

ORIGINAL

## Emotional dysregulation in health, education and law enforcement professionals

### Desregulación emocional en profesionales de salud, educación y fuerzas de seguridad

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**Citar como:** Susino F. Emotional dysregulation in health, education and law enforcement professionals. Health Leadership and Quality of Life. 2025; 4:646. <https://doi.org/10.56294/hl2025646>

Submitted: 03-06-2024

Revised: 22-12-2024

Accepted: 25-05-2025

Published: 26-05-2025

Editor: PhD. Neela Satheesh 

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#### ABSTRACT

**Introduction:** emotional regulation is a key process for psychological and occupational well-being. Difficulties in adaptive emotional regulation—referred to as emotional dysregulation—are associated with psychological distress and reduced ability to adjust to challenging environments. Health, education, and law enforcement professionals face constant emotional demands in complex and uncertain contexts, which may compromise their well-being, responsiveness, decision-making, and job performance.

**Objective:** to analyze differences in emotional dysregulation among 419 professionals from the health, education, and security sectors in the city of Río Cuarto, Argentina.

**Method:** a quantitative, cross-sectional, and ex post facto study was conducted. The sample included 419 active professionals: 166 from health, 160 from education, and 93 from security sectors, selected through non-probabilistic convenience and snowball sampling. The Difficulties in Emotion Regulation Scale (DERS), adapted to the Argentine population, was used. Statistical analyses included Kruskal-Wallis and Dwass-Steel-Critchlow-Fligner post hoc tests.

**Results:** significant differences were found in emotional awareness ( $\chi^2 = 9,97$ ,  $p = 0,01$ ) and emotional clarity ( $\chi^2 = 7,02$ ,  $p = 0,03$ ), with educators reporting greater difficulties compared to health and security professionals. No significant gender differences were observed.

**Conclusions:** the findings underscore the need for targeted interventions in emotional regulation, particularly within the education sector, where these difficulties are associated with burnout and work overload. Future research should consider longitudinal and mixed-method approaches, integrating variables such as personality traits and job satisfaction to enhance contextualized interventions.

**Keywords:** Emotional Dysregulation; Professionals; Education; Healthcare; Security.

#### RESUMEN

**Introducción:** la regulación emocional es un proceso clave para el bienestar psicológico y laboral, y las dificultades en su regulación adaptativa —conocidas como desregulación emocional— se asocian a malestar psicológico y escasa capacidad de ajuste al entorno. Profesionales de la salud, la educación y las fuerzas de seguridad enfrentan exigencias emocionales constantes en contextos de alta complejidad e incertidumbre, lo que puede afectar su bienestar subjetivo, capacidad de respuesta, toma de decisiones y desempeño laboral.

**Objetivo:** analizar las diferencias en desregulación emocional en 419 profesionales de salud, educación y fuerzas de seguridad de la ciudad de Río Cuarto, Argentina.

**Método:** estudio cuantitativo, transversal y ex post facto. La muestra incluyó 419 profesionales activos: 166 del área de salud, 160 de educación y 93 de fuerzas de seguridad, seleccionados mediante muestreo

no probabilístico accidental y de bola de nieve. Se aplicó la Escala de Desregulación Emocional (DERS), adaptada a población argentina. El análisis estadístico incluyó pruebas no paramétricas de Kruskal-Wallis y post hoc DSCF.

**Resultados:** se hallaron diferencias significativas en conciencia emocional ( $\chi^2 = 9,97$ ,  $p = 0,01$ ) y claridad emocional ( $\chi^2 = 7,02$ ,  $p = 0,03$ ), siendo los docentes quienes presentaron mayores dificultades en comparación con profesionales de salud y seguridad. No se observaron diferencias por género.

**Conclusiones:** los resultados evidencian la necesidad de intervenciones sectorizadas, especialmente en educación, donde estas dificultades se vinculan con burnout y sobrecarga laboral. Se sugiere profundizar mediante estudios longitudinales y mixtos, considerando variables como personalidad y satisfacción laboral.

