Pakistan Journal of Professional Psychology: Research and Practice Vol. 17, No. 1, 2026
https://doi.org/10.62663/pjpprp.v17i1.298

Emotional Regulation, Distress Tolerance and Career Beliefs in Female Frontline Health Workers in Rural and Urban Areas

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The purpose of the current research was to find out the relationship between emotional regulation, distress tolerance, and facilitating career beliefs in female frontline health workers who are single, married, or mothers. A sample of 250 female frontline health workers, including doctors, nurses, and pharmacists, was taken from different government and private hospitals. The age range of participants was 25–55 years (M = 33.33, SD = 8.41). A demographic information sheet, the Emotional Regulation Questionnaire (Gross & John, 2003), the Distress Tolerance Scale (Azhar et al., 2018), and the Career Beliefs Scale (Waqar & Hanif, 2013) were used. Results revealed a significant positive relationship between emotional regulation and facilitating career beliefs among female frontline health workers. Moreover, results showed a significant negative relationship between emotional regulation and distress tolerance among female frontline health workers who were single, married, or mothers. Furthermore, results from hierarchical multiple regression analysis showed that higher emotional regulation is a significant positive predictor of facilitating career beliefs (adaptive and positive self-beliefs about one's abilities, worth, opportunities, and future success that support healthy emotional regulation) among female frontline health workers. These findings suggest that fostering emotional regulation skills among female frontline health workers may support the development of facilitating career beliefs, and that supportive social and organizational attitudes toward these women may help them manage the demands of domestic and professional life.

Keywords: emotional regulation; distress tolerance; facilitating career beliefs

Frontline health workers are always very important and play a critical role in maintaining a sound balance of a community (Javed et al., 2018). It is very important how they manage themselves and at the same time meet the demands of their homes and jobs. This dual responsibility becomes more demanding when these females become mothers (Khokhar et al., 2020). A very important fact connected with this scenario is that several social roles are consolidated in one person: professional, wife, mother, and carer. This creates a situation in which this individual has to manage everything simultaneously in order to lead a successful domestic and professional life (Alobaid et al., 2020). The purpose of this study is to explore the relationship between emotional regulation, distress tolerance, and facilitating career beliefs among single, married, or mother female frontline health workers.

The study is founded on four well-known theories: Gross's Process Model of Emotion Regulation describes how people use cognitive reappraisal and response modulation to regulate emotions (Gross, 2015; Gross & John, 2003); Job Demands-Resources (JD-R) Model considers emotional regulation and distress tolerance as personal resources that protect from the impacts of work demands (Bakker & Demerouti, 2017); Conservation of Resources (COR) Theory states that investment in adaptive coping protects against resource loss and burnout (Hobfoll et al., 2018) and Social Cognitive Career Theory (SCCT) posits those personal resources impact career beliefs and motivation (Lent et al., 2000).

Although separate studies have investigated emotional regulation or career beliefs, very few have investigated the relationship of these variables among female health workers in Pakistan. The current study addresses this gap by clarifying their associations and the role of distress tolerance (Leyro et al., 2010; Lent et al., 2021). Women in the health sector have

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https://doi.org/10.62663/pjpprp.v17i1.298

serious difficulties in reconciling their professional and personal lives (Fahd et al., 2021). One important question that still remains is the qualities or factors that allow them to remain motivated to their career while managing their children and marital responsibility (Bakker & Demerouti, 2017; Hobfoll et al., 2018). Facilitating career beliefs are identified as an important factor that empowers these women to achieve career success (Lent et al., 2000). Hence, this study was conducted to determine the effect of emotion regulation and distress tolerance on career beliefs of female frontline health workers.

