

Assessment of the Relationship between Workplace Stress and Emotional Intelligence among Nurses

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Abstract: *Nursing is a Stressful job. Suppressing emotions is not always healthy. Emotional intelligence helps nurses to be more effective in their profession. The study aimed to identify the level of workplace stress and find the relationship between workplace stress and emotional intelligence. Design: A descriptive correlational study was designed and conducted. Settings/participants: From April 1 to April 12, 2022, two hospitals participated in the research. In total 225 participants were included. Methods: Data was collected using the Socio - demographic variable questionnaire and the Nursing Stress Scale and the Schutte Self - Report Test of Emotional Intelligence. Results: According to the study's findings, 51.6% of nurses felt mild workplace stress. 52.9% had low emotional intelligence and the rest 47.1% had high emotional intelligence. There was a weak negative relationship ($r = - 0.139$) between workplace stress and emotional intelligence, but it is statistically insignificant. Conclusion: Nurses are having workplace stress at various level, ongoing assessment, recruitment of employees are helpful to deal with workplace stress.*

Keywords: Workplace Stress, Emotional Intelligence, Nurse

1. Introduction

Occupational stress is defined as experiencing unpleasant feelings such as anxiety, depression, and tension resulting from workplace conditions. Work - related stress has negative effects on organizational effectiveness because; persons working in stressful conditions are unable to properly fulfill their duties. Long - term stress in the workplace leads to a decrease in job satisfaction and efficiency. ⁽¹⁾

Global studies show that 92% of nurses report moderate to very high levels of stress. ⁽²⁾ A recent study done among nurses in Tertiary Hospital Karnataka shows that 50.8% of nurses had stress ⁽³⁾ A WHO (World Health Organization) study showed that 51.5% of nurses experienced mild, 34% moderate, and 2.10% severe stress. ⁽⁴⁾

The world's most overworked country, India can have serious consequences due to workplace stress. It is portrayed as a "silent killer" and has reportedly been recognized as a major cause of workplace depression and anxiety in India ⁽⁵⁾ A study conducted in India found that 89% of the population suffers from stress ⁽⁶⁾ Stress is the commonest mental health issue reported by professional nurses after depression and anxiety stress (36.17%). ⁽⁷⁾ A study done in Karnataka shows that 60.38% of nurses experienced low stress and 38.46% experienced moderate stress. ⁽⁸⁾

Work - related stress has negative effects on organizational effectiveness because; persons working in stressful conditions are unable to properly fulfill their duties. Workplace stress causes low employee productivity and costs the global economy nearly \$1 trillion a year, according to a report by the World Health Organization (WHO). ⁽⁹⁾ Emotional intelligence can help a nurse overcome work stress, and psychological well - being, and be more

productive. Therefore, the researcher felt the need to study the correlation between emotional intelligence and work stress.

2. Literature Survey

An institutional cross - sectional study was conducted among 367 nurses working in hospitals in Eastern Ethiopia by Yohannes Baye, Tesfaye Demeke et al. (2015) the study aimed to assess occupational stress and related factors among nurses. A simple random sampling technique was used and data were collected using the Expanded Nursing Stress Scale [ENSS] and a sociodemographic profile. The result showed that the prevalence of work stress was 66.2%, and ICU work and rotation work was significantly associated with work stress. The study concluded that hiring more nurses can reduce work stress among nurses. Work stress was associated with child - rearing, work units, rotational work, and chronic illness. Hiring more nurses would minimize workload and rescheduling work shifts would reduce work stress among nurses ⁽¹⁰⁾

Prabhat Kumar Pani (2016) conducted a study on 115 nurses employed in hospitals in Jamshedpur city, Jharkhand city. The aim of the study is to evaluate occupational stress in nurses of different age groups and to identify various factors that lead to occupational stress. The Occupational Stress Index (OSI) scale, tested in the Indian context, was used to measure occupational stress in this study. A one - way ANOVA was performed to test the significance of the difference between the means of the job stress subscales among nurses of different age with significantly higher scores compared to nurses in the other two groups. This study showed that nurses mainly from role conflict, role ambiguity, and poor peer relations that are associated with their health ⁽¹¹⁾