**Palabras clave:** Desregulación Emocional; Profesionales; Educación; Salud; Seguridad.

## INTRODUCTION

In clinical and academic settings, emotional regulation (ER) has emerged as a key area of research due to its influence on the development and maintenance of psychopathological indicators and emotional disorders.<sup>(1,2)</sup> ER involves the management of emotional states through various strategies that determine which emotions are experienced, when they occur, and how they are expressed<sup>(3)</sup>; its mastery has been associated with improvements in subjective well-being and the quality of interpersonal relationships, positively impacting personal, social, and work environments.<sup>(4,5)</sup> Health, education, and law enforcement professionals are exposed to multiple stressors arising from overlapping responsibilities and social pressures and have been the subject of studies on the impact of ER on their performance, job satisfaction, and effective adaptation to the environment.<sup>(6,7,8)</sup>

Although RE is considered an adaptive process, efforts to modify emotional states can be dysfunctional. In this sense, emotional dysregulation (ED) – defined as the diminished ability to experience, differentiate, monitor, evaluate, and modify intense emotions<sup>(9)</sup> – manifests itself through the use of inappropriate strategies (e.g., rumination, repression, impulsivity) that favor the emergence of intense and prolonged emotions, linked to dysfunctional behaviors and indicators of psychological disorders.<sup>(10)</sup> The Gratz and Roemer model<sup>(9)</sup> comprises six dimensions: difficulties in impulse control, limited access to ER strategies, lack of emotional acceptance, interference in goal-directed behaviors, and difficulties in emotional awareness and clarity. Some studies<sup>(11,1,12)</sup> support these dimensions, demonstrating their impact on emotional experience at the individual, family, social, and work levels by intensifying and prolonging responses in overwhelming contexts<sup>(13)</sup>, table 1.

**Table 1.** Emotional Dysregulation and Affected Personal Dimensions

Dimensions	Conditions	Background
Physical and biological	Problematic substance use, self-harm, chronic conditions, and eating disorders.	(14,15,16,17,18,19)
Psychological and cognitive	Depression, anxiety, stress, panic, low self-esteem, post-traumatic stress disorder, impulsive decision-making, gambling disorder, risky behaviors.	(20,21,22,23,24,25,26)
Social	Attention deficit, aggression, antipathy, interpersonal conflicts.	(27,28,29,30)
Cultural and contextual	Impact of sociocultural norms on mental health, influence of context and culture on the expression of emotions.	(31,32,33,35)

Indeed, RE has been widely studied for its positive impact on the performance and well-being of professionals in the field of education.<sup>(34,35,36)</sup> However, in demanding work contexts, emotional dysregulation is implicated in various symptom complexes, such as work stress<sup>(37)</sup>, burnout syndrome<sup>(38)</sup>, work overload<sup>(39,40)</sup>, and technostress.<sup>(41)</sup>

Security professionals experience volatile work and environments, critical and decisive events, and require precision and emotion management that are essential for task completion.<sup>(42,43)</sup> Studies of security agents have reported the presence of impulsivity and aggressiveness associated with emotional dysregulation<sup>(44)</sup>, emotional exhaustion and burnout<sup>(45)</sup>, stress and perceived risk control<sup>(46)</sup>, among other associated variables.

Working in the health sector presents emotional demands that can lead to work overload and burnout, affecting the overall well-being and job satisfaction of the individual<sup>(47,48)</sup>; in this group of professionals, ER plays a fundamental role in mitigating these effects, as it allows for the adequate management of emotions in situations of high pressure and demand for care.<sup>(49)</sup>

Based on the above background and considering the scarcity of similar studies, this study aims to examine the difficulties in emotional regulation among health, education, and security professionals in the city of Río

Cuarto.

### Objective

To analyze average values of Emotional Dysregulation in health, education, and law enforcement professionals in the city of Río Cuarto.

## METHOD

### Design

The study follows a quantitative, cross-sectional, and descriptive approach, with a comparative and *ex post facto* analysis, allowing phenomena to be characterized based on data comparison.