An emotion is a spontaneous mental state appearing in response to an inner or external experience, typically coupled with physiological changes. Emotional regulation, according to Shaver and Mikulincer (2007), is the ability to control one's emotional state through behaviours like reframing a difficult situation, concealing signs of sorrow, or focusing on positive aspects. The capacity to monitor, evaluate, and modify emotional reactions is known as emotion regulation (Gross, 2015). Cognitive reappraisal (adaptive, proactive reframing) and expressive suppression (less adaptive, inhibiting emotional expression) are two significant strategies (Fahd et al., 2021). Distress tolerance refers to the ability to withstand difficult mental or physical conditions without exhibiting maladaptive responses (Leyro et al., 2010). Higher distress tolerance is generally adaptive, but how it relates to emotion regulation depends on coping style: people who use active regulation may rely less on passively enduring stress, while people who use limited regulation may rely more on distress tolerance to function (Bonanno & Burton, 2013; Jeffries et al., 2016). Research in healthcare settings has shown that both resources are linked to lower burnout and higher resilience (Jeffries et al., 2016; Martín-Brufau et al., 2021).

Emotional regulation is necessary because it promotes adaptation, career success, mental health, and better interpersonal relationships. For increased job satisfaction and workplace harmony, Ochsner and Gross (2007) recommended monitoring employees' emotions. Resilience, self-control, and social adjustment all depend on emotional control (Campbell-Sills & Barlow, 2007).

Distress tolerance, on the other side, is tolerating unpleasant emotional states without making a situation worse (Gross, 2015). It is particularly crucial for healthcare professionals who must perform under intense stress (Jeffries et al., 2016). Coping mechanisms and stress management are influenced by the dynamic interaction between distress tolerance and emotional regulation (Bonanno & Burton, 2013). The transactional model developed by Lazarus and Folkman (1984) emphasizes how people evaluate stressful circumstances and use coping strategies appropriately.

Assumptions people have about themselves, their line of work, and career advancement are referred to as career beliefs. Positive, empowering beliefs are known as facilitating career beliefs, whereas career myths are misleading, false beliefs (Waqar & Hanif, 2013). Adaptive and positive self-beliefs about one's skills, value, prospects, and future achievement that promote sound emotional regulation are known as facilitating career beliefs. These ideas support people in managing stress, maintaining optimism, overcoming obstacles, and making wise professional choices. Career myths, on the other side, are inflexible, illogical, or misguided ideas about careers and success that lead to maladaptive thinking and emotional dysregulation. In problems pertaining to one's profession, these beliefs may worsen feelings of anxiety, self-doubt, irritation, discouragement, and avoidance (Lent et al., 2000; Lent et al., 2021; Gross, 2015). Emotional regulation influences career attitudes by fostering good emotional responses to professional challenges, enhancing resilience, and promoting improved decision-making (Bonanno & Burton, 2013). Career beliefs comprise of enabling beliefs (positive, realistic expectations that foster development) and career myths (rigid, irrational beliefs that hinder development; Waqar & Hanif, 2013). Social Cognitive Career Theory proposes personal resources affect these beliefs: enhanced emotional regulation

https://doi.org/10.62663/pjpprp.v17i1.298

reduces anxiety and facilitates adaptive thinking (Ford & Gross, 2018). Working women in Pakistan often face structural and cultural barriers, making positive career beliefs especially critical for retention and satisfaction (Khokhar et al., 2020; Raza & Khurram, 2022).

This study adds an important contribution by exploring these interrelated constructs in the specific sociocultural context of Pakistani female frontline health workers, particularly mothers, who are a population for which emotional regulation, distress tolerance, and career beliefs are highly relevant. Female health workers in Pakistan are also under additional stressors: gender role expectations, work-life conflict, and limited social support (Alobaid et al., 2020; Shahbaz et al., 2021). Married women often report more domestic responsibilities and unmarried women can be less busy and more flexible — all of which affect the managing strategies and career attitudes of both groups (Akhtar et al., 2020; Khokhar et al., 2020).

Healthcare workforce patterns are influenced by gender dynamics, including the distribution of roles, career advancement, and workplace environments (Witter et al., 2017). This highlights the requirement for gender-sensitive approaches in organizational management and policy frameworks.

Together, this literature confirms the interaction between emotional regulation, distress tolerance, and career beliefs among health professionals. However, the scarcity of empirical studies focusing on female frontline health workers, especially mothers, in Pakistan highlights the relevance of the present study.

