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The Application of Cognitive Behavioral Therapy (CBT) in Improving Mental Health among Office Employees: A Study in the Hanoi Area.

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Abstract
This study examines the mental health status of office employees in Hanoi through the cognitive, emotional, and behavioral components of Cognitive Behavioral Therapy (CBT). Based on a survey of 248 office workers in Hanoi, findings indicate a high level of stress awareness, particularly related to work overload and work–life imbalance. Emotional responses such as anxiety, tension, and emotional exhaustion were reported with notable frequency, whereas avoidant behaviors, procrastination, and emotional suppression emerged as common strategies for coping with stress. In contrast, skills related to active cognitive, emotional, and behavioral regulation were rated neutrally, suggesting an absence of clearly developed positive coping strategies. These results demonstrate that the mental health of office employees is being affected by cycles of negative cognition, stress-related emotional states, and maladaptive behaviors. The study highlights the need to strengthen CBT-based techniques to enhance coping capacity and psychological resilience in the context of high-pressure work environments in Hanoi.

Keywords: CBT, mental health, office employees, Hanoi

1. Introduction

The mental health of office employees has become an increasingly urgent concern in the context of modernization, fast-paced lifestyles, and rising work pressures. Common disorders such as depression, anxiety, chronic stress, negative affect, and occupational burnout have shown a marked increase, particularly among younger employees in major urban centers. Recent reports indicate that approximately 45–50% of office workers under the age of 30 exhibit symptoms related to mental health following the COVID-19 period, including anxiety disorders, depression, and burnout (Quoc Toan, 2022). These issues not only undermine individual well-being but also result in substantial economic losses for organizations through reduced productivity, increased sick leave, and costs associated with occupational health (HRDIVE, 2025).

In the workplace, stressors commonly arise from heavy workloads, KPI-driven management systems, continuous deadlines, professional conflict, and a lack of work–life balance. When prolonged, such factors can lead to deteriorating physical health, diminished performance, increased absenteeism, and reduced organizational commitment. Although recent studies suggest that relational conflicts (e.g., miscommunication, fear of criticism, interpersonal tension) may exert an even stronger impact on mental health than workload—particularly in fast-paced urban areas such as Hanoi—this study confines its scope to examining the influence of work-related factors through the lens of CBT. Relational conflicts in the workplace are therefore beyond the scope of the present analysis.

In this context, Cognitive Behavioral Therapy (CBT), grounded in Beck's cognitive model (1976), is regarded as an effective intervention for improving mental health in the workplace. CBT posits that negative thoughts can lead to maladaptive emotional and behavioral responses; therefore, modifying cognitive patterns is expected to enhance both emotional states and behavioral functioning. Extensive empirical evidence indicates that CBT effectively reduces anxiety, depression, stress, and improves quality of life

among adults, including office-based employees. For example, a study of 125 employees demonstrated that CBT reduced social anxiety and emotional stress while enhancing self-confidence in professional interactions (Shu, 2020).

Notably, recent international trends highlight that work-focused CBT yields superior outcomes in reducing sick leave, increasing return-to-work rates, and sustaining workforce participation. A large-scale randomized controlled trial (N = 1193) conducted by Reme et al. (2015) found that CBT combined with vocational support increased the likelihood of job retention by 7.8% compared with usual care, while simultaneously reducing symptoms of depression and anxiety. Similarly, a meta-analysis of 34 RCTs by Xu et al. (2024) reported that CBT shortened sick-leave duration by an average of 3.65 days and improved workers' return-to-work outcomes across diverse occupational settings. Moreover, crisis-focused intervention studies—for example, among healthcare workers during the COVID-19 pandemic—show that short-term CBT significantly reduces stress and depression and enhances psychological well-being (Doukas et al., 2024).

Beyond its clinical effectiveness, CBT has also been demonstrated to function as an efficient preventive intervention. Hägglund et al. (2020) found that early CBT implementation can prevent sick leave among individuals experiencing mild to moderate mental health problems, thereby reducing societal costs and improving workplace productivity. In addition, the development of digital CBT and online CBT platforms has expanded treatment accessibility for busy employees, while maintaining therapeutic effectiveness comparable to face-to-face interventions (Chow et al., 2023).

In Hanoi—the economic, political, and administrative center of Vietnam—office employees frequently face heavy workloads, high competitive pressure, long commuting times, and a densely concentrated labor environment. Although the demand for mental health support is increasing, organizations have yet to fully integrate CBT or other evidence-based psychological support programs into their human resource management systems. This gap highlights the urgent need for research assessing the suitability and effectiveness of CBT within the unique urban context of Hanoi.

Building on the analyses discussed above, the present study is conducted with three primary objectives:

- To systematize the theoretical foundations of CBT and its applications within organizational settings.
- To describe and evaluate the effectiveness of CBT on the mental health of office employees in Hanoi.
- To propose CBT-based solutions aimed at improving work-related mental well-being at the individual level.

This study aims to contribute to the empirical gap in Vietnam while providing valuable evidence for the development of mental-health policies and support programs within enterprises in Hanoi.

2. Theoretical Framework

2.1. Overview of the Mental Health of Office Employees

Mental health is understood as a state of emotional, psychological, and social well-being in which individuals are able to perceive themselves accurately, regulate their emotions, maintain positive relationships, and perform work effectively. According to the World Health Organization (WHO), mental health is a condition in which individuals recognize their own abilities, can cope with normal life stressors, work productively, and contribute to their community (WHO, 2022). This state reflects a balance among cognitive, emotional, and behavioral processes, enabling individuals to adapt flexibly to the demands of their living and working environments.

