EMOTIONAL INTELLIGENCE, PERCEIVED STRESS, COPING STRATEGIES AND

BURNOUT IN HIGH STRESS NURSING JOB TYPES

by

Chris Hutsell

Liberty University

A Dissertation Proposal Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

According to many within the healthcare industry, the U.S. is facing a potential nursing crisis by 2030. Research has indicated that inadequate staffing contributes to higher rates of injuries, medical errors, absenteeism, financial loss, stress, and burnout in nurses. Emotional intelligence has been found to alleviate stress and burnout in nurses by reducing these costly issues for the healthcare industry as a whole. This quantitative, correlative study examined the relationships between emotional intelligence (EI), overall burnout, perceived stress, coping strategy approaches, and dimensions of burnout in nurses who worked in seven different high stress job types. The data was collected through the online survey website SurveyMonkey.com. The sample consisted of 98 licensed nurses working in Los Angeles County. The survey consisted of four demographic questions and the measuring instruments of: Schutte Self-Report Emotional Intelligence Test, Maslach's MBI-HSS, Perceived Stress Scale (PSS-10), and Brief COPE Inventory. Bivariate regressions analyses revealed significant negative correlations between emotional intelligence and overall burnout ($r(96) = -.68$, $p < .001$), perceived stress ($r(96) = -.31$, $p = .002$). There was no relationship between coping strategy approaches. Pearson's correlation coefficient revealed that emotional intelligence could lower the burnout dimensions of emotional exhaustion ($r(96) = -.63$, $p < .001$) and personal achievement ($r(96) = -.59$, $p < .001$) levels. Emotional intelligence did not predict depersonalization levels. These findings indicate that emotional intelligence training would be beneficial to the nursing community.

Keywords: emotional intelligence, burnout, emotional exhaustion, depersonalization, personal achievement, perceived stress, coping strategies, nursing.

Copyright

Dedication

For my family. Especially, my heavenly grandmother Gonzales who always wanted me to continue my education. My father Gene who served the community for over 20 years as a psychiatric NP. And my Aunt Cathy who has served as nurse for almost 50 years.

Acknowledgements

To my committee chair who enlightened me on the importance of conciseness in academic

writing. Thank you, Dr. Green. To all the nurses of the world that care for us in our time of need.

They are the heart of healthcare.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

The forecast suggests several dreary seasons for the healthcare industry in the not-too-distant future, the result of a significant worldwide nursing shortage by 2030, according to the American Association of Colleges of Nursing (2024). The World Health Organization (WHO, 2021) reports that half of all healthcare workers are nurses, representing over half of the increasing shortage. They report a mass exodus of nurses due to the pandemic, retiring baby boomers, the massive influx of migrants, and the Affordable Care Act, which gave access to healthcare services for more people (Haddad et al., 2022). According to the Centers of Disease Control, people are living longer with chronic diseases (CDC, 2022). These calamitous issues will have an epoch effect on the healthcare system. There simply are not enough nurses in the industry to meet its demands. Unfortunately, the gap between high-need patients and skilled nurses is growing (Haddad et al., 2022). The lack of skilled nurses may result in fewer opportunities for older patients (Gautun & Grødem, 2015) with chronic diseases and comorbidities (Soto-Rubio et al., 2021; Haddad et al., 2022).

The U.S. Bureau of Labor Statistics (2022) projected a 9% growth in nursing staff during the decade before the pandemic. That has now changed as potential growth in nursing will be lower. The American Nurses Association (ANA) sent a letter to the U.S. Department of Health and Human Services (HHS) in September 2021 to urge the government to declare the nursing shortage a national crisis. WHO (2021) has called to strengthen nursing and midwifery through an interrelated set of policy priorities found within the recently released publication of Global Strategic Directions for Nursing and Midwifery 2021–2025. The policies seek to provide basic universal health coverage for all socio-economically depressed areas, particularly in Southeast Asia and Africa. These policies will require a significant influx of nurses into the world of

healthcare. However, this may prove to be an arduous task.

The root of many problematic issues in nursing begins with inadequate staff numbers. Lack of staffing contributes to heavier workloads, medical errors, absenteeism, higher costs, and job burnout (Broetje et al., 2020). The post-pandemic nurse-to-patient ratio has significantly risen in healthcare. For example, New York has seen the ratio rise as high as 1:6 in some facilities (Lasater et al., 2021). According to the Federal public health regulation 42 CFR 482.23(b), hospitals must have enough licensed nurses to provide nursing care to all patients as needed to qualify for Medicare reimbursement. Unfortunately, the appropriate number of licensed nurses required is open to interpretation. The recommendation by the American Nurses Association for the nurse-patient ratio is 1:4 for less acute areas of care (ANA, 2021). In addition, facilities have financial reasons to use the recommended 1:4 ratio. Lasater et al. (2021) found that hospitals staffed with a 1:4 ratio saved an estimated $720 million and 4370 patients' lives.

Nevertheless, only the state of California has instituted actual mandated patient-nurse ratios. Staff shortages have caused many nurses to retire early or quit due to burnout and COVID-19 (Theodosius et al., 2021). Fortunately, almost 70% of nurses believe that nursing is a distinguished career choice for young people (ANA, 2021). According to a recent Gallup poll, Americans feel 85% of nurses' honesty and ethical standards are higher than average.

The nursing field desperately needs new talent. Unfortunately, along with newly licensed practicing nurses, there has been a significant drop in nursing educators (AACN, 2024). The lack of educators is of great concern for the future of healthcare. The demand for qualified licensed nurses is rapidly growing. The faculty vacancy rate is approaching 8%. According to the American Association of Colleges of Nursing (2024), this lack translates to one to two nursing

teachers per school. These positions require at least a master's degree to instruct new students, but nursing graduate programs are not producing enough qualified nursing educators to meet the demand (Merrill, 2019). In addition, the limited number of doctorly prepared candidates cannot fill the necessary positions. The salary disparity between nursing educators and practitioners is another recruitment issue. According to the American Association of Nurse Practitioners (2022), the average salary of a nurse practitioner is close to $100k compared to the average salary of $80k for a nursing school assistant professor. Nursing faculty shortages contribute to excessive workloads, which cause stress and burnout and manifest as low morale and retention (Owens, 2017).

While the recruitment of new nursing students is crucial (AACN, 2024), this paper's primary focus is the retention of licensed practicing nurses. This study seeks immediate intervention to prevent nurses from leaving the workforce and utilize the study results as a preventive educational or training model for future students. The hope is that incorporating emotional intelligence as a coping strategy tool for working nurses will improve patient safety and outcomes, patient satisfaction, communication amongst staff, and, most importantly, fewer burned-out nurses with less staff turnover. However, Jarosinski et al. (2022) suggested addressing salary disparities to prevent eventual turnover costs.

Figure 1

The Cost of R.N. Attrition

Description	Cost
Signing bonus for new RNs	$ 15,000
Labor cost of internal recruiter (20 hours)	1,000
Training & orientation (1 week unproductive, 8 weeks 50% productive)	8,000
Lower productivity first six months (75% productive)	10,000
Estimated burnout effect (10% increase in turnover likely)	4,000
	$ 38,000
Staff size	500
Attrition rate	20%
Staff lost per year	100
Cost of attrition	$ 3,800,000
Savings from reducing attrition rate to 15%	$ 950,000

Note: Fees associated with training and decreased productivity of a new nurse in the first few months. *The Cost of R.N. Attrition.* Adapted by Tang and Hudson (2019).

According to the 2019 National Healthcare Retention & R.N. Staffing Report, replacing a clinical nurse could cost as much as $64,000. Hospitals lose an average of $4.4 million to $6.9 million yearly because of nursing turnover. Turnover rates for bedside nurses had risen to 17.2%. The U.S. Bureau of Labor Statistics states that the nursing home sector has lost almost 229,000 caregivers (i.e., 15%) of its workforce since February 2020. An analysis of survey data conducted in 2018 found that burnout was the primary reason for nurses leaving the field (Haddad et al., 2022). Therefore, burnout would indicate that the future care of many recent retirees has suffered the most due to the pandemic. The Care for Our Seniors Act (2021) is a

comprehensive reform plan that seeks to recruit and retain a strong workforce for nursing homes.

New legislation is required promptly. The healthcare industry demands an immediate solution for burnout in nurses (BLS, 2021). According to the Health Resources & Services Administration (HRSA) in 2022, almost 17% of registered nurses left their job positions, with the two primary reasons being retirement (48%) and job burnout (25%). Almost half indicated they had considered leaving their primary nursing position in the past year due to burnout, inadequate staffing, or a stressful work environment (HRSA, 2022). Elevated levels of emotional intelligence are beneficial in preventing job burnout (Soto-Rubio et al., 2021). For example, improving employees' emotional intelligence will help improve their psychological capital, manifesting as positive job performance and less job burnout (Gong et al., 2019).

Pradhan et al. (2016) found that emotional intelligence regulates the relationship between psychological capital and organizational citizenship behavior. Emotional intelligence has a protective effect against the adverse effects of burnout and a favorable influence on job satisfaction in nurses (Soto-Rubio et al., 2021). Nurses with elevated emotional intelligence levels use repair strategies that identify, comprehend, and cope with overwhelming work stressors (Hemenover & Harbke, 2017). Previous studies have focused on organizational development, performance management, and policy aspects such as the roles of staffing, management, and salary factors in nursing (Mboweni & Makhado, 2017). Based on past research, a significant gap in nursing literature addresses the individual's abilities and qualities that impact nursing retention (Bock, 2020). The impact of nurse retention is especially true for nurses working in high-stress job types.

Background

According to Jennings (2008) nursing is a stressful career choice. Studies have shown

that nurses report moderate-to-very-high stress levels and do not get enough sleep or exercise (Xiao et al., 2020). The impact of stress manifests itself in various aspects of their work and personal life. Nursing requires boundless emotional and physical demands that produce outcomes of elevated highs and crippling lows (Ivziku et al., 2022). In addition, the consistent burden of ethical and moral dilemmas comes with providing care to certain patients (Haddad et al., 2022). Motivation is significantly affected by work stress (Ardıç et al., 2022; Al-Khasawneh & Futa, 2013). Nurses' motivation directly influences their disposition toward patients and their relatives (Öztürk et al., 2019). Patient care and outcomes are also affected by how nurses cope with stress (Terzioğlu et al., 2016). The healthcare model suffers qualitatively, financially, and spiritually if nurses cannot effectively cope with work-related stressors (Jennings, 2008).

The increasing demand for healthcare services requires many healthcare workers to increase their work schedules (Xiao et al., 2020). People are naturally different, and stress affects them differently depending on the stressor. For example, certain types of environments can act as triggers for some people (Şanli, 2017). Mo et al. (2020) found that the ambiguous nature of the pandemic caused nurses to spend less time with family and may have affected their psychological status. The anxiety experienced by deaths of patients can cause stress among healthcare workers (Cai et al., 2020). Some nurses can grow accustomed to specific work stressors while others may not be due to apathetic colleagues and management that produce an unappreciated and hostile work environment (Happell et al., 2013).

Nursing

According to the Bible, some individuals have practiced nursing centuries ago. Paul the Apostle sent a Christian woman known as Phoebe to Rome as the first visiting nurse. The Saint Sebastian Tended by Saint Irene became a popular subject of art during the early 17th century

due to the fears of the plague and the encouragement of nursing (Hedquist, 2017). It was not until Florence Nightingale that the profession of nursing gained worldwide recognition (Eriksson, 2018). Nightingale lived during the time of another great scientific thinker, Charles Darwin. They both challenged the dogmas of the time, viewed as the laws of life (Eriksson, 2018). She laid the foundation for modern nursing. She insisted on fresh air, clean water, cleanliness, and good light for the patient. During the early 1900s, hospital-based training began to replace nursing schools with practical experience. The 20th century saw the nursing profession begin to diversify with different job specialties and educational requirements for licensed nurses. Today, nurses receive insults from their customers and a lack of concern from their employers.

Emergency Room Nurses

Recent studies have shown that emergency room (E.R.) nurses were at higher risk of suffering from posttraumatic stress disorder (PTSD) during and after the pandemic (Chew et al., 2020; Fattori et al., 2021). E.R. nurses were highly susceptible to PTSD post-epidemic (Naushad et al., 2019). Yang et al. (2022) discovered that over 30% of emergency nurses remained at elevated risk for PTSD and burnout after nine months post-pandemic. The fact that nurses are having PTSD in non-combat environments is alarming. For example, almost 50% of working nurses had moderate-to-severe personal burnout levels (Chor et al., 2020) produced by the pandemic or after experiencing a traumatic event (Naushad et al., 2019). Denning et al. (2021) found that over 60% of healthcare workers, frontline nurses, were significant candidates for burnout due to perceptions of workplace safety. They suggest that a highly sterile environment requires a higher level of vigilance and experience.

Critical Care Nurses

Moss et al. (2016) found that 86% of nurses working in critical care have at least one

primary symptom of burnout, and almost a third demonstrated signs of severe burnout. Cho and

Kang (2017) discovered that ICU/Critical Care nurses show signs of PTSD. Patients coding or

dying happens more frequently than others may suspect. Consequently, these nurses encounter a

continuous variety of ethical and traumatic dilemmas that demand critical thinking in whatever

the situation requires at that time. The authors suggest that these life-and-death decisions can

produce miscommunication between healthcare providers. Kelly and Lefton (2017) found that

nurses working in critical care demonstrated higher levels of burnout, compassion fatigue,

secondary traumatic stress, intent to leave, and low levels of job satisfaction. The pandemic

amplified these work stressors for many nurses (Guttormson et al., 2022). The authors found that

meaningful recognition acted as a predictor for decreased burnout and increased compassion

satisfaction.

Pediatric Care Nurses

Nurses working in pediatrics suffer from the same types of stress from critical or

emergency room care, except that life and death impact children (Groves et al., 2021). They

suggest it takes an exceptional individual to comprehend a child's ethical and traumatic

dilemmas. Toida and Morimura (2022) found that pediatric nurses are often anxious when

providing emergency care to children and adolescents because they do not have the same type of

proclivity for painful treatments as adults do. In addition, the parents or family members of

young patients may not require an elegant style of communication (Toida & Morimura, 2022).

Prenatal negligence, infant death, and traumatic procedures produce elevated levels of stress in

this nursing field (Cho et al., 2020). The authors suggest that this is due to feelings becoming

more intense when nurses form bonds with affected infants. The prevalence of PTSD rates in

pediatric oncology nurses is similar to other high-stress nursing specialties (Schuster & Dwyer,

2020; Czaja et al., 2012).

Oncological Nurses

Oncological nurses must frequently endure the loss of patients whom they have formed

relationships with due to cancer (Schuster & Dwyer, 2020). The authors found that bonds can be

extraordinarily strong depending on how long the patient has fought cancer, only to end up

succumbing to the disease. The work setting of outpatient or inpatient does not make any

difference, according to Wazqar (2021), who found that work environment plays a significant

role in nurse stress due to similar work demands of other nursing job types. These include

workload, staff shortage, emotional demands, lack of social support, and respect from patient

family members. As a result, oncological nurses do not receive enough time to process the grief

they feel from these highly emotional experiences. Ko and Kiser-Larson (2016) found that the

two primary stressors for oncology nurses were patient death and high workloads.

Surgical Care Nurses

Surgical nurses also experience high workloads but within a rapidly paced unit, according

to Moeini et al. (2020). These nurses endure schedules that are in a state of constant flux due to

the perioperative care required by their patients. Informed consent can become convoluted when

dealing with life-and-death situations. Some patients may have suffered an accident and are not

conscious or in the right state of mind to give consent for necessary surgery (Aveyard et al.,

2022). Surgical nurses are ethically responsible for informing patients about surgical treatments

if a physician is unavailable (Moeini et al., 2020). Akyüz et al. (2019) found that surgical nurses

may lack specific information about obtaining informed consent and often perform incomplete or

incorrect practices within their role. All nurses must complete charting by documenting what has

occurred with all patients if a legal issue arises. However, the amount of charting required by

surgical nurses can be very time-consuming. One study discovered that surgical nurses could spend almost equal time charting as actual patient care (Hendrich et al., 2008). Surgical nurses are subjected to physical and emotional violence from patients that elicits stress and results in increased medication use (Havaei & MacPhee, 2021). In addition to charting, they spend a substantial portion of the time preparing patients for surgery, monitoring vitals, and administering medications post-procedure (Akyüz et al., 2019; Hendrich et al., 2008).

Psychiatric Care Nurses

The psychiatric nurse has a dichotomous role as a provider. According to Zhang et al. (2018), they must address patients' mental health ailments and acute or chronic physical conditions. For example, they must tolerate the physical assaults of upset or confused patients. Research suggests that up to 80% of psychiatric nurses have been physically assaulted by a patient (d'Ettorre & Pellicani, 2017). Psychiatric care nurses will experience some type of physical confrontations with patients, creating a continued atmosphere of chronic anxiety for psychiatric nurses. (Tirgari et al., 2019). According to the U.S. Bureau of Labor Statistics (2021), workplace violence in U.S. hospitals has increased from 2 episodes per 100 beds in 2012 to 2.8 events per 100 beds in 2015. This fear causes a decrease in well-being and increases depression in psychiatric nurses (Hasan & Tumah, 2019; Tirgari et al., 2019).

Geriatric Care Nurses

Geriatric care nurses may exhibit feelings of stagnation due to the high demands of their working environment, which produces feelings of resentment toward management (Richardson, 2017). The authors suggest that the primary reasons for these feelings are perceived unfair compensation such as salary or recognition. Geriatric care nurses demonstrate elevated emotional regulation levels to withstand issues such as patient dementia, patient family members, and

inadequate staff that negatively affect behavior (Katana et al., 2019). They consistently

experience patient loss and abuse, time constraints, and feelings of solitude (Drageset & Haugan,

2021). For example, a patient can arrive at a hospital confused or scared and physically attack the

provider assisting them. Many nurses have higher nurse-to-patient ratios than recommended,

limiting time spent with each patient and other peers. There are more medication errors due to

the amount of medication patients need and the stress these nurses feel (Vogelsmeier et al.,

2022). Consequently, the turnover rate in geriatric care is exceedingly high because of the levels

of burnout experienced (Drageset & Haugan, 2021; Soriano et al., 2016) due to compassion

fatigue (Sarabia-Cobo et al., 2021).

Problem Statement

Nursing shortages are not new to healthcare (Roberts, 1954). Nursing shortages can

potentially send the healthcare industry into disarray (Kim et al., 2020). This impending nursing

shortage is distinctive in recent history due to the amalgamation of multiple issues. Nursing

issues include the aftermath of the COVID-19 pandemic, retirements from the baby-boomer

population, new requirements from the Affordable Care Act (ACA), a rapid increase in migrants,

the lack of available nursing instructors, and the long-standing unresolved problem of nursing

staff shortages (AACN, 2024; Haddad et al., 2022). According to Haddad et al. (2022),

healthcare providers, particularly nurses, are losing, significantly affecting patient outcomes. The

authors found that nurses are more likely to seek early retirement, leave a position, or abandon

the field entirely than ever before (Haddad et al. (2022). Some nursing job types are more

stressful than others (Denning et al., 2021). Nursing research has confirmed and validated the

importance of job resources and demands to maintain a healthy working environment and inhibit

burnout and job satisfaction in nurses (Bakker & de Vries, 2021). As a result, the authors suggest

that these issues have made choosing and staying in nursing increasingly tricky for these frontline workers. Emotional intelligence is an ability that has not received the opportunity to show its full potential in the retention of nurses (McQueen, 2004).

A rebirth of positive philosophy during the 1980s advocated for how firsthand experiences and traits could improve the quality of life (Seligman et al., 2020). Part of this movement included Daniel Goleman, who popularized the ability of emotional intelligence in 1995. Since then, it has become an exceedingly popular topic in studies of organizational behavior, resource management, leadership, and job satisfaction (Wilkinson & Chilton, 2018). The actual definition depends on which dominant model (e.g., ability, mixed, trait) the participant uses. Mayer and Salovey (1997) defined it as monitoring emotions and recognizing how to use them appropriately to guide one's thoughts and behavior. Their model relies on the abilities of perceiving, understanding, managing, and using emotions.

Goleman's (1995) model of emotional intelligence draws upon five essential components: self-awareness, self-regulation, empathy, motivation, and social skills. He suggests that possessing these attributes can improve leadership, communication, and stress management skills through self-knowledge and self-control in oneself. Through a systematic literature review, Christianson (2020) discovered that emotional intelligence and critical thinking are interdependent and incumbent for nursing students. Christianson recommends integrating nursing education strategies that enhance emotional intelligence and critical thinking skills. In addition to its impact on the quality of life, emotional intelligence improves positive clinical decision-making in nursing (Kaya et al., 2018).