Method

The current study is based on correlational research. In this type of study, relationships between two or more variables are analysed without altering or managing any of these variables. Controlling the other variables has no effect on the results. It is the right approach for determining the relationship between variables when the research study is impractical, unethical, or risky. This research design specifies the magnitude and direction of the relationship between or among variables. The correlation can be zero, indicating that there is no relationship between the variables; positive, indicating that both variables change in the same direction; or negative, indicating that variables change in the opposite way (Seeram, 2019). Only females were considered for this study.

The data was collected using the purposive sampling method, a type of nonprobability sampling method. Nonprobability sampling techniques are those in which some elements of populations have no chance of being selected. It entails selecting elements based on hypotheses about the sample of people, which serve as eligibility criteria. Purposive sampling is a non-random sampling technique in which the researcher chooses sample items which are believed to be the best representation of the universe. Using this method, elements were chosen from the entire population based on the purposes of the study. The main goal was for the researcher to choose those elements that were meant to fulfil the research goals using good judgement and appropriate policy

Results

Descriptive statistics for participant age are presented in Table 1, and frequencies and percentages for the remaining demographic variables are presented in Table 2.

Table 1

Mean and Standard Deviation of Age in Years (N = 250)

	N	M	SD
Age	250	33.33	8.41

Note. M = mean, SD = standard deviation.

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Table 2
Frequencies and Percentages of Demographic Variables of Participants (N = 250)

Variable	n	%
Age		
25–40 years	206	82.4
41–55 years	44	17.6
Occupation		
Doctors	150	60.0
Nurses	70	28.0
Pharmacists	30	12.0
Residence		
Urban	200	80.0
Rural	50	20.0
City		
Sialkot	90	36.0
Faisalabad	22	8.8
Rawalpindi	60	24.0
Islamabad	20	8.0
Lahore	58	23.2
Family System		
Joint	148	59.2
Nuclear	102	40.8
Marital Status		
Unmarried	110	44.0
Married with no kids	32	12.8
Mothers	108	43.2
Children Range (mothers only, n = 108)		
1 to 2	64	25.6
3 to 5	44	17.6
Marriage Duration in Years (married only, n = 140)		
1 to 5	40	16.0
6 to 31	100	40.0

Note. n = frequency, % = percentage. Percentages for Children Range and Marriage Duration are calculated within their respective subgroups.

Descriptive Statistics and Correlations

Descriptive statistics and zero-order correlations among the study variables are presented in Table 3. Emotion regulation was significantly negatively correlated with distress tolerance, $r = -.14$, $p = .026$, and significantly positively correlated with facilitating career beliefs, $r = .23$, $p < .001$, indicating that participants who reported greater use of adaptive

https://doi.org/10.62663/pjpprp.v17i1.298

emotion regulation strategies also reported higher levels of facilitating career beliefs and lower distress tolerance scores. Emotion regulation was not significantly related to career myths, r = -.04, p = .558. Distress tolerance was significantly negatively correlated with facilitating career beliefs, r = -.23, p < .001, and significantly positively correlated with career myths, r = .29, p < .001. Facilitating career beliefs and career myths were significantly negatively correlated, r = -.23, p < .001.

Table 3
Descriptive Statistics and Intercorrelations Among Study Variables (N = 250)

Variable	M	SD	1	2	3	4
1. Emotion Regulation (ERQ)	47.80	8.17	—	-.14*	.23**	-.04
2. Distress Tolerance (DTS Total)	110.18	20.58		—	-.23**	.29**
3. Facilitating Career Beliefs (CBS P1)	103.07	15.99			—	-.23**
4. Career Myths (CBS P2)	30.29	8.88				—

Note. *p < .05. **p < .01 (two-tailed).

Family System

An independent-samples t test was conducted to compare emotion regulation, distress tolerance, facilitating career beliefs, and career myths between participants living in joint (n = 148) versus nuclear (n = 102) family systems (Table 4). There were no significant differences between joint and nuclear family groups on emotion regulation, t(248) = -0.67, p = .505, d = -0.09, distress tolerance, t(248) = -1.42, p = .156, d = -0.18, or facilitating career beliefs, t(248) = -0.46, p = .649, d = -0.06. Participants in nuclear family systems reported significantly higher career myths scores than those in joint family systems, t(248) = -2.26, p = .025, d = -0.29, although this represents a small effect size.

