

A Study on the Current Status of Enhancing Emotion Regulation Skills among Healthcare Workers at Hanoi Eye Hospital

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DOI: <https://doi.org/10.5281/zenodo.18518002>

Published Date: 07-February-2026

Abstract: This study employed a combination of core methods commonly used in social work research—including document analysis, questionnaire-based survey, in-depth interviews, and an experimental approach—to examine the current status of emotion regulation skills among healthcare workers at Hanoi Eye Hospital. The findings indicate that healthcare workers frequently face high levels of pressure due to work overload and stressful situations under the hospital’s current working conditions. Therefore, strengthening emotion regulation skills for healthcare workers is critically necessary.

Keywords: current status; emotion regulation skills; healthcare workers; Hanoi Eye Hospital.

1. INTRODUCTION

In recent years, the mental health of healthcare workers has become a global concern, including in Vietnam. In practice, healthcare workers frequently operate under high-pressure conditions, confronting work overload, a stressful work environment, emergency clinical situations, and pressure arising from patient expectations as well as societal demands. These factors contribute to an increased prevalence of psychological difficulties, most notably stress and occupational burnout.

In Vietnam, Hanoi Eye Hospital is a leading specialized hospital and also serves as a training, research, and referral-support institution in ophthalmology for the Northern region. With a capacity of 139 inpatient beds and a workforce of 135 healthcare workers, the hospital received and treated nearly 89,000 patient visits in 2023. The substantial workload, high professional demands, and frequent contact with patients who experience significant anxiety about vision-related outcomes pose considerable emotional challenges for healthcare staff. However, specialized psychological support programs remain limited, particularly those providing systematic training in emotion regulation skills for healthcare workers. This paper focuses on analyzing the current situation of enhancing emotion regulation skills among healthcare workers at Hanoi Eye Hospital.

2. RESULTS

2.1. Awareness of Emotion Regulation Skills Among Healthcare Workers at Hanoi Eye Hospital

This section examines healthcare workers’ awareness of emotion regulation skills, focusing on their perceptions of its importance and their understanding of its core components.

Given increasing work pressure and frequent interactions with patients, patients’ family members, and colleagues, maintaining calmness and emotional control is essential. To explore the current situation of improving emotion regulation skills among healthcare workers at Hanoi Eye Hospital, the study conducted a survey of healthcare staff regarding the importance of emotion regulation skills. The results are presented in Table 2.1.

Table 2.1. Healthcare workers’ perceptions of the importance of emotion regulation skills

No.	Statement	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Mean (M)
1	I believe that good emotion regulation helps reduce the risk of medical errors.	8.0	25.3	28.0	22.7	16.0	2.96
2	I believe that emotion regulation skills help prevent occupational burnout.	17.3	16.0	34.7	26.7	5.3	3.04
3	In my opinion, effective emotion regulation improves relationships with colleagues and reduces conflict.	17.3	14.7	26.7	28.0	13.3	3.05
4	I believe that expressing emotions appropriately increases patient satisfaction.	13.3	12.0	30.7	24.0	20.0	3.25