Across the lifespan—from adolescence to adulthood—mental health serves as a foundational factor for learning, working, and forming social relationships. When mental health declines, cognitive functions (such as concentration and decision-making), emotional states (such as irritability or prolonged sadness), and behavioral manifestations (such as avoidance or withdrawal) are all negatively affected. These impairments lead to reduced academic and work performance, heightened risk of interpersonal conflict, and a diminished overall quality of life.

Among office employees, the nature of their work—characterized by heavy task loads, KPI-driven pressure, continuous deadlines, multidimensional interaction demands, and limited opportunities for emotional recovery—makes them particularly vulnerable to mental health difficulties. Common risk factors include:

- Prolonged work pressure: high workload, constant information processing demands, and limited rest time.

- Performance-oriented work environments: evaluation based on quantitative targets, high competition, and minimal emotional recognition.
- Lack of work–life balance: overtime, after-hours work, and long commuting times in major urban areas such as Hanoi.
- Limited social support in the workplace: conflict with colleagues, fear of evaluation or criticism, and absence of safe feedback mechanisms.

When these factors persist, employees may exhibit early warning signs such as withdrawal from group activities, reduced interest in work, pessimistic thinking, feelings of helplessness, changes in sleep or eating patterns, increased use of alcohol, cigarettes, or stimulants, heightened irritability, and emotional dysregulation during interpersonal interactions. Without timely recognition and intervention, these manifestations may progress to mental disorders such as anxiety disorders, depressive disorders, obsessive–compulsive disorder, or more severe conditions.

For office employees, the consequences of declining mental health emerge at three levels:

- Individual level: fatigue, loss of motivation, and reduced quality of life.
- Group level: increased internal conflict, tense workplace atmosphere, and diminished trust and cooperation among team members.
- Organizational level: decreased productivity, increased sick leave, elevated risk of burnout and turnover, and consequential rises in direct and indirect organizational costs.

These consequences underscore the urgent need for evidence-based intervention models to enhance mental health in workplace settings. Among these, Cognitive Behavioral Therapy (CBT) is widely regarded as one of the most applicable and effective approaches.

2.2. Cognitive Behavioral Therapy (CBT)

Concepts and the Cognitive–Emotional–Behavioral Model

Cognitive Behavioral Therapy (CBT), developed by Aaron T. Beck during the 1960s–1970s, is grounded in the core assumption that cognition, emotions, and behavior are closely interconnected and mutually influential. According to the cognitive model, psychological difficulties do not arise solely from external events but primarily from the way individuals interpret those events through cognitive schemas and core beliefs. When such beliefs are negative or distorted—for example, when an office employee thinks, *"I am not competent,"* or *"I will never be able to meet my KPIs"*—they generate distorted automatic thoughts that activate distressing emotions such as anxiety, sadness, or self-directed anger, leading to maladaptive behaviors such as avoidance of tasks, emotional outbursts, or withdrawal from colleagues.

CBT posits that identifying and modifying these distorted cognitive patterns is key to improving emotional well-being and behavioral functioning. Through CBT, individuals learn to reevaluate evidence, develop more balanced cognitions, reduce stress, and respond more adaptively in the workplace (Hägglund et al., 2020).

Core Principles and Techniques of CBT

CBT is a structured, time-limited, and goal-oriented therapeutic approach. Several foundational principles include:

- Problem and goal orientation: CBT focuses on current, modifiable issues and involves setting specific, measurable goals, such as reducing the frequency of negative thoughts regarding one's competence, improving communication with supervisors, or decreasing anxiety levels during presentations.
- Active participation of the client: Individuals are encouraged to actively engage in various activities to identify and examine their own thoughts, emotions, and behaviors:

  + Thought records and cognitive distortion identification: documenting stressful situations, automatic thoughts, associated emotions, and resulting behaviors to uncover underlying negative cognitions.

  + Between-session practice (homework): applying therapeutic techniques in daily life to reinforce learning.

  + Development of long-term self-management skills.
- Cognitive restructuring: Therapy sessions follow a structured format in which the individual reviews previously identified issues, examines evidence for and against maladaptive thoughts, considers alternative

perspectives that are more realistic and helpful, and formulates new affirmative statements to replace the old cognitions.

- Emphasis on the cognition–emotion–behavior connection: All interventions aim to help individuals understand this relationship in specific situations and experiment with new, more adaptive responses.

+ Techniques for relaxation and emotional regulation—such as slow breathing exercises, relaxation training, and mindfulness meditation—can be used to reduce physiological arousal under pressure, creating a "pause" that enables more appropriate response choices. These techniques have been shown to be notably effective in high-stress workplace environments (Doukas et al., 2024).

+ Behavioral activation: developing structured schedules that incorporate meaningful activities, combining work tasks with restorative practices to reduce avoidance, enhance a sense of effectiveness, and increase life satisfaction. These techniques not only alleviate symptoms but also promote self-awareness, self-efficacy, and resilience—key attributes for office employees working in high-pressure contexts.