Table 4
Independent Samples t Test Comparing Study Variables by Family System

	Joint (n = 148)		Nuclear (n = 102)				
Variable	M	SD	M	SD	t(248)	p	d
Emotion Regulation (ERQ)	47.51	8.69	48.22	7.38	-0.67	.505	-0.09
Distress Tolerance (DTS Total)	108.65	23.03	112.41	16.24	-1.42	.156	-0.18
Facilitating Career Beliefs (CBS P1)	102.69	15.39	103.63	16.88	-0.46	.649	-0.06
Career Myths (CBS P2)	29.24	7.97	31.80	9.90	-2.26	.025*	-0.29

Note. d = Cohen's d. *p < .05. **p < .01.

Marital Status

An independent-samples t test compared unmarried (n = 110) and married (n = 140) participants on the study variables (Table 5). No significant difference emerged for emotion regulation, t(248) = 0.19, p = .852, d = 0.02. Unmarried participants reported significantly higher distress tolerance scores than married participants, t(248) = 2.59, p = .010, d = 0.33,

https://doi.org/10.62663/pjpprp.v17i1.298

and significantly higher facilitating career beliefs, t(248) = 3.10, p = .002, d = 0.39. The difference in career myths approached but did not reach significance, t(248) = 1.68, p = .095, d = 0.21.

Table 5
Independent Samples t Test Comparing Study Variables by Marital Status

	Unmarried (n = 110)		Married (n = 140)				
Variable	M	SD	M	SD	t(248)	p	d
Emotion Regulation (ERQ)	47.91	9.05	47.71	7.44	0.19	.852	0.02
Distress Tolerance (DTS Total)	113.95	23.63	107.23	17.35	2.59	.010*	0.33
Facilitating Career Beliefs (CBS P1)	106.55	16.76	100.34	14.85	3.10	.002**	0.39
Career Myths (CBS P2)	31.35	9.99	29.46	7.83	1.68	.095	0.21

Note. d = Cohen's d. *p < .05. **p < .01.

Predictors of Facilitating Career Beliefs

A three-step hierarchical multiple regression was conducted to examine the extent to which demographic and psychological variables predicted facilitating career beliefs (Table 6). In Step 1, age and marriage duration were entered and accounted for a significant proportion of variance, R2 = .045, F(2, 247) = 5.82, p = .003. Age emerged as a significant negative predictor, B = -0.65, β = -.34, p = .002. In Step 2, occupation, residence, family system, and marital status were added, producing a significant increase in explained variance, ΔR2 = .047, F change(4, 243) = 3.16, p = .015. Marital status was a significant negative predictor, B = -5.59, β = -.33, p = .001, and marriage duration became a significant positive predictor, B = 0.87, β = .46, p = .001. In Step 3, emotion regulation and distress tolerance were entered, again producing a significant increase in variance explained, ΔR2 = .098, F change(2, 241) = 14.57, p < .001. In the final model, which accounted for 19.0% of the variance in facilitating career beliefs, R2 = .190, F(8, 241) = 7.07, p < .001, emotion regulation was a significant positive predictor, B = 0.33, β = .17, p = .004, and distress tolerance was a significant negative predictor, B = -0.20, β = -.26, p < .001. Age, marriage duration, and marital status remained significant predictors in the final model. All variance inflation factors were below 5, indicating that multicollinearity was not a concern.

Table 6
Hierarchical Multiple Regression Analysis Predicting Facilitating Career Beliefs (CBS P1)

