

IMPACT OF PSYCHOLOGICAL CAPITAL, NURSES' EXPERIENCE AND EMOTIONAL BURNOUT ON QUALITY OF LIFE OF CANCEROUS CHILDREN

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Abstract

Background: Nurses are regarded as a cornerstone of healthcare systems, and oncology nurses experience heightened stress compared to other healthcare professionals due to prolonged patient interaction and high mortality rates in clinical settings. Burnout negatively affects nurses' physical and mental health and compromises organizational performance, ultimately influencing the quality of care provided to children with cancer. Positive psychological resources such as hope and resilience, conceptualized as psychological capital, are considered important contributors to quality of life. This study aimed to investigate the relationships among psychological capital, nurses' experience in pediatric oncology, emotional burnout, and the quality of life of children with cancer. *Methodology:* A quantitative cross-sectional study design with a non-probability sampling technique was utilized. The study was conducted at Children Hospital Lahore, Pakistan, and included nurses working in the pediatric oncology department. Structured Likert scale questionnaires were administered to measure psychological capital, nurses' experience, emotional burnout, and quality of life of children with cancer. Demographic information was also collected from participants. *Results:* All participants were female government employees. The majority (53.3 percent) were aged between 26 and 45 years, 99.3 percent held a bachelor's degree, and 83.3 percent had 2 to 5 years of service. Mean scores were high for psychological capital (4.44), quality of life (3.94), and emotional burnout (3.67), while nurses' experience demonstrated a moderate mean score (3.19). Psychological capital showed a weak but significant positive correlation with nurses' experience ($p < .01$), whereas its associations with quality of life ($p > .05$) and emotional burnout ($p > .05$) were not significant. Nurses' experience was positively and significantly correlated with quality of life ($p < .05$), but its relationship with emotional burnout was not significant ($r = -.063$, $p > .05$). Quality of life demonstrated a significant positive correlation with emotional burnout ($p < .01$), indicating that higher emotional burden was associated with variations in quality of life. *Conclusion:* The study demonstrated that emotional burden and negative experiences were significant determinants of quality of life, while psychological capital did not show a direct or indirect influence. The absence of mediation underscores the need for direct intervention strategies focused on emotional well-being to enhance overall quality of life. Mental health professionals and policymakers should prioritize measures that reduce emotional burden and address negative workplace experiences among oncology nurses.

INTRODUCTION

Cancer, remarkable disease with greater morbidity and mortality rates in pediatrics globally (Torre et al., 2016). Approx. 5% of global burden, only 224 000 children were detected (Ward et al., 2019). World Health Organization (WHO) reports a significant age of children between five to fourteen. Majority of children died being unidentified. About 400,000 of children and adolescents are highlighted each year, affecting both under developed as well as developing countries accounting for majority (Ward et al., 2014). Childhood cancer prognosis varies significantly, depending on geographic (Zeeshan et al., 2024). Developed Countries report cure exceeding 80% because of advanced diagnosis and supportive care. Under developed Countries lag behind with survival rates ranging from 20% to 70% and in some regions as low as 10% (Gull, et al, 2025). Nurses in cancer units experience massive stress compared to other healthcare personnel due lengthy duty hours of emotive patient care, high mortality, and high-risk situations (Ko, 2016; Khan, 2020; Russo, 2022). Stressors faced by nurses arise from nature of cancer; the physical and psychological effects of treatment modalities characterized by destructive treatment side effects (Tuna & Baykal, 2014). Oncology nurses had task with breaking bad news, supporting patients and their families through grief, and steering complex ethical conditions.

Sympathetic relationships has substantial impact on cancer survivorship (Schroevens et al., 2010). Noteworthy mediators of optimistic and optimistic impact was shown (Hodges & Winstanley, 2012). Constructive mental aspects (hope and resilience) had a noteworthy part in maintaining QOL. Hope is one's certainty in proficiency to achieve goals, mainly influencing outcomes (Rand et al., 2012). In classic model, hope is composed of cognitive, temporal, contextual, affective, affiliative and behavioral scopes (Dufault & Martocchio, 1985). Direct relationship between hope and cancer pain (Pulvers & Hood, 2013; Akbar & Hayat, 2020; Quader, 2024). Hope executed a significant role in maintaining QOL (Hawro et al., 2014), and psychological and spiritual reserve, beneficial

in fighting cancer (Dreyer & Schwartz-Attias, 2014). Higher hope persons are more likely to partake in events with their spouse for better relationship (Rock et al., 2014). Hope is valuable in physical, mental health and QOL (Farhadi et al., 2014). Cancer diagnosis and treatment surge patients' emotional distress and lessen hope (Lin et al., 2003), revealed a high hope in western countries.

