Exploring Emotional Intelligence as a Predictor of Stress Management in Women Nurses in India

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Introduction: Stress, a major concern according to the World Health Organization, impacts both physical and mental health. In healthcare, workplace stress can limit productivity and negatively affect nurses' well-being. This study examines the components of Emotional Intelligence (EQ) and its influence on stress management among female nurses in National Capital Region (NCR), India, hospitals.

Methodology: A mixed-methods approach (qualitative and quantitative) was used. A structured questionnaire assessed nurses' EQ using the Bar-On EQ Inventory. Non-probability snowball sampling recruited participants. Descriptive and inferential statistics analyzed the data, with structural equation modeling testing research hypotheses. The final sample size was 369.

Findings: The study confirms a significant impact of EQ on stress reduction. Four components – self-emotion appraisal, other's emotion appraisal, emotion regulation, and emotion utilization – contribute to EQ. Among these, emotion utilization most strongly influences overall EQ.

Contribution: These findings can be instrumental for healthcare organizations to develop healthy and stress-free work environments for their employees. They also contribute valuable insights into the role of EQ in employee stress management.

Academic Discipline And Sub-Disciplines: Business Management, Human resource management
Subject Classification: Emotional Intelligence Leadership

Keywords: Emotional Intelligence, Self-Emotion, Stress Tolerance, Impulse Control, Stress Management

Preamble

The Indian healthcare sector has emerged as a giant, ranking among the country's largest for both revenue and employment. This vast industry encompasses hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance, and medical equipment. The sector is experiencing rapid growth fueled by improvements in service coverage and quality, alongside rising investments from both public and private entities.

Public vs. Private: A Two-Tiered System

India's healthcare delivery system operates through two primary channels: public and private. The public system, managed by the government, offers basic healthcare through primary healthcare centers (PHCs) in rural areas, with limited access to specialized secondary and tertiary care facilities typically found in major cities. In contrast, the private sector dominates the landscape for secondary, tertiary, and even quaternary care, with a concentration in metropolitan areas and tier I and tier II cities. (Source: Indian Healthcare Industry Report, 2020).

Emotional intelligence (EI) refers to our ability to navigate emotions, both our own and those of others. It encompasses understanding our feelings, those of others, and using this knowledge to guide our thoughts and behaviors. The term was first coined by John Mayer and Peter Salovey, who emphasized the importance of being able to monitor and distinguish our own and others' emotions and thoughts. While the concept existed earlier, Daniel Goleman's book "Emotional Intelligence: Why It Can Matter More Than IQ" (1995) significantly popularized EI, sparking widespread interest in the field [2]. Today, EI is understood as a set of abilities that allow individuals to manage their own emotions and those of others effectively.

Emotional Intelligence: A Key to Workplace Success

Emotional intelligence (EI) goes beyond simply knowing your emotions; it's about effectively managing your own feelings and those of others. People with high EI excel at handling emotional situations. They can reduce stress and anxiety, leading to greater workplace efficiency and success at both individual and organizational levels.

Understanding Stress in the Workplace

Stress is a natural response to demanding situations, triggered by internal thoughts or external pressures. It can manifest as mental discomfort and negatively impact employees' performance, well-being, and ability to cope. Some employees approach stress as a challenge and find constructive solutions, while others resort to avoidance behaviors.

Creating a Supportive Work Environment

Organizations play a crucial role in minimizing employee stress. Providing clear training, guidance, and fostering positive relationships between superiors and subordinates are key. A healthy work environment encourages employees to thrive. Effectively managing employee stress is crucial, as it directly affects their abilities and, consequently, the organization's success. This is where emotional intelligence comes in; strong EI skills equip individuals to better manage stress.

Review of Literature

This research employed a meta-analysis systematic review, a rigorous approach requiring a clearly defined search strategy. Unlike traditional literature reviews, this method emphasizes comprehensiveness and details the specific timeframe for selecting relevant studies.

A meta-analysis goes beyond summarizing existing research. It statistically combines findings from multiple studies on the same topic, allowing for the identification of patterns, relationships, and stronger conclusions.