2.3. CBT in Enhancing the Mental Health of Office Employees

Recent research has expanded the application of CBT from clinical settings to organizational contexts, with a dual objective: improving mental health and maintaining or restoring work ability (Hägglund et al., 2020). International evidence indicates that CBT and its work-focused variants yield substantial benefits for both mental well-being and labor participation.

Reme et al. (2015) conducted a randomized controlled trial (RCT) involving 1,193 individuals with common mental disorders (CMDs). The intervention group received work-focused CBT combined with individualized employment support, while the control group received usual care. Results showed that the CBT group had a significantly higher rate of increased or sustained work participation (44.2% compared with 37.2%), along with notable reductions in depressive and anxiety symptoms.

Xu et al. (2024) carried out a systematic review and meta-analysis of 34 RCTs examining CBT for employees on sick leave. The findings demonstrated that CBT shortened sick-leave duration by an average of 3.654 days and facilitated earlier return-to-work by approximately 1.5 days compared with control groups. CBT also improved symptoms of depression, fatigue, and physical functioning.

Hägglund et al. (2020) reported that CBT was effective in preventing sick leave among individuals with mild to moderate mental disorders who had not yet taken leave; however, among employees already on long-term sick leave, CBT alone did not substantially reduce sick-leave duration. This highlights the importance of early intervention and the integration of work-related factors into program design.

Doukas et al. (2024) found that short-term CBT for healthcare workers during the COVID-19 pandemic significantly reduced symptoms of depression and anxiety, while enhancing psychological well-being, further reinforcing the value of CBT for high-stress occupational groups.

Overall, these findings illustrate that CBT is not merely a symptom-focused treatment but also a strategic tool enabling organizations to: (1) reduce occupational stress and anxiety; (2) support employees in maintaining positive work attitudes; (3) enhance self-awareness, emotional regulation, and work–life balance; and (4) reduce indirect costs associated with sick leave and burnout.

In Hanoi—where office employees are simultaneously affected by performance pressure, rapid urbanization, and limited availability of workplace psychological support—the application of CBT is expected to serve as a feasible and effective approach for improving mental health within the office workforce. Within the scope of this study, the analysis focuses on individual-level CBT based on employees' self-reported perceptions, excluding collective or organizational influences as well as non-work-related personal factors.

2.4. Application of Cognitive Behavioral Therapy (CBT) in Enhancing the Mental Health of Office Employees

Drawing on the theoretical structure of CBT (Beck, 1976), this study employs the Cognitive–Emotional–Behavioral model to construct an analytical framework and develop measurement scales for assessing the mental health of office employees. Specifically, the relevant factors are categorized into three core components: (1) Cognition, (2) Emotion, and (3) Behavior, which together represent the comprehensive processing sequence through which individuals respond to occupational stress. These components serve as

the foundation for designing the survey instrument, enabling the measurement of both subjective experiences and coping strategies among employees.

To ensure reliability and measurement validity, items within each component were referenced from internationally validated scales, including the Perceived Stress Scale (PSS), the Depression Anxiety Stress Scale (DASS-21), the Brief-COPE, the Cognitive Emotion Regulation Questionnaire (CERQ), and Behavioral Activation (BA) measures. All items were standardized on a five-point Likert scale ranging from "strongly disagree" to "strongly agree," consistent with quantitative survey design and descriptive analysis conducted on the sample of office employees in Hanoi.

(1) Cognitive Component

The "Cognition" component assesses the extent to which office employees recognize and evaluate their own mental health status, particularly across three key dimensions:

- Perceived stress: the individual's subjective sense of pressure caused by work demands, aligned with the structure of the Perceived Stress Scale (PSS) developed by Sheldon Cohen (Cohen et al., 1983).
- Perceived cognitive impairment: subjective evaluation of reduced concentration and diminished information-processing capacity when workload increases.
- Perceived work–life imbalance: the degree to which individuals believe that work is encroaching upon other areas of life.

Table 1 presents the measurement scales used for respondents to identify their cognitive perceptions across these three dimensions. These items were developed based on the Perceived Stress Scale and recent studies on occupational stress among office workers (Huang et al., 2023; Grala et al., 2023).

Table 1. "Cognitive Perception" Scale

Code	Item	Source
COG1	I am aware that my current job causes a significant level of stress for me.	Huang et al., 2023; Grala et al., 2023)
COG2	I notice that my concentration decreases when my workload increases.	Huang et al. (2023)
COG3	I am aware that my work–life balance is being negatively affected.	Grala et al. (2023); Perceived Stress Scale Framework

Source: Developed by the authors

(2) Emotional Component

The "Emotion" component measures employees' emotional responses to the cognitive appraisals described above, consistent with the CBT principle that *emotions represent direct reactions to cognitions* (Beck, 1976). Key dimensions include:

- Emotional reactivity / difficulty regulating emotions: the degree of irritability or tendency to experience emotional outbursts under pressure.
- Social evaluative anxiety: feelings of worry or apprehension when being evaluated, particularly by supervisors or colleagues.
- Emotional exhaustion / demotivation: experiences of fatigue or emptiness at the end of the workday.

The items in Table 2 were adapted from existing research on occupational emotions and burnout (Kabasakal et al., 2021; Nadeem et al., 2023; Duc et al., 2024).