LITERATURE REVIEW

Compassion Fatigue Theory was developed by Charles Figley (1995) explains the emotional, physical, and psychological burden experienced by nurses after prolonged suffering (Figley, 1995). Emotional depletion negatively impacts on health, performance, and care (Imran et al., 2025). Theory provides conceptual framework linking the nurses' burnout, empathy, psychological resources to QOL of cancerous children (Sinnathamby et al., 2025). Psychological Capital (PsyCap) has four positive mental reserves. Hope is belief in ability to find ways to goals (Ismail & Ali, 2020; Modupe, 2021; Yinusa & Ogoun, 2024; Huang et al., 2025). Efficacy is confidence in one's abilities. Resilience is ability to recover from setbacks. Optimism is positive credit toward success. Nurses with high PsyCap are more resilient and hopeful, buffering compassion fatigue and prevents emotional exhaustion. High PsyCap mitigates emotional burnout, allowing nurses to provide better emotional care to cancerous children, ultimately improving quality of life (Stoia, 2024). Experienced nurses develop coping mechanisms and professional boundaries. According to Compassion Fatigue Theory, repetitive exposure to patient suffering increases burnout while experience develops emotional regulation and resilience. Thus, more experienced nurses have less compassion fatigue, exposure outweighs coping resources (Albaqawi & Alshammari, 2025). Emotional burnout directly arises from chronic compassion stress, reduces nurses' empathy and emotional energy, lowering quality of care. Emotionally drained nurses provide comforting care, impacting emotional security, comfort and hope (Mehdi, 2019; Hameed, 2020; Kelly, 2020; Carlo, 2025). QoL of cancerous children is affected by medical treatment,

psychological and emotional care. Compassion Fatigue Theory relates nurses' burnout and secondary trauma with care decline. Conversely, nurses with high PsyCap and adequate experience can fight compassion fatigue, sustain empathy, and enhance children's psychological comfort and quality of life outcomes (Ufaq, 2019; Modibbo & Inuwa, 2020; Todaro-Franceschi, 2024; Marc & Roussel, 2024).

Psychological Capital helps nurses to cope with stress and remain motivated even in challenging situations. Nurses face emotional demands such as patient suffering, death, and family distress. High PsyCap provides operative coping tactics to manage the stressors. Resilience helps nurses bounce back quickly from emotionally draining situations (Raja & Iqbal, 2019; Rehman & Malik, 2020). Nurses with high PsyCap can handle complex caring tasks. Self-efficacy reduces perceived workload pressure, nurses feel competent to understand challenges as manageable rather than overwhelming preventing emotional depletion. Nurses with strong hope and optimism set positive goals even in difficult circumstances which shields them from negative emotional spirals. Optimistic nurses view workplace concerns as temporary, not personal failures (Muhammad & Yan, 2019; Marc et al., 2025). In Beijing, introverted nurses and with moderate to high burnout were more likely with low psychological capital (Zhang, et al 2024). PsyCap and nurses burnout in public hospitals of Khyber Pakhtunkhwa (KPK), Pakistan has a significant negative relation from job satisfaction to burnout. PsyCap to job burnout pathway through job satisfaction was substantial (Ali, N., et al, 2014).

Nurses' lived experiences in pediatric oncology were suffering and death, intense emotional labor with families, work overload, and lack of resources directly increases chronic emotional exhaustion and reduced success. These stressors cause higher burnout and worse mental health and work outcomes for pediatric oncology nurses (Anwarali, 2024). A meta-analysis showed 37% nurses had high emotive distress, 16% high depersonalization and 27% low personal fulfillment. Most paediatric oncology nurses had

modest-high burnout (De la Fuente-Solana et al., 2020). Perceived stress scale showed moderate stress with mean 21.12 ± 4.6 , 8.3% low stress, 78.7% moderate stress, and 13% severe stress. Another scale, Stress scale for pediatric oncology nurses revealed highest stress linked to "knowing what is ahead" (mean 73.49), "limitation of care" mean 73.36 and "system demands" (mean 71.34). "Co-worker" stressors scored lowest (mean 70.53). this shows moderate to high stress prevalence among pediatric oncology nurses in Pakistan (Anwarali, 2024).

