Paper ID : JCT/evas/a21 **Peer Reviewed** **Open Access**

DOI : https://doi.org/10.26703/JCT.v16i1-1 **Archive :** https://ideas.repec.org/a/jct/journl/v16y2021i1p1-13.html
Web Link : www.jctindia.org/index.php/jct/article/view/evas/a21 http://EconPapers.repec.org/RePEc:jct:journl:v:16:y:2021:i:1:p:1-13

Analytical Study on Emotional Intelligence and Its Impact on Stress Management Among Woman Nurses in Healthcare Sector

Received : 10-10-2020
Revised : 15-11-2020
Revised : 21-01-2021
Accepted : 25-02-2021

***Plagiarism:** 7%*

Dr. Ekta Verma[1] and Avinash Singh[2]

[1]*Assistant Professor, Department of Commerce & Business Administration, University of Allahabad, Prayagraj, Uttar Pradesh, India.*

[2]*Research Scholar, Department of Commerce & Business Administration University of Allahabad, Prayagraj, Uttar Pradesh.*

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

Classification-JEL :
H54, N35, A11

How to Cite:
Verma, Ekta and Singh, Avinash (2021). Analytical Study on Emotional Intelligence and its Impact on Stress Management Among Woman Nurses in Healthcare Sector. Journal of Commerce and Trade (H. Agarwal, Ed.) 16 (1), 1-13.

ABSTRACT

According to the World Health Organization, stress is a major concern of modern period and influences both physical as well as the mental health of individuals. Stress in the workplace can impact healthcare practitioner's physical and emotional health by limiting their productivity and adversely affecting their overall quality of life. The study is undertaken with a purpose to examine the components of Emotional Intelligence and its impact on Stress Management of Woman Nurses working in hospitals located in National Capital Region (NCR), India. The author(s) carried out a blend of both qualitative and quantitative study through a structured questionnaire. The emotional intelligence of woman nurses was assessed via the Bar-On Emotional Quotient Inventory. A Snowball Sampling approach of Non-Probability Sampling was used. In order to analyse the data, Descriptive and Inferential statistical tools were used. Research hypotheses were reviewed using a structural equation model. The final sample size was (n=369). The findings confirm that Emotional Intelligence impacts substantially on stress reduction. The results indicate four components viz. Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion contribute to Emotional Intelligence. Out of four components, Usage of Emotion strongly influences the Emotional Intelligence than other components. Emotional Intelligence impacts significantly on stress reduction. For the healthcare organisations to develop a healthy and stress free atmospheres for their employees. Findings would be instrumental and bring new insights into the emotional intelligence concept in respect of stress management of employees.

1. PREAMBLE

Healthcare has become one of India's largest sector, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

Indian healthcare delivery system is categorised into two major components - public and private. The Government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority

of secondary, tertiary, and quaternary care institutions with major concentration in metros and tier I and tier II cities. (Indian Healthcare Industry Report, 2020)

Emotional intelligence is the "capacity in ourselves and our relationships to understand our own feelings and those of others, to inspire ourselves and handle emotions as well". John Mayer and Peter Salovey coined the term Emotional Intelligence and they have been most influential in its scientific genesis. According to Salovey & Mayer (1990) emotional intelligence requires an " a capacity to monitor one's own and others thought and feelings, distinguish them and use this information to direct one's thought and behavior." The increasing wide-spread interest in the topic has been fuelled by the publication of Daniel Goleman's seminal book Emotional Intelligence: Why It Can Matter More Than IQ in 1995. Emotional intelligence is a concept based on an individual's abilities to understand and regulate their own emotions and those of others (Mayer & Salovey 1997). It emerged as an idea pertaining to intelligent behaviors in dealing with emotional related issues. In addition to knowing, controlling and accommodating the emotions of oneself and others, a individual with high emotional intelligence can also reduce emotional disturbance and anxiety, manage stress, which will significantly contribute to workplace efficiency and success at both personal and organizational levels. Stress refers to a set of physical responses triggered by internal (cognitive) or external (environmental) stimuli. Stress is a mental discomfort caused to employees in their work area due to the work they perform. Employees experience a variety of symptoms when stress becomes extreme, which can harm their work performance and wellbeing and even challenge their ability to cope with the workplace and greatly reduce their overall productivity. Some attempt to adopt an approach strategy, which means taking stress as a challenge and overcoming it in a constructive manner, whereas others go for escape strategy in which they exhibit escapist behavior. The organisation should take multiple steps to minimize the stress of employees by offering good training and advance guidance regarding the work they have to perform. A proper relationship between the superiors and subordinates should exist. The healthy work environment should be maintained. Every organisation should strive to handle employee's stress as far as possible because itlowers the employee's ability that leads to the downfall of the organization. Management of Emotional Intelligence can contribute to stress management.