Job burnout has a detrimental effect on job performance (Gong et al., 2019). It forms a vicious circle that originates with poor job performance and negatively affects job satisfaction,

absenteeism, work relationships, and organizational performance. Burnout is an umbrella term for its three dimensions: emotional exhaustion, depersonalization, and personal achievement (Maslach & Jackson, 1982). For example, emotional exhaustion causes a greater degree of absenteeism for employees, depersonalization creates apathetic employees with poor relationships, and personal achievement suffers because of deficient job and organizational performances.

The occupation of nursing is a stressful job (Lee & Kim, 2020). Having the correct coping strategy is contingent on how well nurses are able to understand their perceived stress (Wang & Wang, 2019). Research has shown that individuals with high emotional intelligence experience less stress-related emotions because they recognize and regulate them (Pérez-Fuentes et al., 2018; Raghubir, 2018; Pradhan et al., 2016). These individuals tend to have higher levels of well-being due to stronger social competence and effective coping strategies that alleviate stress related emotions (Sousa et al., 2020). Emotional intelligence plays a regulatory role between psychological capital and organizational citizenship behavior (Pradhan et al., 2016). These attributes contribute to a stronger work environment. It is imperative in today's workplace that employees have academic and emotional intelligence skills. Therefore, further exploration of current and future nurses' emotional well-being is essential for healthy retention rates in the healthcare industry.

Purpose of the Study

The purpose of this quantitative survey is to examine whether emotional intelligence can influence the dimensions of burnout that are emotional exhaustion, depersonalization, and personal achievement. In addition to perceived stress and coping strategies in nurses working high-stress job types. This study seeks to contribute to a solution to the current nursing shortage

impasse.

Research Question(s) and Hypothesis

Research Questions

RQ1: Is there a relationship between emotional intelligence and burnout among nurses working in high-stress job types?

RQ2: Is there a relationship between emotional intelligence and the dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement) among nurses working in high-stress job types?

RQ3: Is there a relationship between emotional intelligence and perceived stress among nurses working in high-stress job types?

RQ4: Is there a relationship between emotional intelligence and coping strategy approaches among nurses working in high-stress job types?

Hypotheses

Hypothesis 1: There is no relationship between emotional intelligence and burnout for nurses working in high-stress job types.

Hypothesis 2: There is no relationship between emotional intelligence and the dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement) for nurses in high-stress job types.

Hypothesis 3: There is no relationship between emotional intelligence and perceived stress for nurses in high-stress job types.

Hypothesis 4: There is no relationship between emotional intelligence and coping strategy approaches for nurses in high-stress job types.

Assumptions and Limitations

The limitations of the study include using cross-sectional data collection. According to Mannering (2018), the nature of a cross-sectional approach, researchers collect participant data at a particular point in time. Because attitudes may vary over time, the survey results may not represent participants' future attitudes. Recent life situations can influence participants' responses. It is difficult to affirm the cause and effect of the relationships between the variables in cross-sectional studies. In addition, predictive models are subject to the passing of time (Van Calster et al., 2019). Given their job tenure, some nurses may have experienced symptomatic or complete burnout (Cho & Han, 2018). Consequently, they may have lost faith in a suggested intervention such as emotional intelligence. According to Koivula et al. (2019), online surveys format can obscure emotional responses and typically does not hold a high response rate. In addition, partial responses and response biases from the participants can influence the variability of the data quality, which affects weighting and increases the potential for errors in a study (Labott et al., 2016).

The assumptions of the study include that some nurses work for organizations that still use paper files and are unfamiliar with online surveys. Potential participants may not have access to a computer or smartphone necessary for nurses to participate, resulting in lower response rates. The researcher assumed nurses would have the necessary skills to complete the survey when technology was available. Finally, the response rate issue may suffer because many nurses feel overwhelmed in their jobs and, therefore, will choose not to participate or suffer from confirmation bias. The study was left open longer than expected, potentially due to this former issue. There was the assumption that certain high-stress job specialties in nursing have higher instances or symptoms of burnout. The researcher may hold a confirmation bias towards emotional intelligence due to its perceived and noted benefits on physiological, psychological,

and spiritual properties.

Theoretical Foundations

The theoretical foundations pursued in this study are theories that have demonstrated correlative properties with the phenomena known as emotional intelligence, burnout, perceived stress, and choosing of coping strategies. Although each theory offers its own strengths in the proposed study, analyzing these variables through the Jobs-demands resources model (JD-R Model) is an acute way to commence. Workplace stressors are unavoidable in high-stress job types, but these theoretical approaches help decipher relationships between these variables and potential solutions for the issues that they cause.

The Conscious Soul

According to Agnoli et al. (2019), cognitive and emotional intelligence are a part of our everyday lives. They are responsible for the behavior, attitudes, and relationships that keep us safe from our surroundings. The most recognized I.Q. test is the Stanford-Binet Intelligence Scales (2003), which holds a dogmatic view of intelligence. Others, including Binet himself, feel that intelligence is too broad of a concept to measure quantitatively (Rindermann et al., 2020). For example, this scale cannot measure the gifts of an artist who builds, paints, or composes artistic masterpieces.

Perceiving, Understanding, Managing, and Facilitating Emotional Intelligence

According to Sternberg (2020), intelligence has analytical, creative, practical, and wisdom-based aspects. It is difficult to capture because there are many ways to increase it. Emotional intelligence acts as a conductor between the relationship of emotions and intelligence. This study will utilize the 4-branch model of Mayer and Salovey (1997) to define the aspects of emotional intelligence because of its continued evolution and its high construct ability (Brackett

& Mayer, 2003). The branches are numerical and defined as:

- **Perceiving Emotions**: The ability to identify emotional expressions and cues in oneself, others, and other forms of stimuli such as art or other objects.

- **Understanding Emotions**: The ability to understand the intricacies of emotional information and the appreciation of relationship transitions.

- **Managing Emotions**: The ability to promote personal emotional growth in oneself and others through the openness of feelings.

- **Facilitating Thought**: The ability to use one's emotions to generate thought and support other cognitive processes.

Figure 2

The 4-Branch Model of Emotional Intelligence
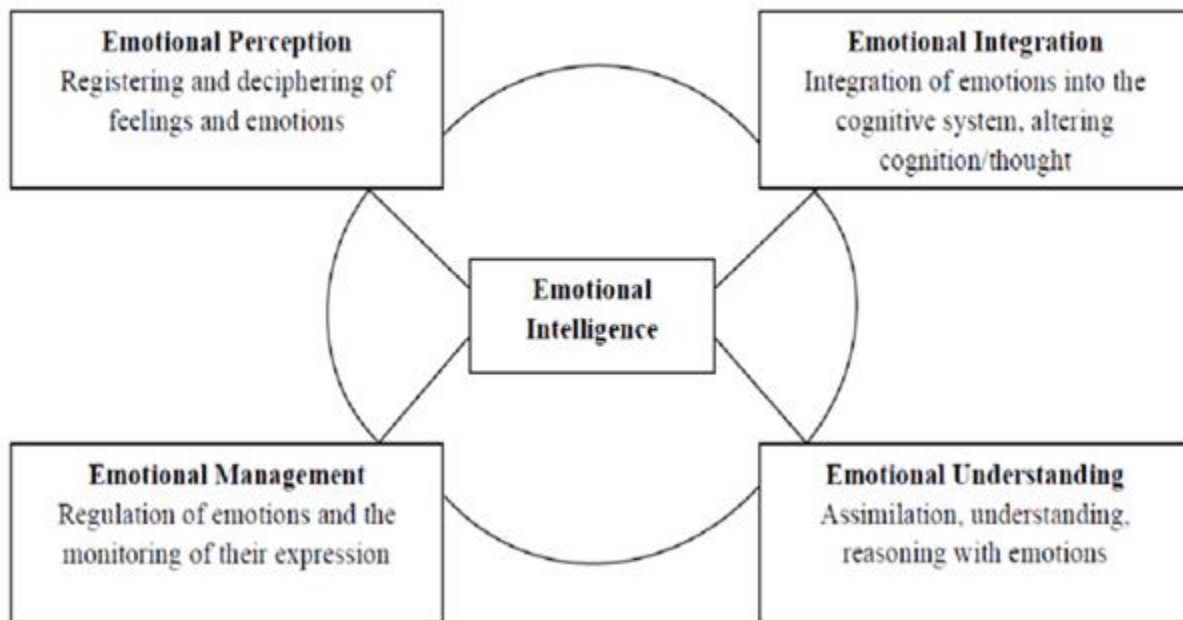
Note: The four branches of managing, understanding, using, and perceiving emotions. Adapted from Mayer and Salovey (1997).

Emotional intelligence levels are the product of genetics and individual experiences (van der Linden et al., 2021). However, the strength of emotional intelligence education or training is that each component holds an opportunity for improvement. According to Goleman (1995), individuals can learn to identify specific emotions (e.g., self-awareness) or coping strategies (e.g., self-regulation), and learning more productive social skills can elicit a greater understanding of how other people are feeling (e.g., empathy). The healthcare industry has a duty to investigate further how much of a role emotional intelligence has on burnout for the sake of the nursing shortage. Emotionally intelligent coping strategies can allow nurses to achieve greater professional fulfillment and job satisfaction in their field, making them less likely to leave.

Dimensions of Burnout

The Book of Exodus describes the condition of burnout by pastors as "weariness of Elijah" (*New International Version*, 1978/2011, Exodus 18: 17–18). However, it was not until Maslach and Jackson (1982) developed an instrument to measure it that it became more well-known to the public. The authors define burnout as a condition that involves emotional exhaustion, depersonalization, and reduced feelings of accomplishment at work. The primary causes of job burnout are increasing demands, lack of work resources, too much bureaucracy, meaningless or repetitive tasks, and personal family stressors (Bakker & de Vries, 2021). Consequently, the individual loses interest in making a positive contribution to the organization.

Nursing requires significant emotional regulation due to the situational extremes that nurses experience when providing for the human condition (Lee & Jang, 2019). These include key events such as birth, learning, emotion, morality, conflict, and death. According to Lee and Jang, nurses deal with patient issues of birth, pain, suffering, empathy, anger, and death

invariably. They engage in a level of intimacy with other people that sets them apart from other careers (Fasbinder et al., 2020). The author reports that nurses provide care to individuals suffering from mild to severe physical, psychological, and psychosocial issues and engage in communication and interactions with patients that consist of an intense variety of feelings like anger, fear, and grief. McCarthy et al. (2013) found that a substantial percentage of patient-provider conversations in the E.R. focused on relationship building. In addition, nurses must continue to educate and research themselves on life-sensitive issues such as drug addiction, suicide prevention, and palliative care (Ferrell et al., 2017).

The effects of burnout in nurses are not limited to the individual. It has a significant financial effect on the healthcare industry through turnover rates, absenteeism, medication errors, and patient dissatisfaction (Westbrook et al., 2022; Willard-Grace et al., 2019). The costs of nurses leaving their positions range from $11,000 to $90,000 per nurse and an additional $8.5 million in associated costs, such as patient deferment and training (Halter et al., 2017). Willard-Grace et al. (2019) found that physicians and advanced practice providers were 1.5 times more likely to experience turnover when confronted with dimensions of burnout. Burnout via emotional contagion can begin in one employee and spread amongst the working team or group through social interaction (Edú-Valsania et al., 2022; Demerouti et al., 2001). This phenomenon represents a fundamental problem for newly graduated nurses if they are to learn from their more experienced colleagues. Therefore, if emotional intelligence can help individuals develop healthy coping strategies that prevent symptoms of burnout, it would behoove nursing educators and the healthcare industry for nurses to develop and raise their emotional intelligence skills.

Nursing is a stressful career choice because of its demanding work hours, lack of work resources, poor leadership, and emotional labor (Westbrook et al., 2022; Diehl et al., 2021). The

dynamics of the healthcare industry are in a constant state of flux due to a variety of workplace stressors, such as patient-to-nurse ratios, high workloads, patient acuity, and a lack of job resources (Fasbender et al., 2019; Labrague et al., 2018). These stressors require nurses to be able to change and adapt to their working environment continuously. These constant revisions to job duties produce stress and uncertainty that can cause dimensions of burnout (Maslach & Jackson, 1982). Research suggests that nurses have higher rates of burnout in comparison with the general population (Zhang et al., 2018).

Emotional Exhaustion

Burnout differs from depression because of its relationship to the workplace (Maslach & Jackson, 1982). It begins with signs of emotional exhaustion, which manifest from excessive job demands. The demand for emotional labor depletes an employee's emotional reserves; thus, frequently used coping strategies no longer work (Jeung et al., 2018).

Depersonalization

Jeung et al. (2018) suggest that these persistent feelings of physical and emotional depletion cause these individuals to care less about others or view them in a cynical manner. They begin to feel detached from themselves or others. According to Maslach et al. (2001), this is the second dimension of burnout, depersonalization.

Personal Achievement

The final dimension of burnout is a reduced sense of accomplishment from feelings of inadequacy. These individuals may feel that they cannot meet the demands of their job. The lack of personal achievement lowers confidence and motivation in their ability to perform their job duties (Maslach & Jackson, 1982). Salyers et al. (2017) conducted a meta-analysis that discovered an inverse relationship between healthcare provider burnout and quality of care and

patient safety.

Perceived Stress is Stress

According to the Mayo Clinic (2022), stress is the body's natural reaction when encountering potential threats. The body releases a surge of hormones (e.g., adrenaline and cortisol) that increases heart levels and boosts energy that causes the physiological reaction of fight-or-flight. Past research has demonstrated the stressful occupation of nursing (Abdou et al., 2024; Li et al., 2020; Chen et al., 2020). How one reacts to stressors depends on one's genetics and life experiences. The perception of stressors can cause significant psychological reactions (Schönfeld et al., 2016).

Whittaker (2015) describes perceived stress as the feelings one has about how much stress one has. These feelings come from a sense of unpredictability or uncontrollability in one's life. Some individuals have different perceptions and coping reactions to stressful situations (Lazarus and Folkman, 1984). How one reacts to stress was supported by a study by Abdollahi et al. (2021). Wang et al. (2020) found that perceived stress had a significant impact on psychological distress and coping styles among Chinese physicians. The authors suggest that the perception of a situation is more important than the measurement of actual stressors. Akintola et al. (2013) found that perceived stress is the most crucial factor in burnout in nurses. Freshwater and Cahill (2010) found that nursing is the topmost stressful job amongst 40 of the most stressful jobs. For example, geriatric care nurses and emergency room nurses are some of the most stressful fields in healthcare (Li et al., 2020; Gautun & Grødem, 2015).

Perceived stress can lead to psychological distress, and psychological distress can lead to mental health issues such as depression and anxiety (Wang et al., 2020). Depression and anxiety are responsible for low productivity, inferior patient care quality, absenteeism, and job turnovers

that manifest into economic costs for organizations (Cocker et al., 2014). Perceived stress is often triggered by a variety of workplace issues, such as work overload, inadequate resources, poor leadership, workplace violence, and job-induced physical pain (Huang et al., 2020; Jeung et al., 2018; Li et al., 2020; Galdikiene et al., 2019). Work stressors significantly impact organizational burnout and turnover (Diehl et al., 2021; Fasbender et al., 2019). Lee and Kim (2020) found that interpersonal relationships with families, supervisors, and peers may considerably influence turnover in nursing. The authors suggest that management should nurture interpersonal communication in their employees.

Management can alleviate perceived stress. Galdikiene et al. (2019) found that perceived stress levels in nurses decreased after investigating and managing issues within the organizational culture and climate experienced by nursing staff. Proper coping skills are another tool that can significantly reduce feelings of perceived stress. Wang et al. (2020) found that coping styles had a significant influence on how physicians perceived stress. In addition, Mao et al. (2021) discovered that nurses perceived stress levels were lower after two training sessions on emotional intelligence. Nurses will work long and irregular hours during their careers (Shang et al., 2019), which may sequelae to physical and psychological conditions that interfere with work and their quality of life outside of work (Triantafillou et al., 2019). However, these issues can relieve the perceived stress that nurses experience with help from management, such as the inclusion of more nursing assistants (Scheepers et al., 2021) and positive coping strategies (Wang et al., 2020).

Coping Strategies Approaches

Positive coping strategies are necessary to maintain good mental well-being (Sousa et al., 2020; Krok, 2015). According to Carver et al. (1989), coping strategies are techniques people use

to deal with or alleviate specific stressors in life. They involve adjusting adverse events to maintain an emotional equilibrium or positive self-image. Lazarus and Folkman (1984) discovered two basic coping categories: problem-focused and emotion-focused coping skills. Parker and Endler (1992) suggested the often-overlooked third coping skill. They noted that problem-focused coping strategies were task-orientated, and emotion-focused strategies were person-orientated. They concluded that a dimension–avoidance-oriented coping strategy involves a combination of the styles. The task-oriented avoidance strategy acts as a distraction or a form of social diversion (Fan et al., 2022). For example, watching T.V. can be an avoidance-oriented coping strategy. Stanisławski (2019) found a goodness of fit between the perception of appraisal type (i.e., efficiency vs. helplessness) and the endorsed coping strategy. They suggested that efficiency was the most useful for positive coping strategies.

Healthcare providers experience elevated levels of stress due to their close association with the health of patients (Labrague et al., 2018). Nurses, the backbone of healthcare, are even more intimately acquainted with them (Padilla Fortunatti & Palmeiro-Silva, 2017). Consequently, many nurses develop coping strategies that help them deal with their job duties' many external and internal demands (Alharbi et al., 2020). Nurses who cannot cope may experience symptoms of burnout and be more likely to leave their jobs (Cai et al., 2020). Research has shown the beneficial nature of approach-oriented coping strategies in nursing that focus on reflection and resolution of problems (Labrague et al., 2018). These strategy approaches have superior work environments, patient safety, and outcomes (Lee, 2019; Cho & Han, 2018).

Some of these strategies for nurses include reminding themselves that they are capable providers who fulfill their duties (Beattie et al., 2020). Also, nurses tell themselves that the patients appreciate their work even if they do not tell them that it is (Alharbi et al., 2020; Hasan

& Tumah, 2019). Research recommends stronger interpersonal relationships with colleagues (Ling et al., 2020) and behavior change strategies to promote efficiency in their overall role at work (Patel et al., 2019). The right tools can turn nurses into active agents controlling their health (Dickson & McDonough, 2018). These studies demonstrate the significance of coping strategies in nursing retention. The nursing shortage requires a deeper understanding of the impact associated with productive coping strategies and emotional intelligence to maintain positive psychological well-being and prevent symptoms of burnout in nurses. Furthermore, there is potential to elevate levels of quality care and patient outcomes in nursing.

Research has shown that work stress is a primary issue in predicting a negative relationship with job satisfaction (Cheng et al., 2020; Chen et al., 2020; McVicar, 2016). It consists of various antecedents from nursing work environments and represents the most significant reason for nurses who leave the profession altogether (McVicar, 2016). For this reason, focusing on the relationship between job stress and job satisfaction is appropriate to better understand the commonality of core antecedents between these two job facets. Established models such as the job demands and resources model (JD-R) of Demerouti et al. (2001) may be helpful in identifying antecedents of workplace stress and job retention in nurses (Moloney et al., 2018).

Resources and Demands of the JD-R Model

The job demands-resource model was developed by Demerouti et al. (2001) as an alternative to existing limited models of employee well-being. The JD-R model uses a wide array of demands and resource variables that can be applied to all people and occupations. The model separates working conditions into two primary categories: job demands and job resources. The former are labeled as physical and emotional stressors; while the latter are designated as

physical, social or organizational factors that can help an employee achieve goals and reduce stress. The model's application consists of identifying and addressing job demands and identifying and promoting job resources to achieve low strain and high motivation in employees. High demands can produce job burnout, low commitment, and high turnover (Ling et al., 2020). These facets contribute to motivational processes and predict organizational commitment and turnover rates. It is an excellent tool that can predict the work outcomes of stress, commitment, engagement, and job satisfaction (Midje et al., 2024). It is an ideal model for stress management in the field of nursing, which has high-demand work environments (Lesener et al., 2020; Cheng et al., 2020).

The JD-R model is flexible for applying job demands and resources to specific occupations like nursing (Bakker, 2018). It examines potentially damaging health outcomes of work stress and motivational processes (Abdou et al., 2024). These health impairments include high work demands that increase job burnout, absenteeism, and workplace phobia (Vignoli et al., 2017). Motivational processes refer to the influence of job resources that stimulate work engagement enhance performance and organizational commitment (Ten Hoeve et al., 2020). These outcomes are pertinent to patient safety. Grover et al. (2018) successfully introduced mindfulness as a personal resource in the JD-R model. Cheng et al. (2020) raised awareness in healthcare organizations about the relationship between nurses' mental health and patient safety. The authors illustrated how insomnia, burnout, job crafting, and work engagement contribute to a nurse's psyche. Researchers sparsely examine patient safety and positive job resource outcomes concerning the JD-R model (Brooks et al., 2021).

