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REGULATORY EMOTIONAL SELF-EFFICACY IN PREVENTING INTERPERSONAL STRAIN IN THE HEALTHCARE SECTOR

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Most contributions within the Job Demands-Resources model framework have focused on health impairment. At the same time, few studies have thoroughly examined the determinants of social impairment, defined as difficulty in establishing or maintaining healthy and functional social relationships, namely interpersonal strain at work. This study, conducted with 357 healthcare professionals, aims to test the role of emotional exhaustion in translating workload into interpersonal strain at work. Additionally, it explores the moderating role of regulatory emotional self-efficacy, defined as the ability to regulate negative emotions, in the relationship between workload and emotional exhaustion. Our findings confirm the hypothesized moderated mediation model, demonstrating that, specifically within highly demanding healthcare contexts, emotional regulation is a crucial personal resource professionals can rely on to protect them from emotional exhaustion and subsequent social isolation as a maladaptive coping strategy. Theoretical implications for the Job Demands-Resources model, practical implications, and study limitations are discussed.

Keywords: Workload; Exhaustion; Interpersonal strain; Regulatory emotional self-efficacy; Healthcare.

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In recent years, the healthcare sector has faced a significant surge in workload due to factors such as the COVID-19 pandemic, the aging population, and the rise in chronic diseases (Fronteira et al., 2024; Meese et al., 2024). Indeed, the high number of patients, the extension of work shifts, and the pressure to maintain high standards of care result in healthcare workers perceiving an excessive workload, which is currently one of the primary demands experienced in these contexts (Maghsoud et al., 2022; Portoghese et al., 2014). Several studies (e.g., Wang et al., 2015) have supported a substantial relationship between perceived workload and burnout (Bakker & Demerouti, 2017; Bakker et al., 2023). Specifically, it is known that the perception of an excessive amount of working demands significantly increases the risk of experiencing exhaustion, understood as a condition of extreme mental and physical fatigue in which individuals feel unable to put any more effort into their job (Alarcon, 2011; Schaufeli et al., 2020; Shirom, 2005).

Furthermore, it is well known that a crucial part of working in healthcare settings is the caring relationship with patients and their families. Some contributions have been working to capture how the prolonged exhaustion may reduce employees ability to handle social interactions (Hobfoll et al., 2018; Leiter & Maslach, 1988; Mäkikangas et al., 2021). Indeed, it is frequent for exhausted individuals to react to emotional demands and physical attacks with interpersonal strain reactions, that is, by withdrawing or distancing from relationships at work (Borgogni et al., 2012; Consiglio et al., 2014; Estryn-Behar et al., 2010). However, there is a lack of research on the role of exhaustion in translating workload into interpersonal strain at work (Hobfoll et al., 2018; Lanctôt & Guay, 2014; Santarpia, Consiglio, et al., 2024).

According to the Job Demands-Resources model, workload demands — which require prolonged effort and costs — and the experience of exhaustion are integral components of a health impairment process that can lead to poorer psychological and physical well-being and lower job-related outcomes (Salvagioni et al., 2017). In this process, the Job Demands-Resources model also emphasizes how personal resources come into play to counter or buffer the negative consequences of perceived high workload, thus mitigating exhaustion (Bakker & Demerouti, 2007; Xanthopoulou et al., 2007). Therefore, while much of the existing research has focused on the association between self-efficacy and lower burnout (see Shoji et al., 2015 for a meta-analysis; see also Santarpia, Consiglio, et al., 2024), more recent contributions have paid attention to regulatory emotional self-efficacy beliefs that involve individuals' subjective assessments of their competence and control in regulating negative emotions (RESE; Alessandri et al., 2015; Caprara et al., 2008; Caprara & Gerbino, 2001). Several contributions indicate that regulatory emotional self-efficacy promotes better adaptation to environmental demands as well as nurturing rewarding and pleasant interpersonal relationships (Alessandri et al., 2021; Caprara et al., 2010). However, the protective role of regulatory emotional self-efficacy against negative consequences of workload, such as exhaustion, has yet to be investigated in the healthcare sector.