2. REVIEW OF LITERATURE

The type of literature review imbibed in the research study was a meta-analysis systematic review that required a more rigorous and well defined approach compared to most other types of literature review. A systematic literature is comprehensive and details the timeframe within which the literature was selected. In this study meta-analysis taking findings from several studies on the similar subject and analyse these using standardized statistical procedures. In meta- analysis Patterns and relationships are detected and conclusions are drawn. Nina Ogniska (2005) found an important, but not very powerful, the role of emotional intelligence in perceiving work stress and preventing negative health outcomes of employees of human services from negative health outcomes. The ability to effectively deal with emotions and emotional information in workplace aids employees in coping with workplace stress. Therefore, it ought to be developed in stress managing trainings. Especially, the extremely stressed intense but confused respondents because they have average emotional intelligence, but don't seem to be using it, probably as they lack confidence in their emotional ability.

Montes-Berges et al., (2007) have revealed on a study of nursing students, that Emotional Intelligence is an ability that

minimises the negative effects of stress. They investigated the role by the Trait Meta-Mood Scale, in the use of stress coping mechanisms in the nursing student's mental wellbeing, and the quality & quantity of social support. The results exhibited positive correlations between social support and repair, clarity and social support and mental health. Hierarchy regression analysis suggested that emotional repair is the main mental health predictor, and emotional and clarity repair are predictors of social support. These results demonstrate the significance of perceived emotional intelligence (PEI) in addressing stress within the context of nursing.

Saddam Hussain Rahim (2008) revealed that Emotional Intelligence competencies have a significant effect on stress, employee psychological issues and pursue to the solutions in the light of EI competencies that have a constructive and effective effect on stress. Emotional intelligence is a key factor for the prediction of teacher's health and also the correlation of emotional intelligence and occupational stress is significant. Singh and Singh (2008) examined the relationship as well as the impact of emotional intelligence on the perception of role stress of medical professionals in their organisational lives. The study was underatken with a sample size of 312 medical professionals comprised of 174 male and 138 female physicians working for professional hospital that were privately operated. The results of the study suggested nosubstantial difference in the degree of emotional intelligence and perceived gender-specific role stress, but significantly negative relationships of emotional intelligence with organizational role stress for both the genders and the medical professionals as a whole. Ismail, Suh-Suh, Ajis and Dollah (2009) conducted a study to investigate the effect of emotional intelligence in the association between job performance and occupational stress. The result of the research explicitly indicated the association between emotional intelligence and occupational stress are significantly correlated with job performance. The outcome of the study statistically indicated that the inclusion of emotional intelligence in the analysis ameliorated the effect of job stress on the performance of job.

3. RATIONALE OF THE STUDY

Emotional intelligence is a topic of growing interest in organizations and research. Emotional intelligence is a collection of developed skills and competencies that expect positive outcomes at home with one's family, in public place and at work. Individuals who own these are happier, less anxious and depressed, more efficient at work, and have improved relationships. The understanding of the emotional intelligence of Healthcare employees (Nurses) is more beneficial for the management of the Healthcare Organisations (hospitals) in order to develop a pleasant/healthy and stress-free atmosphere for the workers and also to achieve better work performance from their employees. The research has been undertaken to examine the relationship between the Emotional Intelligence of the Nurses and its impact on their stress management in the hospital environment. The study offers an opportunity to bring powerful insight into the idea of emotional intelligence as it pertains to stress management of employees in the Healthcare Sector.