Biblical Perspective

God is an emotional entity and mankind was created in his image (*New International*

Version, 1978/2011, Genesis 1:27). There are multiple instances of God exhibiting love (John

3:16), anger (Romans 1:18), happiness (Zephaniah 3:17), grief (Genesis 6:6), compassion (Psalm

135:14), jealousy (Exodus 20:5), and hope (Romans 15:13) from passages in the Bible. The

Book of Exodus explicitly states examples of God's feelings. "And he passed in front of Moses,

proclaiming, "The Lord, the Lord, the compassionate and gracious God, slow to anger,

abounding in love and faithfulness" (*New International Version*, 1978/2011, Exodus 34:6). The

Bible states that humanity is created in God's image (Genesis 1:27) and our emotions

significantly influence the decisions we make daily. They can affect one's interests, values, and

what is meaningful in life to them (Malphurs, 2018). Therefore, it would be an act of

benevolence for everyone to attempt to raise their emotional intelligence levels. Proponents call

for incorporating emotional intelligence into Christian colleges' curricula (Dustman, 2018;

Gliebe, 2012).

Emotions connect people to their religion because faith requires feelings of love and hope

that foster beliefs of eternity. Developing one's emotional awareness strengthens one is biblical

worldview or being Christlike. "But the fruit of the Spirit is love, joy, peace, forbearance,

kindness, goodness, faithfulness, gentleness and self-control. Against such things there is no

law" (*New International Version*, 1978/2011, Galatians 5:22-23). This passage demonstrates the

sense of peace that accompanies the emotions and feelings through the power of Jesus Christ.

Nurses exhibit Christlike qualities. They are the original midwives who bring forth life, care for

the sick, and comfort the dying. It would be difficult to genuinely provide compassionate care

without being spiritual, as it adds meaning to the human lifecycle. Fortunately, spirituality in

nursing is growing due to the rising popularity of professional well-being (Timmins & Caldeira,

2017). Emotional intelligence allows individuals to comprehend the concept of giving and

receiving love through the ability to perceive, control, and evaluate one's and others' emotions (Cece et al., 2019). This ability of emotional intelligence is a crucial component of a biblical worldview. Training This ability is innate within everyone but can be developed through training.

According to the apostle Paul, God is the father of compassion, "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort" (*New International Version*, 1978/2011, 2 Corinthians 1:3-4). Christians teach to love and respect others in the same way they wish to be. Burnout can cause feelings of apathy, cynicism, and negativity toward others (Zhang et al., 2018). Compassion fatigue is one of the consequences of burnout, exhibited by signs of a loss of energy, interest, and sympathy for things or others that previously held the opposite effect (Peters, 2018). Wentzel and Brysiewicz (2018) suggest that compassion fatigue is a symptom of burnout from a Christian perspective. For example, calling represents personal accomplishment, apathy is emotional exhaustion, and indifference is the depersonalizing dimension of burnout.

Interestingly, Christian pastors and ministers are not immune to the effects of burnout. Spencer et al. (2012) found that compassion fatigue was one of the two primary reasons for leaving the ministry. However, Samushonga (2021) suggests that burnout in Christian ministry is a fallacy because Christianity provides one with the tools of self-care necessary to avoid the symptoms of burnout. Nevertheless, compassion is a necessity for nurses. Nurses can effectively improve patient outcomes without compassion but are not competent in providing patient care. There is a difference, and emotional intelligence can help bridge those gaps. Compassion fatigue can cause clinical values to change (Jenkins & Warren, 2012) and poorer judgment skills, resulting in inferior patient care and outcomes (Sheppard, 2016).

The Bible is the ultimate coping tool. It helps people deal with overwhelming feelings of uncertainty, hopelessness, and grief by trusting in God's wisdom and overcoming the stressful trials in life. "Jesus looked at them and said, with man this is impossible, but not with God; all things are possible with God" (*New International Version*, 1978/2011, Mark 10:27). Krause and Pargament (2018) found that the magnitude of the relationship between stress and hope was lower for individuals who read the Bible more frequently than others who did not and were more likely to adopt a benevolent coping strategy. Nurses find numerous ways to cope depending on their job position. For example, they may use an approach-oriented coping strategy that analyzes and learns from the problem (Labrague et al., 2018). Nurses who frequently experience workplace violence use adaptive coping skills to remind themselves of their responsibility to their patients (Fan et al., 2022). Cho and Han (2018) found that the type of coping strategies nurses employ depended on their perception of adequate available resources. Lundmark (2019) found that religious objects (e.g., prayer cloth, rosary) are tools in the coping process.

The Job Demands-Resources (JD-R) model (2006) encourages the functioning of employee well-being. Therefore, the researcher proposes that workplace spirituality is a job resource. People use spirituality to protect their basic structure or foundation (Neuman & Young, 1972). It is effective against depression (Batalla et al., 2019). It helps promote resiliency (Ozawa et al., 2017), coping skills (Krok, 2015), work engagement (Iqbal et al., 2020), and quality of life (Soriano et al., 2016) in nurses. Adawiyah and Pramuka (2017) found that it gave nurses a sense of meaning or higher purpose to their jobs. Individuals with elevated emotional intelligence have higher levels of compassion satisfaction and lower levels of burnout and traumatic stress in nurses (Cruz et al., 2020). Consequently, workplace spirituality is an appraisal-focused coping strategy that can help find meaning and improve the individual values of nurses regarding their

duty to their patients (Beattie et al., 2020).

Definition of Terms

The following is a list of definitions of terms used in this study.

Emotional Intelligence – The ability to perceive, comprehend, and control one's emotions and recognize and influence the emotions of others for positive reasons (Mayer & Salovey, 1997). It applies to five competencies of self-awareness, self-regulation, internal motivation, empathy, and social skills (Goleman, 1995).

Burnout – A mental condition characterized by physiological and psychological symptoms that are the result of continuous work stressors over a prolonged period (Bridgeman et al., 2018). Its components include the dimensions of emotional exhaustion, depersonalization, and reduced satisfaction with personal accomplishments from work (Maslach et al., 2001).

Perceived Stress – Perceived stress refers to how one feels about the stress they feel. Lazarus and Folkman (1984) define perceived stress as how one reacts to one's environment when perceived as a threat to one's health or abilities. Consequently, the perception of a situation is more important than the measurement of actual stressors (Wang et al., 2020).

Coping Strategies – Emotional, cognitive, and behavioral techniques people utilize to reduce and manage stress caused by external and internal life difficulties (Lazarus & Folkman (1984). Parker and Endler (1992) suggest that the types of coping strategies people use include task-orientated, person-oriented, and avoidance-oriented coping.

Significance of the Study

Research on emotional intelligence has accelerated in the new millennia. The introduction of new models of traits (Petrides, 2001) and a mixed model (Goleman, 1995) has been a significant factor. In addition, there has been a recent focus on emotional recognition in

emotional intelligence research Agnoli et al., 2019). Its evolving status as a measurable construct is becoming more prevalent in predicting behaviors in employees. The potential relationship between emotional intelligence and burnout remains unexplored, largely due to variability in measurement tools and definitions (Joseph & Newman, 2010). Emotional intelligence studies specific to nurses are significantly underrepresented in research, considering the strong link between its components and the demands of nursing (Michelangelo, 2015). Its focus on self-awareness, self-regulation, motivation, empathy, and social skills makes it the ideal candidate for preventive and intervention strategies for multi-faceted nursing duties.

Dyrbye et al. (2017) suggest that the consequences of burnout and intent to leave nursing correlate with higher attrition rates, costs, and patient dissatisfaction from poorer outcomes. Research regarding the role that emotional intelligence has on burnout and coping strategies among all job types of nurses will illustrate a more definitive understanding of these occurrences within the context of a growing nursing shortage. This study is relevant due to its significance and uniqueness by addressing a multitude of nursing specialties or job types in one of the largest (e.g., Los Angeles) counties in the United States. It contributes theoretically to research as an integrated approach to the well-being of nurses by examining the psychological, cognitive, and psychosocial properties of nursing (Sousa et al., 2020). Too often, research has categorized the components of emotional intelligence that produced diluted and inconclusive results (Joseph & Newman, 2010). Focusing on the symbiotic relationship between the body, mind, and soul is the next step for emotional intelligence in nursing research.

The practical implications of this study will manifest through the development and incorporation of preventive and intervention strategies created to impede the rising numbers of burnout in the nursing shortage. Specifically, it addresses the retention of current nursing

employees and the growth of future nursing candidates. Research has demonstrated a link between emotional intelligence and burnout (Markiewicz, 2019). The question remains as to whether emotional intelligence can prevent burnout in nurses. Why do some nurses not suffer from burnout, and how do they cope with perceived stress? Research found that employees with higher levels of emotional intelligence utilize positive coping strategies (Patel et al., 2019). The investigation into the relationships of emotional intelligence, perceived stress, coping strategies, and symptoms of burnout in licensed nurses can awaken significant positive social change at the personal, educational, professional, and industrial levels of healthcare.

Summary

The COVID-19 pandemic has exacerbated the nursing shortage, specifically registered nurses (RNs). According to the American Association of Colleges of Nursing (2024), this crisis will peak by 2030. The unanswered pleas from nurses have created specific systematic issues within the field that have resulted in insufficient nursing numbers that significantly impact the healthcare system. The issues contribute to heavier workloads, medical errors, absenteeism, higher costs, poorer quality care, patient dissatisfaction, and burnout (Broetje et al., 2020). Maslach and Jackson (1982) use burnout as an umbrella term for the conditions of emotional exhaustion, depersonalization, and reduced feelings of accomplishment (e.g., personal achievement) at work. An employee is more prone to suffer from burnout the more they experience these dimensions. Newly licensed nurses are most likely to leave their job or field permanently within a year on the job (Church et al., 2023).

Healthcare is obscenely expensive, and R.N. attrition can cost hospitals almost $4 million annually (Tang & Hudson, 2020). The baby-boomer generation is retiring in large numbers and significantly raising the elderly population. Many of these individuals live longer with chronic or

comorbid diseases (CDC, 2022). There are not enough registered nurses to adequately meet these demands, and the gap between high-need patients and skilled nurses is growing (Haddad et al., 2022). These nursing fields are the most skilled and stressful job types, including emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric and geriatric care.

This study's primary focus is establishing preventive and interventive measures that retain and recruit registered nurses. Burnout is responsible for almost a quarter of registered nurses leaving their jobs (NSSRN, 2022). The 4-branch model of Mayer and Salovey (1997) describes emotional intelligence as the ability to perceive emotions in oneself and others, facilitate thought through perception, understand the emotions, and manage the emotions through personal growth. Research has demonstrated that elevated levels of emotional intelligence are beneficial in preventing burnout (Soto-Rubio et al., 2021). It can improve the psychological capital of employees, which has a favorable influence on job satisfaction in nurses (Gong et al., 2019). Increasing emotional intelligence in nurses improves patient outcomes and satisfaction (Shahnavazi et al., 2018). Research has demonstrated that it is easy to develop. Kozlowski et al. (2018) raised the levels of emotional intelligence in nurses after a single five-hour workshop. Nurses with elevated levels of emotional intelligence can recognize perceived stress and implement repair strategies that cope with work stressors (Hemenover & Harbke, 2017). Its focus on self-awareness, self-regulation, motivation, empathy, and social skills makes it the ideal candidate for preventive and intervention strategies. It could potentially be the solution needed to prevent symptoms of burnout and stave off the growing nursing deficiency.

The following chapter is a literature review that provides detailed information regarding the variables of emotional intelligence, perceived stress, coping strategies, and the dimensions of

burnout in high-stress nursing job types. The researcher delves into these specifics through concise sections that examine the roots of emotional intelligence, different model types, theories, and whether emotional intelligence is an actual ability, trait, or pseudo-construct and a more detailed explanation of the dimensions of burnout. This chapter further examines links and potential variables between emotional intelligence, personality types, person-job (organizations) fit, organizational support, work-family conflict, and workplace spirituality.

CHAPTER 2: LITERATURE REVIEW

Overview

The literature review comprehensively analyzes previous research on emotional intelligence, burnout, coping strategies, and any associations with their descriptions. The literature review begins with the instincts of emotions and the ability of intelligence that transition into the working components of nursing leadership skills and emotional regulation. The literature review investigates the roots of emotional intelligence and whether emotional intelligence is an actual ability, trait, or pseudo-construct. This chapter examines the primary models of emotional intelligence that focus on abilities and traits and their links between personality types, person-job (organizations) fit, organizational support, work-family conflict, and workplace spirituality. The researchers investigated the dimensions of burnout (e.g., emotional exhaustion, depersonalization, reduced personal accomplishment), perceived stress, and coping strategies in nursing while exploring pandemic outcomes and their impact on the working baby boomer population.

Research Strategy

The literature review used several healthcare research databases, including ProQuest, CINAHL, Ovid Nursing Journals, PsycINFO, Google Scholar, and Liberty University. Most searches focused on peer-reviewed journal articles published within the last five years. However, the researcher made some exceptions for e-textbooks and student dissertations depending on the subtopic of interest. The researcher examined reference lists from found articles for relevant and fresh data for this study. The search terms included article titles, authors' names, and keywords: nursing or nurses, emotional intelligence, job burnout, perceived stress, coping strategies, job demands and resources, job leadership, COVID-19, baby boomers, and workplace spirituality.

Research requirements became more comprehensive as findings yielded familiar or

inessential results. Specific terms experienced manipulation or omission to generate new literature results. For example, "emotional intelligence AND symptoms of burnout" or "Christianity AND nurses." This examination clarified the concepts of emotional intelligence and burnout at the professional, personal, spiritual, and foundational levels. These levels included associated antecedents, consequences, and outcomes of primary variables by recognizing specific conceptual and operational trait patterns. The reviewed literature draws upon research ranging from 1972 to 2022.

Review of Literature

Emotions

It would be difficult to describe the concept of emotional intelligence without defining its two elements: emotions and intelligence. The American Psychological Association (2022) describes emotions as "psychological and physiological reactions in response to a situation or event one experiences." They can significantly influence moods and decisions made in everyday life. Emotions are complex psychological states that involve the components of subjective experience, physiological response, and behavioral response (Ten Hoeve et al., 2020). Charles Darwin suggested that emotions are an evolutionary process that allows people to adapt to their environment to improve their chances of survival. Nurses' emotions are a primary tool for their relationships with patients to procure the healing process (Jalil et al., 2017).

Emotions in Nursing

Research on emotions in nursing was typically directed towards the patient (Fu et al., 2020). Fortunately, emotional awareness in nurses is becoming more prevalent in research due to the assorted number of intense feelings that nurses experience from the physical and mental demands of their jobs (Lee & Jang, 2020; Lee & Jang, 2019). Researchers are examining nurses'

emotional intelligence more often (Chew et al., 2020), positive and negative affectivity (Jalil et al., 2017), and emotional regulation (Eweida et al., 2022).

Lee and Jang (2020) suggest that the control-value theory of emotions developed by Pekrun (2006) provides a complementary framework to analyze the cause and effects of emotions in the pursuit of working achievements. The theory states that appraising achievement outcomes is an antecedent of the emotions one experiences in the act of achievement. Consequently, the emotions experienced by nurses are the product of appraisals of their control and value in nursing situations. For example, nurses who exhibit control and recognize value in certain situations experience positive emotions such as enjoyment, hope, or pride. Nursing situations that lack control or autonomy produce negative emotions like anger, frustration, or anxiety (Ali et al., 2021). Psychologists suggest that situational and self-appraisals are significant antecedents of felt and exhibited emotions (Fox et al., 2018).

Studies have demonstrated a relationship between employees' emotional labor and discrete emotions such as enjoyment, frustration, and anger (Lee and Jang, 2019). Nursing research has primarily examined the outcomes of positive and negative effects (Jalil et al., 2017), with the former being associated with job satisfaction and the latter correlating with burnout. Surface acting in nurses exhibited a negative correlation with positive affectivity and a positive correlation with negative affectivity (Theodosius et al., 2021). These findings would support the foundation of Pekrun's control-value theory of emotions (2006). Lee and Jang (2019) found that nurses' emotion management strategies demonstrated surface and deep acting examples. For example, the suppression of feelings corresponded to surface acting that caused anxiety, anger, and frustration. Conversely, deep acting is like regulating feelings that elicit enjoyment and pride in nurses (Theodosius et al., 2021). These results suggest that emotional regulation or cognitive

reappraisal benefited nurses' emotional situations.

Emotional Regulation

Nurses learn to manage their emotional boundaries with patients and patients' families to keep a professional distance and connection with them (Hayward & Tuckey, 2011). These are emotion management strategies. The primary strategy frameworks are emotional labor and emotional regulation (Theodosius et al., 2021). Emotional labor is an employee's management of emotions to meet organizational goals. It exhibits labor strategies such as surface and deep acting. Emotional regulation is the process where an individual regulates their emotional status to respond appropriately that is conducive to their current environment (Singh & Hassard, 2021). Nurses must utilize both strategies. For example, they may fake a smile for a demanding or abusive patient or try to comprehend why the patient is acting out in such a way. However, nurses are more likely to consistently employ emotional regulation because of the various emotional situations they experience daily (Singh & Hassard, 2021).

Research suggests that nurses are more likely to experience discrete emotions because they must consistently regulate them (Lee & Jang, 2019; Hayward & Tuckey, 2011). The sustained experience of these discrete emotions requires reappraisal strategies to properly adjust influential emotional reactions (Theodosius et al., 2021). The authors suggest that this process can effectively deter specific emotional reactions from occurring when performed. One can alter an unpleasant situation into a positive experience or promote positivity and decrease negativity using reappraisal strategies to identify, understand, and manage emotions. These are the requirements for building emotional intelligence (Mayer & Salovey, 1997). However, this paper will thoroughly examine what intelligence is to understand emotional intelligence.

Intelligence

Intelligence is more challenging to define. It is easier to describe what it is. For example, the American Psychological Association (2022) defines it "the ability to derive information, learn from experience, adapt to the environment, understand, and correctly utilize thought and reason". Its most rudimentary and popular description is the ability to think and learn. Alfred Binet and Théodore Simon created the first standardized intelligence scale (Binet-Simon Scale) in 1905. It defines intelligence as judgment, excellent or practical sense, initiative, and the faculty of adapting oneself to circumstances. The term derives from the Latin verb "intelligere, "meaning to comprehend or perceive (Princiotta & Goldstein, 2015). It is traditionally associated with analytical or problem-solving skills. Research suggests that IQ (Intelligence Quotient) (Intelligence Quotient) is the best predictor of job performance (Murtza et al., 2021). However, psychology has begun to broaden its scope of what overall intelligence is.

Intelligence in Nursing

Recent research on leadership has concluded four additional components of overall intelligence (Dean, 2021). These areas are wisdom, character, social, and spiritual. For example, leaders can be analytically intelligent but socially awkward or be a social butterfly but lack character or spirituality. One can have a high I.Q. but lack practical wisdom. Intelligence comes in multiple forms. According to Dean (2021), wisdom intelligence is having experience and a deep or quality understanding of a subject. Character intelligence pertains to the moral quality of an individual and is an important topic relating to ethics in industrial and organizational psychology.

The last two elements of overall intelligence share analogous features with emotional intelligence. They both use recognition of how others feel. Social intelligence comprises social awareness and faculty (Goleman, 1995). The former is how we sense others; the latter is what we

do with it. Spiritual intelligence is a popular term for the Christian or biblical worldview. It involves the application of the concepts and ideals from the Bible in everyday life. Amram (2007) defines spiritual intelligence as "the ability to apply and embody spiritual resources and qualities to enhance daily functioning and well-being. Christians allow the Bible to be the authority in all life. "For it is written, I will destroy the wisdom of the wise, and will bring to nothing the understanding of the prudent. Where is the wise? Where is the scribe? Where is the disputer of this world? Hath not God made foolish the wisdom of this world" (*King James Version*, 1769/2022, 1 Corinthians 1:19-20). Nurses must represent these leadership qualities to be effective healthcare providers.