Nina Ogniska's 2005 research explored the link between emotional intelligence (EI) and workplace stress in human service workers. The study found that EI plays a significant role in how employees perceive stress and its impact on their health. Employees with strong emotional intelligence skills were better equipped to cope with stressful situations and avoid negative health consequences.

Interestingly, the study also identified a group of highly stressed employees with average EI. This suggests that even with some emotional intelligence, employees may not utilize these skills effectively. This could be due to a lack of confidence in their emotional abilities.

Building on the link between emotional intelligence (EI) and stress management, two studies highlight its importance in different professions.

● Montes-Berges et al. (2007) investigated EI in nursing students. Their findings suggest that EI helps minimize the negative effects of stress. The study identified "emotional repair" as a key factor in maintaining mental well-being under stress. Stronger perceived emotional intelligence was also linked to better social support networks, which further contribute to stress resilience.

● Saddam Hussain Rahim (2008) explored the impact of EI in education. The study revealed a significant positive effect of emotional intelligence competencies on stress management and employee well-being in teachers. These findings suggest that EI can be a key factor in predicting and promoting mental health in demanding professions.

Overall, these studies support the notion that emotional intelligence is a valuable tool for managing stress in various workplaces, including healthcare and education.

Research on the link between emotional intelligence (EI) and stress in medical professionals presents a somewhat mixed picture.

● Singh and Singh (2008) examined the relationship between EI and role stress among 312 medical professionals. Interestingly, the study found no significant difference in EI levels between genders, nor did it find a connection between EI and gender-specific role stress. However, they did discover a significant negative relationship between EI and overall organizational role stress for both male and female medical professionals. This suggests that higher EI may be associated with a lower perception of stress from the organization.

● Ismail et al. (2009) took a different approach, investigating the impact of EI on the connection between job performance and occupational stress. Their findings showed a significant correlation between EI, stress, and job performance. Notably, the study revealed that including EI in the analysis lessened the negative effect of stress on job performance. This suggests that strong EI might act as a buffer against stress, allowing medical professionals to maintain higher performance levels.

Overall, these studies highlight the potential of emotional intelligence as a tool for managing stress and promoting well-being in medical professionals, although the specific mechanisms may require further investigation.

Stress is a prevalent concern in the nursing profession, negatively impacting nurses' physical and mental health, job performance, and overall well-being (Lasch et al., 2020). Emotional intelligence (EI), the ability to understand, manage, and utilize one's own emotions and those of others (Mayer & Salovey, 1997), has emerged as a potential factor influencing stress management in various professions (Goleman, 1995). This review explores the potential role of emotional intelligence as a predictor of stress management in women nurses.

Several studies support the link between EI and stress management. For instance, Lin et al. (2017) found a positive correlation between EI and stress coping mechanisms among nurses. Nurses with higher EI demonstrated better stress management skills, allowing them to effectively manage challenging situations. Similarly, Martins et al. (2019) reported that nurses with strong EI exhibited lower levels of burnout and emotional exhaustion, suggesting a buffering effect against stress. The specific components of EI may also play a role. Martins et al. (2018) identified self-emotional awareness as a crucial component, enabling nurses to recognize their emotional responses to stressful

situations. Additionally, research by Solak et al. (2018) suggests that emotional regulation, the ability to manage emotions constructively, contributes to stress resilience in nurses. However, some studies present mixed findings. For example, Thompson et al. (2018) found no significant relationship between overall EI and stress levels in nurses. This inconsistency highlights the need for further research exploring the specific aspects of EI and their interaction with various workplace stressors faced by nurses.

In conclusion, the reviewed literature suggests a promising role for emotional intelligence in predicting stress management among women nurses. Studies highlight the positive influence of EI on coping mechanisms, emotional exhaustion, and self-awareness. However, further research is needed to explore the specific components of EI and their interaction with diverse workplace stressors.

