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(RESEARCH ARTICLE)

Emotional regulation and professional quality of life among palliative care professionals

Mythili M *, Manoj R and Sasikala R

Department of Psychology, Faculty of Humanities and Science, Dr. MGR Educational and Research Institute, Chennai, India.

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Abstract

Emotional regulation refers to the ability to manage and express emotions in accordance with individual goals and situational demands, whereas professional quality of life represents the overall well-being derived from caregiving work, including compassion satisfaction, burnout, and secondary traumatic stress. The present study employed a quantitative correlational research design to examine the relationship between emotional regulation and professional quality of life among palliative care professionals in India. A total of 109 participants, including doctors and nurses, were selected using purposive sampling from palliative care settings. The Emotion Regulation Questionnaire (ERQ) was used to assess emotional regulation strategies such as cognitive reappraisal and expressive suppression, while the Professional Quality of Life Scale (ProQOL) was used to measure compassion satisfaction, burnout, and secondary traumatic stress. The results revealed that no significant relationships were found between emotional regulation strategies and professional quality of life variables; however, significant relationships were observed among the dimensions of professional quality of life. These findings suggest that individual emotional regulation strategies may not significantly influence professional well-being in this context, and that broader organizational and cultural factors may play a more important role. The study emphasizes the need for structured institutional support to enhance the quality of life of palliative care professionals.

Keywords: Emotional Regulation; Professional Quality of Life; Compassion Satisfaction; Burnout; Secondary Traumatic Stress; Palliative Care Professionals

1. Introduction

Professional caregiving in palliative care is widely recognized as one of the most emotionally demanding areas in healthcare. Palliative care professionals, including doctors and nurses, work continuously with patients facing terminal illness, severe pain, and end-of-life transitions. Unlike other healthcare specialties where cure is the primary goal, palliative care focuses on providing comfort, dignity, and quality of life during the final stages of illness (World Health Organization, 2020). This unique nature of work exposes professionals to repeated encounters with human suffering, death, and grief, creating profound emotional challenges that significantly influence their psychological functioning and overall well-being.

The emotional demands of palliative care arise from daily immersion in patients' physical suffering, families anticipatory grief, and personal confrontations with mortality. Professionals frequently form deep bonds with patients, only to witness inevitable deterioration, resulting in a cumulative emotional toll that manifests as anxiety, depression, sleep disturbances, and physical complaints at rates higher than those in general medical settings (Vachon, 2016). This burden not only increases the risk of professionals leaving the field but also compromises patient care quality through reduced empathy and impaired decision-making (Kamal et al., 2016).

* Corresponding author: Mythili M

Emotional regulation refers to the processes through which individuals influence which emotions they experience, when they experience them, and how those emotions are expressed and managed (Gross, 1998). Gross's process model distinguishes between cognitive reappraisal, an antecedent-focused, adaptive strategy involving reinterpretation of emotional situations to reduce negative impact and expressive suppression, a response-focused strategy involving the inhibition of outward emotional expression, associated with long-term physiological strain and elevated burnout (Gross, 2015). Research consistently demonstrates the adaptive benefits of cognitive reappraisal, including lower burnout and greater occupational well-being, while chronic expressive suppression is linked to impaired memory and elevated distress in high-trauma professions. In India, collectivist cultural norms further shape regulatory preferences by emphasizing emotional restraint and composure, particularly in caregiving contexts (Baumeister et al., 1998).

Professional quality of life (ProQOL) refers to the overall quality of experience derived from caregiving work, encompassing both the positive rewards of compassion satisfaction and the negative costs of burnout and secondary traumatic stress (Stamm, 2010). Compassion satisfaction refers to the fulfillment derived from performing caregiving work effectively, while burnout is characterized by emotional exhaustion and depersonalization (Maslach et al., 2001). Secondary traumatic stress involves post-traumatic stress-like symptoms resulting from indirect exposure to the suffering of others (Figley, 1995). The three ProQOL dimensions are interconnected, burnout is positively associated with secondary traumatic stress, while compassion satisfaction acts as a protective buffer against both.

