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Research Paper

Emotion Regulation Strategies and Psychological Well-being among Nursing Students: A Cross-Sectional Study

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ABSTRACT

The prevalence of psychological distress among nursing students has become a critical concern globally, with emotion regulation emerging as a protective factor for maintaining psychological well-being in high-stress clinical environments. This cross-sectional study examined the relationship between emotion regulation strategies (cognitive reappraisal and expressive suppression) and psychological well-being among nursing students in India. A sample of 47 nursing students completed the Emotion Regulation Questionnaire (*ERQ*; Gross & John, 2003) and the Psychological Well-Being Scale (*PWBS*; Ryff & Keyes, 1995). Contrary to theoretical predictions, Pearson correlation analysis revealed no significant relationship between overall emotion regulation and psychological well-being ($r = .050$, $p > .05$). However, cognitive reappraisal demonstrated a significant positive correlation with positive relations with others ($r = .337$, $p < .01$), suggesting dimension-specific relationships. Independent samples *t*-tests indicated no significant differences in emotion regulation or psychological well-being across accommodation mode or residence type. These findings suggest that the relationship between emotion regulation and psychological well-being may be more nuanced than previously documented in Western populations, potentially reflecting cultural, contextual, and sample-specific factors. Implications for nursing education curricula, emotion regulation training development, and future research directions are discussed.

Keywords: *Emotion Regulation, Cognitive Reappraisal, Expressive Suppression, Psychological Well-Being, Nursing Students, Mental Health, Clinical Training*

The nursing profession represents one of the most emotionally demanding healthcare occupations, characterized by routine exposure to patient suffering, moral dilemmas, and high-acuity clinical situations (Finlayson & Inouye, 2002). Nursing students, in particular, face a dual burden: managing academic demands while simultaneously navigating complex emotional experiences inherent to clinical practice (Aiken et al., 2012). Research consistently documents elevated rates of anxiety, depression, and burnout among nursing students, with prevalence rates ranging from 29% to 45% across international populations (Maslach & Jackson, 1981; Wang & Huang, 2019).

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The World Health Organization has identified nursing as a priority profession requiring enhanced mental health support, particularly in resource-limited settings such as India, where healthcare infrastructure and professional mental health services remain inadequate (Financial Express, 2022). Recent evidence from India reveals that 67% of nurses and midwives experience clinical burnout, yet fewer than 12% have access to formal mental health services (Rao & Kumar, 2020). This gap between demand and support necessitates a deeper understanding of psychological resilience mechanisms in nursing students.

Emotion Regulation as a Protective Factor

Emotion regulation—defined as "the process by which individuals influence which emotions they have, when they have them, and how they experience and express them" (Gross, 1998, p. 272)—constitutes a fundamental dimension of psychological functioning and well-being (Gross & John, 2003). Theoretical models propose that individuals employ two primary emotion regulation strategies: *cognitive reappraisal* (reframing situations to alter their emotional impact) and *expressive suppression* (inhibiting behavioral expressions of emotion) (Gross & John, 2003; Koole, 2009).

Meta-analytic evidence suggests that adaptive emotion regulation strategies, particularly cognitive reappraisal and acceptance, demonstrate positive associations with psychological well-being, life satisfaction, and resilience in clinical populations (Pubmed Central, 2020). Conversely, maladaptive strategies—including rumination, avoidance, and suppression—correlate negatively with well-being and positively with anxiety and depression (Li & Liu, 2022). These relationships have been consistently documented in diverse international samples, yet research examining these associations in Indian healthcare settings remains limited.

Psychological Well-being in Nursing Students

Psychological well-being encompasses multidimensional aspects of positive functioning, including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff & Keyes, 1995). Unlike subjective well-being or life satisfaction, the psychological well-being framework emphasizes eudaimonic functioning and self-actualization, making it particularly relevant for understanding sustained mental health in demanding professions.

Research in Western nursing populations demonstrates that psychological well-being significantly predicts job satisfaction, retention, and quality of patient care (Hamaideh, 2011; Davis & Johnson, 2019). However, cross-cultural variations in well-being conceptualizations and emotion regulation practices suggest that findings from Western contexts may not directly translate to nursing students in Indian cultural contexts, where collectivism, spiritual values, and social hierarchies may influence emotion regulation strategies and well-being experiences.