Table 2. "Emotional Responses" Scale

Code	Item	Source
EMO1	I become easily irritable when experiencing work pressure.	Kabasakal et al., 2021; Nadeem et al., 2023
EMO2	I feel anxious when my work performance is evaluated by my supervisor.	
EMO	I often experience fatigue or demotivation at the end of the workday.	Duc et al. (2024)

Source: Developed by the authors

(3) Behavioral Component

The "Behavior" component is designed to capture the coping strategies employees employ when confronted with stress. This component is divided into three behavioral categories:

Avoidance behaviors: including problem avoidance, procrastination, and emotional suppression. These represent maladaptive coping strategies that are typically associated with the maintenance or exacerbation of stress (Winkler et al., 2024). Avoidant behavior often emerges when individuals hold negative cognitions about a task or situation, leading to tendencies to delay, withdraw, or suppress emotions as a means of reducing immediate discomfort. However, avoidance reinforces long-term stress cycles and contributes to decreased work performance.

Regulation and cognitive reappraisal behaviors: including the identification of negative thoughts, active emotional regulation, and shifts in perspective (reappraisal). These skills lie at the core of the CBT process, where individuals learn to apply cognitive restructuring and emotion-regulation techniques (Wang et al., 2021). Cognitive reappraisal—a fundamental CBT technique—enables individuals to reinterpret events, thereby reducing the intensity of negative emotions and fostering more adaptive behavioral responses.

Behavioral Activation: The Behavioral Activation scale focuses on proactive, regulatory, and restorative behaviors that help individuals cope more effectively with stress, enhance mental well-being, and maintain work functioning. Adaptive or behavioral activation behaviors include engaging in relaxation activities, reorganizing tasks when overloaded, and seeking support programs or mental health resources. These behaviors align with the Behavioral Activation model, which emphasizes increasing positive, constructive activities such as relaxation, work reorganization, or help-seeking. This category of behavior serves as a protective factor against prolonged stress (Takagaki et al., 2024).

Table 3. "Behavioral Responses" Scale

Code	Item	Source
Avoidance Behaviors		
AVO1	When I feel stressed, I tend to avoid confronting the problem.	Winkler et al., 2024
AVO2	I often postpone handling tasks when I feel overloaded.	
AVO3	I suppress my emotions to avoid affecting my work.	
Regulation & Cognitive Reappraisal Behaviors		
REG1	I can recognize when I am having negative thoughts.	Wang et al., 2021
REG2	I actively regulate my emotions when under pressure.	
REG3	I try to interpret situations in a more realistic and less negative way.	
Adaptive / Behavioral Activation Behaviors		
ACT1	I engage in relaxing activities when I feel stressed.	Takagaki et al., 2024
ACT2	I reorganize my work tasks to reduce pressure when overloaded.	
ACT3	I seek programs or resources that help improve mental well-being.	

Source: Developed by the authors

3. Research Methodology

Data collection method:

The survey instrument was developed using a five-point Likert scale with the following response categories:

1. Strongly disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly agree

These measurement scales were incorporated into an online questionnaire administered through Google Forms for data collection.

After constructing the survey, the research team conducted a pilot test with five randomly selected office employees. The scale items were then refined before distributing the questionnaire on a larger scale. Data collection employed convenience sampling combined with the snowball sampling method—where subsequent participants are recruited through referrals from previous respondents—to ensure an adequate sample size. A total of 248 valid responses were obtained and used for data analysis.

Data processing method:

The collected data were entered and processed using Microsoft Excel. Results were presented through tables and charts to illustrate key evaluations and analyses. As the study employed a five-point Likert scale, the degree of influence of each factor was assessed using the mean scores of the corresponding measurement items. The average value was then compared with predetermined score ranges to determine the respondent's level of agreement and the perceived influence of each factor.

The interval value was calculated as follows:

$$\text{Interval} = (\text{Maximum} - \text{Minimum}) / n = (5-1)/5 = 0.8$$

The evaluation thresholds based on average scores were defined as:

+ 1.00 - 1.80: Strongly disagree
+ 1.81 - 2.60: Disagree
+ 2.61 - 3.40: Neutral
+ 3.41 - 4.20: Agree
+ 4.21 - 5.00: Strongly agree

4. Findings

4.1. Sample Characteristics

The survey was conducted with 248 office employees in Hanoi. Details regarding participants' age, gender, and years of work experience are summarized below:

Table 4. Descriptive Statistics of the Research Sample

Độ tuổi	**Tỷ lệ**	**Giới tính**	**Tỷ lệ**	**Kinh nghiệm làm việc**	**Tỷ lệ**
Dưới 25 tuổi	23.4%	Nam	41,9%	Dưới 1 năm	8,9%
Từ 25 đến 35 tuổi	50%	Nữ	57,3%%	1-3 năm	27%
Từ 36 đến 45 tuổi	19,8%	Không muốn nêu cụ thể	0,8%	4-7 năm	31,1%
Trên 46 tuổi	6,9%			8-10 năm	17,7%
				Trên 10 năm	13,3%

Source: Survey result

In terms of age distribution, the largest proportion of respondents fell within the 25–35 age group (50%), followed by those under 25 years old (23.4%). This reflects the structure of the office workforce in Hanoi, where younger employees constitute a dominant segment across sectors such as services, finance, technology, and administration. Older age groups accounted for smaller proportions, with individuals above 46 years representing only 6.9% of the sample.

Regarding gender, women comprised 57.3% of respondents, a higher percentage compared with men (41.9%). Only 0.8% of participants chose not to disclose their gender.