All in all, our study aims first to explore the relationship between exhaustion and interpersonal strain at work, second to test the mediating role of exhaustion between workload and interpersonal strain at work, and finally to investigate the moderating role of regulatory emotional self-efficacy in the relation between workload and interpersonal strain at work. To do this, we examined 357 social and health workers in two hospital settings.

The Present Study

Consistent with several previous findings (e.g., Phillips, 2020; Ramírez-Elvira et al., 2021; Wang et al., 2015), when exposed to an overload of demands associated with their role — such as working under solid time pressure or simultaneously managing too many patients — healthcare workers are compelled to expend an intensive amount of energetic and mental resources, ultimately developing a sense of total depletion at the end of their shift (Bakker & Costa, 2014) or even prolonged exhaustion over time (Lesener et al., 2019). Therefore, we expected that those who perceive their workload more intensely may naturally experience higher exhaustion (Hypothesis 1).

Although research on the interpersonal consequences of burnout remains limited, empirical evidence in the healthcare sector supports that exhaustion from job demands constitutes the initial strain response, resulting in a more detached and dehumanized treatment of recipients later on (Leiter & Maslach, 1988; Mäkikangas et al., 2021; Taris et al., 2005). Therefore, we expected that exhaustion is positively related to interpersonal strain (Hypothesis 2).

Moreover, workload has conventionally been associated with withdrawal outcomes concerning one's job (e.g., absences on the job) or employment (e.g., turnover intentions) rather than interpersonal relationships (Bowling et al., 2015; Bowling & Kinkendall, 2012). However, when confronted with high job demands, individuals can also react to mental and physical burdens by limiting or distancing themselves from their professional relationships (Consiglio et al., 2013; Shaukat et al., 2017). Whether interpersonal strain arises as a defensive reaction to one's perceptions of workload, we propose that exhaustion may be the critical explanatory mechanism. Indeed, when people's mental and physical resources are exhausted, they tend to enact defensive, aggressive, or seemingly irrational responses to preserve the self (Hobfoll et al., 2018). For this reason, if workload is perceived as high and unresolvable, it is plausible that exhausted individuals may end up trying to remove themselves from the situation and, thus, display defensive and reactive interpersonal reactions to protect themselves from additional sources of stress (Santarpia, Sommovigo, et al., 2024), allowing time to regroup or let the demand pass (Hobfoll et al., 2018). However, detaching or withdrawing from others remains maladaptive as it does not directly address workload and prevents individuals from seeking help and benefiting from supportive relationships that could otherwise be crucial resources for nurturing one's well-being and motivation at work (Bakker et al., 2023; Santarpia et al., 2023). Therefore, we expected that exhaustion explains how an increase in interpersonal strain reactions may be indirectly triggered by a high perceived workload (Hypothesis 3).

The effects of workload on employee exhaustion may vary across individuals based on how they experience and regulate negative emotions (Bakker & De Vries, 2021; Schusterschitz et al., 2018). For instance, it has been observed that individuals high in negative affectivity — the tendency to experience negative emotions such as anxiety and frustration consistently across time and situations (Ilies et al., 2010; Watson et al., 1988) — are more likely to perceive their working environment as stressful and threatening (Bowling et al., 2015), thereby exacerbating exhaustion reactions to workload (see Bowling & Kirkendall, 2012). Conversely, from the opposing perspective, we propose that individuals endowed with self-regulatory personal resources in the face of demanding situations and circumstances can overrule the experience and expression of negative emotions, maintaining greater adaptability and adjustment (Bakker & De Vries, 2021). In this domain, a metaanalysis encompassing developmental and adult populations has shown that regulatory emotional self-efficacy is negatively associated with maladjustment and positively associated with overall adjustment (see Alessandri et al., 2023). Furthermore, one prior study observed that individuals with higher confidence in their ability to regulate negative emotions displayed not only fewer symptoms of exhaustion but also lower interpersonal strain two months later as components of burnout (Alessandri et al., 2018). Therefore, we hypothesized that individuals who possess stronger (vs. weaker) beliefs in their ability to regulate negative emotions may be better equipped to manage their perceptions of workload, leading to reduced feelings of exhaustion (Hypothesis 4) and, subsequently, lower levels of interpersonal strain at work (Hypothesis 5). All in all, we structured the five hypotheses into a moderated mediation model (see Figure 1).

