7		
6 When I want to feel more positive emotion, I look for practical solutions that will fix the issues or unpleasant situations in my life.	1	2	3	4	5	6	7		
7 I control my emotions by talking with other people about what I'm feeling.	1	2	3	4	5	6	7		
8 When I am faced with a stressful situation, I manage my emotions by repeatedly thinking about the negative parts of the situation.	1	2	3	4	5	6	7		
9 When I want to feel less negative emotion, I distract myself.	1	2	3	4	5	6	7		
10 I control my emotions by accepting the things in my life that I cannot change.	1	2	3	4	5	6	7		
11 When I want to feel more positive emotion, I retreat into my own space, away from others.	1	2	3	4	5	6	7		
12 I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7		
13 I control my emotions by not expressing them.	1	2	3	4	5	6	7		
14 When I want to feel more positive emotion, I make a point of doing enjoyable activities throughout the week that are consistent with what I want in life.	1	2	3	4	5	6	7		

	Strongly disagree	1	2	3	4	5	6	7	Strongly agree
15 When I want to feel less negative emotion, I avoid any situations that seem like they potentially may get stressful.	1	2	3	4	5	6	7		
16 When I am faced with a stressful situation, I make realistic plans to help solve the situation.	1	2	3	4	5	6	7		
17 When I want to feel more positive emotion, I let others know what I'm feeling.	1	2	3	4	5	6	7		
18 I manage my emotions by 'ruminating' about stressful situations (thinking about the bad parts of situations again and again).	1	2	3	4	5	6	7		
19 During stressful situations, I distract myself to feel better.	1	2	3	4	5	6	7		
20 When I want to feel more positive emotion, I try to accept the parts of upsetting situations in my life that I cannot change.	1	2	3	4	5	6	7		
21 I control my emotions by distancing myself from other people.	1	2	3	4	5	6	7		
22 When I am feeling negative emotions, I make sure not to express them.	1	2	3	4	5	6	7		
23 When I want to feel less negative emotion, I make sure to do things that will get me energized by moving physically.	1	2	3	4	5	6	7		
24 When I want to feel more positive emotion, I try to avoid all situations that might end up being uncomfortable.	1	2	3	4	5	6	7		
25 I control my emotions by solving the problems or stressful situations in my life.	1	2	3	4	5	6	7		
26 When I am faced with a stressful situation, I share what I'm feeling in order to feel better.	1	2	3	4	5	6	7		
27 When I want to feel better about an upsetting situation, I go over and over what happened and why.	1	2	3	4	5	6	7		
28 I distract myself during upsetting situations to feel better.	1	2	3	4	5	6	7		
29 When I am faced with a stressful situation, I try to keep calm by accepting the parts of it that I cannot change.	1	2	3	4	5	6	7		
30 When I want to feel less negative emotion, I isolate myself, away from friends or family.	1	2	3	4	5	6	7		

JOB SATISFACTION SURVEY TEST

JOB SATISFACTION SURVEY Paul E. Spector Department of Psychology University of South Florida Copyright Paul E. Spector 1994. All rights reserved.		
	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much
1	I feel I am being paid a fair amount for the work I do.	1 2 3 4 5 6
2	There is really too little chance for promotion on my job.	1 2 3 4 5 6
3	My supervisor is quite competent in doing his/her job.	1 2 3 4 5 6
4	I am not satisfied with the benefits I receive.	1 2 3 4 5 6
5	When I do a good job, I receive the recognition for it that I should receive.	1 2 3 4 5 6
6	Many of our rules and procedures make doing a good job difficult.	1 2 3 4 5 6
7	I like the people I work with.	1 2 3 4 5 6
8	I sometimes feel my job is meaningless.	1 2 3 4 5 6
9	Communications seem good within this organization.	1 2 3 4 5 6
10	Raises are too few and far between.	1 2 3 4 5 6
11	Those who do well on the job stand a fair chance of being promoted.	1 2 3 4 5 6
12	My supervisor is unfair to me.	1 2 3 4 5 6
13	The benefits we receive are as good as most other organizations offer.	1 2 3 4 5 6
14	I do not feel that the work I do is appreciated.	1 2 3 4 5 6
15	My efforts to do a good job are seldom blocked by red tape.	1 2 3 4 5 6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1 2 3 4 5 6
17	I like doing the things I do at work.	1 2 3 4 5 6
18	The goals of this organization are not clear to me.	1 2 3 4 5 6

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT. Copyright Paul E. Spector 1994. All rights reserved.	Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much
19	I feel unappreciated by the organization when I think about what they pay me.	1 2 3 4 5 6
20	People get ahead as fast here as they do in other places.	1 2 3 4 5 6
21	My supervisor shows too little interest in the feelings of subordinates.	1 2 3 4 5 6
22	The benefit package we have is equitable.	1 2 3 4 5 6
23	There are few rewards for those who work here.	1 2 3 4 5 6
24	I have too much to do at work.	1 2 3 4 5 6
25	I enjoy my coworkers.	1 2 3 4 5 6
26	I often feel that I do not know what is going on with the organization.	1 2 3 4 5 6
27	I feel a sense of pride in doing my job.	1 2 3 4 5 6
28	I feel satisfied with my chances for salary increases.	1 2 3 4 5 6
29	There are benefits we do not have which we should have.	1 2 3 4 5 6
30	I like my supervisor.	1 2 3 4 5 6
31	I have too much paperwork.	1 2 3 4 5 6
32	I don't feel my efforts are rewarded the way they should be.	1 2 3 4 5 6
33	I am satisfied with my chances for promotion.	1 2 3 4 5 6
34	There is too much bickering and fighting at work.	1 2 3 4 5 6
35	My job is enjoyable.	1 2 3 4 5 6
36	Work assignments are not fully explained.	1 2 3 4 5 6