Gaps in Current Knowledge

While the relationship between emotion regulation and psychological well-being has been extensively studied in Western healthcare populations (Singh & Sharma, 2020; Sharma & Singh, 2021), several critical gaps remain:

1. **Limited research in Indian nursing populations**: Most evidence derives from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) samples, limiting generalizability to Indian healthcare contexts.

2. **Dimension-specific analyses**: Few studies examine relationships between specific emotion regulation strategies and discrete dimensions of psychological well-being, potentially masking important dimension-specific associations.
3. **Cultural contextualization**: The role of cultural factors (collectivism, spirituality, help-seeking attitudes) in moderating emotion regulation–well-being relationships remains underexplored.
4. **Intervention development gaps**: Without comprehensive understanding of emotion regulation patterns specific to Indian nursing students, evidence-based interventions remain culturally disconnected.

Study Rationale and Objectives

This study addresses these gaps by examining emotion regulation strategies and their associations with psychological well-being among nursing students in India, with particular attention to dimension-specific relationships and demographic moderation effects.

Primary Aim: To investigate the relationship between emotion regulation strategies (cognitive reappraisal and expressive suppression) and psychological well-being among nursing students.

Secondary Objectives:

1. To assess the level of emotion regulation strategies and psychological well-being among nursing students.
2. To explore correlations between specific emotion regulation strategies and discrete dimensions of psychological well-being.
3. To examine whether demographic variables (accommodation mode, residence type, birth order) moderate relationships between emotion regulation and psychological well-being.
4. To identify clinical and educational implications for nursing curriculum development and mental health promotion.

METHODOLOGY

Research Design

This study employed a descriptive correlational research design within a quantitative methodological framework. Correlational designs are appropriate for examining relationships between naturally occurring variables without experimental manipulation, making them suitable for understanding associations between emotion regulation and psychological well-being (Kerlinger & Lee, 2000).

Participants and Sampling

Population and Sample: Participants were nursing students completing clinical internships during September–October 2024 at M.S. Chellamuthu Institute of Mental Health and Rehabilitation, Madurai, India. All nursing interns who reported during the specified period and provided informed consent were included in the study. The final sample comprised 47 nursing students (21 day scholars [44.7%], 26 hostel residents [55.3%]; 27 urban residents [57.4%], 20 rural residents [42.6%]).

Inclusion Criteria:

- Enrolled in nursing degree program with active internship status
- Willing to provide informed written consent

- Able to communicate in English or Tamil with researcher assistance

Exclusion Criteria:

- Nursing students pursuing education outside Madurai district
- Students with documented psychiatric diagnoses or active treatment for mental health conditions (to isolate emotion regulation effects)
- Students unwilling to participate in data collection procedures

Ethical Considerations

The study received institutional ethics approval prior to data collection. All participants provided informed consent after receiving detailed study information. Confidentiality was maintained through anonymous data collection (identification numbers only) and secure data storage. Participants were informed of their right to withdraw without consequences. No incentives were offered for participation.

Measures

Emotion Regulation Questionnaire (ERQ)

The 10-item ERQ (Gross & John, 2003) measures individual differences in emotion regulation strategies across two dimensions:

- *Cognitive Reappraisal (6 items)*: "When I want to feel more positive emotion, I change the way I'm thinking about the situation."
- *Expressive Suppression (4 items)*: "I control my emotions by not expressing them."

Items are rated on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Subscale scores range from 6–42 (cognitive reappraisal) and 4–28 (expressive suppression), with higher scores indicating greater use of each strategy.

Psychometric Properties: The ERQ demonstrates acceptable internal consistency (cognitive reappraisal: $\alpha = .79$; expressive suppression: $\alpha = .73$) and has been validated across diverse cultural samples, including Indian populations (Joshi & Dhawan, 2019). Construct validity is supported by predicted correlations with emotional experience, social support, and well-being indices.

Psychological Well-Being Scale (PWBS)

The 18-item PWBS (Ryff & Keyes, 1995) measures positive psychological functioning across six dimensions:

- *Self-Acceptance (SA)*: Positive attitudes toward oneself and one's past
- *Purpose in Life (PL)*: Sense of direction and meaning
- *Positive Relations with Others (PR)*: Capacity for intimate relationships and social engagement
- *Personal Growth (PG)*: Ongoing self-development and learning
- *Environmental Mastery (EM)*: Capacity to manage life circumstances
- *Autonomy (A)*: Independence and self-determination

Items are rated on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Total scores range from 18–126, with higher scores indicating greater psychological well-being.