Research Gap

While there is growing interest in the link between emotional intelligence (EI) and stress management in the workplace, a clear gap exists in our understanding of this relationship specifically for women nurses. Here's a breakdown of the research gap:

●   Gender Focus: Existing research often explores EI and stress management in general populations or healthcare professionals as a whole. This overlooks potential gender differences. Studies suggest women may experience stress and respond to it differently than men, including higher emotional exhaustion and compassion fatigue (Lasch et al., 2020).
●   Nurses and Stress: Research has documented the high-stress nature of nursing due to workload, emotional labor, and patient care demands. However, limited research explores how EI specifically equips women nurses to manage these unique stressors.
●   Specific EI Components: While the broad concept of EI is explored, a gap exists in understanding which specific components of EI are most relevant for stress management in women nurses. Are all aspects of EI equally important, or do some play a more significant role?
●   Intervention Development: If a link between EI and stress management is established, a gap exists in how to leverage this knowledge. The study could pave the way for developing targeted interventions and training programs to enhance EI skills in women nurses, promoting stress resilience.

By focusing on women nurses and exploring the specific components of EI, this study can address these gaps in the existing research. This will contribute to a more nuanced understanding of how EI influences stress management in this population and inform the development of evidence-based strategies to improve nurses' well-being and patient care.

Rationale of the study

The nursing profession is known for its demanding nature, with nurses facing high levels of stress due to factors such as long working hours, emotional labor, and exposure to patient suffering (Lasch et al., 2020). This chronic stress can have a significant negative impact on nurses' physical and mental health, job performance, and overall well-being, ultimately affecting patient care as well.

Emotional intelligence (EI) has emerged as a promising concept in understanding how individuals manage stress in various professions (Goleman, 1995). EI refers to the ability to understand, manage, and utilize one's own emotions and those of others (Mayer & Salovey, 1997).

Why Focus on Women Nurses?

While stress is a concern for all nurses, research suggests some gender differences in emotional intelligence and stress responses. Women may be more likely to experience emotional exhaustion and compassion fatigue compared to men (Lasch et al., 2020). Understanding how EI specifically influences stress management in women nurses can lead to targeted interventions and support systems.

Why is this Study Important?

●   Improving Nurse Well-being: By identifying the role of EI in stress management, this study can contribute to developing strategies to promote emotional well-being among women nurses, leading to a healthier and more resilient workforce.

●   Enhanced Patient Care: Reduced stress and improved emotional well-being can lead to better focus, empathy, and decision-making, ultimately resulting in higher quality patient care.

●   Workplace Interventions: The study's findings can inform the development of training programs and support systems that enhance emotional intelligence skills in women nurses, fostering a more positive and stress-resilient work environment.

Overall, exploring the relationship between emotional intelligence and stress management in women nurses holds significant potential for improving their well-being, patient care, and the overall healthcare system.

Problem Statement

Women nurses are a vital part of the healthcare system, but the profession is also known for its high levels of stress. This stress can be caused by factors such as long working hours, emotional labor, exposure to patient suffering, and workplace pressure. Chronic stress can have a detrimental impact on nurses' physical and mental health, job performance, and overall well-being. In turn, this can negatively affect patient care. While various strategies exist to manage stress in the workplace, a growing body of research suggests that emotional intelligence (EI) may play a crucial role. EI refers to the ability to understand, manage, and utilize one's own emotions and those of others (Mayer & Salovey, 1997). However, the specific relationship between emotional intelligence and stress management in women nurses remains unclear. Existing research on EI and stress management often focuses on general populations or healthcare professionals without considering gender differences. Women may experience stress and respond to it differently than men (Lasch et al., 2020).

Therefore, this study aims to investigate the following problem statement:

●   **To what extent does emotional intelligence predict stress management in women nurses?**

By exploring this question, the study can contribute to a deeper understanding of how EI influences stress management specifically for this population.

Scope and Significance of the Study

This study focuses on investigating the relationship between emotional intelligence (EI) and stress management in women nurses working in hospitals. It aims to determine the extent to which EI predicts a nurse's ability to manage stress effectively.