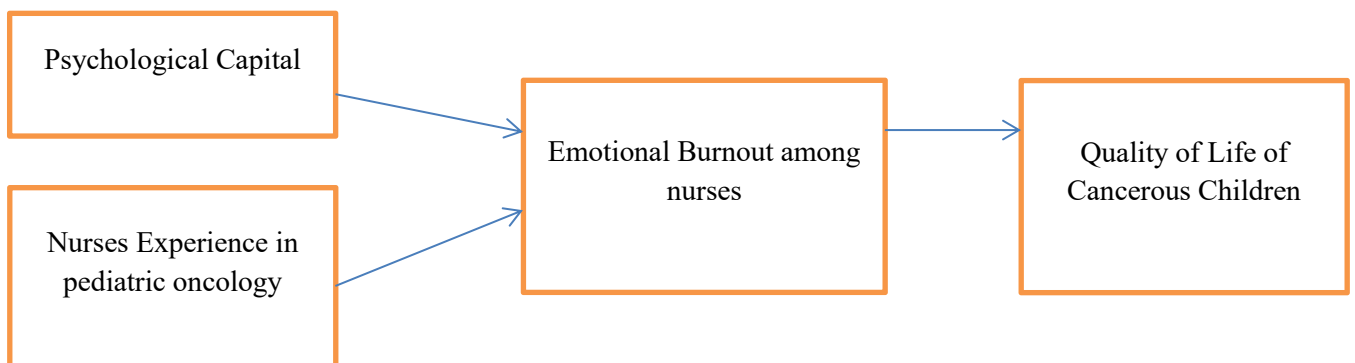
In Brazil, a cross-sectional study showed negative link between QoL and burnout ($p < 0.01$) (Meneguim et al., 2023). Another study at Mayo Hospital, Lahore revealed 83 (79%) nurses were had increased burnout and low QOL. Nurses burnout was very common due to work overload and negatively impact patient care and QoL (Naz et al., 2016). Psychological Capital plays central role in shaping QoL of cancerous children. As emotional burnout declines, QoL is improved. Emotional burnout is a significant mediator. Life satisfaction is a representative indicator of the QoL; Courage, as mental source, supports the individual to face and cope with society fears (Ali & Senturk, 2019; Santisi et al., 2020). PsyCap was meaningfully associated to mental health, compassion satisfaction and destructively to burnout. ProQOL burnout and compassion fatigue imperatively mediated link between PsyCap and mental health, a higher compassion, satisfaction, PsyCap and mental health among nurses (Haleem et al., 2022). Pediatric oncology nurses continually had childhood suffering, multifaceted treatments, and patient loss. Experience level influences QoL. With experience, nurses develop stronger clinical competence enhancing QoL. Nursing professionals at Hospital de Câncer de Barretos, 27 (8.9%) were burnout as two dimension criteria and four (1.3%) were burnout as three dimension criteria. Perceived workplace stressors are strongly associated with burnout (Paiva et al., 2021).

A Quasi-Experimental study showed, improved QoL mean after one-month of nurse-led education program 95 ± 23 with a imperative alteration in post-test QOL (< 0.001). QoL sub dimensions like physical,

psychological, and social wellbeing improved significantly in posttest showing $P < 0.01$ (Amin et al 2022). PsyCap comprising hope, efficacy, resilience, and optimism do not influence nurses' QoL indirectly impacts on emotional and occupational well-being. The indirect relationship emerges because PsyCap strengthens internal coping mechanisms to decrease negative psychological outcomes, leading to better QoL. PsyCap serves as a protective psychological buffer, improving QoL by reducing workplace stressors and emotional burden. PsyCap significant direct relationship with QoL (Guo, Y. F., et al, 2022). Majority had poor psychological well-being with high caregiver burden. PsyCap is linked to QoL in cancer children directly (Ghaffar, R., et al 2023). In Saudi Arabia, 73.2% nurses reported high to very high levels of burnout. Quality of Life was moderately scored. Imperative negative relation was between burnout and QoL (Villagrancia et al., 2025). Burnout was negatively while Compassion fatigue was positively linked with resilience (Khalid & Schwaiger, 2025).