Despite the growing body of international research, studies specifically examining the relationship between emotional regulation and professional quality of life among palliative care professionals in India remain scarce. Existing research has been conducted predominantly in Western contexts and may not adequately reflect the influence of India's collectivist cultural norms. The present study was therefore undertaken to address this gap and generate contextually relevant evidence to inform both clinical practice and organizational policy within the Indian palliative care sector.

2. Methods

Aim: The study aims to examine the relationship between emotional regulation and professional quality of life among palliative care professionals.

2.1. Objectives

- To assess the levels of emotional regulation (cognitive reappraisal and expressive suppression) among palliative care professionals.
- To assess the levels of professional quality of life (compassion satisfaction, burnout, and secondary traumatic stress) among palliative care professionals.
- To examine the relationship between the subscales of emotional regulation and the subscales of professional quality of life among palliative care professionals.

2.2. Hypothesis

- H01: There is no significant relationship between Cognitive Reappraisal and Compassion Satisfaction among Palliative Care Professionals.
- H02: There is no significant relationship between Cognitive Reappraisal and Burnout among Palliative Care Professionals.
- H03: There is no significant relationship between Cognitive Reappraisal and Secondary Traumatic Stress among Palliative Care Professionals.
- H04: There is no significant relationship between Expressive Suppression and Compassion Satisfaction among Palliative Care Professionals.
- H05: There is no significant relationship between Expressive Suppression and Burnout among Palliative Care Professionals.
- H06: There is no significant relationship between Expressive Suppression and Secondary Traumatic Stress among Palliative Care Professionals.

2.3. Research Design

The study adopted a quantitative descriptive correlational research design to examine the relationship between emotional regulation and professional quality of life. This design allowed the assessment of naturally occurring variations in both variables without experimental manipulation, and facilitated examination of the direction and strength of relationships between study variables.

2.4. Sampling Technique

A purposive sampling technique was used to select participants who met the predefined inclusion criteria. The sample comprised 109 palliative care professionals including doctors and nurses, with a minimum of six months of experience in palliative care, who were willing to participate and available at the time of data collection.

2.5. Tools Used

- **Emotion Regulation Questionnaire (ERQ; Gross & John, 2003):** The ERQ consists of 10 items assessing cognitive reappraisal (6 items) and expressive suppression (4 items) on a 7-point Likert scale. Internal consistency coefficients range from 0.72 to 0.82 and test-retest reliability from 0.69 to 0.83.
- **Professional Quality of Life Scale (ProQOL; Stamm, 2010):** A 30-item scale measuring compassion satisfaction, burnout, and secondary traumatic stress (10 items each) on a 5-point Likert scale. Cronbach's alpha ranges from 0.75 to 0.88 and test-retest correlations from 0.81 to 0.84.

2.6. Procedure

Permission was obtained from respective hospital authorities prior to data collection. Ethical principles including informed consent, confidentiality, and voluntary participation were strictly adhered to throughout. Participants completed a socio-demographic sheet, followed by the ERQ and ProQOL scale. Data were scored according to standardized manuals and entered into SPSS for analysis.

2.7. Statistical Analysis

Descriptive statistics including mean, standard deviation, minimum, and maximum were computed for all subscale scores. Pearson's Product-Moment Correlation Coefficient was used to examine relationships between emotional regulation and professional quality of life subscales. Significance was set at $p < 0.05$ and $p < 0.01$ (two-tailed).

3. Results

A total of 109 palliative care professionals participated, with ages ranging from 21 to 60 years.