Predictor	B	SE B	β	t	p	95% CI	VIF
Step 1							
Age	-0.65	0.21	-.34	-3.17	.002**	[-1.06, -0.25]	3.05
Marriage Duration	0.38	0.21	.20	1.88	.061	[-0.02, 0.79]	3.05
R^2 = .045, F(2, 247) = 5.82, p = .003							
Step 2							
Age	-0.67	0.22	-.35	-3.08	.002**	[-1.10, -0.24]	3.50
Marriage Duration	0.87	0.26	.46	3.39	.001**	[0.36, 1.37]	4.91
Occupation	0.06	1.47	.00	0.04	.966	[-2.83, 2.95]	1.11

https://doi.org/10.62663/pjpprp.v17i1.298

Residence	-1.55	2.68	-.04	-0.58	.565	[-6.83, 3.74]	1.21
Family System	0.15	2.01	.00	0.08	.939	[-3.80, 4.11]	1.02
Marital Status	-5.59	1.61	-.33	-3.48	.001**	[-8.75, -2.42]	2.37
$R^2 = .092$, $\Delta R^2 = .047$, F change(4, 243) = 3.16, p = .015							
Step 3							
Age	-0.70	0.21	-.37	-3.38	.001**	[-1.10, -0.29]	3.51
Marriage Duration	0.79	0.24	.42	3.26	.001**	[0.31, 1.27]	4.93
Occupation	-1.33	1.42	-.06	-0.94	.349	[-4.13, 1.47]	1.16
Residence	0.70	2.58	.02	0.27	.787	[-4.39, 5.78]	1.25
Family System	0.71	1.92	.02	0.37	.711	[-3.06, 4.48]	1.04
Marital Status	-5.57	1.53	-.33	-3.64	<.001***	[-8.58, -2.55]	2.39
Emotion Regulation (ERQ)	0.33	0.12	.17	2.89	.004**	[0.11, 0.56]	1.03
Distress Tolerance (DTS Total)	-0.20	0.05	-.26	-4.11	<.001***	[-0.29, -0.10]	1.15

$R^2 = .190$, $\Delta R^2 = .098$, F change(2, 241) = 14.57, p < .001

Note. DV = Total Facilitating Career Beliefs. N = 250. *p < .05. **p < .01. ***p < .001.

Predictors of Career Myths

A parallel three-step hierarchical regression examined predictors of career myths (Table 7). Step 1 (age, marriage duration) did not account for a significant proportion of variance, R2 = .001, F(2, 247) = 0.12, p = .889. Step 2 (occupation, residence, family system, marital status) produced a significant increase in variance explained, ΔR2 = .052, F change(4, 243) = 3.34, p = .011, with occupation emerging as a significant negative predictor, B = -1.80, β = -.14, p = .031. Step 3 (emotion regulation, distress tolerance) produced a further significant increase, ΔR2 = .071, F change(2, 241) = 9.75, p < .001. In the final model, R2 = .124, F(8, 241) = 4.26, p < .001, distress tolerance was the only significant psychological predictor, B = 0.12, β = .28, p < .001, indicating that higher distress tolerance was associated with greater endorsement of career myths. Emotion regulation was not a significant predictor of career myths in the final model, B = -0.01, β = -.01, p = .878. All variance inflation factors were below 5.

Table 7
Hierarchical Multiple Regression Analysis Predicting Career Myths (CBS P2)

Predictor	B	SE B	β	t	p	95% CI	VIF
Step 1							
Age	-0.04	0.12	-.04	-0.34	.735	[-0.27, 0.19]	3.05
Marriage Duration	0.06	0.12	.05	0.48	.634	[-0.17, 0.28]	3.05
$R^2 = .001$, F(2, 247) = 0.12, p = .889							
Step 2							
Age	-0.08	0.12	-.08	-0.66	.509	[-0.32, 0.16]	3.50
Marriage Duration	0.25	0.14	.24	1.75	.081	[-0.03, 0.54]	4.91
Occupation	-1.80	0.83	-.14	-2.17	.031*	[-3.44, -0.17]	1.11