Table 2.1 provides an overall view indicating that healthcare workers’ perceptions of the importance of emotion regulation skills are relatively positive and consistent across dimensions. Specifically, the strongest agreement (highest mean score, $M = 3.25$) was for the statement “Expressing emotions appropriately increases patient satisfaction”, with 44.0% of participants selecting Agree or Strongly agree. In an interview, one participant shared: *“In my opinion, it is necessary to express emotions appropriately so that patients and their family members feel comfortable and understood; they will feel safe and respected.”* (In-depth interview, female, 35 years old). This suggests that healthcare workers clearly recognize appropriate emotional expression as a key factor in service quality and in building patient trust. Similarly, workplace benefits are also acknowledged, as staff agreed that emotion regulation improves collegial relationships and reduces conflict ($M = 3.05$). This point is further clarified in the following interview excerpt: *“At work, if I can manage and control my emotions, communication becomes easier. If teamwork is harmonious and there is no arguing, work flows better—and I feel much more comfortable mentally.”* (In-depth interview, male, 40 years old). This finding reflects healthcare workers’ awareness of the necessity of maintaining harmony within an inherently high-pressure healthcare environment. However, perceptions became less certain regarding personal benefits—particularly whether emotion regulation can prevent burnout ($M = 3.04$), which also had the highest proportion of Neutral responses (34.7%). One participant expressed: *“I’m still uncertain whether emotion regulation can prevent burnout. In reality, personal emotions can be controlled to some extent, but the main causes of burnout here are too much work, dense on-call schedules, and pressure from the system.”* (In-depth interview, male, 38 years old). This suggests that healthcare workers remain uncertain about the extent to which emotion regulation skills can prevent burnout, and that they may perceive workload and systemic pressure—rather than emotional self-regulation—as the primary drivers of occupational exhaustion.

Overall, although healthcare workers recognize the importance of emotion regulation skills in communication and relationships, there remains a substantial gap in understanding its role in work performance and personal mental health. More specialized training programs are needed to strengthen confidence and provide practical skills so that healthcare workers can apply emotion regulation as an essential tool for occupational well-being.

Beyond recognizing its importance, the study also explored healthcare workers’ understanding of the nature and core components of emotion regulation skills.

Table 2.2. Healthcare workers’ awareness of the nature of emotion regulation skills

No.	Statement	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Mean (M)
1	I understand that emotion regulation includes identifying, understanding, and adjusting one’s own emotions.	14.7	13.3	34.7	20.0	17.3	3.12
2	I understand that emotion regulation is not emotional suppression or denial.	13.3	21.3	21.3	26.7	17.3	3.13
3	I recognize that my thoughts directly influence my emotions and behaviors.	6.7	33.3	26.7	14.7	18.7	3.05
4	I understand that maintaining and promoting positive emotions is also an important part of emotion regulation.	13.3	14.7	34.7	22.7	14.7	3.11

Analysis of Table 2.2 shows relatively high and fairly even agreement regarding the nature and core components of emotion regulation skills, with mean scores ranging from 3.05 to 3.13.

Regarding the elements of emotion regulation, healthcare workers demonstrated an accurate understanding of the proactive nature of this skill. The statement “Emotion regulation includes identifying, understanding, and adjusting one’s own emotions” achieved a relatively high mean ($M = 3.12$), with 37.3% selecting Agree or Strongly agree. One participant noted: *“I agree because this is the core of emotion regulation. If you don’t learn to name your emotion correctly, it will build up and eventually explode. You must recognize and understand it before adjusting it.”* (In-depth interview, female, 43 years old). Similarly, many participants agreed that maintaining and enhancing positive emotions is also important ($M = 3.11$), with 37.4% selecting Agree or Strongly agree. As one participant stated: *“Positive emotions help us feel comfortable, relaxed, and more focused at work. If we can maintain positive emotions while working, patients also feel more at ease, and work effectiveness improves.”* (In-depth interview, male, 47 years old).

However, several knowledge gaps remain. Although the statement “Emotion regulation is not suppression or denial” had the highest mean ($M = 3.13$), it also had the highest percentage of Disagree responses (21.3%) and a notable Neutral rate (21.3%). This suggests that some healthcare workers still hold misconceptions equating emotion regulation with emotional suppression. In addition, awareness of the relationship between cognition and emotion—“My thoughts directly influence my emotions and behavior”—had the lowest mean ($M = 3.05$) and the highest Disagree rate (33.3%). One participant shared: *“In theory it’s true that thoughts affect emotions, but when I’m extremely tired or under pressure, it’s hard to control my thoughts. They just come automatically. I feel thoughts and emotions are mixed together and difficult to separate and change immediately.”* (In-depth interview, female, 43 years old). This indicates that some healthcare workers do not clearly perceive the causal link between cognition (thought patterns) and emotional responses—an important foundation for many emotion regulation techniques.