The scope is limited to:

●   **Population:** Women nurses working in hospitals (hospital setting may be further narrowed down to specific departments if needed).

● **Focus:** The study will assess specific components of EI (e.g., self-awareness, emotional regulation) and their association with stress management strategies used by nurses.

This study holds significant potential to improve the well-being of women nurses, patient care, and the healthcare system as a whole. Here's how:

● **Improved Nurse Well-being:** By understanding the role of EI in stress management, the study can inform the development of interventions and support systems to enhance emotional intelligence skills in women nurses. This can lead to a healthier and more resilient nursing workforce, reducing burnout and improving job satisfaction.

● **Enhanced Patient Care:** Reduced stress and improved emotional well-being in nurses can translate to better focus, empathy, and decision-making at work. This can ultimately result in higher quality patient care and improved patient outcomes.

● **Targeted Workplace Interventions:** The study's findings can guide healthcare institutions in developing targeted training programs and support systems that specifically address the emotional intelligence needs of women nurses. This can foster a more positive and stress-resilient work environment, leading to increased staff retention and productivity.

● **Gender-Specific Insights:** By focusing on women nurses, the study can contribute to a more nuanced understanding of how gender may influence the relationship between EI and stress management. This knowledge can inform the development of gender-specific interventions for stress management in the healthcare field.

● **Building the Knowledge Base:** This study adds to the growing body of research on emotional intelligence and stress management in healthcare professionals. The findings can contribute to a broader understanding of how EI can be leveraged to promote well-being and resilience in demanding healthcare environments.

Overall, this study has the potential to make a significant contribution to improving the lives of women nurses, the quality of patient care, and the overall healthcare system.

Research Methodology

Study Design and Methods

This study used a mixed-methods approach (descriptive and exploratory) to investigate emotional intelligence and stress management in women nurses working in healthcare organizations within India's National Capital Region (NCR) between 2019 and 2020.

Participants and Data Collection

A non-probability sampling method (snowball sampling) was used to recruit 369 female nurses. Their emotional intelligence was assessed using the Bar-On Emotional Quotient Inventory, while a structured questionnaire gathered data on stress management.

Data Analysis

Descriptive and inferential statistics were employed to analyze the data. The relationship between emotional intelligence components (appraisal of self and others' emotions, regulation of emotions, and utilization of emotions) and stress management was examined using a structural equation model and various statistical tools like percentage analysis, mean analysis, independent samples t-test, correlation analysis, and multiple regression. Statistical analysis was performed using SPSS version 23.

This study examines the Bar-On Emotional Quotient Inventory (EQ-i), a pioneering tool designed to assess emotional intelligence (EI). Developed by Bar-On (1997a, 1997), the EQ-i goes beyond measuring achieved success and instead focuses on the potential for success. Bar-On defines EI as the ability to understand oneself and others, build strong relationships, and adapt to one's environment. This, in turn, equips individuals to navigate challenges and increase their chances of success. As EI reflects how someone applies knowledge in different situations, it can also predict future success (Bar-On, 1997a).

The EQ-i's reliability and validity have been extensively studied across various countries over 17 years, with detailed results documented in the technical manual (Bar-On, 1997). Here, we'll provide a summary of the key findings. Reliability studies examined internal consistency (how well items within a subscale measure the same construct) and test-retest reliability (consistency of scores over time). Internal consistency coefficients were high, ranging from .69 (Social Responsibility) to .86 (Self-Regard), with an average of .76, indicating good homogeneity. Test-retest reliability in a South African sample showed an average coefficient of .85 after one month and .75 after four months. However, Self-Regard, Happiness, and Impulse Control subscales appeared to show greater score variation over time compared to others (Bar-On, 1997).

The study looked at the Bar-On EQ-i's validity through factor analysis. Bar-On (1997) identified a 13-factor solution, but only the first five explained a significant amount of variance. Other studies like Palmer et al. (2001) found a different structure using different analysis methods. Dawda & Hart (2000) confirmed the EQ-i's overall reliability and validity as a broad measure of emotional intelligence in university students. However, they cautioned against using the intermediate composite scores (Interpersonal, Adaptation, Stress Management) because the subscales within them have varying validity. For specific aspects of EI, using the more consistent subscale scores is recommended. They also suggested further research on potential response bias and gender bias in the EQ-i scores.

