

# SELF-EFFICACY AND EMOTIONAL REGULATION AS PREDICTORS OF DEPRESSIVE SYMPTOMS AMONG SOCIAL WORKERS: ALIGNING RESEARCH WITH EUROPEAN UNION WORKPLACE MENTAL HEALTH GUIDELINES\*

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## ABSTRACT

*Occupational health and safety have been a priority for the European Union (EU) since the 1980s. Over the past decades, the EU has developed a series of strategic documents underscoring the importance of mental health. Several of these specifically address mental health in the workplace, including Directive 89/391/EEC, which serves as a foundational legislative framework. More recently, the European Commission issued a Communication on a Comprehensive Approach to Mental Health, further highlighting workplace mental health as a policy priority. These initiatives demonstrate a sustained and growing commitment by the EU to improving mental health outcomes within occupational settings.*

*Against this backdrop, the present study aimed to examine the contribution of self-efficacy and emotion regulation to levels of depressive symptoms among social workers employed in Croatian*

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*social welfare institutions. Additionally, the research explored potential differences in depressive symptoms, self-efficacy, and emotion regulation based on the length of service within the social care system. The study included 256 participants employed across regional offices of the Croatian Institute of Social Work.*

*The findings indicate that social workers with longer tenure in the social care system reported more depressive symptoms. Moreover, self-efficacy and emotional suppression emerged as significant predictors of depressive symptoms in this population. Considering current EU policy directions, these results underscore the need for policymakers and organizational leaders to implement comprehensive mental health strategies that align with EU standards. Future initiatives at the EU level should more explicitly address sector-specific psychological risk factors and develop tailored interventions for professions characterized by high emotional labor. Such targeted approaches are essential to enhancing the effectiveness of workplace mental health policies.*

**Keywords:** *depressive symptoms, European Union mental health guidelines, emotional regulation, social workers, self-efficacy*

## 1. INTRODUCTION

### 1.1. DEPRESSIVE SYMPTOMS, SELF-EFFICACY AND EMOTIONAL REGULATION

Depressive symptoms constitute a major contribution to the global burden of mental health disorders, significantly impairing psychological and physical well-being and diminishing overall quality of life.<sup>1</sup> Depression is characterized by a persistent sense of sadness or loss of interest in daily activities. It often leads to a variety of emotional and somatic problems, undermining an individual's capacity to function at work and at home.<sup>2</sup> The global prevalence of depression underscores its seriousness, with estimates indicating that over 300 million individuals are affected worldwide.<sup>3</sup> Although depression is prevalent among the general population, caregiving professionals are at heightened risk of developing depressive symptoms.<sup>4</sup> Social workers, in particular, exhibit a notable susceptibility to de-

<sup>1</sup> Chodavadia, P.; Teo, I.; Poremski, D.; Fung, D. S. S.; Finkelstein, E. A., *Prevalence and economic burden of depression and anxiety symptoms among Singaporean adults: results from a 2022 web panel*, BMC psychiatry, Vol. 23, No. 1, 2023, pp. 104 – 112; Zaid, S. M.; Fadel, A. M.; Taresh, S. M.; Mohammed, L. A.; Fitriana, N., *Psychologists' perspective of mental health in Yemen during the civil war and COVID-19: a qualitative inquiry*, Current Psychology, Vol. 43, No. 16, 2024, pp. 14774 – 14785.

<sup>2</sup> National Institute of Mental Health, *Depression*, 2024, available at: [<https://www.nimh.nih.gov/health/topics/depression>], Accessed 17 March 2025

<sup>3</sup> Alowais, S. A.; Alghamdi, S. S.; Alsuhebany, N.; Alqahtani, T.; Alshaya, A. I.; Almohareb, S. N.; Aldairem, A.; Alrashed, M.; Bin Saleh, K.; Badreldin, H. A.; Al Yami, M. S.; Al Harbi, S.; Albekairy, A. M., *Revolutionizing healthcare: the role of artificial intelligence in clinical practice*, BMC medical education, Vol. 23, No. 1, 2023, pp. 689 – 704.

<sup>4</sup> Deutsch, C. J., *A survey of therapists' personal problems and treatment*, Professional Psychology: Research and Practice, Vol. 16, No. 2, 1985, p. 305.

pression.<sup>5</sup> This vulnerability is related to the frequent exposure to traumatic situations inherent in their professional roles.<sup>6</sup> Additionally, research that compared depression among social workers and other helping professionals demonstrates higher levels of depression among social workers.<sup>7</sup> Social workers frequently experience high levels of stress and burnout, which may exacerbate pre-existing mental health conditions or increase the risk of developing depressive symptoms.<sup>8</sup> The implications of depression extend beyond the personal well-being of social workers, as impaired mental health can adversely affect the quality of services. .<sup>9</sup> For instance, studies from the US show that about 29% of social workers experience depression.<sup>10</sup> During the COVID-19 pandemic, this figure rose to 37 %.<sup>11</sup> Additionally, a qualitative study conducted among 50 social workers with depressive symptoms showed that high job demands, limited control over workload, and the stressful nature of the job caused feelings of pressure and stress, which were identified as major predictors of depression.<sup>12</sup>

Albert Bandura defines perceived self-efficacy as individuals' judgments regarding their ability to organize and execute the necessary actions to achieve specific goals and attain desired performance in various contexts.<sup>13</sup> Perceived self-efficacy refers to an individual's judgment of their capability to perform specific tasks in certain situations. It differs from outcome expectations, which refer to beliefs about the consequences of actions, but if they doubt their ability to carry out the necessary behavior, they are unlikely to initiate it or persist when faced with challeng-

<sup>5</sup> Maddock, A., *Psychological Protective and Risk Factors for Depression, Anxiety and Mental Well-Being in Social Workers*, The British Journal of Social Work, Vol. 54, No. 8, 2024a, pp. 3773-3793.

<sup>6</sup> Connorton, E.; Perry, M. J.; Hemenway, D.; Miller, M., *Humanitarian relief workers and trauma-related mental illness*, Epidemiologic reviews, Vol. 34, No. 1, 2012, pp. 145-155.

<sup>7</sup> Bennet, P.; Evans, R.; Tattersall, A., *Stress and coping in social workers: A preliminary investigation*, The British Journal of Social Work, Vol. 23, No. 1, 1993, pp. 31-44.

