

The Relationship between Professional Quality of Life, Emotion Regulation and Quality of Sleep among Psychologists

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ABSTRACT

Many studies demonstrate that professional quality of life plays a great role in every individual's life. Here I investigated the links between professional quality of life, emotion regulation and quality of sleep. One hundred psychologists have participated in the survey and completed measures of professional quality of life scale, emotion regulation scale and quality of sleep scale, and the results indicated that professional quality of life has a positive relationship with emotion regulation and quality of life, while also establishing a positive causation among the variables. The results have been analyzed using regression.

Keywords: *Professional Quality of Life, Emotion Regulation, Quality of Sleep*

Professional quality of life refers to the mixture of positive (compassion satisfaction) and negative (compassion fatigue) aspects associated with working as a professional provider of care. Compassion satisfaction is the positive feeling gained from helping or caring for others and performing work-related tasks well. **Jarrad and Hammad** (2020) aimed to study the levels of compassion fatigue, patience and compassion among a group of oncology nurses. The results showed a low level of passion, a moderate risk of burnout and a very high risk of exhaustion and a positive relationship between satisfaction and the number of hours nurse's sleep. Today even health care is affected, health-related quality of life (HR QoL) is an assessment of how the individual's well-being may be affected over time by a disease, disability or disorder or an individual is capable to carry his/her well-being in daily routine cycle. **Ray et al.** (2014) aimed to investigate the association of cognitive regulation strategies on HR QoL of unemployed people. A total of 1,125 unemployed adults participated in the survey and regression analysis was used to analyze the results. The results show that unemployed men are less likely to use self-blame, catastrophizing, and perspective-taking strategies when faced with unemployment. Research shows that cognitive regulation strategies are significantly associated with health-related quality of life.

“Emotion regulation” is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. People unconsciously use emotion regulation strategies to cope with difficult situations many times throughout each day. It may involve behaviours such as re-thinking a challenging situation to reduce anger or anxiety, hiding visible signs of sadness or fear, or focusing on reasons to feel happy or calm.

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Why Emotion Regulation Is Important Unlike small children, adults are expected to be able to manage their emotions—especially anxiety and anger—in a manner that is socially acceptable. When emotional control fails, people often say or do things they later regret and wish they had been able to keep their emotions in check. Emotion dysregulation is a component of certain forms of mental illness. Over time, it could have a negative impact on one's personal well-being and social relationships.

Every day, people are continually exposed to a wide variety of potentially arousing stimuli. Inappropriate, extreme, or unchecked emotional reactions to such stimuli could impede functional fit within society; therefore, people must engage in some form of emotion regulation almost all the time. Generally speaking, emotion dysregulation has been defined as difficulties in controlling the influence of emotional arousal on the organization and quality of thoughts, actions, and interactions. In (2016) **Mairean** aimed to investigate the relationship between two health regulation strategies (cognitive reappraisal and expressive suppression), post-traumatic stress and satisfaction of passion. One hundred ninety social workers participated in the study. The results showed negative association between cognitive reappraisal and secondary traumatic stress, and showed positive association between expressive suppression and arousal. Individuals who are emotionally dysregulated exhibit patterns of responding in which there is a mismatch between their goals, responses, and/or modes of expression, and the demands of the social environment. For example, there is a significant association between emotion dysregulation and symptoms of depression, anxiety, eating pathology, and substance abuse. Higher levels of emotion regulation are likely to be related to both high levels of social competence and the expression of socially appropriate emotions. **Oleary** et al. (2016) investigated whether sleep quality can contribute to depression. A role for emotion regulation. For example, there are individuals with a wide cohort of depressive symptoms (current depression, N = 54, remitted depression, N = 36, and healthy controls, N = 53) who were clinically followed over six months and reassessed for changes in depressive symptom scores. As previously mentioned, ER is poor in discussing the cross-sectional and prospective relationship between sleep quality and depressive symptoms. In contrast, the alternative mediator, physical activity level, did not mediate the association between sleep quality and depressive symptoms.

Sleep quality is defined as an individual's self-satisfaction with all aspects of sleep experience. Sleep quality has four attributes: sleep efficiency, sleep latency, sleep duration and wake after sleep onset. Sleep is an inseparable part of human health and life, which is crucial in learning, practice as well as physical and mental health. It affects the capacity of individual learning, academic performance and neural-behavioural functions. **Minkel** et al. (2012) investigated the quality of sleep and the function of neural circuits supporting emotion regulation. A sample of 97 adults volunteered, and the results showed that simple sleep changes, common in the general population, did not lead to significant disruption of the neural circuits that support the reactivity or mental assessment of negative emotions. The use of sleeping pills can affect the regulation of emotions, but further studies are needed to determine whether such effects play a causal role in changing emotional responses.

My study aims to explore the relationship between professional quality of life, emotion regulation and quality of sleep.

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METHODOLOGY

Aim: To identify the relationship between professional quality of life, emotion regulation and quality of sleep among psychologists.

Objectives

1. To explore the relationship between professional quality of life and emotion regulation among psychologists.
2. To explore the relationship between professional quality of life and quality of sleep among psychologist.

Hypothesis

1. Professional quality of life shows positive relationship with emotion regulation.
2. Professional quality of life shows positive relationship with quality of sleep.

Sample and Statistical Analysis

A sample of 100 participants have participated in the survey and regression is used for analysis of results.

Inclusion Criteria

1. Psychologists who are working for above 6 months.
2. Psychologists who are responsive to questionnaires.
3. General condition: oriented, stable and normal performance indices.