Table 1 Distribution of Participants by Age Group

Age Group	21–30 Years	31–40 Years	41–50 Years	51–60 Years
N (%)	44 (40.4%)	49 (44.9%)	12 (11.0%)	4 (3.7%)

Table 2 Distribution of Participants by Gender

Gender	Female	Male
N (%)	89 (81.7%)	20 (18.3%)

Table 3 Distribution of Participants by Professional Designation

Designation	Nurse	Doctor
N (%)	75 (68.8%)	34 (31.2%)

Table 4 Distribution of Participants by Years of Experience

Years of Experience	1–10 Years	11–20 Years	21+ Years
N (%)	77 (70.6%)	25 (22.9%)	7 (6.4%)

Most participants (85.3%) were between 21 and 40 years of age, predominantly female nurses with 1–10 years of experience, reflecting the demographic profile of palliative care settings in India.

Table 5 Descriptive Statistics of Study Variables (*N* = 109)

Variable	Min	Max	M	SD
Cognitive Reappraisal (CRA)	2.67	6.83	4.85	0.81
Expressive Suppression (ES)	2.00	5.75	4.31	0.90
Compassion Satisfaction (CS)	2.80	4.80	3.91	0.33
Burnout (BUR)	1.60	3.50	2.37	0.35
Secondary Traumatic Stress (STS)	1.70	3.50	2.31	0.37

Participants reported moderate-to-high cognitive reappraisal and moderate expressive suppression. Compassion satisfaction was at a moderate level, while burnout and secondary traumatic stress were low-to-moderate, suggesting generally adequate professional functioning.

Table 6 Correlation: Cognitive Reappraisal × Compassion Satisfaction (H01)

Variables	Cognitive Reappraisal	Compassion Satisfaction
Cognitive Reappraisal – Pearson r	1	-0.025
Sig. (2-tailed)		0.794
N	109	109
Compassion Satisfaction – Pearson r	-0.025	1
Sig. (2-tailed)	0.794	
N	109	109

Table 7 Correlation: Cognitive Reappraisal × Burnout (H02)

Variables	Cognitive Reappraisal	Burnout
Cognitive Reappraisal – Pearson r	1	0.041
Sig. (2-tailed)		0.675
N	109	109
Burnout – Pearson r	0.041	1
Sig. (2-tailed)	0.675	
N	109	109

Table 8 Correlation: Cognitive Reappraisal × Secondary Traumatic Stress (H03)

Variables	Cognitive Reappraisal	Secondary Traumatic Stress
Cognitive Reappraisal – Pearson r	1	0.069
Sig. (2-tailed)		0.476
N	109	109
Secondary Traumatic Stress – Pearson r	0.069	1
Sig. (2-tailed)	0.476	
N	109	109

Table 9 Correlation: Expressive Suppression × Compassion Satisfaction (H04)

Variables	Expressive Suppression	Compassion Satisfaction
Expressive Suppression – Pearson r	1	-0.038
Sig. (2-tailed)		0.698
N	109	109
Compassion Satisfaction – Pearson r	-0.038	1
Sig. (2-tailed)	0.698	
N	109	109

Table 10 Correlation: Expressive Suppression × Burnout (H05)

Variables	Expressive Suppression	Burnout
Expressive Suppression – Pearson r	1	-0.030
Sig. (2-tailed)		0.760
N	109	109
Burnout – Pearson r	-0.030	1
Sig. (2-tailed)	0.760	
N	109	109

Table 11 Correlation: Expressive Suppression × Secondary Traumatic Stress (H06)

Variables	Expressive Suppression	Secondary Traumatic Stress
Expressive Suppression – Pearson r	1	0.066
Sig. (2-tailed)		0.496
N	109	109
Secondary Traumatic Stress – Pearson r	0.066	1
Sig. (2-tailed)	0.496	
N	109	109

Table 12 Summary of Correlation Results

Hypothesis	Variables	r	p	Decision
H01	CRA × CS	-0.025	0.794	Accepted
H02	CRA × BUR	0.041	0.675	Accepted
H03	CRA × STS	0.069	0.476	Accepted
H04	ES × CS	-0.038	0.698	Accepted
H05	ES × BUR	-0.030	0.760	Accepted
H06	ES × STS	0.066	0.496	Accepted
	CS × STS	-0.299**	0.002	Significant (negative)
	BUR × STS	0.376**	<0.001	Significant (positive)

Note. ** p <0 .01. CRA = Cognitive Reappraisal; ES = Expressive Suppression; CS = Compassion Satisfaction; BUR = Burnout; STS = Secondary Traumatic Stress.