<sup>8</sup> Maddock, A., *The relationships between stress, burnout, mental health and well-being in social workers*, The British Journal of Social Work, Vol. 54, No. 2, 2024b, pp. 668-686.

<sup>9</sup> Siebert, D. C., *Depression in North Carolina social workers: Implications for practice and research*, Social Work Research, Vol. 28, No. 1, 2004, pp. 30-40.

<sup>10</sup> Straussner, S. L. A.; Senreich, E.; Steen, J. T., *Wounded healers: A multistate study of licensed social workers' behavioral health problems*, Social work, Vol. 63, No. 2, 2018, pp. 125-133.

<sup>11</sup> Park, D.; Lee, M.; Osborne, K.; Minnick, D., *Stress and depression in Ohio Social Workers during the COVID-19 pandemic: the buffering role of Social Connectedness*, Health & Social Work, Vol. 48, No. 1, 2023, pp. 33-42.

<sup>12</sup> Stanley, N.; Manthorpe, J.; White, M., *Depression in the profession: Social workers' experiences and perceptions*, British Journal of Social Work, Vol. 37, No. 2., 2007, pp. 291-298.

<sup>13</sup> Bandura, A., *Social Foundations of Thought and Action: A Social Cognitive Theory*, Prentice-Hall, Inc., New Jersey, 1986, p. 94.

es.<sup>14</sup> Thus, self-efficacy is not a fixed personal trait, but a context-specific factor that varies across situations. Moreover, among helping professionals, professional self-efficacy significantly influences well-being. For example, a study of secondary school teachers found that higher levels of professional self-efficacy were associated with more challenge-related job demands and fewer hindrance-related demands. This perception is associated with increased engagement and reduced burnout, suggesting that self-efficacy contributes to better psychosocial well-being.<sup>15</sup> Similarly, research on the career self-efficacy consistently indicates that it is a strong predictor of various career-related behaviors from adolescence through adulthood.<sup>16</sup> This study is grounded in *Social Cognitive Theory*<sup>17</sup>, which posits that self-efficacy plays a crucial role in reducing distress and enhancing motivation, particularly when individuals face challenging, threatening, or emotionally demanding tasks. In the context of social work, professionals with higher levels of self-efficacy are more likely to effectively mobilize and develop coping resources, and to implement adaptive coping strategies in their work environment.<sup>18</sup>

As a theoretical construct, emotional regulation encompasses physiological, behavioral, and cognitive processes through which individuals adjust and control their emotional responses.<sup>19</sup> It involves managing the onset, duration, and expression of emotional experiences.<sup>20</sup> Individuals rely on emotional regulation in everyday life to navigate and cope with stressful or difficult life situations, often employing such strategies unconsciously. It is important to emphasize that not all emotional regulation strategies are equally effective, and some may be maladaptive if used excessively or inappropriately.<sup>21</sup> This study examines two fundamentally different

<sup>14</sup> Zimmerman, B. J.; Cleary, T. J., *Adolescents' Development of Personal Agency - The Role of Self-efficacy Beliefs and Self-regulatory Skills*, in: Pajares, F.; Urdan, T. (eds.), *Self-Efficacy Beliefs of Adolescents*, 2006, pp. 61-82.

<sup>15</sup> Ventura, M.; Salanova, M.; Llorens, S., *Professional self-efficacy as a predictor of burnout and engagement: The role of challenge and hindrance demands*, *The Journal of psychology*, Vol. 149, No. 3, 2015, pp. 277-302.

<sup>16</sup> Hackett, G.; Betz, N. E., *Self-efficacy and career choice and development. Self-efficacy, adaptation, and adjustment: Theory, research, and application*, Plenum Press, New York, 1995, p. 247.

<sup>17</sup> Bandura, A., *Social foundations of thought and action: a social cognitive theory*, 1986, Englewood Cliffs, Prentice-Hall, p. 129.

<sup>18</sup> Indregard, A. M. R.; Knardahl, S.; Nielsen, M. B., *Emotional dissonance, mental health complaints, and sickness absence among health-and social workers, The moderating role of self-efficacy*, *Frontiers in psychology*, 2018, Vol. 9, p. 592.

<sup>19</sup> Azam, H.; Rehman, M.; Rehman, M., *Burnout, Compassion Fatigue and Vicarious Traumatic Experiences Among Social Workers: Emotional Regulation as a Protective Factor*, *Pakistan Journal of Humanities and Social Sciences*, Vol. 11, No. 4, 2023, pp. 4694-4710.

<sup>20</sup> Gross, J. J., *Emotion regulation: Current status and future prospects*, *Psychological inquiry*, Vol. 26, No. 1, 1998, pp. 1-26.

<sup>21</sup> Azam, H.; Rehman, M.; Rehman, M., *op. cit.*, note 16, p. 192.

emotion regulation strategies: cognitive reappraisal and emotional suppression. Cognitive reappraisal involves reinterpreting a situation to modify its emotional significance, whereas emotional suppression entails deliberately holding back the outward expression of emotions<sup>22</sup>. Both strategies are particularly relevant for social workers, who must often accurately reassess emotionally charged situations to provide a more objective professional opinion and regulate their emotional responses. Additionally, social workers often need to suppress strong emotional reactions, such as anger or sadness, during client interactions. The use of these regulation strategies can modulate the intensity and duration of emotional responses, ultimately influencing the social worker's psychological resilience and quality of client care.<sup>23</sup>

### 1.1.1. The relationship between depressive symptoms, self-efficacy and emotional regulation

The relationship between self-efficacy, emotional regulation, and depressive symptoms has been substantiated through research across diverse populations. Self-efficacy has been identified as a mediator in the relationship between life stressors and depressive symptoms<sup>24</sup>, a finding particularly relevant for high-stress professions. Observational studies indicate that a robust sense of self-efficacy is positively associated with subjective well-being, optimism, and life satisfaction.<sup>25</sup> Conversely, low self-efficacy has been linked to symptoms of anxiety, stress, and depression.<sup>26</sup>

Emotional regulation can be an important predictor of depression. For instance, a study involving 336 teachers showed that the tendency to use emotional reg-

<sup>22</sup> Lazarus, R. S.; Alfert, E., *Short-circuiting of threat by experimentally altering cognitive appraisal*, The Journal of Abnormal and Social Psychology, Vol. 69, No. 2, 1964, p. 195.