The study objectives are to investigate relationship of psychological capital of nurses, Nurses experience in

Theoretical Framework of the study is given below



RESEARCH METHODOLOGY

Realism and objective phenomena applied in this study (Ongaro & Yang, 2025). This approach explore relationships and effects (Stavrianos, 2025). From epistemological perspective, objective measurement of relationships among psychological capital, nurses' experience, emotional burnout, and children's QoL, allowing the identification of patterns, correlations, and

pediatric oncology, emotional burnout among nurses on Quality of life of cancerous children.

Research Hypotheses of study are:

H₁: There is a direct relationship between Psychological Capital among nurses and Emotional Burnout among nurses.

H₂: There is a direct relationship between Nurses' experience in pediatric oncology and Emotional Burnout among nurses.

H₃: There is a direct relationship between emotional burnout among nurses and quality of life of Cancerous Children.

H₄: Emotional burnout among nurses mediates the relationship between Psychological capital among nurses and quality of life of Cancerous Children.

H₅: Emotional burnout among nurses mediates the relationship between Nurses Experience in Pediatric oncology and quality of life of Cancerous Children.

H₆: There is an indirect relationship between Psychological capital and quality of life of Cancerous Children.

H₇: There is an indirect relationship between Nurses' experiences in pediatric oncology and Quality of Life of Cancerous Children.

potential causal relationships (León, 2025). Quantitative measurement provides statistically robust results, inform interventions aimed at improving nurses health and QoL of cancerous children (Derman & Deatrck, 2016). Research paradigm is positivism, reality based and observed, measured (Park et al., 2020). The deductive approach aligns with causal, relational, direct, indirect, or mediating effects among emotional burnout, nurses'

psychological capital and QoL of cancerous children, enhances generalizability. Quantitative methods allow objective measurement and statistical analysis (Hunziker & Blankenagel, 2024). Cross-sectional design collects data from single setting (Nwabuko, 2024). Explanatory design examines direct, indirect, mediating and cause-effect relationships (Pregoner, 2024).

Study design was cross-sectional, specified setting (Children Hospital Lahore) and population (Nurses in pediatric oncology units) (Wang & Cheng, 2020). Non probability convenient sampling technique was done and Sample size was designed by using G Power. Data was collected from nurses from different units including (BMT, OPD, Chemo bay, hematology) of Pediatric oncology department of Children hospital Lahore. Ethical approval was obtained and permission was granted by hospital authorities. Informed consent was signed by the participants. Anonymity and confidentiality was assured and questionnaires were administered in pediatric oncology departments. Data was collected by all variables and mediator tools. First section is about demographic profile and Second section about all variables questionnaires. Psychological Capital is independent variable , 12 items Likert scale ranging from strongly disagreed (1) to strongly agreed (5), established by (Luthans et al., 2007). Emotional Burnout (mediator) measured by 7 -items Likert Scale on Emotional Exhaustion Scale (Maslach et al., 1997).

Table1: Frequency and Percentage of Demographic Variables

Variables		Frequency (n)	Percent (%)
Age (years)	Up to 25 years	1	.3
	26-45 years	213	53.3
	46-55 years	186	46.5
Gender	Male	0	0 %
	Female	400	100 %
Education	Bachelor's	397	99.3
	Master's	3	.8
	PhD	0	0%
Nature of Employment	Permanent	400	100%
	contractual	0	0%
	others	0	0%
Length Of Service	up to 1 year	6	1.5
	2-5 years	333	83.3

Nurses Experience in Pediatric Oncology is second independent variable and measured by Likert scale (Prognosis related Communication scale) by (Newman & Helft, 2015). This tool is consisted of 2 sections section 1 with 20 fixed response questions with extent of disagreement to agreement items while section 2 is consisted of 14 items measures the frequency from always (1) to never (5). QoL of cancer children, a dependent variable had 8 items Likert scale from not at all (1) to completely (5). PedsQL Cancer Module from the point of view of nurses. It was adopted and modified according to study population and developed by (Varni et al., 2002). Statistical Package for Social Sciences (SPSS) provided a wide range of descriptive and inferential statistical tests, including frequencies, percentages, means, standard deviations, correlation and regression, ANOVA, and mediation analysis.