Method

Sample and Research Context

Our study included 357 social and health workers from Italian public healthcare organizations. Participants were invited to join the study by displaying posters in hospital departments and posting announcements on social media platforms. Participation was voluntary and involved filling in a self-report

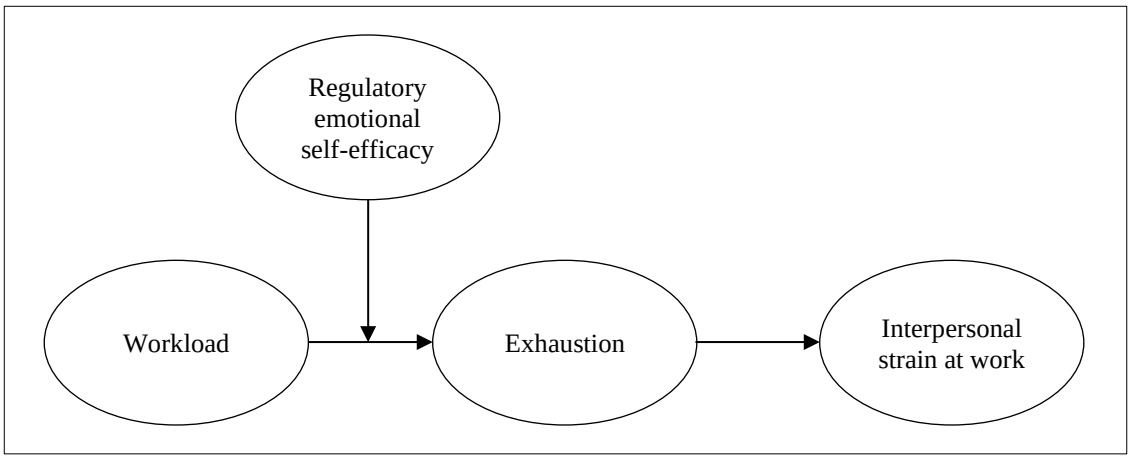

FIGURE 1
Moderated mediation conceptual model of the study

questionnaire online. Informed consent was obtained, and privacy was ensured for all participants in line with the ethical standards of the American Psychological Association (APA), and according to the principles expressed in the Declaration of Helsinki.

The sample was predominantly female (70%), with males comprising 29% and a small percentage identifying as other (1%). Age distribution was varied, with the largest age group being 46-55 years (33%), followed by those over 55 years (28%), 26-35 years (22%), 36-45 years (15%), and up to 25 years (2%). Regarding organizational seniority, 32% had over 25 years of experience, 26% had 1-5 years, 21% had 15-25 years, 11% had less than one year, and 10% had 5-15 years. Regarding roles, nurses formed the largest group at 51%, followed by medical directors at 17%, assistive personnel (OSS, operators and technicians) at 15%, and other roles, including nursing coordinators (2%), residents (6%), pharmacists (4%), and others (5%). The units of operation were diverse, with the highest representation from General, Plastic, and Orthopedic Surgery (40%), followed by Hematology, Oncology, and Dermatology (34%), General Medicine (16%), and Pharmacy (10%).

Measures

Workload. Workload was measured by three items from the Perception of Context scale (Consiglio et al., 2014), adapted for healthcare contexts, assessing the frequency at which a respondent experiences high work demands and pressures (e.g., "In my job, I am called on to take care of too many patients at the same time"). The response scale ranges from 1 (*never*) to 6 (*always*).

Exhaustion. Exhaustion was measured by three items from the Burnout Assessment Tool (BAT; Schaufeli et al., 2020), assessing the frequency at which a respondent experiences negative feelings such as work-related exhaustion and tiredness (e.g., "I feel mentally exhausted at work"). The response scale ranges from 1 (*never*) to 5 (*every day*).

Regulatory emotional self-efficacy. Regulatory emotional self-efficacy was measured by five items of the Regulatory Emotional Self-Efficacy scale (RESE; Caprara et al., 2008), adapted for healthcare contexts, assessing the frequency at which a respondent experiences the conviction of being able to handle

negative emotions experienced at work (e.g., "I am convinced that I can remain calm in stressful and tense situations"). The response scale ranges from 1 (*never*) to 6 (*always*).