<sup>23</sup> Popov, S., *Relacije gognitivne emocionalne regulacije, osobina ličnosti i afektiviteta*, Primjenjena psihologija, Vol. 3, No. 1, 2010, pp. 59-76.

<sup>24</sup> Maciejewski, P. K.; Prigerson, H. G.; Mazure, C. M., *Self-efficacy as a mediator between stressful life events and depressive symptoms: Differences based on history of prior depression*, The British Journal of Psychiatry, Vol. 176, No.4, 2020, pp. 373-378.

<sup>25</sup> Azizli, N.; Atkinson, B. E.; Baughman, H. M.; Giammarco, E. A., *Relationships between general self-efficacy, planning for the future, and life satisfaction*, Personality and Individual Differences, Vol. 82, 2015, pp. 58-60; Bandura, A., *Self-efficacy mechanism in psychobiologic functioning*, in: Schwarzer, R., (ed.), *Self-efficacy: Thought control of action*, Hemisphere, 1992, pp. 355-394; Luszczynska, A.; Gutiérrez-Doña, B.; Schwarzer, R., *General self-efficacy in various domains of human functioning: Evidence from five countries*, International journal of Psychology, Vol. 40, No. 2, 2005, pp. 80-89.

<sup>26</sup> Kashdan, T. B.; Roberts, J. E., *Social anxiety's impact on affect, curiosity, and social self-efficacy during a high self-focus social threat situation*, Cognitive Therapy and Research, Vol. 28, 2004, pp. 119-141; Kwasky, A. N.; Groh, C. J., *Vitamin D, depression and coping self-efficacy in young women: Longitudinal study*, Archives of Psychiatric Nursing, Vol. 28, No. 6, 2014, pp. 362-367

ulation contributes to a reduction in depressive symptoms.<sup>27</sup> Similarly, research conducted among 546 teachers found that individuals more prone to experience positive emotions tend to report lower levels of depressive symptoms and are more likely to employ effective emotional regulation strategies.<sup>28</sup> Another study involving 198 psychologists found that the use of self-compassion as a strategy is associated with reduced level of stress symptoms.<sup>29</sup>

Self-efficacy plays a central role in emotional regulation.<sup>30</sup> Perceived self-efficacy shapes emotional responses by shaping one's confidence, thereby reducing stress. Individuals with low self-efficacy often experience anxiety, fear, and apprehension, which may hinder cognitive processing and reduce persistence in completing tasks.<sup>31</sup> Additionally, low self-efficacy is linked to feelings of helplessness and depressive symptoms<sup>32</sup> and may function as a source of work-related stress.<sup>33</sup> While numerous studies have confirmed the positive association between self-efficacy and emotional regulation, it is noteworthy that most of these studies have been conducted within the educational setting, particularly among teachers.<sup>34</sup>

A study involving 238 teachers found that professional self-efficacy significantly influenced burnout - a major indicator of impaired mental health through the

<sup>27</sup> Mérida-López, S.; Extremera, N.; Rey, L., *Emotion-regulation ability, role stress and teachers' mental health*, Occupational Medicine, Vol. 67, No. 7, 2017, pp. 540-545.

<sup>28</sup> Qu, J.; Wang, Y., *Modelling the interaction between EFL teachers' personality traits, emotion regulation strategies, and teachers' depression: A structural equation approach*, European Journal of Education, Vol. 59, No. 4, 2024, pp. 1-20.

<sup>29</sup> Finlay-Jones, A. L.; Rees, C. S.; Kane, R. T., *Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling*, PloS one, Vol. 10, No. 7, 2015, pp. 1-19.

<sup>30</sup> Bandura, A., *op. cit.*, note 14, p. 137.

<sup>31</sup> Bandura, A., *Self-efficacy mechanism in human agency*, American psychologist, Vol. 37, No. 2, 1982, pp. 122-147; Caprara, G. V.; Steca, P.; Gerbino, M.; Paciello, M.; Vecchio, G. M., *Looking for adolescents' well-being: Self-efficacy beliefs as determinants of positive thinking and happiness*, Epidemiology and psychiatric sciences, Vol 15, No. 1, 2006, pp. 30-43.

<sup>32</sup> Bandura, A., *op. cit.*, note 14, p. 146; Bandura, A., *op. cit.*, note 37, p. 134; Caprara, G. V.; Steca, P.; Gerbino, M.; Paciello, M.; Vecchio, G. M., *Looking for adolescents' well-being: Self-efficacy beliefs as determinants of positive thinking and happiness*, Epidemiology and psychiatric sciences, Vol. 15, No. 1, 2006, pp. 30-43.

<sup>33</sup> Dijk, M., *Employee self-efficacy and job stress during organizational change: The mediating effect of risk perception*, University Twente Student Theses, 2009, p. 12.

<sup>34</sup> Chan, D. W., *Perceived emotional intelligence and self-efficacy among Chinese secondary school teachers in Hong Kong*, Personality and individual differences, Vol. 36, No. 8, 2004, pp. 1781-1795; Chan, D. W., *Emotional intelligence, self-efficacy, and coping among Chinese prospective and in-service teachers in Hong Kong*, Educational Psychology, Vol. 28, No. 4, 2008, pp. 397-408; Mouton, A.; Hansenne, M.; Delcour, R; Cloes, M., *Emotional intelligence and self-efficacy among physical education teachers*, Journal of Teaching in Physical Education, Vol. 32, No. 4, 2013, pp. 342-354.

mediating role of emotional regulation.<sup>35</sup> Similarly, research involving 937 health-care and social workers demonstrated that self-efficacy moderates the impact of emotional dissonance on mental distress, further reinforcing the interrelationship among these variables.<sup>36</sup>

## 1.2. EUROPEAN UNION GUIDELINES FOR WORKPLACE MENTAL HEALTH

The principal legislative instrument governing occupational safety and health within the European Union is the Framework Directive 89/391/EEC on the Safety and Health of Workers at Work. This directive establishes employers' general responsibilities to ensure the health and safety of workers across all work-related aspects, with a strong emphasis on preventive measures. Over the past three decades, a series of specific directives have been adopted to address different areas of occupational risk, building upon the general principles set forth in the Framework Directive. While these specific directives introduce more detailed and stricter regulations in specific areas, the core principles of the Framework Directive remain universally applicable. Under this legal framework, employers are obligated to manage all work-related risks, including those affecting mental health, often referred to as psychosocial risks. The directive mandates preventive measures and the implementation of health and safety procedures. Although the directive does not explicitly mention mental health concerns, psychosocial risks, or work-related stress, it mandates the identification and mitigation of all hazards at their source, as well as adjustments to work environments, equipment, and methods to reduce repetitive tasks and inflexible work structures.<sup>37</sup>