RESULTS

Sample size was 400 nurses working at Children Hospital Lahore. .3 % participants were within Up to 25 years of age group while 53.3 % were within 26-45 years and 46.5 % were within 46-55 years. All participants were females and permanent Govt. employees.99.3% was having bachelor degree while .8 % was with Masters' degree. Majority (83.3%) participants had length of service 2-5 years while (1.5 %) participants had up to 1 year and 1.5% above 10 years and 15.3 % had 6-10 years length of service.

6-10 years	61	15.3
above 10 years	6	1.5

Table 2: Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation	Skewness	Kurtosis
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Statistics	Std. Error
CWB	400	1.00	4.00	1048.10	2.6203	.84593	-.800	.122
JI	400	2.00	4.50	1523.50	3.8088	.77536	-.760	.122
OI	400	1.75	4.75	1440.75	3.6019	.69172	-.535	.122
WLC	400	1.40	5.00	1648.60	4.1215	.59331	-1.843	.122
N	400							

Table 2 presents the descriptive statistics of the study variables including Psychological Capital (PsyCap), Negative Experiences (NE), Quality of Life (QOL), and Emotional Burden (EB). The sample consisted of 400 respondents. The mean scores indicated relatively high levels of PsyCap (M = 4.44, SD = 0.23), QOL (M = 3.94, SD = 0.61), and EB (M = 3.67, SD = 0.70), while NE showed a moderate mean level (M = 3.19, SD = 0.18). The Skewness values ranged from -0.298 to -1.031 and kurtosis values ranged from -0.645 to 0.955, all falling within the acceptable range (± 2), indicating that approx. normal distribution.

Reliability checked by using SPSS and Cronbach's alpha value 0.771 shows measurement scale was reliable Pearson correlation analysis was conducted to examine the relationships among PsyCap, NE, QOL, and EB. PsyCap showed a weak but significant positive correlation with NE ($p < .01$), while its relationships with QOL ($p > .05$) and EB ($p > .05$) were non-significant. NE was positively and significantly correlated with QOL ($p < .05$), but its association with EB was non-significant ($p > .05$). QOL had a significant positive correlation with EB ($p < .01$), indicating that higher emotional burden was associated with variations in quality of life.

Table 3: Correlations

		PsyCap	NE	QOL	EB
PsyCap	Pearson Correlation	1	.129**	-.014	-.032
	Sig. (2-tailed)		.010	.780	.524
	N	400	400	400	400
NE	Pearson Correlation	.129**	1	.118*	-.063
	Sig. (2-tailed)	.010		.018	.208
	N	400	400	400	400
QOL	Pearson Correlation	-.014	.118*	1	.175**
	Sig. (2-tailed)	.780	.018		.000
	N	400	400	400	400
EB	Pearson Correlation	-.032	-.063	.175**	1
	Sig. (2-tailed)	.524	.208	.000	
	N	400	400	400	400

Correlation is significant at the 0.05 level (2-tailed). Correlation is significant at the 0.01 level (2-tailed).

Multiple Regression Analysis

A multiple linear regression analysis was performed to examine the predictive role of PsyCap, NE, and EB on

Quality of Life (QOL). The regression model was statistically significant, $F(3, 396) = 6.63, p < .001$, explaining 4.8% of the variance in QOL ($R^2 = .048$;

Adjusted $R^2 = .041$). Although the explained variance was modest, the model provided meaningful insights into the predictors of QOL.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.219 ^a	.048	.041	.59707

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	7.087	3	2.362	6.627	.000 ^b
1	Residual	141.173	396	.356		
	Total	148.261	399			

a. Dependent Variable: QOL

b. Predictors: (Constant), EB, PsyCap, NE

Table 5: Mediation Analysis

Model Summary

R	R-sq	MSE	F	df1	df2	p
.0320	.0010	.4869	.4069	1.0000	398.0000	.5239

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	4.0948	.6725	6.0891	.0000	2.7728	5.4169
PsyCap	-.0965	.1513	-.6379	.5239	-.3938	.2009

