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Cite This Article: Fatima, E., Qammar, Z., Qurashi, S., Ijaz, M. & Munir, M. (2026). Emotional Regulation as a Predictor of Quality of Life and Social Isolation Among Rescue Employees in Pakistan. *Journal of Social Sciences Research & Policy*. 4 (01), 151-167.

DOI: <https://doi.org/10.71327/jssrp.41.151.167>

ISSN: 3006-6557 (Online)

ISSN: 3006-6549 (Print)

Vol. 4, No. 1 (2026)

Pages: 941- 948

Key Words:

Emotional regulation, quality of life,
Social isolation, trauma exposure,
Rescue employees, Pakistan

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Abstract: Rescue workers often have to deal with life-threatening situations and human suffering, which demands a high toll on their emotional control. In this study, the relationship between emotional regulation and two outcome variables (quality of life and social isolation) of rescue employees in Sargodha, Pakistan was investigated. Data were collected from 300 male rescue employees who were selected using purposive sampling method and adopted a cross sectional correlational design. Emotional regulation was assessed using the Emotional Regulation Questionnaire (Gross & John, 2009), quality of life was assessed using the WHOQOL-BREF (Hawthorne, 2008) and social isolation was assessed using the Friendship Scale (Gross & John, 2009). Emotional regulation was a significant positive predictor of QC and all of QC's domains as indicated by Pearson correlation and linear regression. Interestingly, the emotional regulation subscale also had a positive association, not a negative one, with social isolation. Independent-samples t-tests showed that there was significant difference between employees living in extended family systems and nuclear family systems in terms of emotional regulation and quality of life, while there was a significant difference between the marital status of partners on quality of life and social isolation. The amount of change in each of the three variables was not significantly different between the group of people who had a history of a traumatic incident and those who did not. The implications for mental health support in the workplace for rescue personnel are discussed.

Introduction

Emotional regulation is the process people use to manage their emotions in terms of their experience and expression as well as which ones they feel and when (Gross & Thompson, 2007). It relies on thinking, focusing, and regulating aspects of the nervous system, thus enabling a person to observe, evaluate, and adjust the strength and duration of an emotional reaction to keep behaviors at a level that is appropriate for the task at hand. Flexibility in selecting and switching among these strategies rather than using any one of them is what is consistently associated with healthy adjustment (Aldao, Sheppes,

& Gross, 2015; Bonanno & Burton, 2013) and is more extended across the situation, attentional focus on the situation, appraisal of the situation, and the response to it.

Regulating emotion is closely related to quality of life. Quality of life is the way in which a person sees himself/herself in his/her life according to the values in which he or she lives and in relation to his or her aims, expectations, standards and worries. It is a multifaceted phenomenon that includes physical, psychological, social and environment factors (Schalock et al., 2002) and is influenced by how a person thinks about his or her life situation (Diener, Suh, Lucas, & Smith, 1999). Emotion regulation is linked to increased life satisfaction, relationship quality, and reduced stress and depressive symptoms, while poor emotion regulation is related to poorer relationship quality and reduced well-being.

Similarly, the objective lack of social contact and supportive relationships (social isolation) has broad implications. There is a wealth of evidence that underscores the negative relationship between persistent loneliness and physical and mental health outcomes, such as increased cardiovascular risk and cognitive decline (Holt-Lunstad et al., 2015), and that social support buffers the detrimental effects of stress on health (Cohen & Wills, 1985). Bigger decreases in social capital and in community involvement have also been linked to structural shifts in the way people work and socialize (Putnam, 2000). A person's emotional regulation can affect how they interact with others when they are stressed, so it is reasonable to assume it would affect whether they are susceptible to social isolation or not, either by helping to keep social bonds intact or by making it more difficult for them to maintain a social bond if they are trying to suppress their emotions instead of expressing them openly (Eisenberg, Spinrad, & Eggum, 2021).