Psychometric Properties: The PWBS demonstrates strong internal consistency across dimensions ($\alpha = .70–.80$) and has been validated in multiple cultural contexts, including with

Indian samples. Construct and discriminant validity have been established through correlations with related and unrelated constructs.

Demographic Information

Demographic variables included mode of accommodation (day scholar versus hostel resident), place of residence (urban versus rural), and birth order. These variables were selected based on previous research suggesting potential associations with emotion regulation and well-being (Lee & Kim, 2020; Kim & Lee, 2020).

Procedure

Data collection occurred over two weeks, with students recruited through purposive sampling during regular clinical internship sessions. Researcher administered questionnaires in classroom settings, requiring approximately 15–20 minutes for completion. Students were assured of confidentiality and informed that responses would not affect academic evaluations. Completed questionnaires were collected anonymously and coded with identification numbers for data analysis.

Data Analysis

Preliminary Analyses: Data were assessed for normality using the Shapiro-Wilk test and Kolmogorov-Smirnov test. Given the small sample size ($N = 47$), sensitivity to violations of normality was heightened; however, both emotion regulation and psychological well-being variables approximated normal distributions, supporting the use of parametric statistics.

Descriptive Statistics: Means, standard deviations, and frequencies were calculated for all variables and demographic characteristics.

Inferential Analyses:

1. *Pearson correlation coefficient* was employed to examine bivariate relationships between emotion regulation subscales and overall psychological well-being, and between specific emotion regulation strategies and PWBS dimensions.
2. *Independent samples t*-tests compared means on emotion regulation and well-being across demographic groups (accommodation mode, residence type).
3. *Effect sizes* (Cohen's *d*) were calculated for all t-test comparisons; correlations are reported with 95% confidence intervals.

Statistical significance was established at $\alpha = .05$ (two-tailed). All analyses were conducted using SPSS Version 26.0 (IBM Corporation, Armonk, NY). Missing data were minimal (<2%) and handled through listwise deletion.

RESULTS

Descriptive Statistics and Demographic Characteristics

Participants' demographic characteristics are presented in Table 1. The sample comprised 47 nursing students (gender distribution not reported; *Mn age* = 20.5 years). Nearly half the sample (44.7%, $n = 21$) were day scholars, while 55.3% ($n = 26$) resided in hostel accommodations. A majority (57.4%, $n = 27$) were from urban backgrounds, with 42.6% ($n = 20$) from rural areas. Birth order distribution indicated varied family structures across the sample.

Table 1: Demographic Characteristics of Nursing Student Sample

Socio-Demographic Variables	Category	Frequency (N)	Percentage (%)
Mode of Accommodation	Day Scholar	21	44.7
	Hosteller	26	55.3
Place of Residence	Urban	27	57.4
	Rural	20	42.6

Emotion Regulation and Psychological Well-being Levels

Table 2 presents the frequency distribution of emotion regulation and psychological well-being scores categorized into high, average, and low ranges based on standardized cutoff values.

Emotion Regulation: Regarding cognitive reappraisal, the majority of participants (85.1%, n = 40) exhibited average-range use of this adaptive strategy. Only 13% (n = 6) demonstrated high cognitive reappraisal use, while 2% (n = 1) scored in the low range (M = 26.70, SD = 7.75).

For expressive suppression, similarly, most participants (87.2%, n = 41) scored in the average range. A small proportion (10.6%, n = 5) scored high, and 2% (n = 1) scored low on suppression use (M = 16.40, SD = 5.59).

Psychological Well-being: Participants demonstrated predominantly average-level psychological well-being (93.6%, n = 44), with only 6.4% (n = 3) scoring in the high range (M = 73.40, SD = 6.19). No participants scored in the low range, suggesting that despite academic and clinical demands, nursing students maintained minimally adequate psychological functioning.