Rajeswari and B. Sreelekha conducted a study among 200 nurses working in selected tertiary care hospitals, Nellore (2016). The main aim of the study is to evaluate the level of stress in nurses and to associate the level of stress in nurses with their socio - demographic variables. Samples were selected using a simple random sampling technique and data were collected using a modified stress inventory. The results showed that 39.5% had moderate stress and 59.5% had severe stress. Variables such as income, years of experience ($p < 0.001$), and area of life ($p < 0.02$) have a significant association. It is very significant that the younger age group and women were commonly affected by severe stress. ⁽¹²⁾

A cross - sectional study was conducted among 157 nurses in a Greek public general hospital by Dimitra Chatzigianni, and Andreas Tsounis (2016). The study was conducted to measure the level of perceived stress among nurses. A questionnaire including socio - demographic variables and the Expanded Nursing Stress Scale (ENSS) was used to assess stress. Data analysis was performed using SPSS. The result showed that nurses aged 30 to 34 expressed higher stress in all cases. There was a statistically significant relationship between age and total stress ($F = 4.23$, $p < .001$) and all different stressors. The study concludes that to reduce stress, appropriate measures must be taken to prevent and manage specific problems. ⁽¹³⁾

A cross - sectional study was conducted among 97 nurses at Bhabha Atomic Research Centre (BARC) Hospital, Mumbai by Aditi Prasad Chaudhari, Kaustubh Mazumdar et al (2018). The aim of the study is to determine the extent and causes of occupational stress in nurses. Data were collected using the Expanded Nursing Stress Scale (ENSS). The result showed that 51.5% of nurses experienced mild stress, 34% moderate, and 2.10% severe stress. The study concluded that occupational stress is prevalent among nurses. It can be higher in nurses with less experience and can also be associated with somatic problems. ⁽¹⁴⁾

A cross - sectional descriptive - analytic study was conducted among randomly selected 212 nurses from selected military hospitals in Tehran Iran, Saeid Y, Javadi M et al (2011). The aim of the study was to assess the components of emotional intelligence. Data were collected using the Bradberri and Greaves (2005) Emotional Intelligence Questionnaire. The mean emotional intelligence score was 79.4 (± 7.3) SD. Self - awareness and social awareness had the highest score of the four components. Of all the demographic variables, only the level of education and the fee amount showed a significant correlation with self - management. The study concluded that most nurses enjoy an average level of emotional intelligence. ⁽¹⁵⁾

P Ordoñez - Rufat et al conducted a cross - sectional study among nursing staff in intensive care units (ICUs) of a tertiary hospital in Catalonia (2016). The aim of the study was to analyze the emotional intelligence of nursing staff in the ICU. Data were collected using the Trait Meta Mood Scale (TMMS) questionnaire. 103 sample. The result showed that the mean scores of different dimensions of the TMMS - 24 questionnaire according to gender (female/male) were as follows: 1) Emotional attention: 24 (12–37) [Adequate: 25 to 35]; 23 (18 - 31) [Adequate: 22 to 32]; 2) Clarity of feelings:

29 (15–40) [Adequate: 24–34]; 27 (18–34) [Adequate: 26–35]; 3) Emotional repair: 28 (13–40) [Adequate: 24–34]; 29 (18–39) [Adequate: 24–35]. The emotional intelligence of the nursing staff was adequate in the dimensions of clarity of feelings and emotional repair. However, it was not adequate in the dimension of emotional attention, so it is an area for improvement. ⁽¹⁶⁾