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Residence	0.58	1.52	.03	0.38	.705	[-2.42, 3.57]	1.21
Family System	2.23	1.14	.12	1.96	.052	[-0.02, 4.47]	1.02
Marital Status	-1.67	0.91	-.18	-1.83	.069	[-3.46, 0.13]	2.37
$R^2 = .053$, $\Delta R^2 = .052$, F change(4, 243) = 3.34, p = .011							
Step 3							
Age	-0.06	0.12	-.06	-0.49	.624	[-0.29, 0.18]	3.51
Marriage Duration	0.28	0.14	.27	2.00	.047*	[0.00, 0.56]	4.93
Occupation	-1.07	0.82	-.08	-1.30	.195	[-2.68, 0.55]	1.16
Residence	-0.50	1.49	-.02	-0.33	.739	[-3.43, 2.44]	1.25
Family System	1.79	1.11	.10	1.61	.108	[-0.39, 3.96]	1.04
Marital Status	-1.50	0.88	-.16	-1.69	.092	[-3.24, 0.24]	2.39
Emotion Regulation (ERQ)	-0.01	0.07	-.01	-0.15	.878	[-0.14, 0.12]	1.03
Distress Tolerance (DTS Total)	0.12	0.03	.28	4.35	<.001***	[0.07, 0.18]	1.15
$R^2 = .124$, $\Delta R^2 = .071$, F change(2, 241) = 9.75, p < .001							

Note. DV = Total Career Myths. N = 250. *p < .05. **p < .01. ***p < .001.

Discussion

The present study investigated the association of emotion regulation and distress tolerance with facilitating career beliefs and career myths among female frontline health workers of Pakistan. Results suggest that emotional regulation and distress tolerance were significantly associated with career-related cognitions in this sample, although the direction and magnitude of these relationships varied across outcomes. The results also demonstrated that certain demographic variables, especially age, marital status, and duration of marriage, were associated with facilitators of career beliefs, indicating that career cognitions may be affected by psychological as well as contextual variables.

Emotion regulation was positively correlated with career facilitating beliefs and continued to be a significant positive predictor of career facilitating beliefs in the regression model. This finding is in line with Gross's process model of emotion regulation which suggests that more adaptive regulation strategies help people to better cope with emotional demands and maintain psychological functioning while under stress (Gross, 2015). Emotional regulation may contribute to a more constructive sense of professional competence, persistence and confidence in career-related decisions among female frontline health workers. This is consistent with Social Cognitive Career Theory, which emphasis the significance of personal cognitive resources in the development of career beliefs and occupational persistence (Lent et al., 2021).

The negative relationship between emotion regulation and distress tolerance should be interpreted cautiously and with regard to the distress tolerance scale scoring direction. Higher scores on the distress tolerance measure reflect greater difficulty tolerating distress, which is consistent with the theoretical notion that better emotional regulation capacity is associated with lower vulnerability to distress. However, if the scale is scored in the positive direction, this relationship requires further explanation and may suggest that the construct was operationalised differently in the present study. Therefore, in the Methods section it should be clearly stated how the distress tolerance scale was scored, in order to interpret the results correctly.

https://doi.org/10.62663/pjpprp.v17i1.298

Distress tolerance was negatively correlated with facilitating career beliefs and positively correlated with career myths. Regression analysis indicated that distress tolerance considerably negatively predicted facilitating career beliefs and significantly positively predicted career myths. Participants who revealed poorer tolerance of distress or greater distress-related difficulty (depending on scoring direction) were more likely to endorse maladaptive career beliefs and less likely to report facilitating beliefs, suggesting that distress tolerance may be a factor in the development of maladaptive career beliefs and the lack of facilitating beliefs. This is generally consistent with the idea that difficulty in sustaining negative emotional states may interfere with adaptive coping, occupational confidence, and career-related. In stressful healthcare environments, distressed workers may be more susceptible to negative career beliefs, particularly when managing competing heavy professional and family commitments (Flaubert et al., 2021).

Results showed that participants living in nuclear family systems reported higher career myths than those living in joint family systems, but the effect was small. This may be due to greater role strain, less shared support for caregiving, or fewer resources in nuclear families. Simultaneously the family system did not differentiate emotion regulation or facilitating career beliefs. This suggests that broader family structure may matter more for maladaptive beliefs than general emotional functioning. Similarly, unmarried participants reported higher facilitating career beliefs and distress tolerance than married participants, which may reflect fewer household demands and accommodate more to manage work-related stress. These findings support the notion that women's career cognitions in collectivistic environments are shaped by family roles and marital obligations.