Table 2: Frequency Distribution of Emotion Regulation and Psychological Well-being Scores

Variables	N	Category	Frequency (n)	Percentage (%)
Emotion Regulation	47			
a. Cognitive Reappraisal		High	6	13
		Average	40	85
		Low	1	2
b. Expressive suppression		High	5	11
		Average	41	87
		Low	1	2
Psychological Well-being	47	High	3	6
		Average	44	94
		Low	-	-

Relationship Between Emotion Regulation and Psychological Well-being

Pearson correlation analysis examined bivariate relationships between emotion regulation strategies and overall psychological well-being. As presented in Table 3, cognitive reappraisal demonstrated a non-significant weak positive correlation with psychological well-being (r = .050, 95% CI [-.279, .370], p = .779). Expressive suppression similarly

showed a non-significant positive correlation with well-being (r = .100, 95% CI [-.227, .409], p = .558).

However, a significant positive correlation emerged between cognitive reappraisal and expressive suppression (r = .531, p < .01, 95% CI [.279, .716]), indicating that students employing higher cognitive reappraisal also tended to use greater expressive suppression. This unexpected pattern suggests potential conceptual overlap or that students may employ multiple regulatory strategies simultaneously.

Table 3: Correlations Between Emotion Regulation Strategies and Psychological Well-being

Variables	Cognitive Reappraisal	Expressive Suppression	Psychological Well-being
Cognitive Reappraisal	1	.531**	.050
Expressive Suppression	.531**	1	.100
Psychological Well-being	.050	.100	1

** *Correlation is significant at the 0.01 level (2-tailed)*

Dimension-Specific Analyses

Table 3a presents correlations between emotion regulation strategies and specific PWBS dimensions. Cognitive reappraisal demonstrated a significant positive correlation with positive relations with others (r = .337, p < .01, 95% CI [.055, .571]), the only significant finding across dimension-specific analyses. This suggests that students employing cognitive reappraisal to reframe situations tend to experience greater capacity for intimate relationships and social engagement.

Cognitive reappraisal showed weak non-significant associations with self-acceptance (r = .043), purpose in life (r = -.007), personal growth (r = -.021), environmental mastery (r = -.258), and autonomy (r = .081). Expressive suppression similarly failed to correlate significantly with any well-being dimension (p > .05).

Table 4: Dimension-Specific Correlations Between Emotion Regulation and Psychological Well-being

Variables	CR	ES	SA	PL	PR	PG	EM	A
Cognitive Reappraisal	1	**.531**.**	.043	-.007	**.337****	-.021	-.258	.081
Expressive Suppression	**.531****	1	-.078	.180	.217	.026	.043	-.049

***Correlation is significant at the 0.01 level (2-tailed)*

**CR - Cognitive Reappraisal ES - Expressive Suppression SA - Self Acceptance, PL - Purpose in Life, PR - Positive Relations, PG - Personal Growth, EM - Environmental Mastery and A - Autonomy*

Demographic Moderation Analyses

Independent samples t-tests examined whether emotion regulation and psychological well-being differed by accommodation mode (day scholar vs. hostel resident) and residence type (urban vs. rural).

Accommodation Mode: No significant differences emerged in cognitive reappraisal (t[45] = .813, p = .872, Cohen's d = .24), expressive suppression (t[45] = .756, p = .370, Cohen's d

= .22), or psychological well-being (t[45] = -.815, p = .713, Cohen's d = -.24) between day scholars and hostel residents.

Residence Type: Urban and rural residents showed no significant differences on cognitive reappraisal (t[45] = 1.147, p = .215, Cohen's d = .35), expressive suppression (t[45] = -.312, p = .247, Cohen's d = -.09), or psychological well-being (t[45] = 1.284, p = .370, Cohen's d = .38).

These non-significant findings suggest that emotion regulation strategies and psychological well-being among nursing students are not substantially influenced by living arrangements or geographic origin, contrary to theoretical predictions based on previous Western research.

Table 5: Descriptive Statistics and t-Test Results by Accommodation Mode

Variable	Group	n	M	SD	t	p
Cognitive Reappraisal	Day Scholar	21	27.62	7.71	.813	.872
	Hostel	26	25.77	7.78		
Expressive Suppression	Day Scholar	21	17.24	5.15	.756	.370
	Hostel	26	16.00	5.91		
Psychological Well-being	Day Scholar	21	72.67	6.89	-.815	.713
	Hostel	26	74.15	5.72		

DISCUSSION

Primary Findings and Theoretical Implications

This study investigated relationships between emotion regulation strategies and psychological well-being among nursing students in India. Contrary to substantial Western research documenting strong positive associations between adaptive emotion regulation and well-being, the present findings reveal a nuanced and unexpected pattern.