Nursing Leadership

Leadership in nursing is an extremely arduous process due to the simultaneous nature of balancing superior public health and healthcare spending (Murray et al., 2018). The style or approach used can significantly influence employee and organizational performance. It affects employee job satisfaction, commitment, and performance at work (Specchia et al., 2021), which affects patient safety. For example, negative workplace relationships can result in misunderstandings that can increase medication errors (Raeissi et al., 2019). Celik (2017) found a significantly positive relationship between nurses' emotional regulation and patients' satisfaction levels with the care they received from their nurses. The field of nursing is like any other career when it comes to the impact of leadership. However, nursing leadership can have a much more significant emotional influence on its encompassing environment. Murray et al. (2018) found that leadership engagement strengthens patient safety by encouraging a safety-first culture. The following are leadership styles that have evolved. According to Pishgooie et al. (2019), these include transformational, transactional, laissez-faire, servant, resonant, passive-

avoidant, and authentic.

Transformational leaders convey a sense of loyalty from shared goals. Their charismatic nature allows them to motivate employees to go beyond their self-interests in favor of team and organizational goals (Jambawo, 2018). Transactional leaders allow more autonomy for their employees (Pishgooie et al., 2019). Autonomy allows these leaders to maintain a pragmatic process of recognition of employees. The laissez-faire leadership style avoids responsibility and involvement, staff and cooperation can be less trustful, and ethical-based decisions can be discounted. It is ineffective because of its absence of leadership.

Pishgooie et al. (2019) continues that the servant model is exceptionally effective for healthcare providers because it promotes the dyadic qualities of professional growth and better healthcare service through teamwork, shared decision-making, and ethical behavior. They focus on the present, empathy, and commitment to others in favor of personal advancement and rewards. The resonant leader exhibits elevated levels of emotional intelligence, which is ideal for nurses. They are very much in tune with their emotions and utilize empathic strategies to manage and build trusting relationships. These leaders are coaches who inspire others in the face of adversity and create environments of optimism. The servant and resonant styles of leadership are reminiscent of Jesus Christ. "So, he got up from the meal, took off his outer clothing, and wrapped a towel around his waist. After that, he poured water into a basin and began to wash his disciples' feet, drying them with the towel wrapped around him" (*New International Version*, 1978/2011, John 13:4-17).

The passive-avoidant leader avoids taking responsibility and confronting others (Pishgooie et al., 2019). It presents an opaque environment that is devoid of any clear management directives. These environments typically result in high employee turnover and low

retention rates. These leaders only react when necessary. Authentic leaders use an honest and authentic approach to their employees. They exhibit non-authoritarian, ethical, and transparent behavior that promotes trust, higher morale, and close leader–follower relationships that build unity within an organization (Beydler, 2017). Nursing leaders with higher levels of emotional intelligence benefit nursing teams (Kaya et al., 2018). Their positive influence on decision-making delivers superior patient care from the patient's perspective.

Emotional Intelligence

Emotional intelligence is not empathy (Lewis et al., 2017; Beldoch, 1964). According to Merriam-Webster (2023), empathy is comprehending others' feelings. Michael Beldoch (1964) described emotional intelligence as the ability to identify and control one's emotions and recognize and manage others' emotions. Lewis et al. (2017) describes it as a developed cognitive awareness of empathy through reflection and analytic ability to achieve positive outcomes. Emotional intelligence has become a frequent topic in nursing research (Raghubir, 2018). Communication is the primary foundation of nurse–patient communication (Gou et al., 2021), and healthy communication skills become stronger through emotional intelligence (G Soto-Rubio et al., 2021; Lewis et al., 2017). Nurses with robust communicative abilities are better equipped to establish a supportive relationship with a patient (Soto-Rubio et al., 2021; Raeissi et al., 2019). Elevated levels of emotional intelligence and practical communication skills are crucial to interpreting the needs of patients, particularly from a holistic perspective (Raeissi et al., 2019; Soto-Rubio et al., 2021). There needs to be a real connection between the provider and the patient. Nurses have expressed the need to possess the right attitude when caring for certain patients because they are not just waiting to die (Terzioglu et al., 2016).

Interpersonal skills are the product of one's emotional intelligence, empathy, and

communication skills that build relationships and empathize with others (Raeissi et al., 2019). The emotional labor of nurses at work relies on interpersonal relationships (Singh & Hassard, 2021). Emotional labor is essential for nurses who experience higher levels of patient loss. Emotional intelligence has a considerable influence on collaboration in healthcare environments because providers better understand the needs of colleagues and patients (Akyüz et al., 2019). Nurses with higher emotional intelligence levels tend to exhibit more occupational citizenship behaviors (Gou et al., 2021) and are more committed to the organization (Pradhan et al., 2016). They are more likely to adhere to organizational policies and procedures to maximize patient care. Almost et al. (2016) found that nurses with poor emotional intelligence skills are less practical in communicating with a patient, family member, or colleague.

Research has shown that higher levels of emotional intelligence can help nurses cope with work-related stressors more effectively (Fan et al., 2022). Nurses who understand their emotions better regulate them and empathize with others (Gong et al., 2019). This consistent exercise stimulates intellectual and emotional growth. Highly stressful nursing roles require a significant commitment to emotional regulation (Singh & Hassard, 2021; Richardson, 2017) while showing authentic, compassionate care (McSherry et al., 2021). It can cause job burnout when unbalanced. For example, there is a lack of authentic, compassionate care for patients who refuse treatment and engage in self-neglecting behaviors. These patients may cause feelings of uncertainty and inadequacy in nurses because their dichotomous responses want to perform their job but also respect the patients' wishes (Peters, 2018). There is a fine line between caregiving and abuse stemming from lack of care. Stress management is a component of emotional intelligence that positively affects nurses who experience physical aggression from patients (Fan et al., 2022; Gong et al., 2019).

Past research has been successful in identifying the predictors and antecedents in the relationship between emotional intelligence and nursing but has lacked generalizability (Chen et al., 2019; Garavan et al., 2022). Spirituality is a valuable resource because it makes nurses more mindful of the patient's needs. Multiple studies have shown the positive effects of spiritual intelligence on emotional intelligence (Ribeiro et al., 2021; Anwar et al., 2020; Murgia et al., 2020; Timmins & Caldeira, 2017). Despite this evidence, there currently is no educational training, competency-based evaluations, or strategic interventions for the requirement of emotional intelligence abilities in nursing.

The 4-Branch Ability Model

The reignited interest in positive psychology during the 1980s led to the concept that emotions could have a complementary effect on intelligence and were integral to a successful life (Seligman, 2019). Mayer and Salovey (1997) suggested that emotional intelligence was a cognitive ability that held a meaningful relationship with overall intelligence. Their model proposed four branches of emotional abilities: perception of emotion, emotional facilitation, understanding emotions, and management of emotions (Mayer et al., 2001). Like Maslow's hierarchy of needs (1954), the branches are a hierarchy of abilities that develop with maturation.

Emotional perception is the ability to identify and express one's feelings accurately and honestly (Mayer et al., 2001). This ability requires awareness of one's feelings as they occur and correctly identifying and conveying them. In addition, it allows one to identify emotions in other people and things through various senses. The following branch of their model is facilitating those emotions by using them constructively. This ability allows one to see different perspectives and intelligently make decisions that benefit themselves and others. It allows one to prioritize their attention to what currently is most important. They can then draw on past judgments and

memories to facilitate problem-solving approaches.

According to the authors, emotional understanding is comprehending the meanings of felt emotions and how they can change. This ability allows one to understand the importance and relationships between emotions and words and how they can affect each other and cause certain feelings, thoughts, and behaviors. Emotions and psychological needs share a symbiotic relationship. Consequently, they can transition into other complex feelings. According to Mayer and Salovey (1997), emotional management is the ability to manage one's emotions to pursue personal and social growth. Individuals with this ability take responsibility for their feelings and help others identify their emotions. For example, they are more likely to view negative emotions as positive learning experiences from which they can grow. They are open to all types of emotional states regardless of how they make them feel. However, they can detach themselves from certain emotions depending on their utility.

The Five Components Mixed-Model

According to Goleman (1995), emotional intelligence represents five competencies: self-awareness, self-regulation, internal motivation, empathy, and social skills. These distinct competencies are independent properties that build upon one another. His model of emotional intelligence includes three competencies that measure personal effectiveness, and two that measure social competence. Personal effectiveness traits consist of self-awareness, self-regulation, and motivation, while the abilities of empathy and social skills make up social competence. Goleman's emotional intelligence model is not without criticism because of its over-reliance on difficult-to-measure personality traits. The most significant competency of emotional intelligence is self-awareness. These individuals have a keen sense of emotional awareness because they understand their emotions and why. They are cognitive of how their emotions

affect their actions. They demonstrate self-confidence and may radiate a charisma that breeds a sense of trust around others. Individuals with elevated levels of self-awareness are more effective at taking personal responsibility for their actions due to superior self-assessment skills that accompany self-awareness, according to Goleman. They recognize their strengths and weaknesses, learn from experience, and are open to other perspectives.

Individuals who practice self-regulation are better at ignoring distractions and staying focused (Goleman, 1995). They are typically more optimistic, action-orientated, and work well under pressure. They value self-control, which allows them to regulate emotional highs and lows and remain focused. Others view them as trustworthy and authentic because they abide by their values and ethics. They are conscientious about the standards and commitments they set for themselves. They are highly adaptive and very flexible to multiple demands. They remain calm in the face of uncertainty due to unforeseen situations. Murphy's law states that anything that can go wrong will go wrong. Prioritizing and shifting multiple demands is crucial according to the current environment. Individuals with higher levels of self-regulation are open to innovation. They balance the delicate need for order with an unproductive disorder that breeds innovation.

Goleman (1995) elaborates that individuals with elevated levels of internal motivation have a drive to achieve or achievement drive. They commit to meeting their objectives or goals with quality standards. In addition to personal responsibility, they embrace the goals of their organization. Ideally, the goals and values of the individual and organization should align to maximize commitment. These standards create a sense of purpose within the organization's mission. Individuals with elevated levels of motivation exhibit strong initiative. They go above and beyond because they believe they can make a difference within a group or organization. They are optimistic despite setbacks. They see obstacles as part of the learning process in which

making errors cultivates their skills or knowledge.

Goleman (1995) does not consider empathy the same as emotional intelligence, but it is an integral component. Empathy acts as a social radar that can read the needs and feelings of others. It is the evolution of self-awareness. Empathy helps us respond to the current environment. For example, its innate quality allows us to recognize how others around us respond to the environment for safety reasons. Manna (2019) suggests that one needs to practice active listening to understand others fully. Active listening requires one to give the other party their full attention and reserve judgments about the conversation's nature. Goleman (1995) proposes that emphatical distress is to gain the other party's trust. In addition, service orientation can help one identify, anticipate, and meet the other party's needs to show them that their needs are essential to the other party. Individuals with elevated levels of empathy want to help others to grow. Feedback and mentoring are excellent ways to let others know that management wants them to improve. They leverage diversity to generate opportunities for diverse types of people who can bring fresh ideas with them. According to Goleman (1995), this requires one to be receptive to other points of view and use diversity as an opportunity for innovation. These individuals are politically aware because they can identify the emotional climate within the organization and find out about alliances, rivalries, and who holds the power.

The final competency of Goleman's emotional intelligence model is social skills, in which one manages others' emotions and their own. They accomplish this by using active listening communication. To share information that builds a collective understanding. Individuals with elevated social skills use the influence that benefits both parties to build adhesion and leverage employee motivation in the right direction. Collaborating and cooperating builds unity, trust, and relationships that allow all parties to focus on the most critical task at

hand. These individuals engage in conflict management to resolve disagreements and prevent

group damaging conflicts. Conflict management requires the use of diplomacy by encouraging

debates and discussions. He states that these individuals use leadership strategies that build

motivation through an appealing vision. They also act as catalysts that initiate and manage

situations for the group, like cultivating their relationships to build lasting bonds with them.

These relationships bring knowledge or ability that is mutually beneficial to the parties.

The Trait Model of Emotional Self-Efficacy

Konstantinos Pertrides (2010, p. 01) describes his trait model of emotional intelligence as

a "constellation of emotional self-perceptions located at the lower levels of personality." The

model differs from previous models because it proposes that emotional intelligence is ability-

based and that all people have an assortment of emotional self-perceptions and traits as part of

their personalities. The model focuses on the perceptions of one's emotional abilities. It refers to

emotional self-perception as the trait of emotional self-efficacy. Consequently, emotions are the

subjective belief of an individual's ability to control them. There cannot be a standard for

emotional intelligence because certain traits can be useful or harmful depending on the context or

situation. For example, an introverted individual may work well alone or in isolation but not in a

job that requires meeting many different people, such as a concierge. Therefore, the model acts

as a guide to elevate an individual's emotional intelligence levels through perceiving and

regulating emotions. Petrides states that the emotional self-perceptions and traits in one's

personality play a significant role in one's emotional intelligence. Petrides (2010) state that the

trait model framework can categorize personality variance across specific domains to

contextualize and increase its explanatory power.

Roots of Emotional Intelligence (Positive Psychology)

Positive psychology is what it sounds like it does. The study of positive experiences, traits, character strengths, and well-being of the individual can give purpose to and improve the quality of life (Peterson, 2008). Abraham Maslow (1954) was the first to use the term when he suggested that scientists look to the unexplored positive side of potential, virtues, and achievable aspirations of psychology. According to Seligman (2019), positive psychology seeks to identify elements of flourishing in life to improve overall satisfaction with it. These elements are feeling good by seeking out pleasurable emotions or feelings and enjoying those experienced feelings; being fully engaged in activities or goals that one pursues; committing good acts that give one sense of purpose; exhibiting gratitude by showing appreciation for positive things in life; being mindful about the moment without trappings of judgment; and having compassion about self-taking time to take care of oneself. Participating in these elements cultivates deep meaning and satisfaction. For example, Jans-Beken et al. (2019) found that gratitude interventions can boost social and emotional well-being, contributing to positive life outcomes and meaning. Research suggests that having a sense of purpose in life can benefit one's well-being (Hanson & Vanderweele, 2019; Chen et al., 2019).

Seligman (2011) suggested three different paths to happiness in life. He states that "The Pleasant Life" is an optimal life of enjoyment. This lifestyle focuses on savoring all the positive feelings associated with healthy living, such as relationships, hobbies, and entertainment. However, he suggests that the most transient elements of happiness may be the least important. "The Good Life" is the achievement of the combination of personal strengths and current engagement. The combination allows one to feel "flow" or the total immersion and absorption of having engagement with primary activities (Csikszentmihalyi, 2008). Flow gives one a sense of meaning and satisfaction with one's current task. "The Meaningful Life" is how one relates their

life or sense of purpose to the bigger picture. Individuals of this lifestyle obtain a positive sense of well-being and belonging from being part of something bigger and longer lasting than themselves, such as the circle of life, social and political movements, and religions.

Peterson and Seligman (2004) proposed the positive psychology framework of six virtues that produce 24 identifiable character strengths. They include the virtues of "Wisdom" and "Knowledge" for creativity, curiosity, open-mindedness, love of learning, and perspective. The virtue of "Courage" produces character strengths of bravery, persistence, integrity, and zest. "Humanity" is responsible for love, kindness, and social intelligence. "Justice" is teamwork, fairness, and leadership character strengths. "Temperance" includes forgiveness, mercy, humility, prudence, and self-control.

Furthermore, the virtue of "Transcendence" accounts for the strengths of the appreciation of beauty and excellence, gratitude, hope, humor, and spirituality. The authors suggest that character strengths and virtues are beneficial traits that can increase happiness in most cultures. They argue that these virtues are innate by nature and transcend culture. Peterson and Seligman (2004) argue that each trait can be reliably measured so that humanistic-minded researchers can measure these traits thoroughly and scientifically.

Debating Emotional Intelligence

Many in the psychological community question whether emotional intelligence is measurable and if it is an actual construct (Joseph & Newman, 2010). The validity of assorted scales and measurements used to score emotional intelligence is debatable (Miners et al., 2018). For example, Mazzella-Ebstein et al. (2019) suggest no consistent or standardized tool to measure emotional intelligence. In addition, it still holds multiple working definitions. However, research has found significant implications for implementing nurse training programs that

include managing emotions (Butler, 2021; Pérez-Fuentes et al., 2018). The two most significant contributors to the construct of emotional intelligence have varying definitions. Goleman (1995) defined emotional intelligence as the skills and characteristics driving leadership performance. Mayer and Salovey (1997) define it as the ability to recognize the meanings of emotions and to reason and problem-solve based on them.

Nevertheless, research has proved valid (Pertrides, 2010; Mayer et al., 2001; Goleman, 1995). For example, Brooks et al. (2021) found that the construct of emotional intelligence was solid. His research provided tangible evidence of convergent and discriminant validity for the 17-factor model of emotional intelligence.

Personality

Personality comprises emotions, thought processes, and behavior (McCrae & Costa, 1997). Emotional intelligence levels are a product of one's personality type (Garavan et al., 2022). Because of its static nature, personality cannot predict emotional intelligence (Cuartero & Tur, 2021). However, it is hard to deny the existence of a relationship between the two. Some personality traits have been associated more with higher levels of emotional intelligence. For example, emotional intelligence has demonstrated a significant positive relationship with openness, agreeableness, conscientiousness, and extroversion traits but a negative association with neuroticism (Alegre et al., 2019; Petrides, 2010). For example, there are studies that examined the link between agreeableness and collaboration with others (van Witteloostuijn et al., 2017), conscientiousness and conforming to policy (Cooper, 2020), and openness to motivation and cognitive ability (Tan et al., 2019). Elevated levels of neuroticism in employees were most associated with negative behaviors at work (Yan et al., 2023).

Organizational mission statements emphasize specific values, morals, and standards

that the organization expects its employees to abide by (Bart et al., 2001). As a result, an organization will try to select employees who share the same type of philosophy regarding values, morals, and standards (Yan et al., 2023). The person-organization (P.O.) fit is the compatibility between an employee's personality and the organization's mission statement (Bouraoui et al., 2020). Employees whose values, morals, and goals contrast with the organization are more likely to leave it (Yang et al., 2019). Al-Hamdan, et al. (2021) suggest that the personality and values of an employee are the product of engaging in behaviors that favor cooperation or competitiveness. Therefore, shared beliefs between individual traits and organizational values can elevate levels of emotional intelligence.

The Big Five Model

The Big Five model of personality by McCrae and Costa (1997) categorizes openness, conscientiousness, extraversion, agreeableness, and neuroticism as the primary traits that make up one's personality. Agreeableness manifests in individuals who enjoy collaborative and servant facilitation toward a common good in public service (van Witteloostuijn et al., 2017). Conscientious individuals show compliance with structure. These personality types are more likely to follow the rules and act more satisfied with their job (Murtza et al., 2021), particularly when the job resides within public organizations (Cooper, 2020). These traits have shown a significant positive relationship with public service organizations (Van Witteloostuijn et al., 2017). Past research has shown a strong correlation between emotional intelligence and personality traits (Van der Linden et al., 2021; Anglim et al., 2020). Emotional intelligence has a significant positive relationship with the traits of openness, agreeableness, conscientiousness, and extroversion but a negative association with neuroticism (Alegre et al., 2019; Petrides, 2010).

O'Connor and Athota's (2013) study demonstrated a positive relationship between emotional intelligence and agreeableness in employees. Alegre et al. (2019) suggest that elevated levels of agreeableness in employees are the result of their preference for collaboration and helping community needs. Van der Linden et al. (2021) found a correlation between employees' emotional intelligence and extroversion. Agreeableness and extraversion can influence an employee's emotional intelligence. Costa and McCrae (1997) found that neuroticism was most associated with negative behaviors in employees. Individuals with elevated levels of neuroticism were more unhappy and exhibited lower levels of emotional intelligence (Cuartero & Tur, 2021). Openness (to experience) held the most vital link to cognitive ability (Tan et al., 2019). These employees are highly motivated and willing to commit to new activities that can advance their overall intelligence abilities (Dumas et al., 2020).

Person-Job Fit (P.J.)

According to Bickle et al. (2011), the socio-analytic theory suggests that people are unconsciously motivated to have a good relationship with each other for friendship, power, status, and meaning in life. These motivators trace back to the inception of our species and its survival instincts (Peng & Mao, 2015). For example, early humans worked together and built alliances to ensure their survival as a group. Specific survival skills translated into the modern workplace, such as interaction and competition in work-related tasks (Britt, 2021). This behavior is like that of members of an organization who share the common goal of the workplace's survival (Williamson & Perumal, 2021). Al-Hamdan, et al. (2021) contends that the personality and values of an employee manifest in their propensity to engage in behaviors that favor cooperation or competitiveness,

The person–job fit (P.J.) matches an employee's knowledge and skills to the requirements

of what the job position demands (Çetinkaya & Kurnaz, 2017). The person-organization (P.O.) fit is the compatibility between an employee's personality and goals and the organization's work environment (Yan et al., 2023). The management's decision process in choosing a potential candidate with the right person-job or person-organization fit is crucial for the organization's productivity and employee job satisfaction (Sekiguchi & Huber, 2011). Typically, employers try to hire employees with similar characteristics, beliefs, and values, which procures comfort amongst a homogeneous staff (Williamson & Perumal, 2021). Peng and Mao (2015) found that the correct person-organization fit positively correlated with the job satisfaction of employees and coworkers.