Interpersonal strain at work. Interpersonal strain at work was measured by six items of the Interpersonal Strain at Work scale (ISW; Borgogni et al., 2012), assessing the frequency respondents experience negative interpersonal interactions and conflicts (e.g., "I treat others coldly and detachedly"). The response scale ranges from 1 (*never*) to 5 (*every day*).

Data Analyses

The Statistical Package for Social Sciences (SPSS) was employed to calculate Cronbach's alpha coefficients, descriptive statistics, and Pearson's correlations with all study variables. As a rule of thumb, alpha values between .60 and .70 indicate acceptable reliability, and values above .70 provide evidence of good reliability (Hair et al., 2010). Then, following the 2-stage approach of Anderson and Gerbing (1988), we tested the measurement model and hypothesized the structural moderated mediation model in two different steps.

The posited 4-factor measurement model was tested through CFA in Mplus 8 (Muthén & Muthén, 2010) with a maximum likelihood estimator (ML). Model fit was assessed with comparative fit index (CFI), Tucker-Lewis index (TLI), standardized root-mean-square residual (SRMR), and root-mean-square error of approximation (RMSEA). It has been suggested that CFI and TLI values > .90 (Bentler, 1990), SRMR values < .08 (Hu & Bentler, 1999), and RMSEA < .08 with associated confidence intervals (Kline, 2023) indicate a satisfactory fit. Furthermore, the 4-factor measurement model fit was compared with alternative models by taking into account differences in Akaike information criterion (ΔAIC) and Bayesian information criterion (ΔBIC; Burnham & Anderson, 2004). Alternative models assumed a 1-factor structure to address the potential issue of common method bias inherent in self-report measures, employing Harman's single-factor test (Podsakoff et al., 2003), and a 3-factor structure where exhaustion and interpersonal strain were combined into a single-factor. This 3-factor model was tested to evaluate whether exhaustion and interpersonal strain, known subcomponents of burnout, may be considered distinct dimensions rather than a single dimension (Schaufeli & Taris, 2005).

The hypothesized structural moderated mediation model was tested through latent moderated structural equation modeling (LMS; Cheung et al., 2021; Cheung & Lau, 2017; Feng et al., 2020) in Mplus with maximum likelihood estimator (ML), using bootstrapping analyses and a bias-corrected 95% confidence interval (CI) with a resampling procedure of 1000 bootstrap samples to determine statistical significance. LMS was selected due to its methodological robustness in handling latent variable interactions, providing superior accuracy and efficiency for second-stage moderated mediation models (Feng et al., 2020). LMS yields more precise parameter estimates and confidence intervals compared to regression methods, effectively addressing measurement error (Cheung & Lau, 2017) and allowing greater accuracy and less bias than observed variable methods (Cheung et al., 2021). Nevertheless, testing complex moderated mediation models based on latent variables (i.e., LMS approach) still has rather limited usage in applied research due to current software limitations and the inability to calculate model fit indices that can be used to evaluate overall model fit (Feng et al., 2020). Therefore, the validity of the study hypotheses was evaluated based on the size and statistical significance of the specified and tested paths in the models. Indirect and conditional effects were considered significant when CI did not include zero and the *p*-value was less than .05. To interpret the interactions better, we also performed a graphical plotting of the results and simple slope testing, as proposed by Aiken et al. (1991). To further confirm the consistency of the model, we tested alternative moderated

mediation models, investigating the moderation of regulatory emotional self-efficacy in the relationship between exhaustion and interpersonal strain (alternative Model 1) and the moderation of regulatory emotional self-efficacy in the direct pathway between workload and interpersonal strain (alternative Model 2). To evaluate the comparative fit of our proposed model against the alternative, we employed the log-likelihood (–2LL = –2 × log-likelihood), Akaike information criterion (AIC), and Bayesian information criterion (BIC). These criteria are widely recognized tools for model selection and are particularly valuable in the absence of other fit indices, as highlighted by Burnham and Anderson (2004). If the AIC and BIC fit indices of the alternative models are higher than those of the model we considered, this confirms the latter is a better fit (Sardeshmukh & Vandenberg, 2017).