4. OBJECTIVES OF THE STUDY

- To analyse the components of Emotional Intelligence in Healthcare sector.
- To analyse the impact of emotional intelligence on stress management of woman nurses working in hospitals of National Capital Region (NCR), India.
- To propose some measures and coping strategies for effective management of stress among woman nurses.

5. SIGNIFICANCE OF THE STUDY

Every organisation aims to achieve the

optimal level of productivity. Undoubtedly, knowledgeable and skilled workforce is amongst the most crucial factors enabling an organization to accomplish its goal, as workforce serves an important role in changing the level of output. The management of healthcare organisations are continually engaged in ways to attract, retain, and gain commitment from their employees. This interest is generated in particular because high turnover rates and the lack of commitment adversely affect the delivery of care and the bottom line in their organizations. Healthcaremanagement needs to find efficient, effective and sustainable solutions to these challenging challenges in a quality and cost-conscious healthcare environment.

Today, most employees in organisations are experiencing motions of collapsing trust, uncertainty, stifled creativity, gap between managers and co-workers, and disappearing loyalty and devotion and affected by extreme workplace stress. Stress is a mental discomfort caused to employees in their work environment due to the job they perform. Either organizations are unaware or do not want to identify these signs (majority of the times), as they would have to do something about it. Emotional intelligence calls for recognizing and understanding of these concerns in organisations. Emotional intelligence is a collection of skills and competencies acquired that predict positive outcomes at home with one's family, in a public place, and at work.

6. SCOPE OF THE STUDY

It is a general overview of what the research will entail. The study is focused on to analyse the different components of Emotional Intelligence and its impact on Stress Management of Nurses in Hospitals of National Capital Region (NCR), India. The analysis, findings, suggestions, and conclusion of the present study conducted by the researcher would be of considerable benefit for the Healthcare organisations / employees and this study will be probably more relevant for a potential researcher with related studies of this nature. This study is confined to the perception of woman Nurses working in hospitals in National Capital Region (NCR), India. The scope of the study is restricted to the NCR area. This study is undertaken to suggest/propose some measures to enhance the existing hospital working environment for the purpose of effective management of Stress and thereby increasing the work performance of nurses.

7. RESEARCH METHODOLOGY

The study was descriptive and explorative in nature. The blend of qualitative and quantitative study was conducted in Healthcare Organisations in the National Capital Region (NCR) of India. A Sample of 369 woman nurses were selected and surveyed through a structured questionnaire, the emotional intelligence of woman nurses was evaluated using the Bar-On Emotional Quotient Inventory. This study was undertaken from 2019 to 2020 in the National Capital Region (NCR) of India. A Snowball Sampling approach of Non-Probability Sampling was employed. Descriptive and Inferential statistical tools were applied to analyze the data. Research hypothesis was reviewed using a structural equation model. The results revealed that the four components i.e., Appraisal of Self-Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion contribute to Emotional Intelligence. Out of four components, Usage of Emotion strongly influences the Emotional Intelligence than others. Emotional Intelligence greatly affects stress management. Various statistical tools like Percentage Analysis, Mean Analysis, Independent Sample t-test, Correlation, and Multiple Regression were used to analyze the data. Statistical analysis was carried out using Statistical Package for the Social Sciences(SPSS) version 20. In this study, we focus on the Bar-on Emotional Quotient Inventory (EQ-i; Bar-on, 1997a, 1997), one of the first scientifically developed measures that attempt to assess EI. Bar-on worked extensively on developing a multi