The European Union has also introduced several policy initiatives aimed at promoting mental health at work, but these initiatives are not binding. In 2023, the European Commission President announced a comprehensive approach to mental health, following insights from the "Call for Evidence" paper. This initiative highlights key priorities, including the reduction of psychosocial risks in the workplace, improving quality of life, supporting appropriate and patient-centered follow-up care and reintegration into work, and advancing destigmatization and rights protection. Two key aspects emphasized in the context of workplace mental

<sup>35</sup> Fathi, J.; Greenier, V.; Derakhshan, A., *Self-efficacy, reflection, and burnout among Iranian EFL teachers: the mediating role of emotion regulation*, Iranian Journal of Language Teaching Research, Vol. 9, No. 2, 2021, pp. 13-37.

<sup>36</sup> Indregard, A. M. R; *et al.*, *op. cit.*, note 18, p. 592.

<sup>37</sup> Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work [1989] OJ L 183.

health are the right to disconnect from work and the right to return to employment following mental illness. Both rights are considered essential for fostering psychological safety and inclusive work environments.<sup>38</sup>

The European Parliament has also advanced several non-binding initiatives concerning mental health at workplace. In January 2021, it adopted a resolution urging the European Commission to propose legislation ensuring employees have the right to disconnect outside working hours without adverse consequences. The resolution advocates for employers to refrain from contacting employees during non-working hours and for Member States to safeguard employees who exercise this right. It also calls for an effective complaint mechanism and for professional training to be recognized as part of regular working hours, unless appropriately compensated.<sup>39</sup>

In March 2022, the European Parliament adopted a resolution outlining a renewed EU strategy for occupational health and safety beyond 2020. The resolution emphasizes that a supportive work environment enhances mental and physical well-being, thereby improving work performance. It recommends stronger measures to support mental health, including the incorporation of the right to disconnect within the EU Commission's Strategic Framework. Additionally, it proposes the development of the a directive focusing on the prevention of psychosocial risks.<sup>40</sup>

Further developments include the July 2022 report *Mental Health in the Digital World of Work*, which identifies risks to workers' mental well-being and privacy. The report emphasizes the disproportionate impact of the digital transition on individuals vulnerable to digital exclusion and calls for urgent, cross-sectoral policies integrated into broader EU mental health strategies. It also urges the European Commission to draft a directive that establishes minimum standards for mental health protection to guarantee all workers can effectively exercise their right to disconnect and regulate the use of digital tools in the workplace.<sup>41</sup>

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<sup>38</sup> Communication from the Commission to the European Parliament, The Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health [2023] Brussels.

<sup>39</sup> Report of the European Law Institute, Guiding Principles on Implementing Workers' Right to Disconnect, 2022, European Law Institute.

<sup>40</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Empty Eu strategic framework on health and safety at work 2021-2027 Occupational safety and health in a changing world of work [2021] Brussels.

<sup>41</sup> Committee on Employment and Social Affairs, Report on mental health in the digital world of work, 2022.



Additionally, European Agency for Safety and Health at Work (EU-OSHA) plays a significant role in supporting EU strategies, including the Strategic Framework on Health and Safety at Work 2021–2027.<sup>42</sup> EU-OSHA is responsible for collecting, analyzing, and disseminating information related to occupational safety and health. The agency promotes a culture of prevention to create better working conditions throughout the region<sup>43</sup> and has developed several non-binding policy initiatives: Mental Health Promotion in the Workplace: A good practice report (2011), European Campaign: Healthy Workplaces Manage Stress (2014-2015), EU Strategic Framework on Health and Safety at Work (2021-2027), Managing Stress and Psychosocial Risks E-guide (2023).<sup>44</sup> Given the increasing emphasis placed by the European Union on safeguarding mental health in the workplace, particularly through the identification and prevention of psychosocial risks, there is a growing need to better understand the psychological factors that contribute to workers' well-being. Investigating the interplay between depressive symptoms, self-efficacy, and emotional regulation among social workers can offer valuable insights that support evidence-based interventions aligned with EU mental health priorities.

## 2. AIM, PROBLEMS, AND HYPOTHESES

The aim of this research is to examine the contribution of individual psychosocial factors to the mental health of social workers.

Problem 1: To examine whether self-efficacy and emotional regulation predict the depressive symptoms of social workers.

Hypothesis 1: Low level self-efficacy and low level of emotion regulation will contribute negatively to the more depression symptoms among social workers .

Problem 2: To explore differences in mental health, self-efficacy, and emotional regulation among social worker based on their length of professional experience within the social welfare system

Hypothesis 2: Social workers with more years of professional experience will report lower level of depression symptoms, along with higher level of self-efficacy and emotional regulation.

<sup>42</sup> *About EU-OSHA*, available at:

[<https://osha.europa.eu/en/about-eu-osha>], Accessed 25 March 2025.

<sup>43</sup> *European Agency for Safety and Health at Work (EU-OSHA)*, available at:

[[https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-agency-safety-and-health-work-eu-osha\\_en](https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-agency-safety-and-health-work-eu-osha_en)], Accessed 25 March 2025.

<sup>44</sup> Marking, C.; Wynne, R., *Protecting and Promoting Mental Health in the Workplace – A guide to EU Policy Initiatives*, European Network for Health Promotion, 2024, pp. 13-20.

### 3. METHODS

#### 3.1. PARTICIPANTS

A study sample comprised 256 social workers employed in the Regional Offices of the Croatian Institute for Social Work participated in the study. Descriptive characteristics of the participants are presented in Table 1.

**Table 1** *Characteristics of the participants (N = 256)*

WORK EXPERIENCE IN THE SOCIAL WELFARE SYSTEM	PERCENTAGE OF PARTICIPANTS
up to six months	5.5 %
from seven months to one year	2.3 %
from one year and one month to two years	8.6 %
from two years and one month to three years	8.6 %
from three years and one month to four years	5.1 %
from four years and one month to five years	6.3 %
from five years and one month to ten years	21.9 %
from ten years and one month to twenty years	19.5 %
more than twenty years	22.3 %

#### 3.2. INSTRUMENTS AND PROCEDURE

Four instruments were employed to collect the data: the Questionnaire on Sociodemographic Data, the Depression, Anxiety, and Stress Scale (DASS-21), the General Self-Efficacy Scale, and the Emotion Regulation Questionnaire.