### Participants

The target population consisted of professionals working in the health, education, and law enforcement sectors in the city of Río Cuarto, Córdoba (Argentina). From this population, a non-probabilistic, accidental, and partially snowball sample was selected by disseminating the study link on social media and in related institutions. Some participants also shared the link, helping the questionnaire reach more people. The sample had 419 participants: 166 from the health sector (39,62 %), 160 from education (38,18 %), and 93 from law enforcement (22,20 %). In terms of gender, 301 were women (71,73 %) and 118 were men (28,27 %). Active professionals in any of the three sectors mentioned above, with at least six months of work experience in the city, were included. Those with a current psychiatric license or recent significant psychological distress (high symptoms of depression, anxiety, or stress) were excluded.

### Instruments

The version of the Emotional Dysregulation Scale<sup>(51)</sup> adapted to the Argentine population<sup>(9)</sup> was used, which consists of 36 items to assess difficulties in regulating negative emotions; it includes six subscales, and the frequency with which these difficulties were experienced was reported on a scale of 1 to 5. A higher score reflected greater emotional dysregulation. The adapted version showed adequate internal consistency values ( $\alpha$  between 0,74 and 0,89 on the subscales,  $\alpha = 0,93$  on the total scale), criterion validity, and factorial structure.

### Procedure

Institutions related to the sample's areas of work were contacted to explain the study and disseminate the online survey using LimeSurvey. Participation was voluntary, anonymous, and without compensation, with consent given by advancing to the survey cover page, which included information and the corresponding form. Emotional states were investigated in health, education, and law enforcement professionals using a self-administered instrument. The data were treated confidentially and stored in an encrypted folder accessible only to the researcher. Before responding, participants completed sociodemographic data on age, gender, seniority, and professional area.

### Statistical procedures

Descriptive statistics were used to determine scores for emotional dysregulation. Continuous variables were estimated using measures of central tendency and dispersion (median and interquartile range). In addition, indices of asymmetry and kurtosis were evaluated. The normality of the distributions was examined using the Kolmogorov-Smirnov test, considering the sample size.

Given that the assumption of normality was not met in most of the dimensions analyzed, nonparametric inferential procedures were used. Specifically, one-way analysis of variance was performed using the Kruskal-Wallis test to compare the dimensions of emotional dysregulation between the three professional groups. To identify which pairs of groups had significant differences, the Dwass-Steel-Critchlow-Fligner (DSCF) post hoc procedure was applied. The analyses were performed using Jamovi Project software.<sup>(52)</sup>

### Ethical considerations

Informed consent was obtained through a note explaining the objectives of the study, the instruments used, and the condition of anonymity. The information was protected by professional secrecy, in accordance with the ethical standards of the American Psychological Association<sup>(53)</sup>, the Code of Ethics of the Federation of Psychologists of Argentina, and the College of Psychologists of Córdoba. The data were stored in an encrypted folder accessible only to the researcher. Respect for human rights and the protection of information were guaranteed in accordance with national bioethical standards (ANMAT Provision 5330/97) and international standards (Nuremberg Code, Declaration of Helsinki), as well as the Ethical Guidelines of the Faculty of Psychology of the National University of San Luis (Ord. 002-20).

## RESULTS

### Descriptive Analysis

Before conducting inferential analyses, the distribution characteristics of the emotional dysregulation dimensions were explored using descriptive statistics grouped by gender, table 2. The scores showed similar medians between women and men, with narrow interquartile ranges.

**Table 2.** Descriptive Measures for Emotional Dysregulation

	Gender		D
	Women (N = 301) Md ± RIQ	Men (N = 118) Md ± RIQ	
Lack of emotional awareness	17 ± 7	18 ± 6	0,01
Lack of emotional clarity	12 ± 4	12 ± 4,75	0
Lack of emotional acceptance	15,5 ± 7	15 ± 8	0,02
Strategies	18 ± 8	19,5 ± 10	0,02
Impulses	14 ± 9	14 ± 9	0,01
Goals	13 ± 4	13 ± 4	0,46

**Note:** Values are presented as number of observations per group (N), median and interquartile range (Md ± IQ), Kolmogorov-Smirnov test (D) and the dimensions of: limited access to emotional regulation strategies (Strategies), difficulties in impulse control (Impulses) and interference in goal-directed behaviors (Goals). N = 419

Given that the Kolmogorov-Smirnov test values were significant and some dimensions showed deviations in asymmetry and kurtosis, it was concluded that the normality assumption was not met. Therefore, non-parametric analyses were performed in the next stage of the study.