Surprising Null Relationship: The absence of significant correlations between overall emotion regulation strategies (cognitive reappraisal and expressive suppression) and global psychological well-being contradicts established theoretical models and previous empirical findings. Meta-analytic evidence strongly supports positive associations between cognitive reappraisal and well-being (Pubmed Central, 2020) and negative associations between suppression and well-being (Wang & Huang, 2019). Several interpretations merit consideration:

1. **Sample Characteristics and Cultural Context:** The small sample size (N = 47) limits statistical power to detect moderate effect sizes and may not adequately represent the broader population of Indian nursing students. Moreover, cultural factors specific to Indian contexts—including collectivist values, spiritual coping mechanisms, and hierarchical social structures—may fundamentally alter emotion regulation–well-being relationships in ways not adequately captured by Western-developed measures.
2. **Measurement Considerations:** The ERQ and PWBS, while psychometrically sound globally, may inadequately assess emotion regulation and well-being as experienced within Indian cultural frameworks. The ERQ's emphasis on cognitive reappraisal and suppression may not capture culturally-specific regulation strategies (e.g., reliance on family support, spiritual practices, acceptance-based approaches consistent with Indian philosophical traditions).

3. **Temporal and Contextual Factors:** Cross-sectional data cannot establish causality or temporal precedence. The measured emotion regulation and well-being may reflect adaptive responses to specific internship conditions rather than stable individual characteristics. Additionally, if emotion regulation training or well-being interventions were recently implemented in the nursing program, sample members might have been in transition periods.
4. **Ceiling and Floor Effects:** The high proportion of participants in average ranges (85–94%) with minimal representation in high or low ranges may suggest restricted variance, reducing the magnitude of obtainable correlations. This distribution pattern warrants investigation of measure sensitivity and appropriateness for the sample.

Dimension-Specific Findings

The significant positive correlation between cognitive reappraisal and positive relations with others ($r = .337$, $p < .01$) provides important nuance. This finding suggests that students employing cognitive reappraisal—reinterpreting situations to alter emotional impact—experience enhanced capacity for interpersonal connection and social engagement. This specific association aligns with theoretical predictions; reappraisal, by reducing emotional reactivity, may facilitate more adaptive social interactions and relationship maintenance. The lack of associations between reappraisal and other well-being dimensions (self-acceptance, autonomy, environmental mastery) suggests that the cognitive restructuring inherent in reappraisal may have domain-specific benefits for social functioning without generalizing to broader well-being.

The non-significant correlation between expressive suppression and well-being dimensions is particularly noteworthy, as Western research consistently documents suppression's association with psychological distress and reduced well-being (Huang & Wang, 2019). Several possibilities merit exploration:

1. **Adaptive Function of Suppression in Context:** In demanding clinical environments with hierarchical social structures, expressive suppression may serve an adaptive function for nursing students by facilitating professional emotional distance and maintaining composure during emotionally challenging situations. Such contextual adaptation might decouple suppression from well-being reductions.
2. **Heterogeneous Suppression Effects:** Suppression's relationship to well-being may depend on suppression content (suppressing negative vs. positive emotions), duration, and situational appropriateness. Suppression employed strategically in clinical contexts may differ from chronic generalized suppression studied in typical well-being research.

Non-Significant Demographic Effects

The absence of significant differences in emotion regulation and well-being by accommodation mode or residence type contradicts research suggesting that urban-rural differences and social isolation influence mental health (Lee & Kim, 2020; Kim & Lee, 2020). Several interpretations apply:

1. **Organizational Context Salience:** The institutional context of nursing education may subsume demographic variation effects. Whether living on campus or commuting, nursing students share intensive clinical training, peer relationships, and academic demands that may constitute the primary drivers of emotion regulation and well-being.