Coping Strategies

There are various definitions or meanings of coping, depending on the individual. Coping alters behavioral and cognitive processes to manage external and internal life difficulties (Skinner et al., 2003). Coping strategies are the how or what techniques people use to respond to stress in life (Lazarus & Folkman, 1984). These techniques can help manage and alleviate specific stressors in work and personal life. There are various coping strategy models because coping strategies are vast compared to other theories. For example, Lazarus and Folkman categorized coping strategies as either problem-focused or emotion-focused coping. The former manages or alters the problem, while the latter regulates emotional responses. However, some researchers feel the Ways of Coping Questionnaire (WCQ) oversimplifies how coping works (Skinner et al., 2003).

Carver et al. (1989) suggested that the distinction between problem-focused and emotion-focused coping is practical but inadequate. Therefore, they developed the COPE inventory based on fifteen factors of coping, which include five sub-factors of problem-focused coping: active

coping, planning, suppression of competing activities, restraint coping, and social support for instrumental reasons. An additional five sub-factors of emotion-focused coping include social support for emotional reasons, positive reinterpretation and growth, acceptance, denial, and religion. There are three factors of focusing and venting emotions, behavioral disengagement, and mental disengagement, described as less applicable, and two newer dimensions of humor and substance use.

The Parker and Endler (1992) model define three coping styles: Task-Oriented, Emotion-Oriented, and Avoidance-Oriented. Task-orientation employs strategies to solve a problem, reconceptualize it, or minimize its effect on the psyche. The person-orientation uses strategies that may be emotional responses, self-preoccupation, and fantasizing reactions. Individuals who ignore the issue, such as watching T.V., use avoidance-oriented strategies. Most recently, Stanisławski (2019) developed the Coping Circumplex Model (CCM) that focuses on solving a problem and regulating the associated emotions, categorized as distinct coping dimensions. Regardless of the model, the appraisal theory stipulates that emotions are the product of evaluations of an individual's external and internal demands (Lazarus, 1984). These feelings may require specific coping skills due to work demands and resources to maintain job satisfaction and mood. Nurses experience multiple external and internal demands due to high-level occupational stress (Broetje et al., 2020). The majority develop coping strategies that help them deal with their current job duties (Alharbi et al., 2020).

Coping Strategies in Nursing

Occupational stress and burnout are frequent among healthcare professionals, particularly among nurses (Padilla Fortunatti & Palmeiro-Silva, 2017). The associated work stressors manifest as emotional changes associated with suffering and exhaustion and poor psychological

well-being (Divinakumar et al., 2014). Research has shown the relationship between positive well-being in nurses and positive work environments that translates to superior patient safety and care outcomes (Katana et al., 2019; Cheng et al., 2020; Salyers et al., 2017). Cho and Han (2018) found that nurses' perception of sufficient resources at work strongly correlates with their perceived performance quality.

Consequently, the type of coping strategies nurses employ is significant. For example, the approach-oriented coping strategy focuses on the problem and reflects on cognitive and behavioral responses to learn from and resolve life stressors (Labrague et al., 2018). Lee et al. (2019) supported this with their study that found that approach-oriented coping strategies significantly positively influenced psychological well-being and patient safety. These studies illustrate the importance of coping strategies for nurses to balance job stressors and support psychological well-being to prevent burnout and emotional exhaustion.

As mentioned, nurses must endure multiple external and internal demands within their work environment (Broetje et al., 2020). The sustained bombardment of these work stressors can significantly affect their emotional well-being and job satisfaction. These demands include familiar issues experienced by many nurses, such as back pain, sleep deprivation, emotional regulation, workplace violence, and compassion fatigue (Cheng et al., 2020; D'Ettorre & Pellicani, 2017; Caruso, 2014). Nurses must develop coping strategies to prevent occupational burnout. For example, nurses who work in mental health have elevated levels of turnover rates and low levels of psychological well-being due to the unpredictability of patients (Wang et al., 2022). Nurses are to prevent patients from harming themselves, and the chosen method may present an ethical dilemma for them. Hasan et al. (2018) found three popular strategies for nurses working in mental health. They reminded themselves of the appreciation, confidence, and

satisfaction in their abilities to complete work tasks. Fan et al. (2022) showed that nurses who experience workplace violence use adaptive coping styles to combat its detrimental effects. Nurses have a powerful sense of responsibility to their patients (Hasan et al., 2018). They may try to find meaning and improve their values and beliefs about their duty to their patients (Beattie et al., 2020).

According to Wentzel and Brysiewicz (2018), the constant care for critically ill patients requires nurses to have a keen sense of emotional regulation. Nevertheless, it still elevates their risk of developing compassion fatigue, described as a consistent contact with grieving patient outcomes that leads to a sense of hopelessness. Fatigue leads to higher nurse attrition rates and less patient empathy (Laukhuf & Laukhuf, 2016). Alharbi et al. (2020) found that nurses who feel hopeless in their work environment seek the social support of more experienced or educated peers to find a higher sense of purpose. Ling et al. (2020) suggest that more robust communication among nurses and their management is necessary to encourage and hinder the effects of compassion fatigue. They recommend stronger interpersonal relationships and regular collective social activities to help relax the workplace's overall mood.

Sleep deprivation is common in nursing because being a provider is a 24/7-day job. Consequently, many nursing shifts involve long (e.g., 12+) and irregular hours (Rhéaume & Mullen, 2018). Unfortunately, long hours and inadequate sleep result in adverse health effects that include fatigue, obesity, and circadian rhythm disorder (Roodbandi et al., 2015). Additionally, the author suggests that these problems significantly influence patient outcomes due to medical errors and patient dissatisfaction. Sleep deprivation increases cognitive impairment and performance, such as delayed reaction time and responses and diminished memory (Caruso, 2014). Tired nurses often resort to micro-napping or sleeping towards the end

of a shift (Chaiard et al., 2018). Pélissier et al. (2021) reported that many nurses use strategies like working ahead of schedule or taking frequent breaks to fight off feelings of tiredness.

One may think of back pain in nurses as a cosmetic issue. However, it is a foundational problem that seeps into other areas of nursing care and is responsible for almost a quarter of all absenteeism in nursing (Dressner & Kissinger, 2018). As much as 84% of nurses may suffer from it globally (Yang et al., 2019). Its causation results from consistently moving or transferring patients from awkward positions (Samaei et al., 2017). Back pain increases the risk of chronic disease and premature retirement (Tosunöz & Oztunc, 2017). This condition reduces the workforce (Alnaami et al., 2019). Back pain is typically experienced more by nurses who work in socio-economically depressed areas. It creates a strain on occupational efficiency and healthcare outcomes (Richardson et al., 2019; Gim, 2017). These areas lack adequate human resources and have poor ergonomics and equipment to perform nursing tasks that can exaggerate back pain (Nkhata et al., 2021). These nurses end up with impaired physical and social well-being and job modification (Dlungwane et al., 2018), which impacts their economic freedom to enjoy social and occupational activities (Dressner & Kissinger, 2018; Samaei et al., 2017). Even the perception of pain may be as consequential to affected individuals (Grøn et al., 2019). Ahmend et al. (2018) found that negative beliefs about pain led to poor care-seeking behaviors that increased pain and disability (Geziry et al., 2018). As a result, how one copes with back pain is a significant element in managing it (Cabak et al., 2015).

Nurses employ active and passive coping strategies to fight the effects of back pain (Hartvigsen et al., 2018). Pain medication is the preferred remedy for back pain (Kusma et al., 2019; Traeger et al., 2019). Unfortunately, the effects of pain medication are brief and can cause dependency in the user (Staelin et al., 2019). Geziry et al. (2018) suggest discouraging reliance

on medication in favor of physical and psychological therapeutic approaches. These approaches can reduce pain and not inhibit functional abilities, leading to a better quality of life (Traeger et al., 2019).

New research has proposed that back pain is a long-term condition requiring self-management (Dickson & McDonough, 2018). This type of self-management is the acceptance of one to live with a chronic condition (Patel et al., 2019). It is an attempt for individuals to take control of their ailments by using behavior change strategies that encourage empowerment in their role management and overall functioning. These individuals can transition from passive to active recipients and have the right tools to recognize and control their health (Dickson & McDonough, 2018). Green and Hibbard (2012) describe this as participant activation, like self-management behaviors and health-related outcomes. Nkhata et al. (2021) supports it as an essential strategy in alleviating back pain.

Perceived Stress

Stress can be a physiological, biological, or psychological reaction to a stressor (Mayo Clinic, 2022). It is the body's response to the demands of life. Lesser amounts of stress can be a good thing, but elevated levels of hormones that respond to potential threats can be damaging over time. Multiple studies have found nursing to be a highly stressful occupation (Chen et al., 2019; Abdou et al., 2024; Li et al., 2020). Freshwater and Cahill (2010) found that nursing is the most stressful job among the 40 most stressful jobs. Nursing is one of the most stressful jobs, as supported by another study (Raiger, 2005).

Ruiz-Fernández et al. (2020) define perceived stress as how one appraises the demands, they encounter that exceed their ability to cope with these situations. The thoughts and feelings of the individual inform their perception of stress (Whittaker, 2015). Akintola et al. (2013)

suggested that perceived stress is the most crucial factor in burnout in nurses. People have different feelings and coping reactions to stressful situations (Lazarus and Folkman, 1984). For example, working long hours may be perceived as stressful for one individual but not for another. An individual's psychological temperament considerably influences how one reacts to stressors they encounter (Abdollahi et al., 2021). Wang et al. (2020) found that the perception of stress is more important than the measurement of actual stressors.

Perceived stress is often the result of feelings of uncontrollability caused by workplace stressors (Li et al., 2020). It can lead to psychological distress, and psychological distress can lead to mental health issues such as depression that result in inferior patient care quality, job turnover, and burnout (Diehl et al., 2021; Wang et al., 2023). These issues present tremendous economic costs for organizations (Cocker et al., 2014). The research found that interpersonal relationships with families, supervisors, and peers can positively affect nursing turnover (Lee & Kim, 2020). A study by Wang et al. (2020) found that coping styles had a significant influence on how physicians perceived stress. Nurses have less perceived stress with additional nursing assistants (Scheepers et al., 2021). Mao et al. (2021) discovered that nurses perceived stress levels were significantly lower after two training sessions on emotional intelligence.

Stress in Nursing

Nurses experience a variety of workplace issues that include more hours and patients (Shang et al., 2019), inadequate resources, poor leadership, workplace violence (Li et al., 2020), job-induced pain, and the strenuous demands of emotional labor (Singh & Hassard, 2021) from losing patients (Jang et al., 2019). For example, geriatric and emergency room care is one of the most stressful fields in healthcare (Li et al., 2020; Gautun & Grødem, 2015). Work stressors significantly impact organizational burnout and intent to leave a job. These are the two primary

outcomes for nurses unable to cope with these work stressors (Westbrook et al., 2022; Diehl et al., 2021; Fasbender et al., 2019). The healthcare system is at a crucial time in history, and it cannot afford to keep losing nurses to unaddressed workplace stressors. Implementing coping and preventive strategies is crucial to saving the valuable resources of nurses.

According to the American Association of Colleges of Nursing (2024), nursing shortages are not new in the healthcare industry. Why is there urgency for another study about nursing and job burnout? The healthcare industry is at an epoch moment (AACN, 2024). This shortage is the result of the culmination of unaddressed issues that the recent COVID-19 pandemic ignited. The issues include the retirement of the last remnants from the baby-boomer generation. Their retirement is problematic twofold. The number of healthcare providers and educators declined as they transitioned into a high-needs group that requires more comprehensive quality care. There are also the issues of rising healthcare costs and migration numbers that require a greater portion of the country's GDP. For example, the United States spent an average of over $12,000 per person in 2021. That is over 40% more per person than in other countries (World Population Review, 2022). Consequently, costs will be even higher in 2022 due to the fallout from the pandemic, with more people experiencing mental and substance abuse problems. Nurses are feeling overwhelmed by workplace stressors magnified by COVID-19 (Lavoie-Tremblay et al., 2022; Kells & Jennings Mathis., 2022).

Workplace Stressors

Past research has shown that the stressful occupation is nursing (Li et al., 2020; Abdou et al., 2024; Chen et al., 2020). The harmful impact of stress in nursing carries rippling effects on elevated nurse turnover rates, inferior patient care quality, and the inflated costs associated with the healthcare service industry (Fasbender et al., 2019; Labrague et al., 2018). The most

significant causes of workplace stress in nursing are excess workload or hours, poor leadership, workplace violence, and emotional labor (Labrague et al., 2018; Kim & Chang, 2018). These factors require sincere consideration at such a crucial period in the healthcare industry. Lee and Kim (2020) found that interpersonal relationships with families, supervisors, and peers may influence turnover in nursing. They suggest that management nurtures interpersonal communication among their employees.

Li et al. (2020) suggest that mental healthcare nurses use advanced levels of interpersonal communication in their therapeutic care. They must possess rapport, empathy, compassion, active listening, strong ethics, and a desire to help others. It is imperative in nursing areas such as emergency, geriatric, or psychiatric care because nurses working in fields focusing on patient mental health exhibit higher stress levels than their primary care counterparts (Sarabia-Cobo et al., 2021; Wentzel & Brysiewicz, 2018; Tirgari et al., 2019). One reason for this is due to higher instances of workplace violence (WPV) they experience. Workplace violence negatively affects nurses' job satisfaction and turnover intention (Li et al., 2020). The Occupational Safety and Health Administration (2020) found that violent healthcare accidents are four times higher than in other work sectors, and nurses make up most of those occurrences. Research suggests that E.R.s (Emergency Rooms) have the highest exposure to workplace violence because of the unpredictable nature of the work settings (Alsaleem et al., 2018; Zhang et al., 2017). The literature review by Ayasreh and Hayajneh (2021) found that many WPV incidents go unreported and cause nurses to avoid or mitigate contact with patients (Li et al., 2020; Hamdan & Hamra, 2015). Nurses forced to work in an emergency room may act out by escalating patient-provider conflicts (Howerton-Child & Sussman, 2017).

Nurses will inevitably work long and irregular hours (Shang et al., 2019). It can segue to

physical and psychological conditions that interfere with work and their quality of life outside of work (Triantafillou et al., 2019). There is a basic understanding that employees who get less sleep may suffer from health issues (Abbott et al., 2019; Kervezee et al., 2020). However, it was only recently considered how these work shifts would impact patient outcomes (Caruso, 2014; Scott et al., 2014). As a result, there is a need to understand how work patterns in nursing affect clinical decision-making that produces quality patient care. Salminen (2016) found that sleepiness in employees contributes to increased fatigue and poorer concentration in job performance. Nurses with insufficient time to recover between work shifts incur sleep debt (Chen et al., 2014). Shift schedules have a higher risk of errors or incidents (Caruso, 2014; Scott et al., 2014). Stimpfel et al. (2020) discovered that nurses require an average of an extra 90 minutes (about one and a half hours) of recovery sleep on non-working days, and up to more than 10 hours in bed may be necessary to return to normal neurobehavioral functioning at work. Rhéaume and Mullen (2018) demonstrated that 12-hour rotation nurses napped more often than their 8-hour day counterparts. Therefore, management should implement greater shift work flexibility for nurses to reduce potential adverse effects on nurses and patients.

Scheepers et al. (2021) found that staffing plays a vital role in the antecedents of work stressors in nursing, as many healthcare facilities lack adequate nursing power. They discovered that introducing nursing assistants can positively and negatively affect nursing job demands and resources due to supervision and problems with task clarity. However, the results of evening shifts were positive, and adding nursing assistants could reduce workloads, physical demands, and sleep problems among nurses. The lack of adequate nursing staff is due to several factors, including patient-nurse ratios, environment, workforce availability, skill mix, and insufficiently qualified nurses (Montgomery, 2021). The latter is particularly true for work environments that

require critical care qualifications, such as emergency rooms, psychiatric facilities, and long-term geriatric care. For example, Lee and Kim (2020) found that the number of available R.N. staff significantly affected the quality of nursing homes.

Surprisingly, there are no staffing models on how to deploy nurses to these extremely sensitive areas of nursing (Rae et al., 2021), and the pandemic has intensified chronic staff shortages, intent to leave, and nurses' well-being (Montgomery et al., 2021; Greenberg et al., 2021; Divinakumar et al., 2014). The lack of staff models is unfortunate because nurses, particularly RNs, are strongly related to an assortment of patient outcomes (Twigg et al., 2019) and decreased omissions in care (Griffiths et al., 2018). The COVID-19 pandemic caused hospitals to rearrange the roles of critical care nurses into supervised actors of less qualified providers (Carter & Notter, 2020). These changes may have contributed to poorer patient outcomes (Twigg et al., 2019), attrition, and job satisfaction (Montgomery et al., 2021). Critical care nurses are technologically competent professionals who maintain a compassionate focus on the needs of the patients and their families (Rae et al., 2021). These actions result in a predicted exodus of critical care nurses, which may further dilute qualified critical care nurses for healthcare (Greenberg et al., 2021).

Researchers overlook the physicality that many nursing positions require, in addition to emotional demands. For example, nurses who work in emergency, psychiatric, and geriatric facilities restrain or lift unruly and high-need patients (Tosunöz & Oztunc, 2017; Samaei et al., 2017). According to the Occupational Safety and Health Administration (2020), over half of healthcare providers have experienced job-related physical injuries such as strains and sprains. Back pain is a significant health issue for nurses and is responsible for a significant amount of missed work (Dressner & Kissinger, 2018), pain medication addiction (Staelin et al., 2019),

impaired social activities and can lead to an increased risk of chronic disease (Alnaami et al., 2019). Back pain significantly contributed to staff shortages (Dlungwane et al., 2018; Nkhata et al., 2021). Dressner and Kissinger (2018) discovered that it accounts for more than 24% of all missed days. Back pain often occurs due to repetitive transferring or moving patients and equipment from frequent awkward positions. Nkhata et al. (2021) found that the preferred method for recovery from it in socially depressed areas was bed rest. These issues can increase the number of sick days taken and early retirement for nurses (Samaei et al., 2017; Tosunöz & Oztunc, 2017).

     Nurses have a considerable risk of musculoskeletal pain (Nkhata et al., 2021; Dlungwane et al., 2018). In addition to back pain, Tojo et al. (2018) found a high prevalence of ankle and foot pain often incurred by nurses. According to Kunyk (2015), nurses with debilitating pain are at risk of developing an addiction to pain medication. She states that the rates of nurses with substance abuse issues coincide with the national average. However, they have a higher risk of developing addictions to pain medications because of their greater access to prescription medications (Traeger et al., 2019). The authors suggest that the primary reasons why nurses turn to prescription medications are pain and work-related stress. Contemporary nurses must perform tasks previously performed by physicians (Perry & Vandenhouten, 2019).

     Therefore, management should discourage the use of pain medication and instead focus on physical and psychological approaches that can effectively reduce pain, maintain functional abilities, and enhance the quality of life (Geziry et al., 2018; Hartvigsen et al., 2018). It can be a difficult chore because medications provide a quick fix. However, modifying beliefs can alter feelings of pain for more productive pain management strategies (Caneiro et al., 2020), such as resiliency (Min, 2022).

Job Demands-Resources Model (JD-R)

Research has shown that work stress is a primary issue in predicting a negative relationship with job satisfaction (Cheng et al., 2020; Gong et al., 2019; McVicar, 2016). According to McVicar (2016), stress and other antecedents from working environments are the primary reason for nurses leaving the profession altogether. For this reason, focusing on the relationship between job stress and job satisfaction is appropriate to better understand the commonality of core antecedents between these two job facets. Established models such as the job demands and resources model (JD-R) of Demerouti et al. (2001) may be helpful in identifying antecedents of workplace stress and job retention in nurses (Moloney et al., 2018).