The Questionnaire on Sociodemographic Data gathered data on participants' workplace, total years of professional experience within the social welfare system, current job responsibilities, tenure in their current role, and participation in support-related activities.

To measure the mental health status, the Depression, Anxiety, and Stress Scale (DASS-21) was used<sup>45</sup>, instrument that assesses emotional symptoms across three dimensions (depression, anxiety, and stress) over the past two months. The questionnaire consists of 21 items – seven items per subscale – rated on a four-point response scale (0 = did not apply to me at all; 3 = applied to me almost entirely or most of the time). Higher scores reflect greater frequency of emotional symptoms. In this study, the score on the

<sup>45</sup> Lovibond, P. F.; Lovibond, S. H., *The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories*, Behaviour research and therapy, Vol. 33, No. 3, 1995, 335-343; Udruga "Kako si", *DASS-21*, available at: [<https://mentalnozdravlje.zagreb.hr/saznaj-kako-si-ispuni-upitnik-dass-21/>], Accessed 5 February 2025.

depression subscale was used as a measure of depressive symptoms. The Cronbach's alpha coefficient for the depression subscale in this sample was  $\alpha = .87$

To measure participants' beliefs in their ability to manage challenges and overcome stressors, the General Self-Efficacy Scale was used.<sup>46</sup> It consists of 10 items rated on a four-point scale (1 = not true at all; 4 = exactly true). Total scores are obtained by summing the responses, with higher scores indicating greater self-efficacy. The internal consistency coefficient of the scale in this study was  $\alpha = .90$ .

The Emotion Regulation Questionnaire measures two emotion regulation strategies (cognitive reappraisal and emotional suppression).<sup>47</sup> The questionnaire consists of ten items—six assessing cognitive reappraisal and four assessing emotional suppression—rated on seven-point Likert-type response scale (1 = strongly disagree to 7 = strongly agree). Higher scores indicate more frequent use of the respective strategy. The internal consistency coefficient of the scale in this study was  $\alpha = .79$ .

The study was conducted using an online survey administered through Google Forms. The study sample is convenience-based; the link to the survey was distributed via two channels: email invitations sent to the heads of the Regional Offices of the Croatian Institute for Social Work and posts within professional Facebook groups for social workers. Prior to data collection, ethical approval was obtained from the Expert Committee for Ethical Acceptability of Research at the Faculty of Law in Osijek, and institutional consent was granted by the Central Office of the Croatian Social Welfare Institute.

Before proceeding with the questionnaire, participants provided an informed consent.

## 4. RESULTS

Testing the Prerequisites for Normality Distribution (N = 256).

Field's standards were adopted as the criteria for assessing these prerequisites. According to All prerequisites for using parametric procedures were met. Table 1. displays descriptive data of the study sample.

<sup>46</sup> Jerusalem, M.; Schwarzer, R., *General Self-Efficacy Scale--Revised--English Version (Gse-R)*, [Database record], 1995, APA PsycTests; Vuković, E., *Povezanost između lokusa kontrole, samoeфикаsnosti i subjektivnog doživljaja uspjehnosti*, 2021, ffunsu, p. 41.

<sup>47</sup> Gross, J. J.; John, O. P., *Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being*, Journal of personality and social psychology, Vol. 85, No. 2, 2003, p. 348; Gračanin, A.; Kardum, I.; Gross, J. J., *The Croatian version of the Emotion Regulation Questionnaire: Links with higher-and lower-level personality traits and mood*, International Journal of Psychology, Vol. 55, No. 4, 2020, pp. 609-617.

**Table 1** *Descriptive Indicators for Measured Variables in the Study (N = 256)*

	<b>M</b>	<b>SD</b>	<b>α</b>	<b>TR</b>	<b>PR</b>
Depressive symptoms	5.54	4.76	.87	0 - 21	0 – 21
Self-efficacy	28.25	5.33	.90	10 - 40	12 - 40
Cognitive Reappraisal	26.39	6.98	.84	6 – 42	6 – 36
Emotional Suppression	12.70	5.01	.79	4 - 28	4 – 28

Note: M – Arithmetic Mean, SD – Standard Deviation, α – Cronbach's Alpha Coefficient, TR – Theoretical Range, PR – Perceived Range

The findings suggest that participants generally report lower levels of depressive symptoms. On average, participants rated themselves as moderately self-efficacious and believed they possessed adequate strategies for emotion regulation, both in terms of cognitive reappraisal and emotional suppression. Notably, greater-than-expected variability was observed in the self-efficacy scores, while lower variability was noted in the emotion regulation measures.

**Table 2** *Pearson's Correlation Coefficients for Variables Used in the Study*

	<b>Work Experience in the Social Welfare System</b>	<b>Depression Symptoms</b>	<b>Self-Efficacy</b>	<b>Cognitive Reappraisal</b>	<b>Emotional Suppression</b>
Work Experience in the Social Welfare System	-	.15*	-.13*	.07	-.01
Depression Symptoms		-	-.19**	-.05	.25**
Self-Efficacy			-	.31**	-.05
Cognitive Reappraisal				-	.22**
Emotional Suppression					-

Note: \*\*  $p < .01$ , \*  $p < .05$

As shown in Table 4, depressive symptoms are weakly negatively correlated with self-efficacy ( $r = -.19$ ,  $p < .01$ ), and positively correlated with emotional suppression ( $r = .25$ ,  $p < .01$ ), suggesting that participants who tend to suppress their emotions report higher levels of depressive symptoms. Additionally, self-efficacy was positively correlated with cognitive reappraisal ( $r = .31$ ,  $p < .01$ ), indicating that individuals with higher self-efficacy are more likely to employ cognitive reappraisal.

Prior to interpreting the results of the regression analysis, several assumptions were verified. The Durbin-Watson coefficient is 1.80, indicating independence of residuals and satisfying the acceptable range (1–3) as recommended by Field (2009). Further, tests for multicollinearity revealed acceptable values: ranged from .38

to .98 (above the critical threshold of .10), and Variance Inflation Factors (VIF) ranged from 1.02 to 2.70 (well below the upper limit of 10). These results confirm the absence of multicollinearity and support the validity of the regression models.