Results

Descriptive Statistics, Internal Consistency, and Correlational Analysis

Table 1 shows the means, standard deviations, Cronbach's alphas, and zero-order correlations among the variables. Cronbach's alphas showed good reliability for all dimensions (α values ranging from .78 and .89). On average, employees experienced a moderate level of workload and exhaustion, while levels of interpersonal strain at work were found to be medium-low. Furthermore, employees reported medium levels of regulatory emotional self-efficacy. In line with expectations, workload correlated positively with exhaustion, which in turn correlated positively with interpersonal strain. In contrast, there was no correlation between workload and interpersonal strain. Regulatory emotional self-efficacy correlated positively with workload and negatively with exhaustion and interpersonal strain. Overall, the correlations among the latent constructs were small but significant (all *p*s < .05, with one exception), ranging from .13 to .39.

Table 1
Descriptive statistics and correlations among latent variables

	Variables	*M*	*SD*	Cronbach α	1	2	3	4
1	Workload	3.65	.99	.78	–			
2	Exhaustion	2.97	.89	.85	.36**	–		
3	Regulatory emotional self-efficacy	3.89	.89	.83	.23**	–.13*	–	
4	Interpersonal strain	1.87	.79	.89	.05	.39**	–.23**	–

Note. Analyses were performed on a sample of 357 employees. *M* = mean; *SD* = standard deviation. Response scale ranged from 1 to 5 for exhaustion and interpersonal strain; it ranged from 1 to 6 for workload and regulatory emotional self-efficacy.
*p < .05. **p < .01.

Confirmatory Factor Analysis

Confirmatory factor analysis results showed that the hypothesized 4-factors model, distinguishing the presence of workload, exhaustion, regulatory emotional self-efficacy, and interpersonal strain, fit the data well on all fit indices — χ^2 = 222.890, *df* = 113, p < .001; CFI = .95; TLI = .94; RMSEA = .05 [.04, .06]; SRMR = .06; AIC = 12766.246; BIC = 12987.277. Both the 1-factor — χ^2 = 1371.257, *df* = 119, p < .001;

CFI = .42; TLI = .34; RMSEA = .17 [.16, .18]; SRMR = .17, AIC = 13902.613; BIC = 14100.378 — and the 3-factor — χ^2 = 563.299, *df* = 116, $p < .001$; CFI = .79; TLI = .76; RMSEA = .10 [.10, .11]; SRMR = .09; AIC = 13100.655; BIC =13310.052 — alternative models showed poorer fit to the data, supporting the distinctiveness of exhaustion and interpersonal strain as separate dimensions of burnout and suggesting the potential impact of common method bias to be minimal. All 4-factor model items loaded strongly on the corresponding factor, with loadings being included between .61 and .88. Overall, the results indicated that the items were reasonable indicators of the respective dimension, confirming the distinctiveness of the four constructs.