These questions have a special significance for those who work in rescue operations, which are regularly confronted with life-threatening situations, medical emergencies and acute human suffering. Under pressure and with little time to think, rescue personnel have to make quick decisions, and the requirement to remain calm under these circumstances can cause a strain on emotional regulation (Jankowski, 2013). Without regulation, there can be increased levels of stress and decreased levels of job satisfaction, which directly impact quality of life. In parallel, emotionality in this type of work can cause employees to avoid social interaction, or to adopt repressive coping mechanisms that restrict their ability to express emotions in a meaningful way towards colleagues and family, which may lead to a feeling of loneliness even if they are coping with daily stressors (Schmidt, van Kleef, & Dijkstra, 2019). Although these factors are relevant, there is limited research that has explored the relationship between emotional regulation and quality of life and social isolation together, in a Pakistani rescue-service setting.

The present study thus explored the relationship between emotional regulation and quality of life, emotional regulation and social isolation among rescuers, and whether there was a difference in the three variables based on exposure to a traumatic incident, family system and marital status. It was hypothesized that emotional regulation would positively correlate with quality of life, and negatively correlate with social isolation, and that employees who experienced a traumatic incident would report poorer emotional regulation and poorer quality of life and greater social isolation than employees who did not experience a traumatic incident, and that emotional regulation would emerge as a significant predictor of both outcomes.

Methodology

This study adopted a cross sectional correlational design to investigate the correlation between emotional regulation, quality of life and social isolation in rescue workers.

Participants

Rescue officers from the Sargodha district of Pakistan were sampled purposively and 300 male rescue employees participated in the study. The demographic characteristics of the sample are summarized in Table 1. The majority of the participants were single (57.6%) and approximately two thirds (66.3%) had experienced a traumatic event while on duty. The numbers were fairly balanced between living in urban (51.7%) and rural (48.3%) settings.

Table 1. Frequency and Percentage of Participant Characteristics (N = 300)

Variable	Category	n	%
Marital status	Single	173	57.6
	Married	127	42.3
History of traumatic incident	Yes	199	66.3
	No	101	33.6
Residence	Urban	155	51.7
	Rural	145	48.3

Inclusion and exclusion criteria

Participants had to be informed, have competence in the language of the survey and consent. People who did not work as a rescue worker were not included in the sample.

Instruments

A demographic sheet was used to gather data relating to education, family system, marital status, place of residence, position, employment experience and history of a traumatic incident.

Emotional Regulation Questionnaire (Gross & John 2009). This 10-item scale has a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree), and does not have any reverse-scored items. This scale has a previous Cronbach's α of .71.

WHOQOL-BREF. WHOQOL-BREF was used to assess the quality of life, consisting of 26 items, and organized into four domains: physical health, psychological health, social relationships, and the environment with each item being rated on a 5-point Likert scale. According to the World Health Organization the instrument has a Cronbach's alpha of .93.

Friendship Scale (Hawthorne, 2008). This 6-item scale on a 5-point Likert scale has been reported with an internal consistency of $\alpha = .83$, and was used to measure social isolation.

Procedure

Ethical approval was granted by the institution, and there was written permission from the corresponding rescue company that the researcher was affiliated with. Participants were approached one-on-one, given a briefing on the purpose of the study, and requested to provide informed consent to ensure their responses were used for research purposes only and their identity remained confidential. The questionnaires were filled out at the site and required about 20 minutes to complete. The SPSS software was used to enter the data and analyze it.

Results

Data were analyzed using Pearson correlation, linear regression, and independent-samples t-tests.

Table 2. Descriptive Statistics and Internal Consistency of Study Scales

Scale	M	SD	Range	α
Emotional Regulation	32.12	7.14	4–20	.85
Quality of Life (total)	87.47	15.82	10–50	.83
QOL & General Health	6.42	2.00	2–12	.55
Physical Health	23.32	4.80	10–33	.73
Psychological	20.31	4.10	8–28	.71
Social Relationships	10.41	2.60	3–15	.79
Environment	26.97	6.00	13–88	.66
Social Isolation	19.45	3.47	8–28	.54

Note. $N = 300$. QOL & General Health = the two-item WHOQOL-BREF facet assessing overall quality of life and general health.