With respect to work experience, employees with fewer than seven years of experience represented a large share of the sample: those with 4–7 years accounted for the highest proportion (33.1%), followed by

1–3 years (27%) and less than one year (8.9%). Overall, most respondents had accumulated stable professional experience but had not yet reached senior tenure.

Across occupational sectors, the three largest groups were Administration–Office (29%), Business–Sales (23.4%), and Finance–Accounting (16.5%). Fields such as IT and Marketing also represented a notable proportion of the sample.

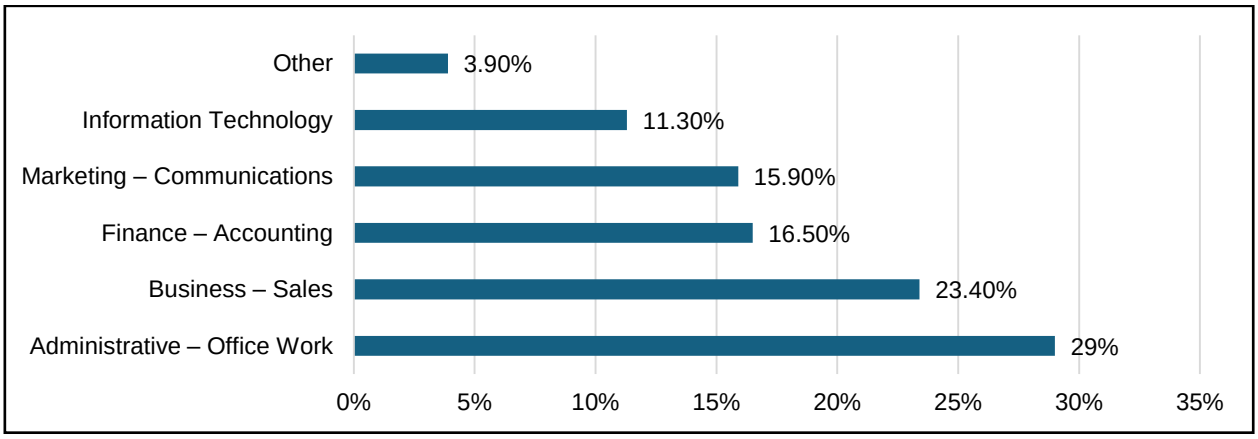

Figure 1. Occupational Sectors of Survey Participants

Source: Survey results

Regarding the type of employing organization, private enterprises accounted for the largest proportion (47.6%), followed by state-owned companies (21.8%) and foreign direct investment (FDI) enterprises (19.8%). This distribution reflects the actual structure of Hanoi's labor market, where the private sector dominates.

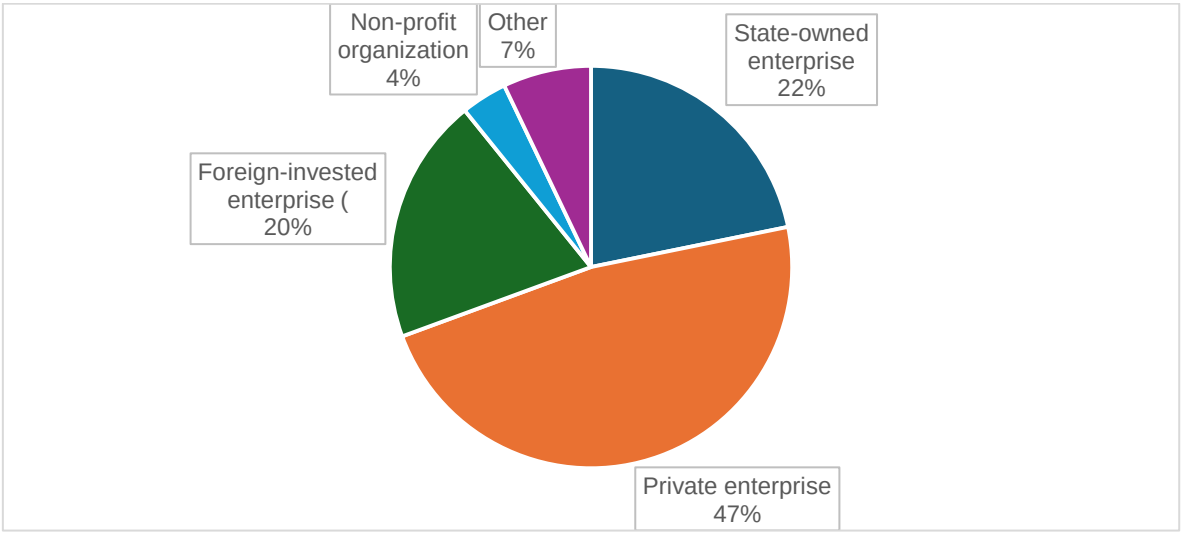

Figure 2. Types of Enterprises Employing Survey Participants

Source: Survey results

4.2. Survey Results

4.2.1. Cognitive Perception of Mental Health

The "Cognitive Perception" scale reflects office employees' awareness of the characteristics, manifestations, and cognitive impacts of work-related stress. This includes perceived stress levels, reduced concentration under increased workload, and the influence of work pressure on work–life balance. The survey results indicate that all variables achieved mean scores above 3.9 (Agreement level), suggesting that office employees possess a relatively clear recognition of stress indicators and the effects of work pressure on cognitive functioning. Among these variables, COG3 (perceived work–life imbalance) recorded the highest mean score (4.15), demonstrating a particularly high level of agreement regarding the significance of this issue in the working context of Hanoi.