A study to assess emotional intelligence was conducted among 207 nursing students at the College of Nursing, JIPMER, Puducherry Mr. Thamizhselvan, K. and Ms. Vembu, K. (2019). The aim of the study was to measure the level of emotional intelligence in nursing students. Data was collected by convenience sampling method, using the Trait Emotional Intelligence Questionnaire – (TEIQue - SF). The results showed that the majority of (62.8%) students reported an average level of emotional intelligence and a minimum number of subjects (37.2%) reported a high level of emotional intelligence. The results showed that the students had an average level of emotional intelligence and no association between emotional intelligence and sociodemographic variables. Because emotions are central to nursing practice, there is strong recognition across academic disciplines that understanding the impact of emotions is essential. ⁽¹⁷⁾

Majeda A Al - Ruzzieh and Omar Ayaad (2019) conducted a study among 580 nurses working at the King Hussein Cancer Center (KHCC) in Jordan. The aim of the research is to investigate the influence of emotional intelligence on the effective implementation of the professional practice model in a specialized oncology center. Data were collected using the Law Emotional Intelligence Scale (WLEIS) (Law et al, 2004). The result showed that the overall mean score for emotional intelligence was 5.60 out of 6 ($SD=0.78$), while the overall mean score for implementing professional practice models was 4.76/5 ($SD=0.59$). Mean emotional intelligence had a significant positive correlation with effective implementation of the professional practice model ($r=0.580$, $P<0.001$), even after adjusting for participant demographics ($P<0.001$). ⁽¹⁸⁾

Aldossary. N et al conducted a descriptive cross - sectional study among 121 Psychiatric mental health nurses in the Eastern Province of Saudi Arabia. (2019). The aim of this study was to investigate the level of emotional intelligence. The study used the Schutte Self - Report Emotional Intelligence Test (SSEIT) to collect data. The results showed that the majority of nurses have a high level of EI (69.4%), 28.1% of nurses have a medium level, and only 2.5% have a low level of EI. Additionally, there was a positive correlation between the level of EI and the nurse's job position and assigned department. ⁽¹⁹⁾

A correlational study was conducted among 114 newly recruited nurses at National Cancer Institute, North Eastern United States by Ann M. Mazzella - Ebstein, Kay See Tan, et al (2013) The aim of the study was to compare and analyze the characteristics of emotional intelligence, workplace stress, and coping strategies. Data were collected using the self - report Emotional Quotient Inventory (EQi - 2.0™), the Nursing Stress Scale, and the self - report Coping Questionnaire. The study revealed that nurses had average to

above average (mean = 94.73; standard deviation [SD] = 13.87) to above average (mean = 112.29; SD = 10.18) EI scores. There was significantly higher stress among the new graduates compared to experienced nurses; the new graduates had significantly higher perceptions of workload ($P = 0.012$), uncertainty regarding treatment ($P = 0.012$), and conflict with other nurses ($P = 0.014$). New graduate nurses were the most empathetic and had more control over their negative emotions compared to nurses with more experience and using problem - focused coping strategies. ⁽²⁰⁾

A correlational study was conducted by Nikoo Yamani, Maryam Shahabi et al (2014) among 202 medical faculty members at Isfahan University of Medical Sciences. The aim of the research is to investigate the relationship between emotional intelligence and work stress. Data were collected through the Bradbery and Grios Emotional Intelligence Questionnaire and the Job stress questionnaire. The total emotional intelligence score and job stress level had an inverse relationship ($r = - 0.235$, $p = 0.05$). Furthermore, among the Emotional intelligence factors, self - esteem and self - management scores had a significant indirect relationship with job stress. ⁽²¹⁾

A correlational study conducted among 205 nurses from educational and health centers of university medical sciences (Beheshti, Ekbatan, Behesht, Farshchian and Fatemiyeh) in Hamedan city by NastaranSoltan Abadi1 and Ali Beikmoradi (2014). The purpose of the study is to investigate the relationship between emotional intelligence, job stress and job burnout in nurses working in intensive care units. Data were collected using the Emotional Intelligence - Load questionnaire, Philip L. Rice's Job Stress, and Meslach's Burnout Questionnaire. The result showed that emotional intelligence was associated with job stress ($P = 0.01$, $r = - 0.28$), as well as burnout components of emotional exhaustion ($P = 0.01$, $r = - 0.44$), personality depersonalization ($P = 0.01$, $r = - 0.37$) and personal adequacy ($P = 0.01$, $r = - 0.37$). ⁽²²⁾