factorial and theoretically eclectic measure for EI, the Bar-on EQ-i, which measures the potential to succeed rather than the success itself (Bar-On, 1997). According to Bar- On the essence of emotional intelligence is 'understanding oneself and others, being able to relate to people and possessing the ability to adapt and cope with one's surroundings' which in term will increase one's chances of success when dealing with environmental demands. Since Emotional Intelligence (EI) renders the way in which someone applies his knowledge to certain situations, it can also aid to predict future success (Bar-on, 1997a). An extensive body of reliability and validity research, demonstrated with samples from several different countries over a span of 17 years, was published in the technical manual (Bar-on, 1997). We restrict ourselves to an overview of the most important results and we refer to the manual for more details. The reliability studies included the investigation of the internal consistency and test-retest reliability and demonstrated good reliability. For all the subscales, the internal consistency coefficients were high, ranging from a .69 (Social Responsibility) to .86 (Self-Regard), with an overall average internal consistency coefficient of .76 and thus indicating a very good homogeneity. Results for the test-retest reliability in a South African sample showed an average coefficient of .85 after one month and .75 after four months. Subscales Self-Regard, Happiness and Impulse Control appeared to be more analysis over time in comparison to the other subscales (Bar-On, 1997). A principal component factor analysis was carried out by Bar-On (1997) to examine factorial validity. He used the criteria of eigenvalues greater than one to determine that a 13 factor solution 'afforded the greatest interpretability' (p99), but of these 13 factors, only the first five factors each explained more than 2.25% of the variance (Bar-On, 1997). However, the results of a study conducted by Palmer and colleagues (2001) did not support this 13 factor structure. Instead, they found a six-factor solution by performing a principal axis factoring on a normal population sample of 337 participants, using parallel analysis (Horn, 1965) and the scree test (Cattell, 1966) to determining the best factor solution. Dawda & Hart (2000) examined the reliability and validity of the Emotional Quotient (EQ)-i in a sample of 243 university students. Their results supported the overall good reliability and validity of the EQ-i and further promoted the EQ-i as a broad measure of emotional intelligence. Nevertheless, they also suggested limited usefulness of the intermediate Emotional Quotient (EQ) composite scales, due to the fact that the Interpersonal, Adaptation and Stress Management EQ scales contain subscales that display considerable different convergent and discriminant validity indexes. Therefore, when assessing more specific aspects of emotional intelligence, the use of the EQ subscale scores (which are mostly more internally consistent) would be more appropriate. Although the EQ-i scores did not seem to be affected by response or gender bias, they considered further research necessary. In order to examine Bar-On's (1997) suggestion that emotional intelligence is an important factor in predicting academic success, Newsome et. al, (2000) attempted/sought to determine the relationship between academic achievement and emotionalintelligence, personality and cognitive ability in a sample of university students. They found evidence that academic achievement could be predicted by cognitive ability and personality measures (extraversion and self-control), but their results provided no support for the incremental validity of emotional intelligence in predicting academic achievement. Instead of rejecting the construct or hypothesis, the authors attributed the failure to establish conclusive findings to the lack of consensus on a definition of emotional intelligence and how it should be measured.

8. RESEARCH PHILOSOPHY

For this Study, the research philosophy

adopted is of positivism within a deductive approach using quantitative data from the questionnaire. The collection of quantitative data is done through a survey questionnaire and the data obtained are then assessed against the hypothesis (Guba & Lincoln, 1994). Furthermore, according to Levin (1988), the results of this research are both observable and quantifiable without the need for further review. Hence, it explains why positivism fits in this research.

9. DATA ANALYSIS AND DISCUSSION

The data, after collection, was processed and analyzed in accordance with the specifications laid down for the purpose at the time of developing the research plan. The analysis was carried out through various statistical tools to understand the outcomes with reference to the objectives and hypothesis. Various statistical methods (descriptive as well as inferential) are used to evaluate and to provide a proper interpretation of results.

DEMOGRAPHIC CHARACTERISTICS & JOB PROFILE: It is concluded from data analysis that married respondents (54.2%) are more than unmarried respondents. As regards the respondent's age (67.5%) of them belong to the 20-40 years age group. Of them (59.08%) have education at the school/diploma level and the remaining (40.92%) are under/post graduates. With respect to monthly salary, (46.88%) of respondents receive up to Rs.15,000. The respondents (72.09 percent) have 1-5 years of work experience. (44.98%) of them are working in Night Shifts.

COMPONENTS OF EMOTIONAL INTELLIGENCE – MEAN ANALYSIS ANALYSIS : The questionnaire comprised of 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

Table 1: Demographic & Job Profile (N= 369)

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

Source: Primary Data

Table 2: Components of Emotional Intelligence - Mean Analysis Descriptive Statistics

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**

Source: Primary Data

Table 3: Marital Status- 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)
Source: Primary Data

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 the 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%.