In summary, while healthcare workers recognize the importance of emotion regulation in relationships, they remain limited in understanding its role in work performance and psychological well-being.

2.2. Healthcare Workers’ Self-Assessed Emotion Regulation Skills

Table 2.3. Current status of self-awareness among healthcare workers

No.	Statement	Never (%)	Rarely (%)	Sometimes (%)	Frequently (%)	Always (%)	Mean (M)
1	I can recognize my emotions when I begin to feel stressed or irritated at work.	9.3	17.3	28.0	21.3	24.0	3.33
2	I clearly understand which work situations usually trigger negative emotions for me.	5.3	25.3	38.7	22.7	8.0	3.03
3	I recognize that my emotions influence my professional decisions.	9.3	13.3	34.7	24.0	18.7	3.29
4	I can accurately label the emotion I am experiencing rather than feeling generally “uncomfortable.”	12.0	22.7	38.7	10.7	16.0	2.96
5	I notice physical signs in my body (e.g., rapid heartbeat, muscle tension) when stressed.	8.0	5.3	21.3	41.3	24.0	3.68

Self-awareness (understanding one's own emotions). Data from Table 2.3 show that healthcare workers’ emotional self-awareness is relatively good, but there are clear differences across specific aspects. The strongest area is recognizing physical signs of stress. The statement “I notice physical signs in my body when stressed” had the highest mean ($M = 3.68$), with 41.3% reporting Frequently. This indicates high sensitivity to physiological stress reactions. The ability to recognize emotions when stress begins ($M = 3.33$) and awareness that emotions influence professional decisions ($M = 3.29$) were also reported as frequent. One participant described: *“When I’m very stressed, my body shows symptoms such as trembling hands, shortness of breath, or my mind becoming confused and chaotic. Along with that, I feel anxious and sometimes lose my composure.”* (In-depth interview, female, 49 years old).

However, deeper emotional differentiation appears weaker. The statement “I can accurately label my emotion rather than feeling generally uncomfortable” had the lowest mean ($M = 2.96$), and nearly 35% reported doing this Rarely. Moreover, identifying specific work situations that trigger negative emotions had only a moderate mean ($M = 3.03$), with 38.7%

selecting Sometimes. In interviews, participants reported: *“It’s really hard to name my emotions precisely. Usually I just feel generally ‘uncomfortable’, ‘pressured’, or ‘tired’. Sometimes I’m irritated but don’t know if it’s because there are too many patients, because I’m hungry, or because of something a colleague said in the morning.”* (In-depth interview, female, 33 years old) or *“Finding the cause is even rarer. Emotions come quickly, and I just want them to pass. I don’t have time or interest to analyze which situation at work caused the negativity.”* (In-depth interview, female, 33 years old). Thus, many healthcare workers do not engage in deeper reflection to identify the source and nature of their emotions.

In summary, healthcare workers are relatively good at recognizing physical and surface-level signs of stress, but they experience difficulties in analyzing, naming, and identifying emotional triggers. Limited emotional labeling may be a major barrier that reduces their ability to select and apply effective emotion regulation strategies.

Table 2.4. Current status of self-regulation among healthcare workers

No.	Statement	Never (%)	Rarely (%)	Sometimes (%)	Frequently (%)	Always (%)	Mean (M)
1	When facing pressure, I can remain calm and avoid impulsive behaviors (e.g., raising my voice, acting hastily).	13.3	14.7	34.7	22.7	14.7	3.11
2	I can control frustration when treatment outcomes do not meet expectations so that I can continue working effectively.	10.7	18.7	28.0	26.7	16.0	3.19
3	I can think carefully before acting, even when I feel angry.	13.3	16.0	26.7	22.7	21.3	3.23
4	I can adapt and remain flexible when sudden changes occur at work.	18.7	16.0	30.7	16.0	18.7	3.00
5	I avoid letting negative work-related emotions affect my personal and family life.	13.3	21.3	21.3	26.7	17.3	3.13