Table 5. Mean Values for the "Cognitive Perception" Variables

Mã	Phát biểu	Mean	Nhận định
COG1	Công việc gây ra mức độ căng thẳng đáng kể	3.92	Đồng ý
COG2	Giảm tập trung khi khối lượng công việc tăng	4.08	Đồng ý
COG3	Cân bằng công việc và cuộc sống bị ảnh hưởng	4.15	Đồng ý

Source: Survey results (n = 248)

For the COG1 scale, which measures perceived stress from work, the mean value of 3.92 falls within the "Agree" range, indicating that most office employees acknowledge their current work as a significant source of stress. This perception aligns with the stress appraisal mechanism in Beck's (1976) CBT model, whereby individuals interpret work-related demands as threats or burdens, subsequently activating maladaptive emotional and behavioral responses. The finding is also consistent with international studies showing that knowledge workers frequently report high stress perception when confronted with deadlines, heavy workloads, and continuous performance expectations (Reme et al., 2015; Xu et al., 2024).

COG2 – Perceived decline in concentration under work pressure (Mean = 4.08):

The high mean score for COG2 indicates strong agreement among employees that increased workload leads to reduced concentration. This reflects the typical manifestation of *cognitive overload*—a condition in which individuals struggle to process information effectively when handling multiple tasks simultaneously (Huang et al., 2023). Huang et al.'s (2023) study on administrative staff in China similarly identified decreased concentration as the most common cognitive symptom associated with heightened stress. Grala et al. (2023) emphasize that reduced concentration is a key cognitive symptom linked to diminished productivity. In Hanoi's context—marked by intense competition and high work demands—declines in concentration under increased workload are prevalent and directly impact job performance and work quality.

COG3 – Perceived work–life imbalance (Mean = 4.15):

This variable exhibited the highest mean score among the cognitive indicators, suggesting a very strong level of agreement. The findings indicate that office employees clearly perceive work as intruding into their personal lives, a condition frequently observed in urban labor environments. This result is consistent with Grala et al. (2023), who identified work–life imbalance as one of the strongest predictors of occupational stress. OECD (2024) reports that Vietnam is among the Asian countries with the longest weekly working hours, increasing the likelihood of work–life role conflict. In practice, within Hanoi's fast-paced and KPI-driven work culture, overtime and extended working hours exacerbate this imbalance, particularly for younger employees and those with small children.

4.2.2. Emotional Perception

The *Emotional Responses* scale measures employees' emotional reactions to their perceptions of stress, work pressure, and work–life imbalance. Within the CBT framework, emotions are understood as direct responses to cognitions; thus, negative interpretations of work-related demands often lead to heightened, difficult-to-regulate emotions, anxiety, or emotional exhaustion. Survey results indicate that all emotional variables had mean values above 3.7, corresponding to the "Agree" level, with the exception of EMO3 (emotional exhaustion), which recorded the highest mean score (4.102). This finding reflects a substantial degree of psychological fatigue among office employees in Hanoi, consistent with the rising intensity of work pressure in the city's urban labor environment.

Table 6. Mean Values for the "Emotional Responses" Variables

Code	Statement	Mean	Interpretation
EMO1	I become easily irritable when experiencing work pressure.	**3.84**	Agree
EMO2	I feel anxious when my work performance is evaluated by my supervisor.	**3.79**	Agree
EMO3	I often experience fatigue or demotivation at the end of the workday.	**4.102**	Agree

Source: Survey results (n = 248)

For EMO1, which measures awareness of negative emotional reactions and irritability under pressure (Mean = 3.84), the score falls within the "Agree" range. This indicates that office employees frequently experience irritability, heightened emotional sensitivity, or difficulty regulating emotions when

work becomes overwhelming. According to Kabasakal et al. (2021), strong emotional reactions are an early indicator of occupational stress. Nadeem et al. (2023) similarly noted that heightened emotional arousal often emerges when employees hold negative perceptions of workload demands or feel a lack of control over tasks. Among office workers in Hanoi—who often face simultaneous expectations from their organizations and competition among colleagues—this state of being "emotionally triggerable" is especially pronounced in fast-paced, high-density work environments.

EMO2 assesses anxiety when being evaluated by supervisors (Mean = 3.79). The mean score again falls within the "Agree" range, indicating a notable level of anxiety associated with managerial evaluation—a common phenomenon in corporate environments with clearly defined hierarchical structures. Within the CBT framework, such anxiety arises from cognitions such as *"I may not perform well enough," "mistakes will have consequences,"* or *"my supervisor will think negatively of me,"* which subsequently trigger tension, avoidance, or defensiveness (Nadeem et al., 2023). In East Asian cultural contexts, evaluative anxiety tends to be elevated due to hierarchical norms and strong social expectations (Kabasakal et al., 2021). In practice in Vietnam, cultural norms of respecting authority and fear of making errors—especially among less experienced employees—contribute to heightened anxiety during performance evaluations. This may hinder workplace confidence and increase emotional tension during managerial feedback.