T. Rakhshani et al conducted a cross - sectional study among 500 nurses in Shiraz, Iran (2018) The study's purpose is to discover the relationship between emotional intelligence and workplace stress among Shiraz nurses. The samples were selected using a multistage clustering method. The instruments used for data collection were the standard Siberia Schering Emotional Intelligence Questionnaire and the standard hospital work stress questionnaire. The findings of the study revealed that the mean scores of emotional intelligence and job stresses were 113.59 14.70 (total score = 165) and 97.10 14.27 (total score = 175). According to the correlation test, there is an inverse relationship between emotional intelligence and job stress ($r = - 0.474$, $P = 0.001$). ⁽²³⁾

V. Rohini and. A. R. Nithya conducted research among 100 nurses working in various healthcare organizations in Chennai (2018). The aim of the study is to investigate the components of emotional intelligence and to find out the effect of emotional intelligence on stress management among nurses in private hospitals in Chennai. A non - probability snowball sampling method was used to select the samples. Data were collected through a Questionnaire,

Personal Interview, and Observation Techniques were used to collect primary data regarding the various aspects of emotional intelligence that exist in healthcare organizations and their impact on stress management. The result of the study showed that there is a high positive correlation ($r = 0.816$) between nurses' emotional intelligence and stress management ⁽²⁴⁾

Problem Definition

A correlational study to assess the relationship between workplace stress and emotional intelligence among nurses at selected Hospitals, Bangalore.

3. Methodology

The research approach selected for the study was the Quantitative research approach. The research design selected for the present study was a correlational descriptive survey design. The Nurses who fulfilled the selection criteria were selected for the study by using a non - probability convenient sampling technique. Data collection tools are the procedures or instruments used to measure the key variables in the research problem are the Socio - demographic profile, The Nursing Stress Scale (Gray Toft and Anderson 1981) and Schutte Self - Report Emotional Intelligence Test (SSEIT, 1998).

Ethical consideration

The study was approved by the ethics committee of Ramaiah Medical College on 30th July 2021 (Reg. No. ECR\215\Inst\KA\2013\RR - 19), and all participants provided informed consent.

Participants

The participants of the study were nurses from the selected hospitals in Bangalore.

Inclusion criteria: Registered nurse with more than a year's professional experience at Bangalore's Ramaiah Hospitals. Available and willing to participate in the study at the time of data collection

Exclusion criteria: Nurses who are diagnosed with chronic illnesses such as renal failure, cancer, and mental illness.

Data collection form

A data collection form was designed to collect Socio - demographic profile on age, gender, marital Status, number of children, professional qualification, designation, work experience in years, area of work, shift most often worked, average patient assignment and type of recreation. The Nursing Stress Scale (Gray Toft and Anderson 1981) questionnaire was used to identify the level of stress. Four Point Likert Scale rated from Never - 0, Occasionally - 1, Frequently - 2, very frequently - 3 with scores on the NSS are summed up for a total score range from 0 to 102 with higher scores indicating a higher level of stress. ⁽²⁵⁾ The Schutte Self - Report Emotional Intelligence Test (Schutte, Malouff et al.1998) was used measure Emotional Intelligence, Five Point Likert Scale rated from 1 - Strongly disagree, 2 - disagree, 3 - neither disagree nor agree, 4 - agree and 5 - strongly agree. It has got 30 positive items and 3 negative items. Total scores are calculated by reverse

coding items 5, 28, and 33, and summing all items, total scores range from 33 - 165 with higher scores indicating a higher level of Emotional Intelligence. ⁽²⁶⁾

Data Collection Method

The data collection was carried out from 1/4/2022 to 15/4/2022. Formal permission was obtained from the Medical Superintendent of Ramaiah Medical College Hospital and the administrator of Ramaiah Memorial Hospital. Self - introduction was given by the student researcher and the purpose of the study was explained to each subject and written consent was obtained from the subject to participate in the study. Student research assured the subjects that their data was kept confidential. Socio - demographic data, The Nurses' Stress Scale, and The Schutte Self - Report Emotional Intelligence Test were distributed to each subject and informed to read and follow the instructions carefully. Subjects were requested to respond to the given questionnaire. The Average time taken to complete all the sections by the subjects was 35 to 40 minutes. The confidentiality of the subjects was maintained by not mentioning their name on the tool.