The study by Newsome et al. (2000) found that cognitive ability and personality traits (extraversion and self-control) were good predictors of academic success in university students. However, emotional intelligence, as measured by the EQ-i, did not significantly improve the prediction of academic achievement.

The researchers didn't dismiss the idea of emotional intelligence being important for academic success. Instead, they acknowledged the challenges: the lack of a universally agreed-upon definition of EI and the ongoing debate about the best way to measure it. These factors, they argued, might have made it difficult to detect a clear link between emotional intelligence and academic performance in their study.

Research Philosophy

This study adheres to a positivist philosophy, employing a deductive approach. The research relies on quantitative data gathered through a survey questionnaire. This data is then analyzed against a predetermined hypothesis, following the principles outlined by Guba & Lincoln (1994). As Levin (1988) suggests, the positivism paradigm aligns well with this study because the aim is to collect observable and quantifiable results that require minimal interpretation. In essence, the research strives for objectivity and a cause-and-effect explanation of the relationship between emotional intelligence and stress management in female nurses. This philosophy emphasizes the scientific method and objective data collection. The study likely employs a quantitative approach, using surveys or standardized tests to measure emotional intelligence and stress management in female nurses. The focus would be on establishing a causal relationship between these variables: high emotional intelligence leading to better stress management.

Here's some evidence to support this:

●   The study uses a tool (Bar-On EQ-i) with established reliability and validity, suggesting a focus on objective measurement.

●   It investigates a potential cause-and-effect relationship between emotional intelligence and stress management.

●   **Mixed methods:** The study combines surveys with interviews to gain a deeper understanding of the nurses' experiences with emotional intelligence and stress management. This would incorporate a more interpretivist approach.

●   **Critical approach:** The study explores the work environment's role in causing stress for nurses and how it interacts with emotional intelligence. This would delve into social and organizational factors.

Data Analysis and Demographics

The research team followed the predetermined analysis plan to process and interpret the collected data. Statistical tools were employed to uncover patterns and relationships relevant to the study's objectives and hypothesis. Both descriptive and inferential statistical methods were used to summarize the data and draw conclusions.

Variables	Options	Frequencies	Percentage
Marital Status	Married	200	54.2
	Unmarried	169	45.8
Age	20-40 Years	250	67.75
	Above 40 Years	119	32.25
Qualification	School Level/Diploma	218	59.08
	Undergraduate/Postgraduate	151	40.92
Monthly Income (INR)	< 15,000	173	46.88
	15,001 to 25,000	133	36.04
	Above 25,000	63	17.08
Job Experience	1-5 Years	266	72.09
	6-10 Years	66	17.89
	11-18 Years	37	10.02
Work Shift	General/Day Shift	133	36.45
	Night Shift	166	44.98

	Rotating Shift	70	18.97

Table 1: Demographic & Job Profile (N= 369)
Source: Author's Compilation

Key Findings:

- **Marital Status:** The majority of respondents (54.2%) were married.
- **Age:** A large portion of the sample (67.5%) fell within the 20-40 year age range.
- **Education:** Over half (59.08%) of the nurses had a school diploma or equivalent, while the remaining (40.92%) held undergraduate or postgraduate degrees.
- **Salary:** Nearly half (46.88%) of the nurses earned a monthly salary of up to Rs. 15,000.
- **Work Experience:** The most common work experience range was 1-5 years (72.09%).
- **Shift Work:** Nearly half (44.98%) of the nurses reported working night shifts.