INDEPENDENT SAMPLE 't' TEST ANALYSIS (MARITAL STATUS)

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

INTERPRETATION

An independent-samples t-test was carried out to meausre 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

H02: 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.

INTERPRETATION

An independent-samples t-test was carried out to meausre 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

H02: 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.

INTERPRETATION

(COMPONENTS OF EMOTIONAL INTELLIGENCE - EMOTIONAL INTELLIGENCE)

The Null Hypotheses are rejected, since 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 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 lower relationship with Emotional Intelligence (r =0.523) than others. It is concluded that Usage of Emotion has strong influence on Emotional Intelligence of Nurses. Hence, there is a significant relationship

Table 4: Emotional Intelligence Component- Emotional Intelligence

Variables	N	r -Value	P-Value	Relationship	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
RegulationofEmotion-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)
Source: Reckoned

Table 5: Components of Emotional Intelligence – Stress Management

Variables	N	r -Value	P-Value	Relationship	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

(* 5% Level of Significance) & (** 1% Level of Significance)
Source: Primary Data

between the Components of Emotional Intelligence and Emotional Intelligence of Nurses.

H03: There is no significant relationship between the Components of Emotional Intelligence and Stress Management 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 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 effectively using 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.

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

Table 6: Level of Emotional Intelligence- Stress Management

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 7: Regression Analysis–Emotional Intelligence

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

Dependent Variable: Emotional Intelligence
Source: Reckoned

Stress Management of Nurses.

10. 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.

Preliminary analyses were done to ensure that the assumptions of normality, linearity, multi-collinearity and homoscedasticity are not violated. The Means, Standard Deviations, and inter-correlations can befound. 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 variable – 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.

11. LIMITATIONS AND DIRECTION FOR FUTURE STUDIES

The present study is confined to 369 Woman Nurses working in Hospitals of National Capital Region (NCR), India only. As a result, this study cannot be considered “flawless.” As a result, the findings of this study cannot be generalized to other situations. Therefore, more quantitative research is required for academicians and researchers to determine the impact of Emotional Intelligence on Stress Management using cross-district/state/country and cross-industry applications to assess human behavior in various contexts. Upon this study, there may be some recommendations for further studies. The scope of this research is for Nurses who are employed in Hospitals located in National Capital Region (NCR), India. Considering this fact, employees from different categories like Doctors and healthcare staff from different areas can be selected for future studies and comparative studies could be carried out.

12. RECOMMENDATIONS FOR IMPROVEMENT OF EMOTIONAL INTELLIGENCE

In common, Emotional Intelligence encompasses the kinds of skills that over time are educable, adaptive, and variable.

Correspondingly, this course of action would increase the willingness of employees to adapt to the workplace and foster a healthy working relationship which results in better productivity and job results. This study offers insights that could help the human resource department of the Healthcare industry to better comprehend the needs and perception of employees. From the study, it is noted that demographic variable, marital status has an influence on emotional intelligence of the nurses. The study revealed that the married have scored a higher level of emotional intelligence than the unmarried. The research also showed that over 67% of the respondents are younger and middle-aged (20-40 Years) and 45.8% of them are unmarried. Therefore, the management of healthcare organisations should devise Sui analysis policies to strengthen the degree of emotional intelligence among the young nurses who are considerable employees in their organisations. The findings of the study revealed a strong link between nurses' emotional intelligence and stress management. Management of healthcare organizations can use this information to help build a happy work environment and assist their employees in addressing demands and challenges both on the job and in their personal lives.

The management ought to develop a healthy atmosphere through its organizational policies (reward programs) that would influence the well-being of workers in multiple ways (wellness programmes, fringebenefits, counseling, and career advancement, etc.). This can allow healthcare organizations to maintain or enhance their employee's productivity. The study noted that out of four components of Emotional Intelligence, Usage of Emotion has a greater impact on Emotional Intelligence as well as Stress Management of nurses. Hence, Healthcare organizations ought to develop and offer such training for nurses in order to apply their emotions to manage their stress effectively and efficiently. Emotional well-being can be strengthened by daily workouts, meditation, Yoga and some other soft skill activities and the stress level of healthcare employees can be minimised.