The JD-R model can predict the work outcomes of stress, commitment, engagement, and job satisfaction (Midje et al., 2024; Demerouti et al., 2001). Falco et al. (2021) applied the (JD-R) model as a job demand for workplace safety. The study proposed that the perceived risk of infection by COVID-19 at work could be work-related stress. Grover et al. (2018) used the model to introduce mindfulness as a personal job resource. These theories suggest that work environments are job demands and job resources. Job demands are a job's required physical and psychological effort or skills (Demerouti et al., 2001). High demands can produce job burnout, low commitment, and high turnover (Xian et al., 2020). Job resources are the details that enable an employee to meet work goals and stimulate individual development (Demerouti et al., 2001). These facets contribute to motivational processes and predict organizational commitment and turnover rates (Xian et al., 2020). The JD-R model balances job resources and employee perception of high job demands to buffer adverse outcomes (Demerouti et al., 2001). Consequently, it is an ideal model for stress management in the field of nursing, which has high-demand work environments (Lesener et al., 2020; Cheng et al., 2020; Brooks et al., 2021).

The JD-R model is flexible for applying job demands and resources to specific occupations like nursing (Bakker, 2018). As stated, it examines potentially damaging health outcomes of work stress and motivational processes (Abdou et al., 2024). High work demands that increase job burnout, absenteeism, and workplace phobia are categorized as health impairments (Vignoli et al., 2017). The influence of job resources that stimulate work engagement enhance performance and organizational commitment are motivational processes (Ten Hoeve et al., 2020). These outcomes are pertinent to patient safety. Cheng et al. (2020) raised awareness in healthcare organizations about the relationship between nurses' mental health and patient safety. The authors illustrated how insomnia, burnout, job crafting, and work engagement contribute to a nurse's psyche. Unfortunately, researchers sparsely examine patient safety and positive job resource outcomes concerning the JD-R model (Brooks et al., 2021).

Utilizing the JD-R model, Demerouti et al. (2001) proposed that job demands are hindrance and challenge demands. They propose that hindrance demands are obstacles to development and productivity or performance. These could be aspects of emotional labor (Jeung et al., 2018), violent patients (Li et al., 2020), or job demands (Cheng et al., 2020). Challenge demands create positive sources of motivation and learning opportunities, such as more work autonomy (Grover et al., 2018) and job resources (Shang et al., 2019).

Job Demands/ Resources

Job demands are physical, social, or organizational facets that require physical and psychological effort at the expense of specific physiological and psychological costs (Demerouti et al., 2001). Job resources are the physical, psychological, social, or organizational job facets that enable the accomplishment of work goals, reduce job demands and physiological and psychological costs, and stimulate personal growth and development. Moloney et al. (2018) used

the Job Demands-Resources (JD-R) framework to categorize job demands, personal demands, job resources, and personal resources as components of burnout and engagement. According to the Job Demands-Resources (JD-R) model, job demands include factors of workload, emotional demands; work-life interference as personal demands; supervisor, colleague, and organizational support, autonomy, and professional development as job resources; and self-efficacy, value congruence, and rewards as components of job resources. Burnout and engagement significantly influence the intention of nurses to leave a job or profession (Ten Hoeve et al., 2020; Westbrook et al., 2022). For example, higher workload and work-life interference produce higher burnout levels and are the strongest predictors of intentions to leave. Nurses with higher emotional demands and self-efficacy are less likely to have intentions to leave an organization.

McVicar (2016) performed a comparative review of studies conducted between 2000 and 2013 using the (JD-R) model of stress and nurses. He found that job stress and job satisfaction showed a high correlation in nurses. Work pressure (workload, staffing, and physical resources) and emotional demands (loss of patient and patient-family interactions) were consistently related to job stress and satisfaction for the category of job demands. Shift work that caused work-life interference was another significant job demand. Interpersonal relationships, management (leadership support and style), autonomy, and task significance were job resources most associated with job stress and satisfaction. The effort-rewards of pay, reward, job security, and job satisfaction are linked. The literature review conducted by Broetje et al. (2020) supported the idea that work overload, lack of formal rewards, and work-life interference were the primary job demands of nurses. The most significant job resources are supervisor support, authentic management, transformational leadership, interpersonal relations, autonomy, and professional resources.

The conservation of resources (COR) theory argues that individuals with greater access to resources will experience more resource gains and vice versa (Whitman et al., 2014). Hu et al. (2017) combined the JD-R model and COR theory, attempting to understand why employees (nurses) have an intrinsic need to attain goals and satisfy their needs through psychological accommodation or job resources. They found that additional job resources could alleviate the demands of a highly challenging environment, resulting in decreased work engagement. An environment high in work demands places employees in an unfavorable situation that requires an investment of higher levels of psychological energy than what available resources can replenish (Hegney et al., 2019; Kirwan et al., 2019). However, employee appraisal is subjective, and job demands are challenges or hindrances (Westbrook et al., 2022). They can be both. Interestingly, Mockałło and Widerszal-Bazyl (2021) found that trust as a job resource could predict whether employees viewed job demands as challenges or hindrances.

Burnout

Freudenberger (1974) coined the term burnout and considered it especially pertinent to caring professionals. The phenomena were first documented in 1971 when two U.S. air traffic controllers kept reporting vocational burnout. They described it as a form of exhaustion that manifests as a decline in quantity and work quality. Freudenberger discovered that air traffic controllers reported inadequate environments and equipment, constant shift pattern changes, and long work shifts without breaks. He studied burnout in caregivers and women and summarized that people are energy systems susceptible to burnout symptoms.

According to the Mayo Clinic (2022), burnout is a stress-related condition of physical and emotional exhaustion that manifests as reduced accomplishment and personal identity at work. Typically, employees experiencing job burnout exhibit cynical or detached attitudes

toward others, which is depersonalization, while experiencing less satisfaction from work (Maslach et al., 2001). Maslach described it as the product of continuous stressful relationships that cause disinterest in employees' work and a decline in work quality. The combination of persistent stressful relationships and work role stressors significantly impacts job burnout (Moss et al., 2016).

The U.S. Surgeon General states that healthcare workers have elevated risks for burnout (Murthy, 2022). Nurses are prone to job burnout due to frequent work stressors (Ten Hoeve et al., 2020; Westbrook et al., 2022). Cheng et al. (2020) found that nurses who exhibited signs of job burnout were also likely to suffer from physical fatigue, depression, poor work-life balance, and report medical errors. Shang et al. (2019) found that nurses with symptoms of burnout had higher patient infection rates. Job burnout can cause mental health issues (Maslach et al., 2001) and higher occurrences of physical ailments such as cardiovascular disease and events (Zhang et al., 2018). The American Nurses Foundation and Joslin (2021) found that burnout had increased 350% since the summer of 2020 and that 35% of nurses felt they were not emotionally healthy. These health impairments increase job burnout, absenteeism, and workplace phobia (Vignoli et al., 2017). The probability of burnout is significantly higher in healthcare professionals who work in highly stressed nursing fields (Bridgeman et al., 2018).

The Job Demands-Resources (JD-R) model suggests that work stressors strain an employee's mental and physical energy, resulting in negative outcomes for the individual and organization (Bakker & de Vries, 2021; Demerouti et al., 2001). It is a predictor and factor for nurses to leave a job (Cheng et al., 2020; Vignoli et al., 2017). Newer nurse graduates experience elevated stress levels because of the extreme demands of the job role (Chen et al., 2019). Consequently, they are more susceptible to job burnout. Ling et al. (2020) found that new nurses

may experience career burnout if they cannot develop adequate coping skills to meet the demands of nursing. Newly graduated nurses are more susceptible to burnout caused by work demands and work–life interference. Wangensteen et al. (2008) supported these findings.

Emotional Exhaustion

The Maslach Burnout Inventory (MBI) categorizes emotional exhaustion, depersonalization, and personal accomplishment as dimensions of burnout (Maslach & Jackson, 1982). It has proven validity and reliability from nurses in eight different countries (Dall'Ora et al., 2020; Poghosyan et al., 2014). According to Maslach and Jackson (1982) emotional exhaustion is described as a mental and physical fatigue that manifests as tiredness, lack of drive, feeling overextended, and higher irritability. It can be caused by a variety of issues that include working long hours, working in a high-pressure environment, and lacking the proper resources to meet high demands of a job. These issues can cause an employee to feel overwhelmed. Sufferers can experience problems with thinking such as difficulty concentrating or loss of memory. They can experience physical problems such as sleeping problems, headaches, or changes in appetite. These changes can manifest as poor work performance, lack of ambition, and harm interpersonal relationships. Individuals who are more susceptible to emotional exhaustion can be perfectionists or have poor self-care. For example, poor or inadequate coping strategies.

Depersonalization

Depersonalization refers to cynicism or a loss of altruism that causes distancing oneself from interpersonal contact (Maslach & Jackson, 1982). According to the American Psychological Association (2022), depersonalization is a state of mind in which the self appears unreal. Individuals can feel estranged from themselves and from the world. Sufferers describe it as a distant dreamlike state or living in a fictitious existence. It is an anxiety symptom so it can

appear when one experiences a state of "fight or flight." Depersonalization causes a breakdown in communication which leads to poor interrelationships (Raeissi et al., 2019). It also contributes to absenteeism in organizations. The right coping strategy can lessen the feelings of detachment from acquaintances and the rest of world (Tibubos et al., 2018).

Personal Achievement

The dimension of personal achievement manifests as a negativity that creates self-doubts in the individual about the ability to perform the job effectively. Sufferers tend to view their results in a negative manner. This causes low productivity, doubting abilities, and low morale and coping strategies from the individual (Edú-Valsania et al., 2022). Singh et al. (2022) found sufferers with low feelings of personal accomplishment have a lack of competence and self-efficacy that cause difficulty in a sense of accomplishment. A lack of personal achievement begins to appear only after the individual has experienced emotional exhaustion and depersonalization. Sufferers begin to care less about personal accomplishments once the sufferer begins to care less about people (Edú-Valsania et al., 2022). López-Núñez et al. (2020) found that psychological capital (PsyCap) can deter signs of burnout. The term is a reference to an individual's positive psychological state of development. Individuals must have confidence (self-efficacy) to make the necessary effort to succeed at challenging tasks, have optimism about succeeding in the future, pursue goals, bouncing back from adversity (resiliency) to claim success. In fact, PsyCap is significantly and positively correlated with personal accomplishment and negatively correlated with emotional exhaustion. PsyCap can have a profound effect on reducing job burnout and increasing physical and mental well-being.

Nursing and Burnout

Burnout has dichotomous results in the field of nursing. Nurses who are emotionally

exhausted and exhibit signs of job burnout are more likely to participate in the rationing of nursing care (Witczak et al., 2021). Nursing care rationing is a practice in which care is withheld or not properly conducted due to a lack of time, available staff, and proper skill sets (Hegney et al., 2019; Kirwan et al., 2019; Vryonides & Papastavrou, 2019). Rationing causes safety and care-quality issues that affect patients' biological and psychosocial needs (Park et al., 2018). The primary cause of care rationing is staff shortages (Witczak et al., 2021). Research has shown that understaffing and non-supportive work environments influence increased patient morbidity, costs, and mortality (Hegney et al., 2019; Kirwan et al., 2019; Vryonides & Papastavrou, 2019).

Nurses are the providers that deliver and influence the quality and safety of patient care within organizations (Park et al., 2018). For example, 20%–30% of shift workers experience insomnia symptoms (Booker et al., 2018). Lack of sleep is one of the primary reasons for medical errors that impact patient safety. Inadequate sleep hours can lead to health impairments that increase the risk of burnout and other health outcomes, such as workplace phobic anxiety (Vignoli et al., 2017). Cheng et al. (2020) found that job crafting may increase job resources, enhance work engagement (Bakker, 2018), and strengthen work performance (Bindl et al., 2019).

Baby-Boomers as Nurses

According to the American Association of Colleges of Nursing (AACN), the forecast suggests a significant nursing shortage in the U.S. by 2030 (AACN, 2024). The primary reasons are the gradual retirement of the baby-boomer population and an insufficient number of new nurses to meet an increasing demand for quality healthcare. These recently retired healthcare providers will require advanced or geriatric care themselves (Haddad et al., 2022). Retirees are typically high-need patients with chronic diseases and comorbidities (Soto-Rubio et al., 2021).

There is an increasing gap between high-need patients (e.g., chronic diseases and comorbidities) and skilled nurses, which contributes to fewer chances of quality care for older patients (Gautun & Grødem, 2015). In addition, there has been an explosion in the migrant population in recent years that has saturated an already overwhelmed healthcare system (Galletly et al., 2023).

The U.S. Department of Health and Human Services (2017) anticipates the states expected to be most impacted by the necessary number of nurses are CA, TX, NJ, SC, and AK. These estimates were prior to COVID-19, which has exacerbated those numbers. Newly licensed nurses desperately need to replace the old guard (AACN, 2024). However, nurses should have the tools to cope with the associated job stressors of nursing. Younger nurses are more inclined to work-life balance (Diehl et al., 2021). As a result, they are less likely to endure the work stressors that their predecessors did (Huang et al., 2020). Nurses who perceive higher levels of work-family conflict are likelier to exhibit reduced quality of care and decreased job engagement (Abdou et al., 2024; Chen et al., 2020). However, nurses with higher levels of emotional intelligence can identify, comprehend, and cope with overwhelming work stressors using repair strategies that reduce the symptoms of burnout (Hemenover & Harbke, 2017).

Effects of COVID-19

The COVID-19 pandemic has made the world reevaluate how it operates. It has impacted everyone, from social to economic factors (CDC, 2022). Nurses have felt its disrupting impact as much as any group, being vital frontline healthcare workers (Cai et al., 2020). They come into direct contact with sick patients to provide healthcare. The pandemic has traumatized many nurses, with many older nurses retiring early (Ní Léime & O'Neill, 2021). A study by Maben and Bridges (2020) found that most nurses interviewed had sleep problems, higher alcohol consumption rates, and ate more unhealthily due to the added pressures from the COVID-19

pandemic. They exhibited an elevated risk of burnout and compassion fatigue, which has led to a mass exodus of nurses from the workforce (Shin et al., 2018).

This loss in resources has contributed to a lack of nursing educators to train new nursing students. Stress levels in nursing students were significantly elevated during the pandemic (Aslan & Pekince, 2020; Gallego-Gómez et al., 2020) due to higher anxiety levels (Huang et al., 2020; Swift et al., 2020). Kells and Mathis (2022) found that nursing students felt worried, unsettled, and overwhelmed about COVID-19, but the majority still sought a career in nursing due to their desire to help others. They were more worried about available job resources such as personal protective equipment and educational experience. Interestingly, there are recommendations for the promotion of resiliency in nursing students to alleviate the symptoms of stress and anxiety caused by the pandemic (Shaw, 2020). Fortunately, nursing is palliative care. There is a call for nurses to have a more active role in leading palliative care (Hagan et al., 2018). There is an opportunity for nursing to shape an educational agenda for future generations that softens the impending nursing shortage (Ferrell et al., 2017; Naylor et al., 2018). What better opportunity for nursing, palliative care, and emotional intelligence to find a competent solution that impedes job burnout?

Work-Family Conflict (WFC)

Work-family conflict (WFC) is an imbalance between an employee's work and family roles, where the job role overshadows the family role (Abdou et al., 2024). The authors suggest that stress from the job role creates more stress from the family role. Ling et al. (2020) findings suggest the cause is inadequate job resources and a stressful work environment. It deleteriously affects turnover intention (Willard-Grace et al., 2019) and care quality. Labrague et al. (2018) found that nurses who perceive higher levels of work-family conflict are likelier to have

increased adverse events, reduced quality of care, and decreased job engagement.

According to a study by Gilavand et al. (2023), preventable errors have increased due to COVID-19, aging nurses, inadequate sleep hours, and less available nurses. The effects of work-family conflicts have exhibited a solid relationship with reduced nursing care quality (Abdou et al., 2024; Chen et al., 2020). Abdou et al. (2024) found that work-family conflict can cause mental health problems such as emotional exhaustion, job stress, and anxiety in nurses that manifest as a higher frequency of patient safety concerns. Research suggests that organizations that support work-family balance support systems that include flexible work schedules, adequate levels of autonomy, sufficient staffing, and job resources can reduce the occurrence of work-family conflict and increase levels of work-family balance (WFB) (Chen et al., 2020; Diehl et al., 2021).

Organizational Support

The job demands-resources (JD-R) model states that the well-being of employees is the result of a variety of workplace issues that are job demands or resources (Demerouti et al., 2001). The authors state that job demands are the physical and social efforts of the organization. Job resources can reduce job demands by promoting personal growth and enabling work goals. According to Zhang et al. (2023), elevated job demands during the pandemic overextended employees' mental and physical capabilities, which manifested in increased stress levels in employees and resulted in poor outcomes for the organization. In contrast, increased opportunities for job resources are strong predictors of productive organizational outcomes (Yang et al., 2022).

Research has found that elevated work demands, such as workload and conflicts associated with low job resources, such as poor support, autonomy, and feedback, can cause

burnout in nurses (Kato, 2015; Huang et al., 2020). Bakker and de Vries (2021) suggest burnout is an accumulated condition resulting from perceived work-related stressful issues of employees. In addition, the JD-R model showed compelling evidence that motivational relationships such as job resources and turnover intention mediate job engagement in nurses (Ng et al., 2022). Nurses experience numerous psychosocial and physical demands categorized as workload and emotional requests. Research suggests that insufficient organizational support is significantly related to burnout among nurses (Maben & Bridges, 2020; Cheng et al., 2020). A systematic review found that the quality of organizational support was a primary concern for nursing staff (Labrague et al., 2018). Reports from nursing staff indicate that the relationship between nurses and management is crucial in terms of the outcomes of stress and burnout (Pishgooie et al., 2019).

Organizational support is the product of leadership. It is the perceived relationship between management and workers that influences employee productivity and outcomes (Greenberg et al., 2021; Pishgooie et al., 2019). The leader's style tremendously influences nurses and their working environment (Labrague et al., 2018). Consequently, the attitudes of a working environment may be the employee's perception of a leader's effectiveness. Poor perception of leadership can cause psychological stress in job demands and resources, leading to employee burnout (Dean, 2021). In addition, there are current issues related to the COVID-19 pandemic and the mass retirement of the baby boomer population from the healthcare sector.

Intent to Leave

Work stress, disenchantment, and unfulfilled expectations are causes of an employee intending or leaving a job (Li et al., 2020). Nursing turnover deleteriously affects the healthcare industry and is a significant cause of nursing shortages (Haddad et al., 2022; Willard-Grace et al., 2019). Turnover intention is an antecedent to job turnover and a deliberate intention to leave

an organization (Moloney et al., 2018; Ten Hoeve et al., 2020). Working conditions and stress are two primary reasons why turnover is more frequent in younger and older nurses (Diehl et al., 2021). López-Núñez et al. (2020) found that working conditions can predict intent to leave in younger nurses. Unfortunately, the need for nurses increases exponentially while job resources keep decreasing (Scheepers et al., 2021). Consequently, they have less time for family and social lives due to elevated hours and workloads (Jarosinski et al., 2022).

Staff shortages adversely affect recent graduates because they have less time to monitor and interact with patients (Kim et al., 2020). It contributes to feeling overwhelmed (Wang et al., 2020). Staff shortages affect the quality of care their patients receive and the exhaustion of nurses (Jarosinski et al., 2022). For example, Shang et al. (2019) found that nurses experiencing symptoms of burnout had a higher rate of infections in patients. The needs of a patient can be the difference between life and death. Resiliency has a negative relationship with job burnout in nurses (Ling et al., 2020; Tur, 2021). Highly resilient nurses can more effectively cope with stress and burnout (Huang et al., 2020; Min, 2022). A study by Xiao et al. (2020) found that nursing leaders' self-awareness, self-reflection, and coping strategies positively represented their resiliency during the pandemic. The research found that nurses who reported organization support had higher resilience scores during the pandemic (Shaw, 2020). Employees value the opportunity to be part of their working environment's decision-making process. A lack of organizational support can significantly predict job burnout and intent to leave an organization (Maben & Bridges, 2020).

Workplace Spirituality

The most significant sources of workplace stress in nursing include staff conflict, workload issues, job resources, and job demands (Abdou et al., 2024; Li et al., 2020). Depression

is another result of workplace stressors—over three hundred million sufferers worldwide (WHO, 2021). Registered nurses have a higher propensity for developing depression than the general population (Blackmore et al., 2007). The primary culprit for depression in R.N.s is their inability to deliver effective patient care (Chen et al., 2020). The lack of adequate resources harms a nurse's psyche (Desouky & Allam, 2017). In turn, they deliver subpar healthcare to their patients due to depression. Mihaljevic et al. (2016) found the lack of spirituality to be one of several personal and professional factors that affect depression. The theory suggests that spiritual variables act symbiotically to protect one's basic structure or foundation (Neuman & Young, 1972). Spirituality concerns one's spirit, inner self, nature, and God by integrating the dimensions of mind, body, and spirit (Gaskamp et al., 2006). It is integral to holistic health as it promotes well-being and resistance to potential physical and mental ailments. For example, it has shown effectiveness against depression (Batalla et al., 2019) and helped promote resiliency (Ozawa et al., 2017), coping skills (Krok, 2015) and quality of life (Soriano et al., 2016). Batalla et al. (2019) found that all dimensions of spirituality had a negative influence on depression. They found that religious practice had the most potent effect on moderate occupational stress and depression.