EMO3 – Emotional Exhaustion at the end of the workday (Mean = 4.102): This variable had the highest mean score within the emotional group, indicating that emotional exhaustion is a prominent issue among office employees in Hanoi. According to Maslach's Burnout Theory, emotional exhaustion is the core component of occupational burnout, characterized by feelings of depletion, loss of enthusiasm, and detachment at the end of the workday. This is consistent with findings by Duc et al. (2024), which show that burnout rates among Vietnamese office workers have risen significantly following the COVID-19 pandemic. High workload demands, long working hours, strong performance expectations, and blurred boundaries between work and personal life have made end-of-day fatigue or demotivation increasingly common.

4.2.3. Behavioral Responses

The *Behavioral Responses* scale reflects the coping behaviors employees adopt when faced with stress, work pressure, or emotionally triggering situations. Within the CBT framework, behavior is the direct outcome of the cognition–emotion–behavior sequence, in which negative thoughts and emotions frequently lead to maladaptive behavioral reactions such as avoidance, procrastination, reduced social interaction, or diminished work focus. These adverse behavioral patterns contribute to increased occupational stress and reduced work effectiveness.

Table 7. Mean Values for the "Behavioral Responses" Variables

Code	Item	Mean	Interpretation
AVO1	Avoiding problems when feeling stressed	**3.72**	Agree
AVO2	Postponing tasks when overloaded	**3.88**	Agree
AVO3	Suppressing emotions to avoid affecting work	**3.94**	Agree
REG1	Recognizing negative thoughts	**3.38**	Neutral
REG2	Actively regulating emotions	**3.21**	Neutral
REG3	Interpreting situations realistically and less negatively	**3.33**	Neutral
ACT1	Engaging in relaxation when stressed	**3.12**	Neutral
ACT2	Reorganizing work tasks when overloaded	**3.72**	Agree
ACT3	Seeking programs or resources for mental health support	**3.02**	Neutral

Source: Survey results (n = 248)

(1) Avoidance Behaviors

The most common behavioral response reported when individuals face stress, pressure, or emotionally triggering situations in the workplace is problem avoidance. Within the CBT framework, avoidance refers to delaying or withdrawing from problem-solving, suppressing emotions, or disengaging from stressful situations rather than confronting them directly (Beck, 1976). Survey results show that all three variables (AVO1–AVO3) fall within the "Agree" range, with mean scores from 3.72 to 3.94, indicating

a relatively high prevalence of avoidance behaviors among office employees in Hanoi. This suggests that maladaptive coping strategies may be frequently used to manage occupational stress.

Winkler et al. (2024) noted that avoidance becomes a default response when individuals perceive themselves as lacking control or feel overwhelmed. Although avoidance may reduce discomfort in the short term, it reinforces long-term stress and decreases work effectiveness.

(2) Regulation & Cognitive Reappraisal Behaviors

The *Regulation & Cognitive Reappraisal* scale measures the extent to which employees recognize, regulate, and cognitively restructure their negative thoughts and emotions. This is a central component of CBT, where individuals learn to identify automatic thoughts, adjust emotional responses, and reinterpret situations in more realistic and adaptive ways (Beck, 1976; Wang et al., 2021).

Survey findings show that all variables (REG1–REG3) fall within the "Neutral" range, with mean scores from 3.21 to 3.38. This suggests that while employees possess some awareness of their emotions and thought patterns, their skills in emotion regulation and cognitive restructuring are not yet clearly developed. This pattern aligns with the workplace context in Vietnam, where emotional education, CBT-based training, and coping-skills programs are not commonly integrated into organizational systems.

Furthermore, given that most respondents were aged 25–35 and experienced heavy workloads over extended periods, it is unsurprising that strong emotional responses arise while structured emotional regulation techniques remain underdeveloped. Wang et al. (2021) note that cognitive reappraisal abilities tend to be lower among younger workers who have not undergone specialized emotional management training. This represents an important "skills gap" and a key target for CBT-based workplace interventions.

(3) Adaptive / Behavioral Activation Behaviors

The *Adaptive / Behavioral Activation* scale assesses the extent to which employees actively cope with stress through positive behaviors such as relaxation, reorganizing tasks, and seeking mental-health support resources. Behavioral Activation is a key technique in CBT, enabling individuals to reduce avoidance, increase engagement in positively reinforcing activities, and improve mental health outcomes (Takagaki et al., 2024).

Survey results indicate that most variables in the ACT group fall within the "Neutral" range, except for ACT2 (task reorganization), which reached the "Agree" level. This suggests that employees tend to restructure or reorganize their work when experiencing overload—an adaptive and practical behavior reflecting flexibility in work organization.

However, other activation behaviors—such as relaxation practices and seeking mental-health support—were performed less frequently. This may indicate limited awareness of available support resources or cultural norms that discourage help-seeking behaviors within the workplace.

5. Recommendations

Based on the survey results presented in Section 4.2, it is evident that office employees in Hanoi demonstrate a clear awareness of stress and cognitive strain, with all cognitive indicators (COG1–COG3) rated at the "Agree" level. Negative emotions—particularly anxiety and emotional exhaustion—also appear at elevated levels (EMO1–EMO3). Behaviorally, employees tend to rely on avoidance strategies (AVO1–AVO3 at the "Agree" level), whereas skills related to cognitive regulation, emotional regulation, and positive behavioral activation (REG, ACT) remain only at a "Neutral" level.

According to Beck's (1976) CBT model, this pattern indicates that negative cognitive appraisals are influencing emotional reactions, which in turn produce recurring maladaptive behavioral responses among office employees. Therefore, CBT-based recommendations should target each link in this cognition–emotion–behavior chain, with an emphasis on equipping individuals with skills that enhance mental well-being.