Model Summary

R	R-sq	MSE	F	df1	df2	p
.1748	.0305	.3620	6.2530	2.0000	397.0000	.0021

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	3.4847	.6063	5.7476	.0000	2.2928	4.6767
PsyCap	-.0222	.1305	-.1703	.8649	-.2788	.2343
EB	.1524	.0432	3.5250	.0005	.0674	.2373

DIRECT AND INDIRECT EFFECTS OF X ON Y

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI
-.0222	.1305	-.1703	.8649	-.2788	.2343

Indirect effect(s) of X on Y:

Effect	BootSE	BootLLCI	BootULCI
EB	-.0147	.0246	-.0662

Model Summary

R	R-sq	MSE	F	df1	df2	p
.0631	.0040	.4854	1.5931	1.0000	398.0000	.2076

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	4.4651	.6337	7.0458	.0000	3.2192	5.7109
NExp	-.2498	.1979	-1.2622	.2076	-.6389	.1393

Model Summary

R	R-sq	MSE	F	df1	df2	p
.2172	.0472	.3558	9.8283	2.0000	397.0000	.0001

Model

	Coeff	se	t	p	LLCI	ULCI
Constant	1.9267	.5754	3.3484	.0009	.7955	3.0580
NExp	.4479	.1698	2.6385	.0087	.1142	.7817
EB	.1598	.0429	3.7225	.0002	.0754	.2441

DIRECT AND INDIRECT EFFECTS OF X ON Y

Direct effect of X on Y

Effect	se	t	p	LLCI	ULCI
.4479	.1698	2.6385	.0087	.1142	.7817

Indirect effect(s) of X on Y:

Effect	BootSE	BootLLCI	BootULCI
EB	-.0399	.0350	-.1230

PROCESS Model 4 was conducted to test Emotional Burden mediates the relationship between PsyCap and QOL. PsyCap did not significantly predict EB ($\beta = -.097$, $p = .524$). In the final model, EB significantly predicted QOL ($\beta = .152$, $p < .001$). Emotional Burden does not mediate link between PsyCap and QoL.

Emotional Burden mediates the relationship between Negative Experiences (NExp.) and QOL. Negative Experiences did not significantly predict EB ($\beta = -.250$, $p = .208$). Emotional Burden does not mediate the relationship between Negative Experiences and QoL. The relationship is direct rather than indirect.

DISCUSSION

Study objective was to investigate relationship between psychological capital of nurses and nurses' experience working in pediatric oncology, emotional burnout and QoL of cancerous children. Study setting was Children Hospital Lahore and study population was 400 nurses who were recruited by Non Probability, Convenient sampling technique because of accessibility with limited resources. A quantitative, cross sectional explanatory study strategy was used to check the link among variables. The findings provide important insights into the psychosocial dynamics influencing nurses' quality of life within a high-stress clinical environment, particularly pediatric oncology, where emotional demands are substantial. The demographic profile revealed that the majority of participants were aged 26-45 years, followed by 46-55 years, indicating a predominantly mature and professionally experienced workforce. This age distribution is consistent with nursing workforce patterns reported in South Asian healthcare systems, where nurses tend to remain in service for extended periods due to job security and pension benefits (Khan et al., 2022). These findings correlate with study Rashid & Amjad, 2021 in which only females as participants and most participants held bachelor's degrees, aligning with Pakistan Nursing Council requirements and reflecting improvements in nursing education standards over the past decade. A notable finding was that 83.3% of nurses had 2-5 years of service, suggesting that the sample largely consisted of early- to mid-career professionals. This phase is often associated with heightened job stress due to increasing responsibilities, role ambiguity, and emotional exposure, particularly in oncology units (Zhang et al., 2021). These demographic factors provide an essential context for interpreting the psychosocial outcomes observed in the study.