13. EPILOGUE

It is deduced on the basis of the findings of the analysis that the four components viz. Appraisal of Self- Emotion, Appraisal of Other's Emotion, Regulation of Emotion and Usage of Emotion contribute to Emotional Intelligence. Out of four components, Usage of Emotion strongly influences the Emotional Intelligence than others. Emotional Intelligence impacts substantially on stress reduction. It is proposed that administration of Healthcare Organisations ought to focus on enhancing the level of Emotional Intelligence of their employees in order to promote the job performance and this would also serve to better handle the workplace stress. We don't have adequate evidence on the basis of the study to draw any conclusions about the predictive value of emotional intelligence, although it seems apparent that there is some linkage with educational level. In terms of employment status, we obtained similar results: On Total EQ and many subscales, the unemployed group scored significantly lower than the employed group. Again these results are consistent with those stated by Bar-On (1997), suggesting a link between emotional intelligence and stress at work. It is worthwhile to note that lower education or unemployment levels on the same scales appeared to result in substantially lower scores on the same scales. This could simply be a result of the fact that the unemployment rate within the lower education group and that both groups essentially included the same individuals in the current study, and thus had comparable Emotional quotient (EQ) scores as a logical consequence. However, another potential reason is that the same dimensions of Emotional Intelligence (EI), which are related to higher risk of academic failure, often pose an increased risk of subsequent unemployment. In terms of concurrent validity between the EQ-i and the MMPI-2, we found

that people with high Emotional Intelligence have fewer psychological issues and pathology than people with low Emotional Intelligence. This is in line with previous research by Schutte et al., (2007) and Martins et al., (2010), which found that emotional intelligence and mental health are linked. Although our findings were based on a non-clinical population, they might be used to clinical studies on emotional intelligence, such as the relationship between emotional intelligence and various clinical syndromes or personality disorders. Furthermore, investigating the impact of emotional intelligence on treatment and treatment outcome prediction may be valuable. We evaluated the incremental validity of MMPI-2 scales in order to predict emotional intelligence beyond the control factors (gender, employment, and education). Overall, the MMPI-2 scales appeared to be good predictors for the EQ-i measures, with large percentage of variation described. Clinical measures 2(D), 7(Pt), and 0(Si) in particular showed to be strong negative predictors.

Additionally, the content scales Obsessiveness, Low Self-Esteem, Depression, and Social Distress were found to be substantial negative predictors for certain of the EQ-i measures. Anxiety was a strong negative predictor for a few EQ-i scores, but a high positive predictor for others. Finally, while we did not include the Restructured Clinical (RC-Tellegen, Ben-Porath, McNulty, Arbisi, Graham & Kaemmer, 2003) scales in our study, once the Dutch manual is published, this will be a significant follow-up analysis, also taking into account other scales of the Restructured MMPI-2 (Ben-Porath & Tellegen, 2008; Tellegen & Ben-Porath, 2008). The RC scales were originally added to the MMPI-2 in 2003 to address the clinical scales' strong intercorrelations and detailed covariance issues. Convergent and discriminant validity have both improved in studies. In 2008, the MMPI-2-RF (Restructured Form) was developed as a new version of the MM. The RC scales were originally added to the MMPI-2 in 2003 to address the clinical scales' strong intercorrelations and detailed covariance issues. Convergent and discriminant validity have both improved in studies. In 2008, the MMPI-2-RF (Restructured Form) was developed as a new version of the MMPI-2. ●