All six null hypotheses were accepted, indicating no significant association between emotional regulation strategies and ProQOL dimensions. Notably, compassion satisfaction was negatively correlated with secondary traumatic stress (r = −0.299, p = 0.002), and burnout was positively correlated with secondary traumatic stress (r = 0.376, p <0.001), highlighting the interdependence of ProQOL dimensions.

4. Discussion

The present study examined the relationship between emotional regulation and professional quality of life among palliative care professionals. The findings consistently indicated no significant relationships between emotional regulation strategies and professional quality of life variables, leading to the acceptance of all six null hypotheses.

These findings align with emerging literature suggesting that contextual and organizational factors may outweigh individual emotional regulation strategies in high-intensity caregiving settings.

These results suggest that individual emotional regulation strategies may have limited influence on professional well-being in palliative care settings. Given the emotionally intense nature of this work, factors such as workload, continuous exposure to patient suffering, and availability of institutional support may play a more prominent role than personal coping strategies alone. Additionally, in the Indian context, maintaining emotional restraint is often considered a professional norm, which may explain the minimal impact of expressive suppression.

However, significant relationships were observed among the components of professional quality of life. Compassion satisfaction was negatively associated with secondary traumatic stress, indicating its protective role, while burnout showed a positive association with secondary traumatic stress, reflecting increased vulnerability with emotional exhaustion.

Overall, the findings highlight that professional quality of life is shaped by a combination of contextual and organizational factors, emphasizing the need for supportive work environments and institutional interventions to promote the well-being of palliative care professionals.

5. Conclusion

The present study concludes that emotional regulation strategies did not show a significant influence in this sample on professional quality of life among palliative care professionals in India. While individual coping mechanisms remain important, broader organizational and cultural factors appear to play a more influential role in shaping professional well-being. The study highlights the importance of strengthening institutional support systems, promoting mental health resources, and developing culturally appropriate interventions to enhance the quality of life of palliative care professionals working in emotionally demanding environments.

Limitations

- The purposive sampling technique limits generalizability to the broader population of palliative care professionals in India.
- The sample was predominantly female (81.7%) and mainly nurses (68.8%), which may not fully represent diversity across settings and regions.
- Self-report questionnaires are subject to response bias including social desirability bias.
- The cross-sectional design does not allow for causal inferences or examination of changes overtime.
- Other variables such as resilience, coping strategies, and social support were not examined.

Future Directions

- Future studies should adopt longitudinal designs to examine how emotional regulation strategies influence professional quality of life over time.
- Larger and more diverse samples across different regions of India and palliative care settings are needed for broader generalizability.
- Future studies should incorporate additional variables such as resilience, social support, coping strategies, and organizational factors.

- Intervention-based studies can evaluate the effectiveness of mindfulness-based programs, self-compassion training, and peer debriefing among palliative care professionals.
- Future research should explore the moderating role of cultural factors including collectivism and emotional restraint norms on the relationship between emotion regulation and professional quality of life.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that there are no conflicts of interest regarding the publication of this research. The study was conducted independently, and no financial or commercial relationships influenced the design, data collection, analysis, interpretation, or reporting of the findings.