**Table 3** Regression analysis with depressive symptoms as a dependent variable (N = 256)

		<b>R<sup>2</sup></b>	<b>ΔR<sup>2</sup></b>	<b>β</b>	<b>ΔF</b>
Model	Predictors				
I	Work Experience in the Social Welfare System	.05	.05	.13*	6.89**
	Self-efficacy			-.17**	
II	Work Experience in the Social Welfare System			.14*	
	Self-efficacy	.12	.06	-.13*	8.98**
	Cognitive Reappraisal			-.08	
	Emotional Suppression			.26**	

The results of the hierarchical regression analysis are presented in Table 5. The results for Model I show that both work experience in the social welfare system and self-efficacy were significant predictors of depressive symptoms. Specifically, work experience was positively associated with depressive symptoms ( $\beta = .13, p < .01$ ), whereas self-efficacy had a negative association ( $\beta = -.17, p < .01$ ).

Model II incorporated additional predictors: cognitive reappraisal and emotional suppression, alongside the variables from Model I. In this model, work experience ( $\beta = .14, p < .05$ ) and emotional suppression ( $\beta = .26, p < .01$ ) were significant predictors, while self-efficacy retained a weaker but still statistically significant negative effect ( $\beta = -.13, p < .05$ ). In contrast, cognitive reappraisal was not a significant predictor in this model. The increase in explained variance was modest, rising from  $R^2 = .05$  in Model I to  $R^2 = .06$  in Model II after integrating additional predictors.

Hypothesis 2, which posits that social workers with greater overall work experience would demonstrate better mental health, higher self-efficacy, and more effective emotional regulation, was tested using correlation analysis. Although the DASS-21 instrument includes subscales for anxiety, stress, and depression, this study focused exclusively on depressive symptoms. The decision to limit the analysis to depression was driven by the specific aim of examining how self-efficacy and emotion regulation contribute to the presence of depressive symptoms among social workers. Contrary to expectations, the findings, summarized in Table 4, did not support the hypothesis. Specifically, greater work experience was positively correlated with depressive symptoms ( $r = .15; p < .05$ ) and negatively correlated

with self-efficacy ( $r = -.13$ ;  $p < .05$ ). These results indicate that social workers with more years of service report higher levels of depressive symptoms and lower levels of self-efficacy. No significant correlations were observed between work experience and measures of emotion regulation (either cognitive reappraisal or emotional suppression).

## 5. DISCUSSION

The objective of this study was to examine which individual psychosocial factors contribute to the depressive symptoms among social workers. It was hypothesized that self-efficacy and emotional regulation would exert a statistically negative effect on the depressive symptoms among social workers.

Descriptive indicators reveal that participants report relatively lower levels of depressive symptoms. Additionally, the descriptive data suggest that participants perceive themselves as moderately self-efficacious and as competent in employing cognitive reappraisal and emotional suppression strategies. These findings diverge from those reported in earlier studies. For instance, research conducted among employees of the Social Welfare Center in Zagreb, found that 45.2% of employees experienced an initial stage of burnout.<sup>48</sup> Similarly, Ilijaš found that up to 80% of social workers in social welfare institutions reported moderate to high emotional exhaustion.<sup>49</sup> Prior research has also consistently demonstrated that chronic exposure diminishes professional effectiveness.<sup>50</sup> This is consistent with the descriptive indicators of this study, as social workers perceive themselves as moderately effective while also reporting lower levels of depressive symptoms.

The first hypothesis, proposing a statistically negative effect of self-efficacy and emotional regulation on depressive symptoms in social workers, was partially supported. Specifically, self-efficacy and emotional suppression emerged as significant predictors of depressive symptoms, whereas cognitive reappraisal did not. The results demonstrate that social workers who perceive themselves as having higher self-efficacy tend to report lower levels of depressive symptoms. These findings are consistent with prior research among mental health professionals, including psychiatrists and psychologists, which identified a positive relationship between

<sup>48</sup> Frišić, Lj., *Čimbenici profesionalnog stresa i sagorijevanja u radu socijalnih radnika u Centru za socijalnu skrb Zagreb*, Ljetopis socijalnog rada, Vol. 13, No. 2, 2006, pp. 347-370.

<sup>49</sup> Ilijaš, A., *Odrednice profesionalnog stresa i zdravlja socijalnih radnika u centrima za socijalnu skrb u Republici Hrvatskoj*, 2023, University in Zagreb, Dabar. p. 86.

<sup>50</sup> Bakker, A. B.; Demerouti, E.; Sanz-Vergel, A. I., *Burnout and work engagement: The JD-R approach*, Annual review of organizational psychology and organizational behavior, Vol. 1, No. 2014, 2014, pp. 389-411.

self-efficacy and psychological well-being.<sup>51</sup> A study conducted with social workers in Croatia also highlighted the role of self-efficacy in mitigating emotional exhaustion.<sup>52</sup> However, even some studies do not confirm that self-efficacy is a statistically significant predictor of mental health<sup>53</sup>. Its relevance remains evident, particularly in the context of professional helpers such as social workers.<sup>54</sup> The descriptive findings from this study further support this association.

Emotional suppression was the only emotional regulation strategy that significantly predicted depressive symptoms, with increased use of this strategy correlating with levels of depression. Comparable results were found in the research conducted among medical personnel, where surface acting as an emotion regulation strategy was positively associated with burnout.<sup>55</sup> These study results align with the findings of Kshtriya et al., which demonstrated a positive relationship between professional stress and emotional suppression, while there was no significant effect for cognitive reappraisal.<sup>56</sup> However, a study conducted among mental health professionals showed that cognitive reappraisal and emotional expression regulation do not alleviate secondary traumatic stress. Although the literature presents divergent results regarding the relationship between emotional regulation and mental health, a pattern emerges in which emotional suppression is consistently associated with negative psychological outcomes among helping professionals.<sup>57</sup> The habitual use of emotional suppression is often necessitated by the emotionally charged nature of social work, yet it may foster inauthenticity and reduce the likelihood of experiencing positive emotions, thereby contributing to the onset of depressive symptoms.

<sup>51</sup> Saleem, T.; Hawamdeh, E. S., *Counselor self-efficacy, spiritual well-being and compassion satisfaction/fatigue among mental health professionals in Pakistan*, Current Psychology, Vol. 42, No. 16, 2023, pp. 13785-13797.