Jesus exhibited nurse-like qualities. As a result, spirituality was a foundational dimension of contemporary nursing, beginning with Florence Nightingale (1820-1910). The secular age of science has tried to distance itself from such theories, but spirituality remains a significant tool for nurses. Timmins and Caldeira (2017) found that spiritual care in nursing has experienced a substantial rebirth in the last three decades. Unsurprisingly, this rebirth coincided with the recent interest in professional well-being. Iqbal et al. (2020) discovered that workplace spirituality positively affected nurses' work engagement and that the P-O (Person Organization) fit boosts

hiring outcomes. Spirituality is a significant factor when hiring new employees, increasing contentment, work engagement, patient outcomes, and high affective commitment (Djafri & Noordin, 2017). It remains a powerful instrument that gives nurses a sense of meaning and purpose and provides more personal fulfillment and organizational cohesiveness (Adawiyah & Pramuka, 2017).

Milliman et al. (2017) suggest that workplace spirituality is employees' experiences with others that fulfill the needs for growth, community, and being a part of something greater. Consequently, employees derive more meaning and self-worth from their work when they perform their duties alongside like-minded individuals who provide a sense of integrated values and community (Giacalone &Jurkiewicz, 2010). They found that employees were likelier to contribute to the individual-organizational alignment that promotes psychological well-being, intrinsic motivation, and reduced organizational attachment. Conversely, they found that employees experience a loss of meaning, higher anxiety, and alienation from a work environment that lacks spirituality. Phillips et al. (2018) found a positive relationship between spirituality and ethics, resulting in less uncivilized and more positive job behaviors.

Spiritual leadership has recently become a hot topic in nursing research (Murgia et al., 2020; Birnie, 2019). According to Birnie (2019), spiritual leaders have strong instilled values that promote a sense of unity and trust within a group. It cultivates a work environment of respect, benevolence, honesty, and trust between coworkers, fostering shared beliefs on organizational mission and self-realization (Rego et al., 2008). Kazemipour et al. (2012) suggest that leadership reflects how nurses deliver care. Therefore, providing genuine holistic care and producing a more comprehensive dimension of positive outcomes may be required. Nurses have different attributes and have several types of coping strategies (Paal et al., 2018).

Cruz et al. (2020) found that a positive spiritual working climate in hospitals led to higher levels of compassion satisfaction and lower levels of burnout and traumatic stress in nurses. The authors recommended that supporters of nursing spirituality should mandate policymakers to create a safe space for spiritual views in the workplace. Nursing leadership has a critical role in shaping a meaningful spiritual climate at work (Yang et al., 2019). Spirituality is essential to the meaningfulness of the work climate concerning team effectiveness, performance, and organizational citizenship behaviors. These qualities are significant because of the world's recent health pandemic. New avenues need exploration for the safety and well-being of the healthcare providers and their affected patients. Recent events remind us of the vital tool of compassionate care (Paal et al., 2018). Ribeiro et al. (2021) propose that workplace spirituality be a part of all healthcare institutions with the intent to humanize care. Nursing leaders should be spiritually competent to promote spirituality as part of the foundational mission agenda. Zou et al. (2020) believe that workplace spirituality may be the solution to providers' well-being and quality of care in a challenging future.

Biblical Foundations

The concept of emotional intelligence is relatively new to psychology. Maslow (1954) defined it as "emotional strength." Along with theories on positive psychology, it has given industrial-organizational psychologists a more extraordinary palette to choose from in determining why and how people behave at work. Interestingly, the roots of these concepts are in the Bible. Self-awareness is one of the components of emotional intelligence (Goleman, 1995). It allows one to comprehend one's feelings and motives. "Take heed unto thyself, and unto the doctrine; continue in them: for in doing this thou shalt both save thyself, and them that hear thee" (*King James Version*, 1769/2022, 1 Timothy 4:16). The book of Romans is an excellent source

of positive thinking and empathy. "And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God" (*King James Version*, 1769/2022, Romans 12:2).

Industrial-organizational psychology and the Bible have more commonalities about the dimensions of burnout, perceived stress, and coping strategies than differences. For example, burnout can cause stressful physical (e.g., depersonalization), emotional (e.g., emotional exhaustion), and behavioral (e.g., personal achievement) complications in one's life if left untreated. Psychology would suggest remedies like being mindful about getting enough rest, talking with friends and family about frustrations, exercising, or practicing being introspective (Lee & Jang, 2019; Permarupan et al., 2021; Yusoff et al., 2021). Similarly, the Bible reminds us to rest our bodies, "Come to me, all who labor and are heavy laden, and I will give you rest" (*English Standard Version*, 2001/2016, Matthew 11:28). To talk about our frustrations, "When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit" (*English Standard Version*, 2001/2016, Psalm 34:17-18). To refocus on God to remember that you are not alone in your struggles. God is in control and will act accordingly. "Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand" (*English Standard Version,* 2001/2016 Isaiah 41:10). In addition, the Bible can help you choose the most productive coping strategies to combat stress and burnout. The answer is God. Simply ask, what would Jesus do? "I know what it is to be in need, and I know what it is to have plenty. I have learned the secret of being content in any and every situation, whether well fed or hungry, whether living in plenty or in want. I can do all this through him who gives me strength" (*New International Version*, 1978/ 2011, Philippians 4:12-13).

Summary

In its most basic premise, emotional intelligence is the ability to perceive, understand, manage one's emotions, and facilitate thought for the benefit of others. The promise of everlasting life with God is a part of the positive psychological properties that the Bible holds. Positive psychology seeded the roots of emotional intelligence. Positive psychology focuses on positive experiences, traits, and the well-being of the individual, which gives purpose and improves the quality of life (Peterson, 2008). Research on emotional awareness in nursing is becoming more prevalent due to the extreme feelings of physical and mental demands of their jobs (Lee & Jang, 2020). Research has found strong correlations between emotional intelligence and emotional regulation (Eweida et al., 2022). Emotional regulation is a daily exercise for nurses. Nurses must employ the emotional boundary because it maintains a connection but keeps a professional distance between patients and their families (Hayward & Tuckey, 2011). It requires discipline and intelligence. There are several types of intelligence, according to Dean (2021). Spiritual and character intelligence share similarities with emotional intelligence because they all use recognition of how others feel. Emotional intelligence is dependent on personality type but can be developed (Garavan et al., 2022).

There are three primary models of emotional intelligence. The 4-branch ability model by Mayer and Salovey (1997) described in chapter one. The branches are a hierarchy of abilities that develop with maturation like Maslow's hierarchy of needs (1954). The Five Components Mixed-Model by Goleman (1995) presents emotional intelligence as five competencies: self-awareness, self-regulation, internal motivation, empathy, and social skills. Competencies are independent and built upon one another. The trait model by Pertrides (2010) describes emotional intelligence as emotional self-perceptions found in personality. The model focuses on the perceptions of

one's own emotional abilities.

Past research has found significant correlations between emotional intelligence and burnout (Gong et al., 2019). Then why have some in the psychological community not embraced emotional intelligence? For example, Joseph and Newman (2010). Also, its definition varies among its supporters. Yet, it is difficult to deny its beneficial properties and its association with robust interpersonal skills and empathy (Raeissi et al., 2019). These are crucial skills in nursing. Communication is the foundation for interpersonal relationships between employees and leadership because it builds trust and shared values within a community (Manna, 2019).

According to Maslach and Jackson (1982), the dimensions of burnout include emotional exhaustion, depersonalization, and personal achievement. Emotional exhaustion raises absenteeism and leads to depersonalization. Depersonalization destroys interpersonal relationships and working environments. Eventually, employees begin to care less about personal achievements that include quality patient care. Insufficient leadership was significantly related to burnout among nurses (Cheng et al., 2020). The U.S. Surgeon General states that healthcare workers have elevated risks for burnout (Murthy, 2022). Burnout can spread to the point where the employees eventually damage a component and caring working environment.

Nurses exhibiting burnout are more likely to participate in the rationing of nursing care by withholding care (Witczak et al., 2021). This causes safety and care-quality issues (Park et al., 2018). Well-developed emotional intelligence helps nurses identify, comprehend, and cope with work stressors using coping strategies that reduce the symptoms of burnout (Hemenover & Harbke, 2017). The most significant causes of workplace stress for nurses are excess workloads, poor leadership, workplace violence, emotional labor, and work-family conflict (Labrague et al., 2018). Perceived stress is one's perception of stress (Whittaker, 2015). Akintola et al. (2013)

suggested that perceived stress is the single most important factor in burnout in nurses. Perceived stress levels in nurses were significantly lower after two training sessions in emotional intelligence (Mao et al., 2021). Coping strategies can be developed through emotional intelligence and lower perceived stress (Fatima et al., 2018). Emotional health incorporates emotional intelligence and emotional regulation. This holistic perspective promotes a sense of well-being and provides resistance to potential physical and mental ailments (Seligman, 2011).

The following chapter describes the quantitative methodology chosen to translate numerical data that fully examines whether there is a relationship between emotional intelligence, perceived stress, coping strategies and burnout in registered nurses working in high-stress job types. Chapter three begins with an "a priori model" to illustrate these potential relationships and then proceeds with a restatement of the research questions and hypotheses, and then the actual data collection and analysis methods. The chapter establishes the study's descriptive correlational research design, how the participants are recruited, and a more thorough explanation of the instrumentation being used.

CHAPTER 3: RESEARCH METHOD

Overview

This study's aim was to explore the relationship between emotional intelligence and burnout in licensed registered nurses working in Los Angeles County, California. In addition, the data obtained from this research examined high-stress job types in nursing and aspects of perceived stress and coping strategies. These elements may raise emotional intelligence levels that predict and alleviate burnout in nurses. The a priori model illustrates these potential relationships before the actual data collection and analysis of the study (Samoilenko & Osei-Bryson, 2022). The model theorizes the relationships amongst emotional intelligence, burnout, coping strategies, perceived stress, and various demographics (Figure 3).

Figure 3

A Priori Model of Relationships Between Variables
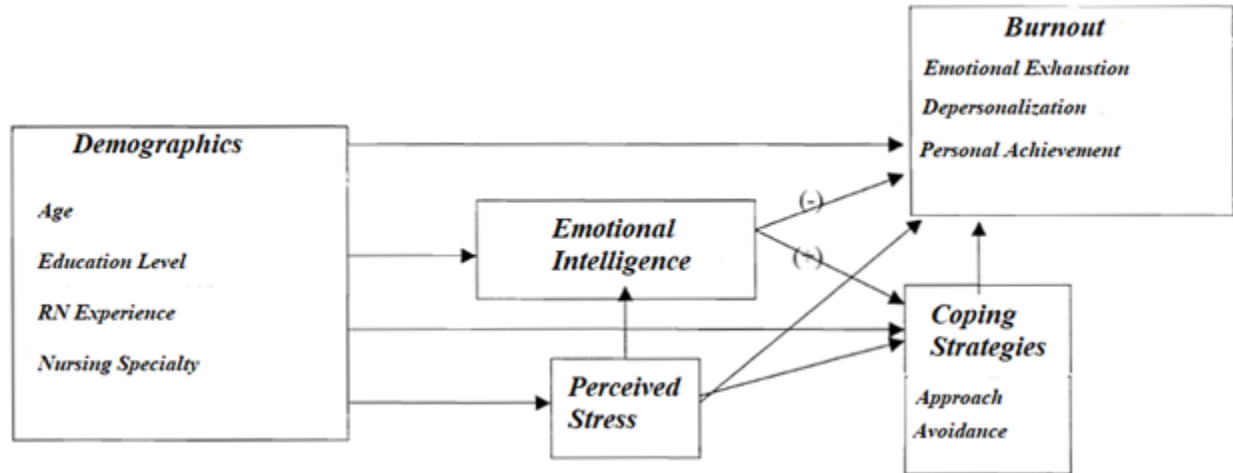
Note: The a priori model demonstrates how the relationships between the variables occur. The negative symbol suggests that higher levels of emotional intelligence decrease symptoms of burnout and increase positive coping strategies that decrease burnout.

The goal was to identify, determine and record specific behaviors or characteristics of emotional intelligence such as self-awareness, self-regulation and resiliency exhibited by

registered nurses in highly stressed job types who effectively cope with work stress and job stressors. These results may reveal a solution to maintain adequate nursing staff and promote effective nursing quality care (Shin et al., 2018). Nurses must have positive coping strategies to endure and thrive in their work environment despite encountering elevated levels of stress, anxiety, grief, and pain (Alharbi et al., 2020). Having the necessary coping skills assures that nurses will use superior decision-making during stressful, uncontrollable events with better outcomes and less likely to leave a highly stressful job position (Iwanowicz-Palus et al., 2022; Markiewicz, 2019).

The study used a descriptive correlational design with no manipulation of the control variable (Elkis-Abuhoff, 2015). The intent of the research design was to capture, describe, and investigate data on potential relationships regarding emotional intelligence, burnout, perceived stress, and coping strategies for nurses (Voelkle & Hecht, 2020). According to McBurney and White (2009), the descriptive correlational design provides static pictures of situations and concurrently establishes the relationship between different variables. The participants were nurses from seven high stress job type specialties currently employed in Los Angeles County, California. The choice to use this sample population was due to its being the largest county in California and one of the states to be the most impacted by the nursing shortage (AACN, 2024). This study was low impact development with little to no risks to the participants.

The survey's screening item required participants to have a minimum of one-year of nursing experience. Statistical data was collected using stratified sampling that represented sample populations from seven high-stress nursing job types to ensure specific subgroups were present in the sample. Stratified sampling involves dividing the target population into distinct groups that share similar elements with each other such as job types (Parsons et al., 2022). Flyers

were distributed during the second week of July 2023 to nurses working in one of five hospitals (i.e., 4 privates, 1 public) located in L.A. County, California. Initially, the flyers did not contain the actual link to the survey at www.surveymonkey.com but instead my email address of Chutsell@Liberty.edu. The participant would send an email that they "agreed to the study" in the subject line and would receive a link to the survey in turn. After some deliberation, the flier was altered to include the survey link due to concerns about participants' anonymity or confidentiality contamination. Fliers held what the study was about, what tools were used, how long the survey would take to complete, and the potential of winning a $50 Amazon e-gift card for finishing the entire 97-item survey.

The author sought a response rate goal of 40% from recruitment emails which is higher than average according to Coxhead (2017). However, this is to ensure that there are no threats to its validity (Sturgis et al., 2020). This rate satisfies the required power (84) participants for the study. The survey consisted of four primary published tools of measurement that include: (a) Schutte Self Report Emotional Intelligence Test (SSEIT), (b) Maslach Burnout Inventory-Human Services Survey (MBI-HSS), (c) Perceived Stress Scale (PSS), and (d) the Brief COPE to gage emotional intelligence, burnout, perceived stress, and coping strategies of the nurses. The inclusion of four demographic questions were utilized to record age, education level, nursing experience, and job specialty of the participants.

The SSEIT is a mixed-measure emotional intelligence tool that consists of 33-items using a five-point Likert scale for scoring (Schutte et al., 1998). It measures participants' emotional abilities, personality traits, motivation, social skills, and the perception of their own and others' feelings. The Maslach Burnout Inventory - Human Services Survey (MBI-HSS) is a 22-item tool for measuring the dimensions of burnout in healthcare professionals defined as emotional

exhaustion (EE), depersonalization (DP) and reduced feelings of personal achievement at work (PA) (Maslach & Jackson, 1982). It is scored using a 7-point Likert scale. The Perceived Stress Scale (PSS-10) is a 10-item scale that measures the participants' perception of the stressfulness of situations (Cohen et al., 1983). Participants scores are summed across the ten items. The Brief COPE measures 14 factors of emotion-focused coping strategies that involve perceived control, emotional coping, social support, and proactive behavior (Greenglass et al., 1999). It consists of 28-items and uses a 4-point integer scale that ranges from one to four.

Each scale has demonstrated consistent reliability and validity in previous studies. Statistical analyses utilized IBM SPSS statistics client software version 20 (2017) in accordance with accepted research standards. Potential delimitations, assumptions, and limitations relevant to the study will be addressed in the respective sections.

Research Question(s) and Hypothesis

Research Questions

RQ 1: Is there a relationship between emotional intelligence and burnout among nurses working in high stress job types?

RQ 2: Is there a relationship between emotional intelligence and the dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement) among nurses in high stress job types?

RQ 3: Is there a relationship between emotional intelligence and perceived stress among nurses working in high stress job types?

RQ 4: Is there a relationship between emotional intelligence and coping strategy approaches among nurses working in high stress job types?

Hypotheses

Hypothesis 1: There is no relationship between emotional intelligence and burnout for nurses working in high stress job types.

Hypothesis 2: There is no relationship between emotional intelligence and the dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement) for nurses working in high stress job types.

Hypothesis 3: There is no relationship between emotional intelligence and perceived stress for nurses working in high stress job types.

Hypothesis 4: There is no relationship between emotional intelligence and coping strategy approaches for nurses working in high stress job types.

Research Design

The study was exploratory due to the limited data in relation to the variables and population. This descriptive, correlational study design was non-experimental. Consequently, the data collected was not tampered with by manipulation of the environment or variables (Umstead & Mayton, 2018). According to Creswell and Guetterman (2019) descriptive correlational designs allow the researcher to examine variables and form opinions on the naturally occurring relationships that take form in an unchanged environment. The descriptions include behaviors, characteristics, outcomes, and relationships concerning emotional intelligence, perceived stress, coping strategies, and burnout in nursing specialties to identify and categorize frequencies and the outcomes (Umstead & Mayton, 2018).

The study used stratified sampling to collect and measure quantitative data requiring a minimum of 84 licensed nurses currently working in several high-stress job types within Los Angeles County, California. According to Yadav et al. (2019) stratified sampling is a form of probability sampling where every unit of population has a chance to be selected for the sample.

Probability sampling allows for an accurate estimation for the uncertainty of data. The authors contend that stratified sampling is used for populations with multiple strata in which elements within each stratum are similar but different across the strata. The study's population were licensed nurses who were currently working but with different job types in various high-stressed areas of healthcare. The disadvantages of stratified sampling are that it is more time consuming creating the different strata and may require larger sample groups due to creating the multiple strata.

The independent variable of the study was emotional intelligence. The dependent variables were perceived stress, coping strategies, and dimensions of burnout in nurses. The design satisfied the study's requirements because of its ability to capture emotional intelligence, perceived stress, coping strategies, and dimensions of burnout in nurses of all types of discipline at a certain point in time (Creswell & Guetterman, 2019). Consequently, the variables in this study did not require a longitude design because of the persistent nature of emotional intelligence and burnout in nurses (Markiewicz, 2019). The research data discovered on the relationship between emotional intelligence, perceived stress, coping strategies, and burnout in nurses justified this pertinent study. Data collection utilized a cross-sectional approach. Therefore, causal inference remained unexamined (Creswell & Guetterman, 2019). Collecting the data using a cross-sectional approach allows for the capture of characteristics and behaviors of the population at a single point in time (Voelkle & Hecht, 2020).

The tools utilized for the study included the 33-item SSEIT which scores using a 5-point Likert scale to measure abilities of emotional intelligence such as perception, expression, utilization, and regulation of emotions in themselves and others (Schutte et al., 1998). The 22-item MBI-HSS utilizes a 7-point Likert scale to measure the symptoms of burnout in healthcare

professionals (Maslach & Jackson, 1982). The 10-item PSS-10 employs an integer scale to measure the participants' perception of the stressfulness of situations during the past month of their lives (Cohen et al., 1983). The 28-item Brief COPE measures planning and preventive strategies using the factors of proactive self-regulatory goal attainment; recognizing and utilizing social resources for goal attainment; and combining proactive emotional coping with self-regulatory goal attainment with an integer scale (Greenglass et al., 1999). The socio-demographic questions include 4-items that obtain data on certain attributes of the participants such as age, educational level, job type, and RN experience. The screening question for inclusion criteria was licensed nursing experience for a minimum of one-year.