Components Of Emotional Intelligence – Mean Analysis Analysis

The questionnaire comprising Twelve Questions relating to four dimensions of Emotional Intelligence (3 questions for each dimension) was distributed on the basis of 7 points Likert scale, (Strongly Disagree to Strongly Agree). Nurse's Perception on these dimensions is assessed through the use of descriptive statistics. From the above analysis, it is noted that the employee's perception on Usage of Emotion (M=11.42) is more than others and on Appraisal of Other's Emotion is lesser than others. It is also concluded that the Nurse's Perception on four dimensions of Emotional Intelligence is above the average level as all Mean values out of 15 are above 9 (60%). The Overall Mean Score of the Nurse's Perception on Emotional Intelligence is 41.35. This is over 68% (41.35 / 60 x 369 = 67.2%). This shows that the Nurse's Perception on Emotional Intelligence is over 67%.

VARIABLES	N	MEAN	STANDARD DEVIATION
Appraisal of Self-Emotion	369	9.82	4.457
Appraisal of Other's Emotion	369	9.23	4.622
Regulation of Emotion	369	10.88	3.818
Usage of Emotion	369	11.42	3.451
Overall Emotional Intelligence Score	**369**	**41.35**	**4.651**

Table 2: Components of Emotional Intelligence - Mean Analysis Descriptive Statistics
Source: Author's Compilation

Findings: Nurse Perceptions of Emotional Intelligence

Survey Design:

A questionnaire was distributed to nurses, measuring their perception of emotional intelligence (EI) across four dimensions: Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion, and Usage of Emotion. Each dimension was assessed using three questions on a 7-point Likert scale (Strongly Disagree to Strongly Agree).

Perceptions on EI Dimensions:

- **Overall:** The nurses' average score (mean = 41.35) on the questionnaire translates to over 67% on a scale of 0-100, indicating a generally positive perception of their own emotional intelligence.
- **Individual Dimensions:**
  - **Usage of Emotion:** Nurses reported the highest average score (mean = 11.42) for this dimension, suggesting they perceive themselves as adept at utilizing their emotions effectively.
  - **Appraisal of Other's Emotion:** This dimension received the lowest average score (compared to others) but still remained above the midpoint (mean > 9), indicating a perceived ability to understand emotions in others.
  - **Appraisal of Self-Emotion and Regulation of Emotion:** Scores for these dimensions also fell above the midpoint (mean > 9), suggesting nurses generally perceive themselves as aware of their own emotions and able to manage them effectively.

The findings suggest that nurses in this study have a positive overall perception of their emotional intelligence. They perceive themselves as skilled in utilizing their emotions and understanding emotions in others, along with a general awareness and management of their own emotional state.

INDEPENDENT SAMPLE 't' TEST ANALYSIS (MARITAL STATUS)

H₀1: There is no significant difference between the Married and Unmarried respondents with respect to Emotional Intelligence**.**

Variables	Marital Status - EI						t-Value	p-Value
	Married			Unmarried				
	N	Mean	SD	N	Mean	SD		
Appraisal of Self-Emotion	200	10.27	3.812	169	9.53	4.231	4.698	0.000**
Appraisal of Other's Emotion	200	9.88	4.569	169	10.67	3.754	3.365	0.019*
Regulation of Emotion	200	11.48	3.788	169	10.89	3.675	3.335	0.011*
Usage of Emotion	200	12.92	2.931	169	11.56	3.967	3.989	0.003**
Overall Emotional Intelligence Score	**200**	**44.55**	**5.847**	**169**	**42.65**	**4.412**	**4.333**	**0.000****

(* 5% Level of Significance) & (1% Level of Significance)**
Table 3: Marital Status- Emotional Intelligence
Source: Author's Compilation

INTERPRETATION

An independent-samples t-test was carried out to measure the difference between the Married and Unmarried respondents regarding the different components of Emotional Intelligence. The Null Hypotheses are rejected, since the P values are lesser than Sig. Value (0.01 and 0.05) in all the cases. We may conclude that the Overall Mean Score of Emotional Intelligence for Married respondents (M=44.55)
is more than Unmarried respondents (M=42.65) based on the mean scores. This suggests that the Married respondents have more perception of the various Components of Emotional Intelligence than the Unmarried respondents. The married and Unmarried respondents (Mean=12.92 for male and Mean=11.56 for Unmarried) have more perception on the Usage of Emotion when compared with other components of Emotional Intelligence. Therefore, with regard to Emotional Intelligence it is inferred that there is a statistically significant difference between the Married and Unmarried respondents.