Statement of ethical approval

The study was approved by the Institutional Ethics Committee prior to data collection. All procedures performed in this research involving human participants were conducted in accordance with institutional ethical standards.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Baumeister, R. F., Bratslavsky, E., Muraven, M., & Tice, D. M. (1998). Ego depletion: Is the active self a limited resource? *Journal of Personality and Social Psychology, 74*(5), 1252–1265. https://doi.org/10.1037/0022-3514.74.5.1252

[2] Brighton, L. J., Selman, L. E., Bristowe, K., Edwards, B., Koffman, J., & Evans, C. J. (2019). Emotional labour and palliative/end-of-life communication by generalist palliative care professionals: A qualitative study. *Palliative Medicine, 33*(2), 230–241.

[3] Campos-Arnal, A., Galiana, L., Oliver, A., Gil-Gómez, J. A., & Sansó, N. (2020). Inner life predictors of professional well-being in palliative care. *International Journal of Environmental Research and Public Health, 17*(24), 9532.

[4] Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Brunner/Mazel.

[5] Galiana, L., Tomás-Sábado, J., Oliver, A., Pérez-Marín, M., & Sansó, N. (2022). Self-compassion as mediator in professional quality of life of palliative care professionals. *Mindfulness, 13*(5), 1125–1136.

[6] Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology, 2*(3), 271–299. https://doi.org/10.1037/1089-2680.2.3.271

[7] Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry, 26*(1), 1–26. https://doi.org/10.1080/1047840X.2014.940781

[8] Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85*(2), 348–362. https://doi.org/10.1037/0022-3514.85.2.348

[9] Jang, I., Kim, H., & Kim, Y. (2016). Relationship between professionalism and quality of life in oncology nurses. *Asian Nursing Research, 10*(4), 267–273.

[10] Kadović, A., Mikšić, Š., & Lovrić, R. (2022). Emotional regulation as predictor of workplace stress in healthcare professionals. *Psychologica Belgica, 62*(1), 234–248.

[11] Kamal, A. H., Bull, J., Wolf, S. P., Morris, V., Swetz, K. M., & Currow, D. C. (2016). Prevalence and predictors of burnout among palliative care clinicians in the United States. *Journal of Pain and Symptom Management, 51*(4), 690–696.

[12] Koh, M. Y. H., Chong, P. H. M., Neo, P. S. H., Ong, E. H. Y., Tong, E. M. W., & Qu, L. M. (2015). Burnout, psychological morbidity, and coping mechanisms in palliative care practitioners. *Journal of Pain and Symptom Management, 50*(6), 794–803.

[13] Li, J., Wang, Q., Guan, C., Luo, L., & Hu, X. (2022). Compassion fatigue and satisfaction in Chinese palliative care nurses. *Journal of Hospice & Palliative Nursing, 24*(5), 278–286.

[14] Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*(1), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

[15] Moreno-Milán, B., Galiana, L., & Sansó, N. (2021). Psychological well-being of palliative care professionals: A conceptual framework. *Palliative Medicine, 35*(6), 1023–1032.

[16] Rayani, M., Alharbi, A., & Alqahtani, S. (2024). Compassion satisfaction, burnout, and secondary traumatic stress in Saudi nurses. *BMC Nursing, 23*(1), 145.

[17] Samson, L., & Shvartzman, P. (2018). Exposure to death/dying and professional quality of life in palliative workers. *Palliative Medicine, 32*(8), 1092–1101.

[18] Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Jeon, S. (2015). Palliative care professionals' inner life: Exploring the relationships among awareness, self-care, compassion satisfaction, compassion fatigue, and burnout. *BMC Palliative Care, 14*, 17.

[19] Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). ProQOL.org. https://proqol.org

[20] Vachon, M. L. S. (2016). Nurses' emotional health in end-of-life care. In B. R. Ferrell, N. Coyle, & J. A. Paice (Eds.), *Oxford textbook of palliative nursing* (4th ed., pp. 987–1002). Oxford University Press.

[21] World Health Organization. (2020). *Palliative care.* https://www.who.int/news-room/fact-sheets/detail/palliative-care