Structural Equation Modeling

In our moderated mediation model (see Table 2), workload was positively associated with exhaustion, β = .54, *SE* = .06, $p < .01$, 95% CI [.33, .69], which, in turn, was positively related to interpersonal strain at work, β = .55, *SE* = .06, $p < .01$, 95% CI [.38, .66]. Thus, H1 and H2 were supported. The indirect effect was significant and positive, B = .26, *SE* = .06, $p < .01$, 95% CI [.15, .40], suggesting that workload increases the perception of being exhausted, which subsequently leads to interpersonal strain reactions, supporting H3. In addition, the direct effect of workload on interpersonal strain at work was not significant, β = –.14, *SE* = .08, $p = .12$, 95% CI [–.27, .02], indicating that workload influences interpersonal strain at work only through its impact on exhaustion. The interaction term between workload and regulatory emotional self-efficacy significantly predicted exhaustion, β = –.18, *SE* = .06, $p < .01$, 95% CI [–.33, –.02], suggesting that the effect of workload on exhaustion varies depending on the level of regulatory emotional self-efficacy. More specifically (see Table 2), when employees had high levels of regulatory emotional self-efficacy, workload had a weak impact on exhaustion, B = .36, *SE* = .09, $p < .01$, 95% CI [.19, .52]. In contrast, at low regulatory emotional self-efficacy levels, workload had a stronger impact on exhaustion, B = .66, *SE* = .10, $p < .01$, 95% CI [.46, .86]. To interpret the form of interaction, the equation at the high and low levels of regulatory emotional self-efficacy was plotted. Results (see Figure 2) showed that with an increase in regulatory emotional self-efficacy the relationship between workload and exhaustion was weaker, supporting H4. Furthermore, the conditional indirect effect of workload on interpersonal strain through exhaustion was significant at different levels of regulatory emotional self-efficacy, B = –.09, *SE* = .04, $p < .01$, 95% CI [–.17, –.01]. Specifically (see Table 2), the indirect effect of workload through exhaustion on interpersonal strain at work was weaker when healthcare professionals were high in regulatory emotional self-efficacy, B = .18, *SE* = .04, $p < .01$, 95% CI [.07, .32] supporting H5. Conversely, employees with low regulatory emotional self-efficacy are more vulnerable to the detrimental effects of high workload, resulting in significantly higher exhaustion and interpersonal strain at work levels, B = .33, *SE* = .08, $p < .01$, 95% CI [.21, .51]. These results indicate that stronger beliefs in one's ability to regulate negative emotions have a protecting role for healthcare workers, mitigating the adverse effects of high workload on exhaustion and interpersonal strain.

To further support H4 and H5, we conducted a contrast analysis on conditional direct and indirect effects, following the recent guidelines by Robinson et al. (2013). The difference between the slopes of workload-exhaustion relationship for high and low levels of regulatory emotional self-efficacy was statistically significant, B = .30, *SE* = .11, $p < .01$, 95% CI [.09, .52]. Likewise, the difference between the slopes of workload-interpersonal strain relationship for high and low levels of regulatory emotional self-efficacy was statistically significant, B = .15, *SE* = .07, $p < .05$, 95% CI [.02, .30]. These results support the existence of significant interaction effects with meaningful predictive value, albeit weak.

TABLE 2
Direct, indirect, and conditional effect for the moderated mediation model

Predictor	Regression coefficient[ab]	*SE*	*t*	95% CI
Workload → Exhaustion	.54**[a]	.06	8.50	[.33, .69]
RESE → Exhaustion	–.33**[a]	.06	–5.22	[–.40, –.15]
Exhaustion → ISW	.55**[a]	.06	8.90	[.38, .66]
Workload → ISW	–.14[a]	.08	–1.86	[–.27, .02]
Workload × RESE → Exhaustion	–.18**[a]	.06	–2.91	[–.33, –.02]
Workload × low RESE → Exhaustion	.66**[b]	.10	6.42	[.46, .86]
Workload × moderate RESE → Exhaustion	.51**[b]	.08	6.62	[.36, .66]
Workload × high RESE → Exhaustion	.36**[b]	.09	4.14	[.19, .52]
Mediation effect[c]	.26**[b]	.06	4.24	[.15, .40]
IMM[d]	–.09*[b]	.04	–2.16	[–.17, –.01]
Workload × low RESE → Exhaustion → ISW	.33**[b]	.08	4.47	[.21, .51]
Workload × moderate RESE → Exhaustion → ISW	.26**[b]	.06	4.24	[.15, .40]
Workload × high RESE → Exhaustion → ISW	.18**[b]	.04	–2.16	[.07, .32]

Note. Analyses were performed on a sample of 357 employees. RESE = regulatory emotional self-efficacy; ISW = interpersonal strain at work. [a] = standardized regression coefficients (β); [b] = unstandardized regression coefficients (B); [c] = effect of workload on interpersonal strain through exhaustion; [d] = index of moderated mediation. The IMM reflects the extent to which the indirect effect of workload on interpersonal strain through exhaustion varies as a function of the moderator (regulatory emotional self-efficacy).
*p < .05. **p < .01.