### Differences between groups

In order to analyze whether there were differences in the dimensions of emotional dysregulation according to professional area (health, education, law enforcement), six non-parametric ANOVAs were performed using the Kruskal-Wallis test; although they are presented together, they were performed independently for each subscale.

Statistically significant differences were observed in the dimensions of emotional awareness ( $\chi^2 (2) = 9,97$ ,  $p = 0,01$ ,  $\epsilon^2 = 0,02$ ) and emotional clarity ( $\chi^2 (2) = 7,02$ ,  $p = 0,03$ ,  $\epsilon^2 = 0,02$ ), which shows a small but consistent effect. The other dimensions did not show significant differences, table 3.

**Table 3.** One-way ANOVA for Emotional Dysregulation Dimensions by Professional Area

	$\chi^2$	gl	p	$\epsilon^2$
Consciousness	9,97	2	0,01**	0,02
Clarity	7,02	2	0,03	0,02
Acceptance	0,77	2	0,68	0,01
Strategies	1,86	2	0,40	0
Impulses	1,98	2	0,37	0,01
Goals	0,52	2	0,77	0

**Note:** Values are presented as chi-square statistics ( $\chi^2$ ) corresponding to the Kruskal-Wallis test, degrees of freedom (df), bilateral significance value ( $p < 0,05^*$ ,  $p < 0,01^{**}$ ,  $p < 0,001^{***}$ ) and effect size ( $\epsilon^2$ ).

**Table 4.** Post-hoc DSCF test for professional area and dimensions of emotional dysregulation

Grupos		W	p	IC 95 %
Awareness	Education - Safety	0,10	0,99	
	Education - Health	-4,06	0	[0,86, 3,42]
	Security - Health	-3,40	0	[0,45, 3,09]
Clarity	Education - Safety	-0,40	0,96	
	Education - Health	-3,65	0	[0,39, 2,43]
	Security - Health	-2,41	0	

**Note:** Values are presented as Dwass-Steel-Critchlow-Fligner (W) test statistics, bilateral significance ( $p < 0,05^*$ ,  $p < 0,01^{**}$ ,  $p < 0,001^{***}$ ) and 95 % confidence interval (CI 95 %).

The post hoc procedure was applied only to those dimensions that previously showed significance under the Kruskal-Wallis test, table 4. The comparisons revealed that, in terms of emotional awareness difficulties, professionals in the field of education ( $Me = 18,0$ ) scored significantly higher than those in the field of health ( $Me = 16,0$ ),  $W = -4,06$ ,  $p = 0,01$ , 95 % CI [0,86, 3,42]. Differences were also found between law enforcement ( $Me = 17,5$ ) and health professionals,  $W = -3,40$ ,  $p = 0,04$ , 95 % CI [0,45, 3,09]. In terms of difficulties with emotional clarity, education professionals ( $Me = 12,5$ ) showed greater difficulty than health professionals ( $Me = 11,0$ ),  $W = -3,65$ ,  $p = 0,03$ , 95 % CI [0,39, 2,43].

The results suggest that some dimensions of emotional dysregulation vary according to professional area, allowing the null hypothesis to be partially rejected. In particular, significant differences were found in emotional awareness and clarity, where education professionals reported greater difficulties compared to those in health and law enforcement. Although the effect sizes were small ( $\epsilon^2 \approx 0,02$ ), the statistical consistency of the findings reinforces the relevance of these differences.<sup>(54)</sup> Overall, the results suggest that the area of professional performance influences certain aspects of emotional regulation, particularly the ability to recognize and understand one's own emotions.

## DISCUSSION

This study investigated possible differences in the dimensions of emotional dysregulation among health, education, and law enforcement professionals in the city of Río Cuarto, according to their area of work. Significant differences were found in two specific dimensions: emotional awareness and emotional clarity. In particular, education professionals reported greater difficulties in identifying and understanding their emotional states compared to the health and law enforcement groups. These results allow us to partially reject the null hypothesis and partially confirm the alternative hypothesis, which proposed that difficulties in emotional regulation vary according to the area of professional performance. In addition, differences in the dimensions of emotional dysregulation were explored according to gender, with no statistically significant differences found in any of the dimensions evaluated.