The prediction of facilitating career beliefs was also affected by age, marital status, and length of marriage. Older age was associated with lower facilitating career beliefs, whereas longer duration of marriage was associated with higher facilitating career beliefs. Marital status remained a significant predictor in the final model. These findings suggest that career beliefs of female frontline health workers may change across life stages and role transitions. However, the cross-sectional nature of the study means that these patterns should not be interpreted as developmental or causal effects. They only indicate meaningful associations that should be explored longitudinally.

In the regression model of predicting career myths, distress tolerance was the only significant psychological predictor and emotion regulation was not significant in the final model. This suggests that career myths may be more related to stress resilience and emotional distress than to general emotional regulation abilities. It is also possible that emotion regulation indirectly influences career beliefs via other unmeasured variables such as self-efficacy, perceived support or occupational burnout. Future research should test these pathways using mediation or structural equation modelling.

Overall, the findings support the notion that emotional functioning is associated with career-related beliefs in female frontline health workers. The findings are particularly relevant in the Pakistani context where women in healthcare regularly handle professional commitments with home and caregiving responsibilities. In such contexts, psychological resources may influence whether women sustain adaptive beliefs about their careers or adopt more limiting myths about their occupational progression. The study thus contributes to the literature in that it demonstrates the relevance of emotional regulation and distress-related functioning to career cognition in a sample that has not received much empirical attention. At the same time, the study also shows that career beliefs cannot be explained only by psychological variables. In the regression models, demographic and social variables such as marital status and length of marriage were important. This reveals that career-related cognitions develop in the settings of broader social roles and family contexts. This aligns with Social Cognitive Career Theory, which indicates that career development is a function

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of the connection of personal beliefs and contextual conditions (Lent et al., 2021). Thus, the present findings underline the importance of individual-level and contextual support for women frontline workers.

Limitations and Suggestions

There are various drawbacks of this study. The researcher could not control the demographics of the participants which influenced the generalizability of the sample and could have led to a few non-significant results. In addition, access to the Career Beliefs Scale was problematic and thus hampered the collection of data. Moreover, the lengthy nature of the research process may have encouraged the participants to make inattentive or thoughtless responses which could impair the accuracy of the findings.

The findings of the study suggest that educational institutions and career guidance centers should design interventions to cultivate positive career outlooks among students and early career professionals. Interventions may be useful to assist people to create more adaptable perspectives of job progress and future career options. In addition, training programs on skills of emotional control, should be part of educational and professional settings. Programs like these can help people manage stress, uncertainty and emotional challenges in their professions. Career counselling services also need to put attention on improving capacities for tolerating distress. Giving assistance to people who are facing losses, disappointments and career challenges might help build more tenacity and adaptability in their career pursuits.

Career counsellors should also be able to identify and challenge maladaptive career beliefs and career myths that can hinder career decision making and occupational adjustment. Psychoeducational seminars can be useful for the development of realistic and adaptable job aspirations. Finally, we need to integrate professional development treatments with psychological wellbeing programs in a more holistic manner. Such activities will help you build emotional resilience and improve your chances of success when working through professional transitions.

Future Recommendations

Future study may need a larger and more diverse sample to improve generalizability and statistical power. Different techniques of data collection are also encouraged to improve the reliability and richness of findings, for example surveys, interviews and observations. Future studies may be valuable to examine the mediating function of emotion regulation in the link between optimistic career attitudes and distress tolerance. Studying these systems could contribute to better understanding of the psychological processes of career growth. Future studies are suggested to investigate the potential mediating effect of distress tolerance on the association between professional attitudes and important career outcomes including career flexibility, decision making, satisfaction, and persistence.

Future studies should include longitudinal design to investigate the directionality and causal link between optimistic career beliefs, emotion regulation and distress tolerance. Such strategies can provide stronger evidence than cross-sectional approaches.

Future studies should try to include participants with varied educational, occupational, and cultural backgrounds to improve the generalizability of the findings. Moreover, they can include associated dimensions such as professional flexibility, resilience, self-efficacy, psychological well-being and academic persistence for more holistic models of career development and emotional functioning.

https://doi.org/10.62663/pjpprp.v17i1.298

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Received 20 September 2025
Revision Received 21 July 2026