Statistical analysis

Descriptive Statistics and Inferential Statistics were used for analyzing the data. In Descriptive statistics, Frequency and percentage distribution were used to describe the socio - demographic variables, level of workplace stress, and level of emotional intelligence. Mean and standard deviation was used for describing emotional intelligence and the workplace. While in inferential statistics Karl's Pearson correlation coefficient was used to find the relationship between workplace stress and emotional intelligence. Chi - square Test was used to find the association between study variables and socio - demographic variables.

4. Results

Table 1 shows that half of the subjects (51.6%) experienced mild work - related stress, (44%) experienced moderate work - related stress, and the remaining (4.4%) experienced severe work - related stress. **Table 2** depicts that the total mean score of workplace stress among participants was 35.76 ± 17.32. **Table 3** shows that most of the subjects (52.9%) had low emotional intelligence and the rest (47.1%) had high emotional intelligence. **Table 4** depicts that the total mean score of emotional intelligence was 123.17± 18.72. **Table 5** showed that there is a weak negative relationship (r = - 0.317) exists between workplace stress and emotional intelligence, but it is statistically non - significant. **Table 6** reveals that there was a significant association between workplace stress and marital status ($\chi^2=9.983$, p=0.002), between workplace stress and professional qualification ($\chi^2=12.998$, p=0.002), and average patient assignment ($\chi^2=11.857$, p=0.003). **Table 7** shows that there was a significant association between emotional intelligence with Professional Qualification ($\chi^2=7.452$, p=0.024) and average patient assignment ($\chi^2=8.249$, p=0.041).

Table 1 Frequency and percentage distribution of subjects in terms of workplace stress (n=225)

S.no	Level Workplace stress	Score	Frequency	Percentage
1	Mild	0 - 34	116	51.6
2	Moderate	35 - 69	99	44.0
3	Severe	70 - 102	10	4.4

Table 2: Mean and Standard Deviation of workplace stress (n=225)

Total Workplace Stress	Minimum Score	Maximum Score	Mean	Standard Deviation
Stress Score	0	101	35.76	±17.327

Table 3 Frequency and percentage distribution of subjects in terms of Emotional intelligence (n =225)

Sl. No	Emotional Intelligence	Score	Frequency	Percentage
1	Low	<127	119	52.9
2	High	≥ 127	106	47.1

Table 4: Mean and Standard Deviation of Emotional Intelligence (n=225)

Total Emotional Intelligence	Minimum Score	Maximum Score	Mean	Standard Deviation
EI Score	44	164	123.17	±18.729

Table 5: Correlation between Workplace Stress and Emotional Intelligence (n=225)

Variable	Correlation	P Value
Workplace Stress Emotional Intelligence	- .139	0.38

Table 6: Association between the level of Workplace Stress with demographic variables (n=225)

Sl. No.	Socio - demographic variables	Level of Workplace Stress		Chi square value (χ^2)	P value	
		Below Median	Above median			
1.	Marital Status				9.983	0.002
	Single	39	21			
2.	Professional Qualification				12.998	0.002
	GNM	54	85			
	BSC	27	22			
	PCBSC	26	11			
3	Average Patient Assignment per nurse				11.857	0.003
	1 - 3	45	25			
	4 - 6	17	21			
	>6	45	72			

Table 7: Association between the level of Emotional Intelligence with selected demographic variables