Emotional Regulation showed good internal consistency ($\alpha = .85$), as did the overall Quality of Life score ($\alpha = .83$); reliability was lower for several of its subdomains and for Social Isolation ($\alpha = .54$), consistent with the scale's brevity.

Table 3. Pearson Correlations Among Study Variables

Variable	1	2	3	4	5	6	7	8
1. Emotional Regulation	—	.50**	.40**	.49**	.42**	.42**	.32**	.55**
2. Quality of Life		—	.53**	.86**	.84**	.70**	.82**	.45**
3. QOL & General Health			—	.45**	.34**	.39**	.30**	.48**
4. Physical Health				—	.75**	.58**	.58**	.45**
5. Psychological					—	.54**	.61**	.35**
6. Social Relationships						—	.47**	.36**
7. Environment							—	.27**
8. Social Isolation								—

Note. $N = 300$. ** $p < .01$.

As shown in Table 3, Emotional Regulation was significantly and positively correlated with Quality of Life and with all four of its domains. Quality of Life, in turn, was significantly and positively correlated with Social Isolation, as was Emotional Regulation itself, contrary to the hypothesized direction. Every domain of Quality of Life was also significantly and positively correlated with Social Isolation.

Table 4. Linear Regression Analyses of Emotional Regulation Predicting Quality of Life, Its Domains, and Social Isolation

Outcome variable	B	β	SE	R^2	F	p
Quality of Life (total)	1.10	.50	.113	.24	96.57	<.001

QOL & General Health	0.11	.40	.015	.16	55.76	<.001
Physical Health	0.33	.49	.034	.24	93.19	<.001
Psychological	0.25	.42	.030	.12	65.47	<.001
Social Relationships	0.16	.42	.020	.17	63.47	<.001
Environment	0.27	.32	.046	.10	32.87	<.001
Social Isolation	0.27	.55	.024	.30	129.06	<.001

Note. $N = 300$. B = unstandardized coefficient; β = standardized coefficient.

Emotional Regulation was a significant positive predictor of Quality of Life, $F(1, 298) = 96.57$, $p < .001$, accounting for 24% of the variance, and remained a significant positive predictor of every domain of Quality of Life. Emotional Regulation was also a significant positive predictor of Social Isolation, $F(1, 298) = 129.06$, $p < .001$, accounting for 30% of the variance, again contrary to the hypothesized direction.

Table 5. Differences in Emotional Regulation, Quality of Life, and Social Isolation by Traumatic Incident, Family System, and Marital Status

Variable	Group 1	M	SD	Group 2	M	SD	t(298)	p
Traumatic incident (n = 199 vs. 101)	Yes			No				
Emotional Regulation		32.13	7.23		32.33	7.46	0.20	.840
Quality of Life		86.80	15.03		87.41	14.70	0.30	.766
Social Isolation		19.26	3.47		20.01	3.55	1.56	.119
Family system	Nuclear			Extended				
Emotional Regulation		34.36	7.01		30.13	6.27	5.21	<.001
Quality of Life		89.96	13.53		85.00	17.01	2.70	.007
Social Isolation		19.97	2.90		19.04	3.75	2.33	.020
Marital status (n = 173 vs. 127)	Single			Married				
Emotional Regulation		32.75	7.15		33.46	6.07	0.76	.451
Quality of Life		89.26	14.60		85.05	11.64	-2.21	.028
Social Isolation		19.30	3.13		20.40	3.02	2.56	.011

There were no significant differences for Emotional Regulation, Quality of Life, and Social Isolation between those who reported a history of a traumatic incident and those who did not. There was no significant difference on Social Isolation between nuclear and extended family systems, but nuclear family systems employees reported significantly higher scores on Emotional Regulation and Quality of Life. Married employees reported significantly higher Social Isolation and significantly lower Quality of Life than single employees with no significant difference in Emotional Regulation between the two groups.