2. **Social Support Buffering:** Both hostel and day scholar students may benefit from institutional support structures—peer networks, faculty mentorship, counseling services—that buffer against accommodation-related stressors.
3. **Sample Homogeneity:** The nursing student sample, while diverse in residence type, shares professional aspirations, age range, and commitment to clinical training. Such homogeneity may attenuate demographic effect sizes.

Implications for Nursing Education and Practice

Despite unexpected null findings, several important implications emerge for nursing education and practice:

1. Curriculum Development and Emotion Regulation Training

The findings suggest that standard emotion regulation training rooted exclusively in cognitive reappraisal and suppression concepts may inadequately address nursing students' needs. Evidence supporting this study's null finding and dimension-specific patterns suggests that emotion regulation curricula should:

- **Integrate culture-specific strategies:** Incorporate Indian philosophical approaches to emotion and well-being (mindfulness from Buddhist and yogic traditions, acceptance-based approaches, family-centered coping).
- **Emphasize interpersonal focus:** Given the significant cognitive reappraisal–positive relations correlation, training should highlight reappraisal's specific benefits for relationship maintenance and collaborative clinical practice.
- **Contextualize suppression:** Rather than universally discouraging emotional suppression, curricula should teach adaptive contextual use of emotional regulation strategies, recognizing that professional emotional management differs from chronic emotion hiding.
- **Multi-strategy approach:** Training should expose students to diverse emotion regulation strategies (distraction, acceptance, problem-solving, social support-seeking) rather than focusing narrowly on cognitive reappraisal.

2. Mental Health Support Services

The prevalence of average-range well-being scores (93.6% of sample) despite emotional demands suggests that current support mechanisms may be marginally adequate. Mental health services should:

- **Proactively identify at-risk students:** Monitor well-being trajectories longitudinally; target students not demonstrating high well-being with preventive interventions.
- **Provide specialized clinical training:** Develop internship-specific mental health support addressing moral distress, compassion fatigue, and ethical challenges unique to nursing practice.
- **Implement peer support systems:** Leverage significant positive relations finding to develop peer mentorship and support groups as cost-effective mental health promotion strategies.

Limitations

This study's findings must be interpreted within several important limitations:

1. **Sample Size and Generalizability:** The small sample (N = 47) from a single institution limits statistical power and external validity. Findings may not generalize

to diverse nursing student populations across India's varied educational systems and cultural contexts.

2. **Cross-Sectional Design:** The inability to establish causal direction or temporal precedence precludes conclusions regarding whether emotion regulation influences well-being or vice versa. Longitudinal designs are needed.
3. **Self-Report Measurement:** Reliance on self-report questionnaires is subject to social desirability bias, particularly regarding emotional expression in hierarchical clinical contexts where students may underreport emotional distress to appear competent.
4. **Restricted Variance:** The skewed distribution of well-being scores (93.6% in average range) suggests potential floor/ceiling effects or measure insensitivity within this sample.
5. **Excluded Participant Information:** Lack of gender distribution data, detailed psychiatric history information, and medication status limits comprehensive characterization of the sample.
6. **Contextual Limitations:** Data collection during a specific two-week internship period may not represent typical student emotion regulation and well-being during varied clinical rotations.

CONCLUSION

This cross-sectional study revealed an unexpected null relationship between emotion regulation strategies (cognitive reappraisal and expressive suppression) and overall psychological well-being among Indian nursing students, contradicting established Western research. However, dimension-specific analysis revealed a significant positive association between cognitive reappraisal and positive relations with others, suggesting that emotion regulation's relationship to well-being may be multifaceted and domain-specific. The absence of demographic moderation effects indicates that accommodation mode and residence type do not substantially influence these relationships within the nursing student context.

These findings underscore the importance of culturally-informed research recognizing that emotion regulation–well-being relationships documented in Western contexts may not uniformly apply across diverse cultural groups. Rather than representing emotion regulation's irrelevance to nursing students' well-being, these results suggest the need for more nuanced theoretical models incorporating cultural factors, contextual specificity, and dimension-specific outcomes.

Implications for nursing education include developing culturally-grounded emotion regulation curricula, implementing targeted mental health support systems, and investing in longitudinal research examining emotion regulation–well-being relationships throughout nursing education and professional career trajectories. By addressing these gaps, nursing education can better support student mental health while developing emotional competency critical to high-quality patient care and professional resilience.

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Conflict of Interest

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