Sl. No.	Socio - demographic variables	Level of Emotional Intelligence		Chi - square value (χ^2)	P value	
		High	Low			
1	Professional Qualification				7.452	0.024
	GNM	57	82			
	BSC	31	18			
	PBBSC	19	18			
2	Average Patient Assignment per nurse				8.249	0.041
	1 - 3	41	30			
	4 - 6	12	26			
	>6	54	62			

5. Discussion

Findings of the study show that more than half of the nurses reported 51.6% mild workplace stress. Similar findings were

observed in a study conducted in; Mumbai was 51.5%.⁽¹⁹⁾ And present study reports that 44% of nurses have a moderate workplace. Similarly, a study conducted in Meerut reported that 42 % were suffering from moderate workplace stress.⁽³⁾ Nurses experienced the varying level of work stress as a result of exposure to work demands.

The study findings show that among 225 nurses, 52.9 % of study subjects had low emotional intelligence remaining 47.1% had high emotional intelligence. A study on emotional intelligence in Pune in shown that 53.3 % of participants had low emotional intelligence.⁽²⁷⁾ And a study from JIPMER, Puducherry (2016) it had reported that 62.8 % of subjects had an average level of emotional intelligence.⁽¹⁷⁾ A Contradictory study from Kerala reported that 82% of subjects had a moderate level of emotional intelligence. Nurses in India have varying levels of Emotional Intelligence.⁽²⁸⁾ The emotional intelligence of different nurses can be influenced by personal skills, empathetic nature, and interaction with patients, families, and members of the health team.

This study reports that there is a weak negative relationship exists between ($r = -0.139$, $p = 0.38$) emotional Intelligence and workplace stress. The result of several studies has confirmed these findings including a study at Isfahan University of Medical Sciences in ($r = -0.235$, $p = 0.05$) that there is an inverse relationship exists between workplace stress and emotional intelligence.⁽²⁹⁾

This study's findings show that workplace stress was significantly associated with marital status ($p = 0.002$), professional qualification ($p = 0.002$), and average patient assignment ($p = 0.003$) is supported by studies conducted in Raipur in 2019 ($p = 0.008$).⁽³⁰⁾ Similar studies conducted in Udupi and Mangalore (2013) showed that there is no significant association between stress and total work experience ($p = 0.980$) and a significant association was also observed between stress and marital status ($p = 0.04$), professional qualification ($p = 0.02$) and area of work.⁽³¹⁾

In the present study, emotional intelligence is significantly associated with the type of professional qualification ($p = 0.024$), and average patient assignment ($p = 0.041$) and is supported by the same study from Kerala (2021) on emotional intelligence among nurses in Tertiary Hospitals.⁽²⁸⁾ The current study shows that there is no association with demographic variables like age, gender, marital status, number of children, designation shift duty, and the type of recreation. It concludes that the emotional intelligence of the nurses can be related to an individual's skill, behavioral response, and emotional response.

6. Limitation

The authenticity of information on socio - demographic variables is based on the response of the subjects. Also, the Generalization of findings is limited due to the limited sample size.

7. Conclusion

The study reveals that nurses are having workplace stress at various levels. It is mostly associated with professional qualifications and patient assignments. Based on the study findings, appropriate action should be made to solve the problem before it gets worse. By regularly assessing workplace stress, emphasising individual therapy, utilising the right support network, and exercising emotional intelligence.

Implications

Nursing is an intensely emotional work by nature, with nurses working in high - stress settings such as sickness and death. The study's findings, propose to help the nurse to reduce workplace stress, such as creating healthy workplaces increase in recruitment, and employee retention, and work on job satisfaction, and helping them doing periodic assessments of stress in nurses' workplace stress and seminars on how to handle workplace stress and improve their emotional intelligence.

8. Future Scope

Workplace stress and emotional intelligence are associated with the patient assignment, so nurse - patient per duty as per norm can be maintained to reduce workplace stress and maintain emotional well - being. The study can be replicated in another setting with a large number of samples for better generalization. A comparative study can be done between nurses and other healthcare workers.

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