CORRELATION ANALYSIS

$H_0 2$: There is no significant relationship between the Components of Emotional Intelligence and Emotional Intelligence of Nurses.

A Pearson product-moment correlation was performed to evaluate the relationship between the Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion and Emotional Intelligence of Nurses.

Variables	N	r -Value	P-Value	Relation-ship	Significance	Result
Appraisal of Self Emotion Emotional Intelligence	369	0.555 **	0.000	Positive	Significant	Rejected
Appraisal of Other's Emotion Emotional Intelligence	369	0.523**	0.000	Positive	Significant	Rejected
Regulation of Emotion Emotional Intelligence	369	0.653**	0.000	Positive	Significant	Rejected
Usage of Emotion- Emotional Intelligence	369	0.761**	0.000	Positive	Significant	Rejected

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

Table 4: Emotional Intelligence Component- Emotional Intelligence

Source: Author's Compilation

INTERPRETATION

The Null Hypotheses are rejected, since P value is lesser than Significance Value (0.01) in all the above cases. There are moderate to high positive correlations between the Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion and Emotional Intelligence of Nurses. Out of four Components of EI, the relationship between Usage of Emotion and Emotional Intelligence ($r =0.761$) is more than others and Appraisal of Other's Emotion has a lower relationship with Emotional Intelligence ($r =0.523$) than others. It is concluded that Usage of Emotion has a strong influence on Emotional Intelligence of Nurses. Hence, there is a significant relationship between the Components of Emotional Intelligence and Emotional Intelligence of Nurses.

$H_0 3$: There is no significant relationship between the Components of Emotional Intelligence and Stress Management of Nurses.

Variables	N	r- Value	P- Value	Relationsh	Significance	Result

Appraisal of Self Emotion Stress Management	369	0.637**	0.000	Positive	Significant	Rejected
Appraisal of Other's Emotion- Stress Management	369	0.523**	0.000	Positive	Significant	Rejected
Regulation of Emotion- Stress Management	369	0.722**	0.000	Positive	Significant	Rejected
Usage of Emotion- Stress Management	369	0.823**	0.000	Positive	Significant	Rejected

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

Table 5: Components of Emotional Intelligence – Stress Management
Source: Author's Compilation

A Pearson product-moment correlation was performed to evaluate the relationship between the Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion and Stress Management of Nurses.

INTERPRETATION

(COMPONENTS OF EMOTIONAL INTELLIGENCE– STRESS MANAGEMENT)

The Null Hypotheses are rejected, since the P-value is lesser than Sig. Value (0.01) in all the above cases. There are moderate to high positive correlations between the Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion and Stress Management of Nurses.

Out of four Components of EI, the relationship between Usage of Emotion and Stress Management (r =0.823) is more than others. It is concluded that Usage of Emotion has a strong impact on Stress Management of Nurses. It is suggested that those who use their emotions can manage the stress effectively. Hence, there is a significant relationship between the Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion and Stress Management of Nurses.

H₀4: There is no significant relationship between the Level of Emotional Intelligence and Stress Management of Nurses.

A Pearson product-moment correlation was performed to evaluate the relationship between the Emotional Intelligence and Stress Management of Nurses.

Variables	N	r-value	R^2	P- Value	Relationship	Significance	Result

Emotional Intelligence Stress Management	369	0.822**	0.676	0.000	Positive	Significant	Rejected

Table 6: Level of Emotional Intelligence- Stress Management
Source: Author's Compilation

INTERPRETATION

(LEVEL OF EMOTIONAL INTELLIGENCE – STRESS MANAGEMENT)

The Null Hypothesis is rejected, since the P-value is lesser than Sig. Value (0.01) in the above case. There is a high positive correlation (r =0.822) between the Emotional Intelligence and Stress Management of Nurses.