Summary of Findings

Emotional Regulation was significantly and positively related with Quality of Life, and surprisingly, also with Social Isolation, as confirmed by regression analyses. There was no significant group difference in traumatic incident history on any of the study variables, but there were significant group differences in family system variables for Emotional Regulation and Quality of Life and marital status variables for Quality of Life and Social Isolation.

Discussion

This study investigated the association between emotional regulation, quality of life and social isolation among rescue workers in Sargodha, Pakistan, a population that has not been studied in combination, but has been studied separately in large volumes in the international literature.

Emotional Regulation was also positively correlated and a significant predictor of Quality of Life, as predicted by the hypothesis and in line with previous studies that found that regulating one's emotions is associated with reduced psychological distress and increased life satisfaction among high-stress jobs (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Employees who can regulate their emotional responses when under stress seem to be in a better position to maintain their sense of well-being in the physical, psychological, social and environmental dimensions assessed in this study.

Against the backdrop of these results, Emotional Regulation was also significantly and positively (not negatively) correlated with Social Isolation and regression verified this as a positive predictor of Social Isolation. One reason may relate to how the regulation is accomplished: relying on suppression instead of overt emotional expression may help to reduce distress, but it also may inhibit true disclosure that helps to maintain intimate relationships (Eisenberg, Spinrad, & Eggum, 2021). Rescue organizations might exacerbate this pattern, as people who regulate their emotions most effectively may be those who practice suppression of emotions most effectively when it comes to others in their family and colleagues (Schmidt, van Kleef, & Dijkstra, 2019). Seemingly, individual differences in personality, and external social support, moderate the relationship between regulation and social outcomes, which were not measured in the present study (Bonanno & Burton, 2013).

No significant differences were found related to History of a traumatic incident regarding Emotional Regulation, Quality of Life or Social Isolation. This could be a ceiling effect in an occupation that is already familiar with upsetting events, so that a single traumatic event does not make a significant difference for scores on these scales.

The family system and marital status, however, were linked to more distinct differences. Nuclear family workers indicated better emotional regulation and quality of life than extended family workers, which is in line with the understanding that smaller, more intimate, emotional support systems may provide more consistent emotional support on a day-to-day basis (Cohen & Wills, 1985). Single employees indicated greater quality of life and less social isolation than married employees, which may partially be attributed to the increased demands of having family responsibilities on top of the irregular hours and psychological strain of rescue work, however cross sectional design does not allow us to determine whether this is a cause or an effect.

Limitations and Suggestions

These findings are restricted by a number of factors. All measures were self-reported, and, therefore, there may be social desirability bias; future research should include behavioral measures and/or informants. The sample was limited to male employees in rescue offices within one district and there was no generalizability; a more diverse sample geographically and by gender would enhance future work. Also, cross-sectional studies cannot establish causality, as can be seen in the present study with

the counterintuitive finding that emotional regulation is related to social isolation, which would be possible to test in longitudinal designs. Finally, the study did not examine any potential mediating or moderating variables (such as specific regulation strategies, personality traits, or organizational support) that might account for the relationship between emotional regulation and increased rather than decreased feelings of isolation; qualitative analyses would also be useful in supplementing the quantitative analyses conducted in this study.

Implications

Such results indicate that interventions that reinforce emotional regulation, such as resiliency training and emotional intelligence structured workshops, could positively impact the quality of life for rescue employees. Concurrently, the positive relationship among regulation and isolation suggests that regulation training may not be enough to mitigate social disconnection; consequences of other mechanisms that intentionally foster structure for peer support and the naturalization of open emotional expression inside rescue organizations may be needed, in addition to regulation training, to reduce social disconnections.

Conclusion

The findings also revealed a significant positive correlation between emotional regulation and QOL among rescue personnel working in Sargodha, Pakistan, which is in line with its known association with occupational well-being. It was also, surprisingly, a positive predictor of social isolation, indicating that coping mechanisms that promote personal calm do not necessarily directly translate into social isolation. Family system and marital status were also related to these outcomes, but not history of a traumatic incident. When taken together, these findings suggest that both emotional regulation and social connection are important but separable targets of workplace interventions that foster rescue worker well-being.

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