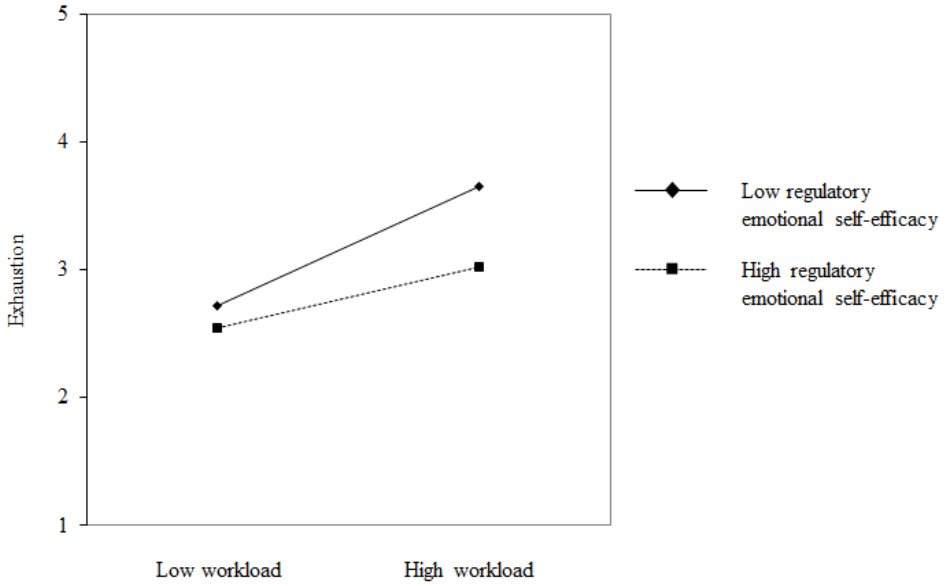

FIGURE 2
Moderating effects of regulatory emotional self-efficacy on the association between workload and interpersonal strain at work through exhaustion

To determine whether our model was parsimonious, the hypothesized model was compared with alternative moderated mediation models. The fit indices of alternative Model 1 (–2LL = 12674,104; AIC = 12788,105; BIC = 13009,136) and alternative Model 2 (–2LL = 12672,878; AIC = 12786,877; BIC = 13007,908) fared worse than those of the hypothesized model (–2LL = 12646,738; AIC = 12760,737; BIC = 12981,768).

Discussion

Using a moderated mediation conceptual model, grounded in the theoretical framework of the Job Demands-Resources model, to the best of our knowledge this is the first study to explore the complex interplay between workload, exhaustion, regulatory emotional self-efficacy, and interpersonal tension at work in a healthcare setting. Overall, the results confirmed our hypothesis, highlighting the crucial role of emotional exhaustion in translating workload demands into interpersonal strain at work, as well as the protective function of regulatory emotional self-efficacy in this process.

First, our findings reinforce the notion that excessive workload demands significantly contribute to mental exhaustion (Bakker & Demerouti, 2007). This aligns with previous contributions (e.g., Phillips, 2020; Ramírez-Elvira et al., 2021; Wang et al., 2015) indicating that job demands — generally defined as physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs — can lead to a state of severe mental and physical depletion, especially in high-pressure environments like healthcare (e.g., Bakker & Demerouti, 2017; Bakker et al., 2023).

Second, this study enhances the understanding of the interpersonal consequences of workplace exhaustion. While prior research has indicated that interpersonal strain may predict exhaustion (e.g., Mäkikangas et al., 2021), on the contrary, our findings expand the existing literature by demonstrating that prolonged exhaustion depletes individuals' emotional resources and impairs their ability to manage social interactions (Hobfoll et al., 2018; Leiter & Maslach, 1988). In addition, healthcare professionals with high exhaustion levels are more prone to withdrawal behaviors, distancing themselves from social interactions as a maladaptive coping strategy (Consiglio et al., 2014; Hobfoll et al., 2018). These results highlight the need to reduce exhaustion in order to prevent personal as well as social impairment in the workplace.