Previous studies have supported the relevance of emotional regulation dimensions and their adaptive implications in different professions.<sup>(11,12)</sup> In addition, the impact of emotional regulation on work well-being and performance in the education sector has been analyzed.<sup>(34,35,36)</sup> However, in demanding work environments, emotional dysregulation has been associated with different symptom clusters<sup>(37,39,38,40)</sup>, highlighting the need for interventions tailored to the professional context, taking into account its particularities.

Law enforcement professionals face emotional challenges in their work, and previous research has pointed to the presence of impulsivity, aggressiveness<sup>(44)</sup>, emotional exhaustion, and burnout in this group<sup>(45)</sup>; in addition, stress and decision-making in critical contexts have been extensively studied.<sup>(46)</sup> Although the present study did not find greater emotional dysregulation in these professionals compared to the health and education groups, their working conditions justify further exploration of its impact on performance and well-being.

In the case of healthcare professionals, the group reported fewer difficulties with emotional awareness and clarity than professionals in education and law enforcement. This finding may be related to studies that have highlighted the importance of using emotional regulation strategies in care settings, where pressure and demands can affect the psychological well-being of healthcare personnel.<sup>(49)</sup> Empirical evidence has also shown that emotional regulation in these sectors is key to mitigating the effects of work overload and burnout<sup>(47,48)</sup>, suggesting that while professionals may be better able to manage certain dimensions of emotional regulation, they still require strategies to prevent emotional distress in highly demanding work contexts.

The greater difficulty in emotional awareness and clarity among teachers is consistent with studies that have associated these dimensions with burnout and work overload in the education sector.<sup>(7,34,39)</sup> In contrast, health and safety professionals seem to develop more effective coping strategies, either through specific training or because of the type of emotional regulation required in their professional field.<sup>(43,49)</sup>

From a theoretical point of view, it is reaffirmed that emotional regulation is an essential process for well-being and job performance. In practical terms, the findings suggest that implementing specific emotional regulation training programs for teachers could reduce the negative effects of dysregulation.

For law enforcement professionals, training focused on emotional control can improve decision-making accuracy in risky situations and reduce the impact of emotional exhaustion. For healthcare workers, integrating emotional regulation strategies into self-care programs could promote well-being and mitigate the effects of caregiver stress.<sup>(38,55)</sup>

The results of this study should be considered within the framework of limitations. First, the cross-sectional design and non-probabilistic accidental sampling imply that the results could be affected by self-selection biases, reducing their generalizability. In addition, the sample was mostly made up of women, which, although it reflects the demographic distribution of certain sectors, limits gender equity.

Another limitation of the study was its cross-sectional design, which prevents the establishment of temporal or causal relationships between variables; it would be relevant to complement these findings with longitudinal

research.<sup>(43,45)</sup> In addition, the constructs investigated were assessed using self-report instruments that depend on individuals' ability to accurately assess their personality traits, emotional experience, or behavior, which may lead to inaccurate estimates.<sup>(47)</sup> In this regard, other studies could complement the measurement of emotional regulation difficulties through self-report with behavioral tasks in order to provide greater ecological validity to this assessment.<sup>(5,56)</sup>

Given the above, future research could focus on analyzing individual and contextual differences in emotional dysregulation, considering aspects such as personality and job satisfaction.<sup>(6,58,59)</sup> In addition, it would be valuable to develop intervention programs focused on adaptive regulation strategies for each professional group and evaluate their impact on well-being at work and the prevention of emotional distress.

Another line of research could explore the relationship between sociocultural norms and emotional regulation, considering how the work context influences the expression and management of emotions.<sup>(31,33)</sup> Likewise, the development of mixed methodologies—combining self-reports with observational data—could improve the validity of the results.

## RECOMMENDATION

A future commitment is to further investigate the individual and contextual differences linked to emotional dysregulation, particularly in relation to personality traits and levels of job satisfaction.

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## FUNDING

The author did not receive funding for the development of this research.

## CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

## AUTHOR CONTRIBUTION

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