Exclusion Criteria

1. Psychologists who are not working for above 6 months.
2. Psychologists who have withdrawn their consent.

Tools Used

1. Professional quality of life (ProQOL): The scale was developed by Charles Figley in the late 1980's. Professional quality of life is the quality one feels in relation to one's work as a helper. It is useful for workers who perform emotional labour as well as professionals who are exposed to traumatic situations. The ProQOL measures three aspects of professional quality of life:

1. Compassion Satisfaction (pleasure you derive from being able to do work well).
2. Burnout (exhaustion, frustration, anger and depression related to work).
3. Secondary Traumatic Stress (feeling fear in relation to work-related primary or secondary trauma).

Scale reliability is .81 and shares a good validity.

2. Emotion regulation scale: The emotion regulation scale was developed by gross and colleagues in 2003. The scale consists of 10 items and was designed to measure the tendency to regulate emotions by cognitive reappraisal and/or expressive suppression. The total internal consistency coefficient of the EQR is 0.82 and shows adequate internal validity.

3. Sleep quality scale: the scale was developed by Yi et al. in 2006. The scale consists of 28 items and evaluates 6 domains of sleep quality.

- Daytime symptoms
- Restoration after sleep
- Problems initiating and maintain sleep

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- Difficulty waking
- Sleep satisfaction

It shows an internal consistency of .92 and shows good validity.

RESULTS

Results have been analyzed by using linear regression.

The following results were examined.

Table 1.1

REGRESSION

SUMMARY

OUTPUT

<i>Regression Statistics</i>	
Multiple R	0.992
R Square	0.985
Adjusted R Square	0.985
Standard Error	0.033
Observations	100

ANOVA

	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	1	7.50006	7.50006	6828.671	1.96E-92
Residual	98	0.10763	0.001098		
Total	99	7.60770			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	0.018639	0.008818	2.113782	0.037073	0.00114	0.036137	0.0011	0.0361
X Variable 1	0.970222	0.011741	82.63577	1.96E-92	0.94692	0.993521	0.9469	0.9935

The p value is 0.33 which is significant at alpha level 0.05 calculated through regression analysis between professional quality of life and emotion regulation which shows that these two variables share positive relationship and positively affect each other.

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Table 1.2
SUMMARY
OUTPUT

<i>Regression Statistics</i>	
Multiple R	0.99138
R Square	0.98284
Adjusted R Square	0.98266
Standard Error	0.03649
Observations	100

<i>ANOVA</i>					
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	1	7.477171	7.477171	5613.599	2.5E-88
Residual	98	0.130534	0.001332		
Total	99	7.607705			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>	<i>Lower 95.0%</i>	<i>Upper 95.0%</i>
Intercept	0.0252	0.009642	2.613511	0.010374	0.006065	0.044334	0.006065	0.044334
Variable 1	0.96033	0.012817	74.92395	2.5E-88	0.934899	0.98577	0.934899	0.98577

The p value is 0.01 which is significant at alpha level 0.05 calculated through regression analysis between professional quality of life and quality of sleep which shows that these two variables share a positive relationship and positively affect each other.

DISCUSSION AND CONCLUSION

The aim of the thesis is to identify the relationship between emotion regulation, quality of sleep and professional quality of life. The sample of the research were psychologists. The total population of the survey was 100. All the samples have been practicing in their field for above 6 months.

The P value that is calculated through regression analysis between professional quality of life and emotion regulation is 0.03 which shows the strong positive relationship between these two. The individuals who had higher scores in professional quality of life, also scored

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higher in emotion regulation. This reflected that professional quality of life positively affected emotional regulation, and an increase in the professional quality of life of a psychologist will result in an increase in their emotional regulation abilities.

At the same time, the p-value that was calculated through regression analysis between the professional quality of life and quality of sleep was 0.01, which shows a significant positive relationship between these two variables. This suggests that with an increase in the quality of sleep, professional quality of life will also increase.

Regression analysis showed that emotional regulation and quality of sleep foresee the three aspects of professional quality of life (compassion satisfaction, burnout and secondary traumatic stress).

Therefore, the hypothesis is approved by the findings that professional quality of life has a strong positive relationship with both quality of sleep and emotional regulation among psychologists, while also establishing a positive causation among the variables.

Professional quality of life refers to the positive aspects associated with working as a professional provider of care. Whereas, emotion regulation generally used to describe a person's ability to effectively manage and respond to an emotional experience. Everyday people are exposed to a wide variety of potentially arousing stimuli. Inappropriate, extreme or unchecked emotional reactions to such stimuli could impede functional fit within the society; therefore, people must engage in some form of emotion regulation all the time. Whereas, sleep quality as defined as an individual's self-satisfaction with all aspects of the sleep experience.

The study explored the relationship between professional quality of life, emotion regulation and quality of sleep and the results indicated a positive relationship between these three variables. The participants have showed high scores of emotion regulation, quality of sleep and professional quality of life. Hence, it is seen that professional quality of life is positively associated with emotion regulation, quality of life and vice versa.

The participants had high level of compassion satisfaction and (average, low) levels of burnout and secondary traumatic stress which led to high level of professional quality of life. Both emotion regulation, quality of sleep is positively associated with professional quality of life. But, teaching self-care skills can be an important feature in intervention to reduce burnout and secondary traumatic stress.

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Conflict of Interest

The author(s) declared no conflict of interest.

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