First, Enhancing the Identification of Negative Thoughts

Survey results indicate that while employees clearly recognize stress and work–life imbalance, their ability to identify negative thoughts (REG1 = 3.38) remains at a neutral level. Therefore, priority should be given to techniques that help individuals detect common cognitive distortions. In CBT, the primary method for strengthening cognitive awareness is the **Thought Record**. Using this technique, individuals document stressful situations, their automatic thoughts, associated emotions, and subsequent behaviors. This process

enables them to identify maladaptive cognitive patterns such as *catastrophizing*, *mind-reading*, or *excessive self-blame*. For example, upon receiving an email reminding them of an upcoming deadline, an automatic thought may be: *"I will definitely be criticized."* The corresponding emotion may be anxiety or tension, and the behavioral response may involve avoiding the manager or delaying tasks that require communication. Recording these cognitive–emotional–behavioral sequences increases self-monitoring and improves recognition of distorted thinking. Once identified, these thoughts should be challenged using evidence-based techniques or discussed with colleagues to develop more balanced perspectives. This strategy is particularly appropriate for younger employees (those under 35 accounted for 73.4% of the sample), who typically have strong reflective capacity but may fall into cycles of negative thinking in high-pressure urban environments such as Hanoi.

- Cognitive Restructuring to Reduce Anxiety and Negative Emotions

All emotional variables (EMO1–EMO3) reached the "Agree" level, with emotional exhaustion scoring the highest (4.102). This highlights the urgent need to modify employees' interpretations of work-related events.

Key CBT techniques recommended for cognitive restructuring include:

- Socratic Questioning: Individuals use structured questions to examine the accuracy of automatic thoughts, such as: *"What evidence supports this thought?"*, *"What information might I be overlooking?"*, *"How might another person view this situation?"* The insights derived from this process form the basis for Evidence-Based Reappraisal, helping employees reduce cognitive exaggerations regarding workload, managerial expectations, or fear of evaluation.
- Replacing maladaptive thoughts with balanced thoughts: For instance, replacing *"I will be rated poorly if I make a mistake"* with *"Performance is evaluated holistically. A minor error does not determine my overall competence."* Cognitive restructuring plays a central role in reducing workplace anxiety, particularly in cultural contexts such as Vietnam, where hierarchy and supervisory evaluation are strongly emphasized.

Second, Strengthening Emotional Regulation Skills

The REG2 score (3.21) indicates that emotional self-regulation remains neutral. To reduce heightened emotional reactions (EMO1–EMO2), CBT recommends integrating various emotional regulation techniques

Diaphragmatic Breathing: Helps reduce physiological arousal in situations such as deadlines, performance evaluations, or tense interactions with supervisors.

Muscle Relaxation: Useful for employees who frequently experience physical tension, fatigue, or end-of-day exhaustion.

Daily Recovery Planning: Scheduling micro-breaks for rest, hydration, or slow breathing to maintain emotional balance. These brief interventions are well suited to busy office employees and can be practiced at the workstation within minutes.

Additionally, organizations should encourage employees to establish work–life boundaries, such as designated periods for disabling work notifications or limiting after-hours email responses.

Third, Reducing Avoidance and Procrastination Behaviors

All avoidance-related indicators (AVO1–AVO3) scored within the "Agree" range, demonstrating that avoidance is a common coping strategy closely linked to prolonged stress.

- Task Breakdown: Dividing large tasks into smaller, manageable steps to reduce cognitive overload.
- Behavioral Exposure (CBT Exposure Technique): Supporting employees in confronting, rather than avoiding, challenging emails, meetings, or complex tasks.
- Behavioral Activation: Increasing positive and restorative behaviors through structured scheduling of activities and healthy routines; incorporating short recovery breaks after every 30–60 minutes of work; and encouraging employees to seek mental health resources such as online wellness programs, skill-building workshops, or individual/group CBT interventions where appropriate.
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6. Conclusion

This study provides a comprehensive overview of the mental health status of office employees in Hanoi through the three components of the CBT framework. Employees demonstrated clear awareness of

stress levels and the cognitive impacts of work demands (COG1–COG3 at the "Agree" level). Emotional responses—particularly anxiety and emotional exhaustion—were reported at high levels (EMO1–EMO3). Behaviorally, avoidance, procrastination, and emotional suppression were relatively common (AVO1–AVO3), whereas skills related to cognitive regulation, emotional regulation, and adaptive behavioral activation (REG, ACT) remained at a "Neutral" level. These findings indicate that a maladaptive cognition–emotion–behavior cycle continues to exert a significant influence on the mental health of office employees in Hanoi.

The study employed convenience sampling and the snowball method, with a relatively small sample size (n = 248); thus, the results may not fully represent the entire office workforce in Hanoi. Moreover, the study relied solely on descriptive analysis and did not conduct structural model testing or factor analysis to examine causal relationships among the CBT components. Future research may expand sample size, diversify occupational sectors, and apply advanced analytical methods such as Structural Equation Modeling (SEM) to test the relationships between cognition, emotion, and behavior. Additionally, experimental or intervention-based studies are needed to evaluate the effectiveness of short-term CBT programs or cognitive–emotional adjustment interventions for office employees, thereby providing more actionable implications for the Vietnamese context.

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