Likewise, our findings contribute to the understanding of how workload impacts interpersonal relationships in the workplace. This study extends to the existing literature on the antecedents and consequences of burnout symptoms (Bakker et al., 2023; Santarpia, Sommovigo, et al., 2024), thus revealing that exhaustion is a critically explanatory mechanism of the relationship between workload and interpersonal strain at work. When individuals' mental and physical resources are depleted, they are more likely to exhibit defensive, aggressive, or seemingly irrational behaviors to protect themselves (Hobfoll et al., 2018). This defensive withdrawal, while providing temporary relief, is maladaptive in the long-term. It prevents individuals from addressing the root causes of their workload and from seeking the social support necessary for maintaining well-being (Bakker et al., 2023; Santarpia et al., 2023).

Finally, to the best of our knowledge this study is the first to investigate the role of emotional self-regulation resources in managing high demands and their relation to burnout consequences in the healthcare setting (Alessandri et al., 2018). The results provide novel insights by exploring its moderating role in the relationship between workload demands and exhaustion. Individuals with high regulatory emotional self-efficacy can effectively manage demanding situations better by controlling the negative emotions associated with them, thereby experiencing less exhaustion and, consequently, lower levels of interpersonal strain and isolation. This

suggests that this personal resource acts as a buffer, enhancing individuals' resilience against the adverse effects of excessive job demands and improving their overall adjustment (Bakker & De Vries, 2021).

The protective role of regulatory emotional self-efficacy underscores the value of emotional regulation skills in healthcare settings. By fostering this resource, organizations can equip their staff with the tools necessary to handle high-demand situations more effectively, thereby reducing the risk of exhaustion and its negative social consequences. Training programs focused on enhancing emotional self-efficacy could be a viable intervention strategy to bolster this personal resource among healthcare workers.

Limitations and Future Research

The present study has its limitations. First, the reliance on self-report measures, while valuable in capturing individuals' perceptions, beliefs, and psycho-affective reactions, may have introduced response biases such as social desirability and inaccurate self-assessment. Future research should consider incorporating assessments from other sources of information to enhance the validity of the findings. For example, the intrapsychic experience of both burnout symptoms and interpersonal strain tends to be accompanied by visible behavioral expressions, which are recognizable and thus assessable by others, such as colleagues, supervisors, or even patients (Urien et al., 2021). Second, the cross-sectional design limits the ability to draw causal inferences. Longitudinal studies, particularly those with at least 3-time points, are essential to validate our conceptual model. Besides interindividual differences, promising avenues include diary studies and intensive longitudinal designs to capture the potentially dynamic nature of regulatory emotional self-efficacy and its protective effects over time on individual adjustment (Alessandri et al., 2015, 2023). To mitigate this limitation, we have tested alternative models that aim to provide a more robust understanding of the relationships between variables and reduce the risk of biased findings. Third, a more detailed examination and comparison between various subcategories within the healthcare workforce, such as nurses, physicians, and other professionals, may provide insights into occupation-specific effects. Lastly, while this study focused on emotional exhaustion, it is crucial for future research to explore and compare different symptoms of burnout, such as mental distance and emotional or cognitive impairment (Schaufeli et al., 2020), as these may present a distinctive nomological network (Masiero et al., 2018). Furthermore, as we only detected perceived workload in this study, future perspectives could involve comparing perceived and objective assessments of workload measures for a more comprehensive understanding.

Theoretical and Practical Implications and Conclusion

From a theoretical standpoint, our study contributes to the Job Demands-Resources model by integrating the concept of regulatory emotional self-efficacy as a significant personal resource that mitigates the adverse effects of high workload demands on both individual and interpersonal outcomes. This expanded understanding highlights burnout's multifaceted nature and emotional regulation's critical role in managing its effects. Practically, our findings offer several actionable strategies for healthcare organizations. One such strategy is providing training and support to enhance emotional self-efficacy, which can empower healthcare professionals to manage stress more effectively and maintain healthier interpersonal relationships. These interventions can lead to improved job satisfaction, lower turnover rates, and a more sustainable healthcare workforce.

This study underscores the importance of addressing the demands placed on healthcare workers and the resources available to them. By focusing on workload reduction and enhancing personal resources like regulatory emotional self-efficacy, healthcare organizations can create a more supportive and resilient work environment, ultimately leading to better outcomes for both employees and patients.

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