Self-regulation (regulating negative emotions and impulsive behavior). Overall, healthcare workers’ self-regulation was at a moderate-to-fair level (mean scores 3.00–3.19). Their strongest area involved maintaining professional functioning. The highest mean was for controlling frustration when treatment outcomes are not as expected ($M = 3.19$), with more than 42% reporting Frequently or Always. One participant explained: *“When something unpleasant happens, like treatment results not as expected, I remind myself to be professional. I set disappointment aside and focus on the next task immediately; that’s how I maintain performance. I also try not to bring irritation home.”* (In-depth interview, male, 46 years old). This reflects high professionalism and prioritization of clinical responsibilities. Similarly, healthcare workers reported a relatively strong ability to prevent negative work-related emotions from affecting their personal and family lives ($M = 3.13$). This suggests an awareness of the importance of establishing psychological boundaries to protect private life from occupational stress.

However, healthcare workers reported greater difficulty controlling immediate emotional outbursts under pressure. The ability to remain calm and avoid impulsive behaviors had only a moderate mean ($M = 3.11$), and 34.7% selected Sometimes. One participant shared: *“The hardest part is controlling myself when I’m triggered. When pressure is too high, I can’t stay completely calm; sometimes I still snap or react too quickly toward colleagues, even though I know I shouldn’t.”* (In-depth interview, male, 45 years old). The ability to engage in rational thinking before acting impulsively was moderately strong ($M = 3.23$), suggesting that approximately half of the participants reported doing this frequently. However, nearly 30% acknowledged difficulty in consistently maintaining such control, indicating that managing impulsive reactions remains a significant challenge under workplace pressure.

The most challenging aspect was adapting flexibly to sudden changes at work, with the lowest mean ($M = 3.00$). One participant noted: *“I’m afraid of sudden changes. Medical work needs rules, so when schedules are disrupted unexpectedly, I feel easily overwhelmed and can’t maintain a positive attitude right away.”* (In-depth interview, male, 48 years old). This suggests that strict procedural demands in healthcare may reduce flexibility when plans change abruptly.

In summary, healthcare workers demonstrate strong professionalism in separating emotions from task performance and personal life. Nonetheless, they continue to struggle with controlling immediate impulsive reactions under pressure and maintaining flexibility during unexpected changes—areas that should be emphasized in training programs.

Table 2.5. Current status of personal motivation among healthcare workers

No.	Statement	Never (%)	Rarely (%)	Sometimes (%)	Frequently (%)	Always (%)	Mean (M)
1	Even when facing difficulties or fatigue, I maintain enthusiasm and effort for my work.	10.7	18.7	37.3	16.0	17.3	3.11
2	I can motivate myself to complete tasks well without supervision or reminders.	13.3	17.3	33.3	22.7	13.3	3.05
3	I view challenges at work as opportunities to learn and develop.	10.7	18.7	28.0	26.7	16.0	3.19
4	I can remain optimistic and hopeful even after a difficult shift.	9.3	17.3	28.0	21.3	24.0	3.25
5	Patient satisfaction and recovery are major motivations that help me overcome work pressure.	13.3	21.3	21.3	26.7	17.3	3.33

Personal motivation (maintaining passion and effort toward goals). Overall, personal motivation was relatively stable and positive, with all mean scores above the midpoint (3.05–3.33). The strongest motivation was external meaning derived from clinical outcomes, particularly patient satisfaction and recovery (M = 3.33). This indicates that healthcare workers draw strength from the fundamental purpose of their profession.

Healthcare workers also tended to maintain a positive outlook, with optimism even after difficult shifts scoring M = 3.25. One participant shared: *“Seeing patients recover and thank us makes nearly all fatigue disappear. That’s the greatest motivation. Thanks to that, even after an extremely difficult shift, I can still keep optimism and hope to start a new day.”* (In-depth interview, female, 41 years old).