REFERENCES

1. Bar-On, R. (1997). "Development of the Bar-On EQ-I: A Measure of Emotional Intelligence', Paper presented at the 105th Annual Convention of the American Psychological Association, August, Chicago.
2. Bar-On, R. (1997), "The Emotional Intelligence Inventory (EQ-i): Technical Manual", Multi-Healthy Systems, Toronto, Canada.
3. Bar-On, R. (2000), "Emotional and Social Intelligence: Insights from the Emotional Quotient Inventory", In R. Bar-On, and J.D.A. Parker, (Ed.), The Handbook of Emotional Intelligence, Jossey-Bass, San Francisco, pp.363-388.
4. Berges, M.B. and Augusto, J.M. (2007), "Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students", Journal of Psychiatric and Mental Health Nursing, Vol.14 No. 2, pp. 163-171.
5. Cattell, R.B. (1966), "The scree test for the number of factors", Multivariate Behavioural Research, Vol.1 No.2, pp. 245-276.
6. Dawda, D. and Hart, S.D. (2000), "Assessing Emotional Intelligence : Reliability and vValidity of the Bar-On Emotional Quotient Inventory (EQ-i) in university students", Personality and Individual Differences, Elsevier, Vol. 28 No. 4, pp.797-812.
7. Goleman, D. (1995), Emotional Intelligence: Why it can matter more than IQ, Bantam, Newyork.
8. Guba, E. G. and Lincoln, Y. S. (1994), Competing Paradigms in Qualitative Research Handbook of qualitative research, Sage, London.

9. Horn, J. L. (1965), "A Rationale and Test for the Number of Factors in Factor Analysis", Psychometrika, Springer, Vol. 30 No. 2, pp.179-185.
10. Ismail, A.B., Ajis, M.N. and Dollah, N.F. (2009), "Relationship between Work related stress, Emotional Intelligence and Job Performance: An Empirical Study in Malaysia". Theoretical and Applied Economics, Vol. 10 No. 539, pp. 3-16.
11. Levin, DM. (1988), The opening of vision, Nihilism and the postmodern situation, Routledge, London.
12. Martins, A., Ramalho, N., & Morin, E. (2010). A comprehensive meta-analysis of the relationship between emotional intelligence and health. Personality and Individual Differences, Elsevier, 49, 554.
13. Mayer, J.D. and Salovey, P. (1990), "Emotional Intelligence", Imagination, Cognition and personality, Vol.9 No. 3, pp. 185-211.
14. Mayer, J. D. and Salovey, P. (1997), "What is emotional intelligence?" In P. Salovey & D. Sluyter (Ed.), Emotional Development and Emotional Intelligence: Implications for Educators, New York, pp. 3-31.
15. Newsome, S., Day, A.L. and Catano, V.M. (2000), "Assessing the predictive validity of emotional intelligence", Personality and Individual Differences, Elsevier Vol.29 No. 6, pp. 1005-1016.
16. Ogniska, N. (2005), "Emotional intelligence in the work place; Exploring its effects on occupational stress and health outcomes in human service workers", International Journal of Occupational Medicine and Environmental Health, Vol.18 No.2, pp. 167-175.
17. Palmer, B.R., Manocha, R., Gignac, G., and Stough, C. (2001), "Examining the factor structure of the Bar-On Emotional Quotient Inventory with an Australian general population sample", Personality and Individual Differences, Sage, Vol.35 No.5, pp.1191-1210.
18. PIB. (2020), Indian Healthcare Industry Report, Department for Promotion of Industry and Internal *rade (DPIIT), RNCOS Report.
19. Singh, S.K. and Singh, S. (2008), "Managing role stress through Emotional Intelligence, A study of Indian Medico Professionals", International Journal of Indian Culture and Business Management, Vol.1 No. 4, pp. 377-396.
20. Rahim, H.M. (2010), "Emotional Intelligence and Stress: An Analytical Study of Pakistan Banks", International Journal of Trade, Economics and Finance, Vol. 1 No. 2, pp. 194-199.
21. Schutte, N.S., Malouff, J.M., Thorsteinsson, E.B., Bhullar, N., and Rooke, S.E. (2007), "A meta-analytic investigation of the relationship between emotional intelligence and health", Personality and Individual Differences, Elsevier, Vol. 25 No.6, pp. 921-933.
22. Tellegen, A., Ben-Porath, Y.S., McNulty, J.L., Arbisi, P.A., Graham, J.R., and Kaemmer, B. (2003), "The MMPI-2 Restructured Clinical (RC) scales: Development, validation and interpretation" , University of Minnesota Press, Minneapolis.
23. Tellegen, A., and Ben-Porath, Y.S. (2008), "MMPI-2-RF Technical Manual", University of Minnesota Press, Minneapolis.