<sup>52</sup> Ilijaš, A., *op. cit.*, note 49, p. 72.

<sup>53</sup> Vax, S.; Schreuer, N.; Sachs, D., *Work-related self-efficacy of occupational therapists in mental health*, Scandinavian Journal of Occupational Therapy, Vol 19, No. 1, 2012, pp. 42-48; Dianat, I.; Azemi, S.; Abdollahazade, E.; Bazazan, A.; Jafarabadi, M. A., *Does self-efficacy mediate the relationship between occupational stress and mental health problems? A study among nursing professionals*, Health Promotion Perspectives, Vol. 11, No. 3, 2021, p. 344.

<sup>54</sup> Ilijaš, A., *op. cit.*, note 64, p. 74.

<sup>55</sup> Zammuner, L. V.; Lotto, L.; Galli, C., *Regulation of emotions in the helping professions: nature, antecedents and consequences*, Australian e-Journal for the Advancement of Mental Health, Vol. 2, No. 1, 2003, pp. 43-55.

<sup>56</sup> Kshtriya, S.; Lawrence, J.; Kobezak, H. M.; Popok, P. J.; Lowe, S., *Investigating strategies of emotion regulation as mediators of occupational stressors and mental health outcomes in first responders*, International journal of environmental research and public health, Vol. 19, No. 12, 2022, p. 7009.

<sup>57</sup> Gross, J. J.; *et al.*, *op. cit.*, note 47, p. 359.

The second hypothesis posited that social workers with greater tenure in the social welfare system would exhibit less depressive symptoms and higher self-efficacy and emotional regulation capabilities. Contrary to this assumption, the findings reveal that social workers with longer work experience report more depressive symptoms and lower self-efficacy. Although it is generally recognized that professional experience serves as a protective factor—facilitating the development of coping mechanisms, emotional intelligence, and resilience—this was not supported by the current data.<sup>58</sup> A previous study which included 160 social workers, found that experienced social workers adapt better to job demands.<sup>59</sup> Research conducted among social work students, showed that symptoms of secondary stress decline with increased experience.<sup>60</sup> However, some studies report opposing results, which partially align with our findings. For instance, Poulin and Walter reported that older social workers, who presumably have more work experience, are more susceptible to emotional exhaustion and depersonalization.<sup>61</sup> Although previous research has established a link between work experience and mental health, it is possible that social workers encounter challenges that cannot be resolved through individual professional development—such as lack of institutional support, excessive workloads, and frequent policy changes. Since social workers cannot eliminate such challenges through their own professional development and development, work experience may not substantially enhance mental health in such contexts.

These current findings also indicate that social workers with shorter tenures perceive themselves as more self-efficacious. This contradicts much of the existing literature. Studies involving nurses and medical technicians, professions characterized by high levels of stress, have shown that individuals with more work experience tend to report higher self-efficacy.<sup>62</sup> Similarly, research among psychiatrists found that those over the age of 30 assessed their self-efficacy more positively

<sup>58</sup> Hajncl, Lj.; Vučenočić, D., *Odnos opće mentalne sposobnosti, osobina ličnosti i transformacijskog stila rukovođenja: Uloga izvora procjene*, Psihologijske teme, Vol. 23, No. 3, 2014, pp. 369-387.

<sup>59</sup> Michalopoulos, L. M.; Aparicio, E., *Vicarious trauma in social workers: The role of trauma history, social support, and years of experience*, Journal of Aggression, Maltreatment & Trauma, Vol. 21, No. 6, 2012, pp. 646-664.

<sup>60</sup> Ben-Porat, A.; Shemesh, S.; Reuven Even Zahav, R.; Gottlieb, S.; Refaeli, T., *Secondary traumatization among social work students—The contribution of personal, professional, and environmental factors*, The British Journal of Social Work, Vol. 51, No. 3, 2021, pp. 982-998.

<sup>61</sup> Poulin, J.; Walter, C., *Social worker burnout: A longitudinal study*, Social Work Research and Abstracts, Vol. 29, No. 4, 1993, pp. 5-11.

<sup>62</sup> Soudagar, S.; Rambod, M.; Beheshtipour, N., *Factors associated with nurses' self-efficacy in clinical setting in Iran, 2013*, Iranian journal of nursing and midwifery research, Vol. 20, No. 2, 2015, pp. 226-231; Kurnia, T. A.; Trisyani, Y.; Prawesti, A., *Factors associated with nurses' self-efficacy in applying palliative care in intensive care unit*, Jurnal Ners, Vol. 13, No. 2, 2019, pp. 219-226.



compared to younger professionals.<sup>63</sup> A study among social workers yielded partially contradictory results, failing to establish a statistically significant relationship between self-efficacy, work experience, or age.<sup>64</sup>

Finally, the relationship between emotional regulation and work experience was not confirmed in the present study, despite general support for this association in existing literature. Prior research involving healthcare workers found that older participants, who also had more work experience, were more likely to use adaptive emotional regulation strategies.<sup>65</sup> Contrary to this expectation, however, a study by Cheavens et al. found that older psychiatrists were more inclined to employ maladaptive emotional regulation strategies compared to their younger colleagues.<sup>66</sup> Additionally, findings by Kafetsios and Loumakou suggest that interpersonal emotional intelligence significantly predicts job satisfaction among older employees.<sup>67</sup> Opposite to the proposed hypothesis, a study conducted among teachers found that those with longer work experience had poorer emotional regulation compared to less experienced peers.<sup>68</sup>

## 5.1. ALIGNING WORKPLACE MENTAL HEALTH POLICIES WITH SELF-EFFICACY AND EMOTIONAL REGULATION

The findings of this study emphasize the pivotal role of self-efficacy and emotional regulation in alleviating depressive symptoms among social workers. These findings align with and reinforce the European Union's (EU) occupational health and safety framework, particularly regarding the management of psychosocial risks in the workplace. The Framework Directive 89/391/EEC requires employers to implement preventive measures to protect workers from all job-related hazards, in-

<sup>63</sup> Wang, C. M.; Qu, H. Y.; Xu, H. M., *Relationship between social support and self-efficacy in women psychiatrists*, Chinese Nursing Research, Vol. 2, No. 4, 2015, pp. 103-106.