Regarding intrinsic motivation, healthcare workers demonstrated a constructive orientation toward challenges. The statement ‘Viewing work-related challenges as opportunities for learning and development’ achieved a mean score of 3.19, suggesting a growth-oriented mindset and a willingness to confront difficulties in order to enhance professional competence. However, sustained enthusiasm during prolonged fatigue was more challenging (M = 3.11), with the highest Sometimes rate (37.3%). Self-motivation without supervision was also moderate (M = 3.05). This suggests that some staff require additional support to maintain continuous energy and effort during periods of prolonged stress and exhaustion.

Table 2.6. Current status of empathy among healthcare workers

No.	Statement	Never (%)	Rarely (%)	Sometimes (%)	Frequently (%)	Always (%)	Mean (M)
1	I can put myself in the patient’s position to understand their worries and fears.	9.3	13.3	25.3	32.0	20.0	3.40
2	I can recognize and understand the difficulties and pressures my colleagues are experiencing.	13.3	17.3	36.0	20.0	13.3	3.03
3	I listen attentively to truly understand what patients and their families want to communicate.	0.0	22.7	25.3	32.0	20.0	3.49
4	I can sense the overall emotional atmosphere in the department (e.g., tension, happiness).	18.7	21.3	29.3	17.3	13.3	2.85
5	My communication shows that I respect and understand others’ viewpoints, even when I disagree.	13.3	18.7	22.7	25.3	20.0	3.20

Empathy (putting oneself in another person’s position). Table 2.6 presents the current status of healthcare workers’ empathy. Overall, empathy among healthcare workers was rated at a relatively good level, with mean scores ranging from 2.85 to 3.49. Empathic capacity was most clearly demonstrated in direct interactions with patients, but was more limited in sensing and responding to the collective emotional atmosphere. The strongest aspect of empathy was observed in patient-centered communication. The statement “Listening attentively in order to truly understand what patients and their family members wish to convey” achieved the highest mean score (M = 3.49), with nearly 32% of healthcare workers reporting

that they always engage in such attentive listening. Similarly, the ability to “put oneself in the patient’s position to understand their worries and fears” was rated highly (M = 3.40), indicating that healthcare workers are clearly aware of their role in providing emotional support to patients. In addition, the ability to communicate in a manner that conveys respect and understanding of others’ perspectives (M = 3.20) was also assessed at a good level. In interviews, healthcare workers shared: “When working or in any situation, we always listen to patients and put ourselves in their position to understand what they want to express and their psychological state. We consistently show respect so that patients feel safe and cared for.” (In-depth interview, female, 47 years old). These findings reflect a high level of professionalism in healthcare workers’ interpersonal conduct within the clinical environment.

However, healthcare workers’ empathic capacity showed clear limitations when empathy was not directly related to patient interactions, particularly within collective work environments. The ability to “understand colleagues’ pressure and difficulties” achieved only a moderate mean score (M = 3.03), notably lower than empathy toward patients. With 36.0% of healthcare workers reporting that they engage in this behavior only occasionally, this suggests a strong tendency to prioritize professional tasks and patients’ concerns, which may result in insufficient attention to—or inadvertent neglect of—the emotional states of colleagues. The weakest aspect of empathy was the ability to “sense the shared emotional atmosphere” within departments or work units, which recorded the lowest mean score (M = 2.85). Notably, 40.0% of healthcare workers acknowledged that they rarely or never engage in this behavior, indicating a marked lack of sensitivity to the collective emotional environment. One participant shared: “Many times I cannot sense the working atmosphere in the office or department because I focus mainly on my own emotions or those of a few individuals, and I overlook the overall emotional climate.” (In-depth interview, female, 25 years old). The inability to perceive this shared emotional ‘current’ represents a significant barrier to building a mutually supportive team culture and may reduce collaborative effectiveness.