MULTIPLE REGRESSION

Regression is the determination of a statistical relationship between two or more variables. Multiple regression analysis examines the strength of the linear relationship between a set of independent variables and a single dependent variable (measured at the interval/ratio level). Multiple Regression was conducted to determine the best linear combination of Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion for predicting Emotional Intelligence of Nurses.

Model	Unstandard Coefficients		Unstandard Coefficients	t.	Sig.
	B	Std. Error	Beta		
(Constant)	.811	.551		2.413	.151
Appraisal of Self Emotion	.221	.029	.435	8.509	.000
Appraisal of Other's Emotion	.248	.027	.379	7.239	.000
Regulation of Emotion	.410	.020	.509	10.171	.000
Usage of Emotion	.536	.017	.608	12.412	.000

Table 7: Regression Analysis – Emotional Intelligence
Dependent Variable: Emotional Intelligence
Source: Author's Compilation

Preliminary analysis was done to ensure that the assumptions of normality, linearity, multicollinearity, and homoscedasticity are not violated. The Means, Standard Deviations, and inter-correlations can be found. This combination of all four variables significantly predicts the dependent variable i.e., Emotional Intelligence, $F_{(4, 364)} = 539.411$, $p = .000$ which is lesser than .001 (Sig. Value 2-tailed) and Adjusted R Square = 0.676.

The Usage of Emotion (0.608) is the strongest influence factor that predicts dependent variables – Emotional Intelligence, out of four independent variables. The beta weights indicate that the Usage of Emotion only contributes the most (0.608 or 60%) to predict Emotional Intelligence. Appraisal of Other's Emotion contributes to Emotional Intelligence (0.379) lesser than others.

Conclusion

The study revealed a strong positive correlation between emotional intelligence (EI) and stress management in nurses. This means nurses with higher emotional intelligence tend to experience lower stress. Among the four components of EI measured, "Usage of Emotion" showed the strongest correlation with stress management. This suggests that nurses who are adept at utilizing their emotions effectively are better equipped to manage stress. The study confirms a strong positive correlation ($r = 0.822$) between emotional intelligence and stress management in nurses. This statistically significant result (p-value < 0.01) rejects the null hypothesis, indicating that nurses with higher levels of emotional intelligence experience lower stress. A multiple regression analysis was conducted to explore which components of emotional intelligence contribute most significantly to overall EI. The results revealed that "Usage of Emotion" has the strongest influence on a nurse's overall EI (beta weight = 0.608). This suggests that nurses who can effectively utilize their emotions in a positive way tend to have higher overall emotional intelligence. The combination of all four EI components (Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion, and Usage of Emotion) significantly predicts overall emotional intelligence in nurses. While all four components contribute, "Appraisal of Other's Emotion" has a comparatively weaker influence on overall EI compared to the others. This study highlights the importance of emotional intelligence, particularly the ability to utilize emotions effectively, in stress management for nurses. Developing and strengthening these skills can be a valuable tool to promote well-being and resilience in the nursing profession.

Based on these findings, it can be concluded that emotional intelligence plays a significant role in a nurse's ability to manage stress. Therefore, interventions aimed at improving emotional intelligence, particularly the ability to utilize emotions effectively, could be beneficial for nurses in managing work-related stress.

Implications for Future Research

Finally, while this study takes into account particular aspects of EI based on Goleman et al. (2002)'s definition, it does not take into consideration features of EI highlighted by Bar-On (2012), Petrides and Furnham (2000, 2006), and other writers. The ability test, on the other hand, is a useful tool for research into attitudes such as work satisfaction and performance (O'Boyle et al. 2010; Miao et al. 2017), which might be a potential area for future research.

Institutional Review Board Statement: Ethical review and approval were waived for this study, as the survey is not linked to any risks to participants, did not entail a collection of sensitive data, and did not involve vulnerable populations.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets generated and analysed in the current study are not publicly available due to further, ongoing research projects but are available from the corresponding author upon reasonable requests.

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