Descriptive analysis indicated high mean of PsyCap, suggesting that nurses possessed strong psychological assets including hope, resilience, optimism, and self-efficacy. This finding is encouraging and aligns with recent studies highlighting the adaptive psychological strengths developed by nurses working in emotionally

demanding environments (Liu et al., 2022). Quality of Life scores were also relatively high, despite the challenging nature of pediatric oncology nursing. This may reflect institutional support, professional commitment, and cultural factors such as collectivism and spiritual coping, which have been shown to buffer stress in healthcare professionals in Asian contexts (Yasin et al., 2023). Interestingly, Emotional Burden also demonstrated a high mean score, indicating that although nurses reported acceptable QOL, they simultaneously experienced significant emotional strain. This coexistence supports the notion that healthcare professionals can maintain functional well-being while carrying substantial emotional loads, particularly in oncology care (Fernandez et al., 2020). The normal distribution of all study variables supports the robustness of subsequent inferential analyses. The overall Cronbach's alpha value 0.771 specifies good reliability of instrument. This reliability level is consistent with recent psychosocial research in nursing populations, where alpha values above 0.70 are considered acceptable for complex, multidimensional constructs (Taber, 2021).

Correlation analysis revealed PsyCap showed a weak positive correlation with Negative Experiences, which contrasts with much of the literature that reports inverse relationships between PsyCap and workplace stressors (Luthans et al., 2021). This unexpected finding may reflect contextual factors such as increased responsibility among psychologically capable nurses, leading to greater exposure to demanding tasks and emotionally challenging situations. PsyCap was not significantly correlated with QOL or EB, suggesting that psychological resources alone may not directly translate into perceived quality of life in high-stress pediatric oncology settings. This finding aligns with recent evidence indicating that structural and organizational factors may override individual psychological strengths in determining well-being (Moloney et al., 2023). Negative Experiences were significantly positively correlated with QOL; indicate professional growth, professional identity, and perceived life value (Wu et al., 2021). QoL demonstrated a significant positive

correlation with Emotional Burden, suggesting that emotional engagement with patients among pediatric oncology nurses.

Multiple regression models explained 4.8% of the variance in QOL, a psychosocial research on complex human behaviors (Hair et al., 2022). Emotional Burden and Negative Experiences appeared as important positive predictors of QOL, while PsyCap did not significantly predict QOL. Recent studies aligned that emotional labor in caregiving roles contribute to compassion satisfaction (Zito et al., 2022). Negative Experiences also positively predicted QOL. Finding is consistent with recent oncology nursing literature emphasizing meaning-making as a mediator between stress and well-being (Peng et al., 2023). The non-significant role of PsyCap in predicting QOL compares with many international studies imitate workload, staffing shortages, and limited organizational autonomy (Al-Harbi et al., 2021).

Emotional Burden mediated the relationships between PsyCap and QOL, and between Negative Experiences and QOL. In both, emotional burnout was not a mediator. In the first model, PsyCap has insignificantly indirect effect. PsyCap operates through coping styles rather than emotional burden alone. In the second model, Negative Experiences directly predicted QOL, not Emotional Burden. Lack of mediation indicates that Negative Experiences influence QOL independently, possibly through cognitive appraisal, professional identity formation, or institutional recognition rather than emotional exhaustion pathways. These findings align with contemporary research suggesting that emotional burden is not always the central mechanism linking stressors to well-being, particularly in specialized clinical settings where meaning-focused coping is prevalent (Park et al., 2022).

CONCLUSION

It was concluded that Emotional Burden and Negative Experiences are significant determinants of Quality of Life; Psychological Capital has no direct or indirect influence. The absence of mediation effects highlights the need for direct intervention strategies aimed at emotional well-being to improve quality of life.

Single setting was used to conduct this study so the results cannot be generalized. Only nurses were included in population that was also limitation. This study was limited to only Public setup so results can't be the same for private setup because of variance in resource allocation.

The findings contribute clarifying limited Psychological Capital impact on QoL within emotionally demanding contexts. Mental health professionals and policymakers should prioritize strategies that reduce emotional burden and address negative experiences directly. Programs focusing solely on psychological capital enhancement may be insufficient without addressing emotional and contextual stressors.

Further research should be conducted to identify unique predictors of QoL of oncology nurses. Further research is needed to identify unique predictors of despair and caretaker distress, including the role of caretaker-patient relationships, caregiving duration along with caregiver-patient dyadic interactions.

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