In summary, healthcare workers demonstrate strong empathy and respect in professional relationships, particularly in patient-centered interactions. However, they need to substantially improve their sensitivity to the collective emotional environment and their understanding of colleagues’ pressures in order to foster more effective mutual support within healthcare teams.

Table 2.7. Current status of social skills among healthcare workers

No.	Statement	Never (%)	Rarely (%)	Some-times (%)	Fre-quently (%)	Always (%)	Mean (M)
1	I proactively build cooperative and positive relationships with colleagues.	10.7	17.3	29.3	28.0	14.7	3.19
2	I can communicate constructively and persuasively with patients/families even in disagreement.	5.3	13.3	24.0	28.0	29.3	3.63
3	I know how to resolve minor conflicts with colleagues in a constructive and conciliatory way.	9.3	13.3	40.0	20.0	17.3	3.23
4	I can deliver bad news to patients clearly and compassionately.	8.0	10.7	25.3	36.0	20.0	3.49
5	I can inspire others or create a positive working atmosphere for those around me.	10.7	10.7	38.7	24.0	16.0	3.24

Social skills (building and maintaining positive relationships). Table 2.7 presents the current status of healthcare workers’ social skills, defined as the ability to build and maintain positive relationships. Overall, healthcare workers’ social skills were rated at a fairly good level, with mean scores for all assessed behaviors exceeding the midpoint and ranging from 3.19 to 3.63. This indicates that healthcare workers frequently engage in relationship-building behaviors in their professional practice.

The most notable strengths were observed in communication skills during difficult situations and interactions with patients. In particular, the ability to “communicate constructively and persuasively with patients or their family members, even in situations of disagreement” achieved the highest mean score (M = 3.63). This was also the most frequently practiced skill, with 57.3% of healthcare workers reporting that they perform it Frequently or Always. Similarly, the ability to “deliver unfavorable information to patients in a clear and compassionate manner” was also rated highly (M = 3.49). In interviews, healthcare workers shared: “In difficult situations when working with patients, we always need to maintain appropriate and courteous attitudes and communicate in a constructive manner so that patients feel respected and understood.” (In-depth

interview, male, 53 years old). These findings demonstrate that healthcare workers possess sensitive and professional communication skills when confronting negative or distressing information.

However, a clear distinction emerged between communication with patients and the management of internal conflicts. The ability to “resolve minor conflicts with colleagues in a conciliatory and constructive manner” achieved a moderate mean score ($M = 3.23$); however, as many as 40.0% of healthcare workers reported that they engage in this behavior only occasionally. Although healthcare workers reported being “proactive in building cooperative relationships” ($M = 3.19$), this proactivity appears to diminish when conflicts arise. In interviews, one participant shared: “I am proactive in building cooperative and developmental relationships with colleagues; however, in tense situations or major conflicts, I easily lose my composure when trying to resolve the issue, which makes my approach to reconciliation less appropriate and less constructive.” (In-depth interview, female, 46 years old).

The ability to “inspire others or create a positive working atmosphere” was also rated at a moderately good level ($M = 3.24$). Nevertheless, with 38.7% of healthcare workers indicating that they perform this behavior only occasionally, the findings suggest that while healthcare workers may maintain functional collaboration, they do not consistently serve as sources of positive energy or influence within the collective work environment.

3. CONCLUSION

Healthcare workers at Hanoi Eye Hospital frequently face high pressure due to work overload and stressful incidents (e.g., family members’ complaints or anger). Such moments often generate negative emotions such as frustration, helplessness, and emotional hurt. Current coping strategies are largely situational (e.g., breathing techniques, rest, brief sharing) and are self-assessed as ineffective for long-term emotional management. This may increase the risk of occupational burnout and negatively affect work quality and relationships with colleagues. Healthcare workers demonstrate strong social skills in managing difficult patient communication in a professional and empathic manner. However, they need to improve emotional sensitivity and mediation skills when dealing with minor internal conflicts, and they should be more proactive in fostering a positive working spirit among colleagues.

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