<sup>64</sup> Berlanda, S.; Pedrazza, M.; Trifiletti, E.; Fraizzoli, M., *Dissatisfaction in child welfare and its role in predicting self-efficacy and satisfaction at work: A mixed-method research*, BioMed research international, 2017, Vol. 2017, No. 1, p. 5249619.

<sup>65</sup> Scheibe, S.; Spieler, I.; Kuba, K., *An older-age advantage? Emotion regulation and emotional experience after a day of work*, Work, Aging and Retirement, Vol. 2, No. 3, 2016, pp. 307-320.

<sup>66</sup> Cheavens, J. S.; Zachary Rosenthal, M.; Banawan, S. F.; Lynch, T. R., *Differences in emotional experience and emotion regulation as a function of age and psychiatric condition*, Aging and Mental Health, Vol. 12, No. 4, 2008, pp. 478-487.

<sup>67</sup> Kafetsios, K.; Loumakou, M., *A comparative evaluation of the effects of trait emotional intelligence and emotion regulation on affect at work and job satisfaction*, International Journal of Work Organisation and Emotion, 2007, Vol. 2, No. 1, pp. 71-87.

<sup>68</sup> Ercegovac, I. R.; Koludrović, M.; Jukić, T., *Emocionalna kompetentnost i stres u nastavničkim zanimanjima*, Zbornik radova Filozofskog fakulteta u Splitu, No. 2-3, 2009, pp. 85-96.

cluding those affecting mental health.<sup>69</sup> In view of the current study's finding that higher self-efficacy correlates with lower levels of depressive symptoms, there is a compelling rationale for workplace policies that promote employees' capacity to manage occupational stressors. Employers who implement self-efficacy-enhancing measures—such as structured professional development programs, peer mentoring initiatives, and systematic feedback channels can make meaningful contributions to improving mental health outcomes in accordance with EU policy objectives.

Additionally, emotional regulation emerged as a significant protective factor against depressive symptoms, highlighting the necessity of workplace environments that actively support psychological well-being. The European Commission's 2023 comprehensive approach to mental health identifies psychosocial risk management as a central focus<sup>70</sup>. The present study substantiates this priority by demonstrating that individuals with stronger emotional regulation skills report lower levels of depressive symptoms. These findings hold particular relevance to the EU's commitment to facilitating reintegration into the workforce following periods of mental illness. If workplaces encourage environments that actively promote emotional regulation through flexible work arrangements, access to psychological support services, and stress management training, they can facilitate a smoother return to work and long-term well-being.

Moreover, the study's results resonate with the European Parliament's initiative to institutionalize the right to disconnect as a fundamental worker protection. The established association between emotional regulation and reduced depressive symptoms suggests that policies enabling employees to disengage from occupational stress outside of working hours are integral to mental health promotion. The EU Parliament's 2021 resolution advocating for a legal framework for the right to disconnect is thus particularly pertinent.<sup>71</sup> The present study provides empirical support for such policies by illustrating how effective emotional responses can buffer work-related psychological distress. Employers who uphold workers' boundaries and minimize excessive job demands -by limiting after-hours communication - may enhance work-life balance and reduce workplace-induced depressive symptoms.

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<sup>69</sup> Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work [1989] OJ L 183.

<sup>70</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee Of The Regions on a comprehensive approach to mental health [2023] Brussels.

<sup>71</sup> Report of the European Law Institute, Guiding Principles on Implementing Workers' Right to Disconnect, 2022, European Law Institute.

The European Agency for Safety and Health at Work (EU-OSHA) has consistently prioritized mental health promotion through various initiatives, including the “Managing Stress and Psychosocial Risks E-Guide” (2023).<sup>72</sup> The findings of the present study offer strong support for the fundamental messages of these initiatives: that effective management of psychosocial risks should include individual-level interventions designed to strengthen self-efficacy and emotional regulation. As this study demonstrates, individuals exhibiting higher levels of self-efficacy and superior emotional regulation skills report fewer symptoms of depression. This affirms the importance of embedding psychological skill-building modules into occupational health and safety strategies. In addition to systemic policy reforms, targeted interventions aimed at fortifying psychological resilience among employees may play an essential role in safeguarding mental health in high-stress professions.

These findings not only align with existing EU strategies but also underscore the need for more explicit institutional commitments to psychosocial risk management. Future policy developments, such as the expansion of EU-OSHA guidelines, should consider integrating mandatory psychological skill-building interventions, particularly those targeting self-efficacy and emotional regulation. By embedding these protective factors into legal and institutional frameworks, the EU can move beyond general recommendations and toward enforceable standards that proactively safeguard mental health in the workplace.

## 6. CONCLUSION

This study underscores the significant role of self-efficacy and emotional regulation on the mitigation of depressive symptoms among social workers, reinforcing the broader European policy framework for promoting mental health in occupational settings. Given the emotionally demanding nature of social work, fostering psychological resilience is essential to maintaining both the personal well-being and professional efficacy.

The findings resonate with the European Commission’s directives concerning mental health in the workplace, which advocate for proactive strategies such as psychological support systems, resilience-building programs, and organizational policies addressing occupational stress. By aligning institutional practices with

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<sup>72</sup> *About EU-OSHA*, available at:

[<https://osha.europa.eu/en/about-eu-osha>], Accessed 25 March 2025; *European Agency for Safety and Health at Work (EU-OSHA)*, available at:

[[https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-agency-safety-and-health-work-eu-osha\\_en](https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-agency-safety-and-health-work-eu-osha_en)], Accessed 25 March 2025.

these directives, organizations can construct a more supportive work environment that reduces the risks of burnout, emotional exhaustion, and depressive symptoms.

Furthermore, the present study contributes to the growing body of research advocating for systematic and evidence-based mental health policies in the social work sector. Implementing targeted interventions, such as training programs focused on emotional regulation and the development of self-efficacy, has the potential to significantly improve social workers' capacity to manage occupational stress and avert mental health decline. These interventions not only benefit the individual professionals but also enhance the overall quality of social services provided to equity-deserving populations.

In accordance with European policy recommendations, it is imperative for policymakers and organizational leaders to prioritize mental health protection as a fundamental aspect of workplace well-being. Future research should explore longitudinal interventions and policy-based initiatives that reinforce the connection between workplace mental health programs and sustained professional viability of social workers. By adopting a holistic approach to mental health, institutions can cultivate a more resilient and competent workforce capable of addressing the complex challenges inherent in the social work profession.

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