The summed total of 97-items acquired from the four tools that have demonstrated high reliability and validity from previous studies. The facets of emotional intelligence were measured with the 33-item SSEIT. Schuette et al. (1998) reported (.90) for Cronbach's alpha of reliability using 346 participants to demonstrate its consistency and a (.78) for total scale scores reliability after a two-week test-retest. The dimensions of burnout were examined using the 22-item MBI-HSS. Test-retest data found internal consistency reliability coefficients were (.90) emotional exhaustion, (.79) depersonalization, and (.71) personal accomplishment (Maslach et al., 2001). The 10-item PSS-10 was utilized to measure perceived stress. The 14- and 10-item versions have demonstrated similar psychometric properties with strong internal consistency (α = .84 to .86) and good test-retest reliability (r = .85) over a 2-day period (Cohen et al., 1983). It positively relates to perceived impact of life stressors for concurrent validity (r = .17 to .35) and predictive validity scores for depressive symptoms (r = .65 to .76), various health-related outcomes (r = .52 to .65), and social anxiety (r = .37 to .48) (Cohen et al., 1983). The 28-item Brief COPE for coping strategies along with four demographic items. The Brief COPE was validated on a 168-

participant community sample that was affected by a hurricane (Carver et al., 1989). Kato (2015)

reviewed 765 articles that used the Brief COPE and found acceptable reliability. The median of

the alphas for the measure subscales was (.75), ranging from (.54) to (.91). The 97-item survey

was administered through the website of www.surveymonkey.com.

According to Khakshooy and Chiappelli (2018), the study calculated descriptive statistics

of frequencies and percentages for all variables and nominal data. The quantitative data was

tested utilizing bivariate regressions for correlations between emotional intelligence and overall

burnout (H1), perceived stress (H3), coping strategy choices (H4), Pearson's correlation

coefficient for the three dimensions of burnout (H2) and illustrated with scatter plots to explain

the relationship between variables. The theory was that emotional intelligence would have a

significant influence on overall burnout, perceived stress, coping strategy choices, and the

dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement).

Participants

The participants consisted of licensed nurses working in Los Angeles County, California.

L.A. County is the most populated county in the U.S. with over nine million residents according

to the U.S. Census Bureau (2023). It holds more people than 40 other U.S. states and has an

extremely diverse population. According to a 2020 state census, its heterogeneity consists of

48% Hispanic/ Latino, 25.6% Caucasian, 14.7% Asian, 7.6% African American, and 3.4% other.

The sociodemographic of the participants include age, educational level, job type, and RN

tenure. The California Department of Consumer Affairs reports that there are over 776,000

registered nurses currently licensed in the L.A. County area. A power analysis indicated that a

sample size of eighty-four registered nurses was necessary to obtain an 80% confidence level

(Nesselroade & Grimm, 2018). The population sample consisted of licensed nurses working in

emergency rooms, critical care, pediatrics, oncology, surgical care, psychiatric, and geriatrics. The demographic characteristics of the participants included age, education, experience, and job specialty.

G*Power 3.1 determined the study's sample size. Kang (2021) recommends using G*Power for sample size and calculations for statistical methods because of its ease to use. The type of power analysis produced a priori sample size using the following choices: exact test family, Correlation: Bivariate normal model statistical test. The input parameters used in the two-tailed test, with level of significance (a = .05), and power at (.80). The minimum sample size needed to detect the smallest relevant effect with 80% power (Triola, 2018). Most nursing research results have small to moderate effect sizes (Polit, 2017). The study required eighty-four participants to produce a medium effect (.30). It was the goal for a survey response rate of at least 40% from a minimum of two hundred respondents to participate in the study. Obtaining a slightly higher return rate (42%) did produce the required number of participants (84) needed to satisfy the necessary 80% power. The seven high-stress nursing specialties or job types under examination were: emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric care, and geriatric care. Given the recommended sample size by G*power (84), the groupings required a minimum of twelve participants for each job type specialty. The survey remained open until each of the seven groups reached a minimum of twelve participants to ensure adequate sample sizes.

Study Procedures

Permission was sought by the Department of Research Institutional Review Board of Liberty University to collect data from licensed nurses working in Los Angeles County, CA. Fliers containing the details of study and contact information were distributed to five distinct

hospitals located within L.A. County. These hospitals, four private and one public, were chosen due to their location and representation of the seven high stressed nursing job types examined in this study. Nurses who received fliers were urged to refer other nurses from their department to review the flier if they had not received one. The fliers were allowed to be posted on bulletin boards and break rooms only when permission was granted by the hospital director. The G*power produced the required number of 84 participants necessary to satisfy the necessary 80% power. The fliers stated that a minimum of twelve members from seven highly stressed nursing specialties who worked in emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric care, and geriatric care were needed for a study on the effects of emotional intelligence on symptoms of burnout in employees of these nursing job types. In addition, its effects on perceived stress and coping strategies. More nurses were recruited than the necessary 84 participants to account for defective surveys, lost participants or any updates to analysis procedures that are based on limitations or unmet assumptions identified after any data was collected.

All responding participants utilized the link for the survey located at the website SurveyMonkey.com could be found on the distributed fliers. The survey instrument (97-items) was an amalgamation of four well known and peer validated self-evaluation tools that measure the variables specifically for the study. The survey was longer than most survey studies. However, the survey did allow participants an option for them to submit a "prefer not to respond" answer which allowed them the right to withhold information in accordance with the protection of human subjects. The incentive to complete the full survey was a drawing that participants were entered into for five distinct $50 Amazon Gift cards against the other participants who completed the full survey. This was to help alleviate attrition rates of the

participants' responses. The survey was private to only respondents and the researcher who must obtain the results. SurveyMonkey.com allows the disabling of the internet protocol (IP) address tracking to protect the participants' privacy. The individual names and/or identities of the participants were not necessary for the survey. Consequently, the results consisted of raw data from the survey responses with all identifying information removed. Five $50 Amazon e-gift cards were distributed in accordance with the drawing rules during December of 2023.

The participants began the survey with a disclosure statement and request for consent. This was followed by a synopsis of the purpose of the study (i.e., the impact of emotional intelligence on perceived stress, dimensions of burnout and coping strategy approaches) without identifying key constructs being examined, specifically communication and employee involvement. There was potential for the introduction of bias in participant responses by revealing detailed information about the constructs and potentially invalidating responses. The consent form was found on the survey's initial page, including a timestamp validating each participant's informed consent. SurveyMonkey.com fully automates the survey instrument by collecting all necessary data. The study carried minimal to no risk for potential candidates including no risk physically, economically, socially, legally, or to breach in confidentiality, and minimal risk psychologically. Data remained confidential by using no identifiable information before and after the uploading of data into SPSS version 20 for analysis. The final act involved the expunging of data after uploading to SPSS (Gorup, 2020).

Recruitment

The targeted population consisted of seven different high-stress nursing job types of registered nurses working in the largest county (Los Angeles) in the country. These high-stress nursing positions include emergency room care, critical care, oncological care, surgical care,

psychiatric care, pediatric care, and gerontological care (Jennings, 2008). The demographic characteristics of the participants included age, education, experience, and job type. The power demanded a minimum of 12 participants from each job type to satisfy sample size requirements for a minimum 80% confidence level. Several associations were contacted to obtain information on these specific nursing job types and potential study candidacy. These websites included but were not limited to the Emergency Nurses Association (ENA), American Association of Critical-Care Nurses (AACN), Oncology Nursing Society (ONS), Academy of Medical-Surgical Nurses (AMSN), Society of Pediatric Nurses (SPN), American Psychiatric Nurses Association (APNA), Gerontological Advanced Practice Nurses Association (GAPNA) and the California Board of Registered Nursing.

According to Mogull (2018) the methods section should include the following: how the participants were selected, the research procedures that were performed, and how data was analyzed. The majority of relevant leads of potential participants came from the fliers distributed to the Los Angeles County hospitals. The website www.countyoffice.org has a list of all 160 hospitals located in Los Angeles County. Initially, each hospital director was to receive introductory or cold emails to ascertain potential candidates for the study but the distribution of fliers to actual employees was found to be a more effective process of gathering participants. The fliers acted as an introduction to interested participants by imparting details that describe the estimated time adherence of the measures and the study's commitment to voluntary and anonymous participation. The survey's link and researchers email address were also included on the flier. The survey remained open until power had been achieved. After completing the entire survey, participants were given a link to another survey to enter their email address if they would like to be entered into the drawing. Five random winners were picked from the participants'

emails to receive a free Amazon e-gift card.

The data collection timeline was expected to begin during May of 2023 with introduction emails to all including hospital management. However, approval from the Department of Research Institutional Review Board of Liberty University for the study was not granted until June of 2023. The recruitment process and actual data collection from participants began in July of 2023 and continued through September 2023. An additional round of fliers was distributed during the month of August. The supplemental recruitment of potential participants was conducted to ensure the study obtained mandatory sample sizes (Fritz & Vandermause, 2018) as two job type groups had not met the mandatory twelve participants. Data analysis began during August of 2023 and concluded in September of 2023 when minimum power was achieved for the study. The data collection timeframe remained open until adequate sample sizes obtained the required minimum 80% confidence level for the study. The final analysis of data included the deletion of all electronic documents (i.e., SurveyMonkey, SPSS). Thus, ending the study.

Instrumentation and Measurement

Emotional Intelligence

Chew et al. (2020) found that emotional intelligence plays a crucial role in controlling the effects stress has on psychological health in nurses. It can increase satisfaction and reduce stress in jobs with great emotional demands (Soto-Rubio et al., 2021). Communication skills are the cornerstone in nursing (Raeissi et al., 2019). They impact the relationships with colleagues, management and most importantly, patients. The authors found that these relationships can influence job demands, resources, care- quality, and patient outcomes which, in turn, affect the satisfaction and well-being nurses experience from their job. Soto-Rubio et al. (2021) found that emotional intelligence, along with empathy, could predict nursing attitudes towards

communication.

Initially, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) was to be used (Mayer et al., 2001). It measures the ability aspect of emotional intelligence. Ability testing does not measure one's perception of performance. It is the actual capacity for performance (O'Connor et al., 2019). It is a well-known and accepted measure of emotional intelligence with some affording it as the gold standard in clinical research due to its accuracy and reliability (Fiori & Antonakis, 2012). Its questions included individuals having to associate emotions with colors, taste, and descriptions (Mayer et al., 2001). It consists of 141 items and takes 30-45 minutes to complete depending on the individual. The results produce fifteen distinct EI scores that are: two areas (experimental, strategic), four branches, eight tasks, and an overall score. The scoring of results is objective in nature due to the evolutionary nature of emotions using consensus or expert scoring methods. However, the author settled for the SSEIT by Schuette et al. (1998) due to the extremely high costs associated with the MSCEIT. They both measure from the four branches of emotional intelligence that include: perceiving emotions (branch 1), facilitating thought using emotions (branch 2), understanding emotions (branch 3), and managing emotions (branch 4). For example, both surveys ask questions that measure the individuals' knowledge between moods and cognition and understanding emotions. They ask questions whether they can identify simple emotions from complex emotions and how these emotions progress from one form to another. Managing emotions consists of using an individual's ability to use emotions when making decisions (Mayer et al., 2001; Schuette et al., 1998).

The Schutte Self Report Emotional Intelligence Test (SSEIT) is a self-reporting tool developed by Schutte et al. (1998) and is often referred to as the Assessing Emotions Scale (AES). It utilizes the Mayer and Salovey (1997) model of emotional intelligence that focuses on

the ability to correctly perceive, express, use, and regulate theirs and others' emotions to achieve desired outcomes. The SSEIT is an inexpensive and briefer alternative to the more popular MSCEIT (Mayer et al., 2001). It is important to note that neither model test formulated the concept of emotional intelligence. The original version of the SSEIT included 62-items along with other established measures of emotional intelligence (Schutte et al., 1998). Pilot-testing revealed that only 33-items necessitated the reliable measures needed to embody the components of Mayer and Salovey emotional intelligence model. The final version of the SSEIT utilizes a five-point Likert scale for each item.

The SSEIT uses a combination of mixed measures borrowed from ability and trait models similar to Goleman's mixed model (1995). According to Karlle Emanuelle et al. (2022) the design expects participants to paint a picture of their emotional abilities, personality traits, motivation, social skills, and the perception of their own and others' feelings. The summed items receive scores and are reverse coded (i.e., 5, 28, and 33). Scores range from 33 (low) to 165 (high) levels of emotional intelligence. Trait models refer to emotional intelligence as an individual's self-perceptions of their emotional abilities (Petrides, 2010). While ability models are concerned with the abilities to perceive, use, understand, manage emotions in oneself and others (Mayer & Salovey, 1997). Schuette et al. (1998) reported (.90) for Cronbach's alpha of reliability using 346 participants to demonstrate its consistency. In addition, the authors conducted a two-week test-retest reliability of (.78) for total scale scores. Schuette et al. suggest that its foundation demonstrated its validity by previous constructs and outcomes associated with emotional intelligence that include perceiving, using, understanding, and managing emotions in oneself and others. Also, the SSEIT was significantly negatively correlated with the Toronto Alexithymia Scale ($p < .0001$) and significantly positively correlated with ($p < .0001$) with

multiple subscales of the Trait Meta Mood Scale.

Burnout Dimension

According to Dall'Ora et al. (2020) research has identified burnout as a significant nursing outcome. The authors conducted a theoretical review on 91 studies that identified patterns of adverse job characteristics associated with burnout in nursing. Williamson et al. (2017) suggest that the Maslach Burnout Inventory - Human Services Survey (MBI-HSS) is the gold standard for burnout measurement in healthcare professionals. Its translation to several countries and languages around the world demonstrates its pedigree (Squires et al, 2014). Maslach and Jackson (1982) developed it to assess three facets of burnout: emotional exhaustion, depersonalization, and feelings lacking personal accomplishment. The facet of emotional exhaustion uses 9-items that measure feelings of exhaustion or work fatigue. The measurement of facets of depersonalization uses 5-items relating to feelings of detachment, apathy, or indifference. Personal accomplishment utilizes 8-items that measure feelings of enthusiasm, achievement, and confidence in work performance. The total 22-items survey uses a 7-point Likert scale to measure the frequency of feelings or attitudes. Examples of frequency anchors include "never" (coded 0) to "every day" (coded 6). It takes 10-15 minutes to complete according to Maslach et al. (2001).

Maslach et al. (2001) defines burnout as a continuous variable that ranges from low to high feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment. The interpretation of scores uses a normative sample (N = 730) of several fields of mental health professionals. The scoring key used for the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is four columns by three rows. The first column categorizes the degree of burnout experienced by the participant using high, moderate, and low levels of burnout. The proceeding

three columns are each labeled as a symptom of burnout (i.e., emotional exhaustion, depersonalization, personal accomplishment). Each symptom is scored with high, moderate, and low scores. The scores of emotional exhaustion are 0-18 (low), 19-26 (moderate), and 27 or more (high) points. Depersonalization scores are 0-5 (low), 6-9 (moderate), and 10 or greater (high). Personal achievement scores are 40 or more (low), 34-39 (moderate), 0-33 (high). The table that illustrates the range scores of the sample population can be found in Appendix C.

The degree of burnout is the result of the combined scores of the three subscales. For example, high scores in the subscales of emotional exhaustion and depersonalization in association with a low score in personal accomplishment indicate a high degree of burnout. The reciprocal represents a low degree of burnout. An average score in all subscales is equivalent to an average degree of burnout. The assurance to the participants about the privacy and confidentiality of their responses is vital to reinforce accurate results and interpretations (Maslach et al., 2001).

The MBI-HSS demonstrated a high degree of stability from one month to one year (Lin et al., 2022). According to Maslach et al. (1996) the test-retest data is stable using 2–4-week intervals ($p < .001$). The emotional exhaustion subscale had the strongest test-retest correlation. Internal consistency reliability coefficients were (.90) for emotional exhaustion, (.79) for depersonalization, and (.71) for personal accomplishment. Research has found comparable results in test-retest reliability coefficients (López et al., 2021). However, there has been some debate over which model of burnout (three-factor vs two-factor) is more effective (Demerouti et al., 2001). The two-factor model discounts personal accomplishment to increase sensitivity of the other two dimensions. Yet, the scientific consensus on the three-factor model remains the preferred model of choice due to its overall reliability and differentiation (Poghosyan et al.,

2014). The MBI-HSS has shown consistency and stability in measuring the continuous variable of burnout over significant periods of time (DeVellis, 2017).

Convergent validity for the MBI-HSS used three distinct correlation measures for evaluation. The initial correlation is the hypothesized relationship between burnout and personal outcomes. For example, the relationship between intent to leave a job and lack of organizational support. The second correlation measure compared results of the scale against separate ratings from another individual who was remarkably familiar with the participants' behavior. The most significant correlation is the positive relationship between the results and job characteristics that may cause burnout (e.g., high workload and workplace violence). Maslach and Jackson (1982) found that public-contact employees with higher caseloads scored high in the dimensions of emotional exhaustion, depersonalization and low in perceived personal accomplishment. There was discriminant validity found between burnout and job satisfaction, depersonalization, and occupational stress (Maslach et al., 2001). They found a negative correlation between job satisfaction and emotional exhaustion (-.23) using (.05) significance level. In addition, a negative correlation between job satisfaction and depersonalization (-.22) with a (.02) significance level.

Perceived Stress

The Perceived Stress Scale (PSS) is one of the most recognized, consistent, reliable, valid, and popular tools that measures stress perceptions in people for almost 40 years (Chan & La Greca, 2013). The tool examines the role or outcome variable that appraised stress holds in physiological and behavioral disorders. In addition, it can act as a screening tool to identify certain psychiatric disorders in susceptible individuals (Cohen et al., 1983). There are 14-item, 10-item, and 4-item versions available to use.

The 14- and 10-item versions have demonstrated good psychometric properties. For

example, the PSS-14 has strong internal consistency (α = .84 to .86) and good test-retest reliability (r = .85) over a 2-day period (Cohen et al., 1983). It is positively related to the number and perceived impact of life stressors for concurrent validity (r = .17 to .35). Predictive validity scores of the PSS were able to predict depressive symptoms (r = .65 to .76), various health-related outcomes (r = .52 to .65), and social anxiety (r = .37 to .48). Factor analyses conducted with psychiatric inpatients revealed two factors: perceived distress and perceived coping (Hewitt et al., 1992; Martin et al., 1995).

Reliability and validity of the PSS-10 yielded comparable results to the PSS-14 and an exploratory factor analysis revealed two factors: perceived helplessness and perceived self-efficacy (Roberti et al., 2006). There were no significant gender differences found between either version of the PSS (Cohen et al., 1983; Roberti et al., 2006). However, the PSS-4 demonstrated significantly less internal reliability (α = .72) and test-retest reliability (r = .55) than the PSS-10 and 14 (Cohen et al., 1983). The PSS-14 and PSS-10 translate into several different languages that maintain good reliability and validity.

This study chose to use the PSS-10 due to its perceived distress and perceived coping factors. The Perceived Stress Scale (PSS) is a 10-item self-report measure designed to assess "the degree to which situations in one's life are appraised as stressful" (Cohen et al., 1983, p. 385). The design of the items measures the extent of the perception of one's life as "unpredictable, uncontrollable, and overloading" (Cohen et al., 1983). Sample items include the following: "how often have you been upset because of something that happened unexpectedly?" "How often have you felt that you were unable to control the important things in your life?"" How often have you felt confident about your ability to handle your personal problems?" (Cohen et al., 1983). Half of the questions are positively stated and reverse coded (Chan & La Greca,

2013). The items use a 5-point scale (0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly

Often, 4 = Very Often) and summed to create a total score.

Coping Strategies

The Brief COPE is the most used coping measure in research literature (Kato, 2015). It is

a refined version of its predecessor the COPE inventory created to measure beyond the typical

problem and emotion-focused coping strategies in people. According to Greenglass et al. (1999)

the COPE distinguishes itself from other coping strategy tools by incorporating planning and

preventive strategies using proactive self-regulatory goal attainment; recognizing and utilizing

social resources for goal attainment; and combining proactive emotional coping with self-

regulatory goal attainment. The basis for COPE comes from coping strategy research involving

perceived control, emotional coping, social support, and proactive behavior. For example,

Greenglass found that problem-focused and preventive coping had a significant negative

correlation with job anxiety. It takes a proactive approach to coping theory instead of the

traditional reactive approach.

Folkman and Lazarus (1984) differentiated two main coping styles of problem-focused

and emotion-focused. Problem-focused coping deals with the source of stress. Emotion-focused

coping attempts to handle the thoughts and feelings in relation to the stressor. Carver et al.

(1989) recognized the significance of these two coping styles and developed the COPE

inventory. This tool uses 15 scales that include the dimensions of: active, planning, suppression,

disengagement, denial, substance usage, social support, venting, reinterpretation, restraint,

acceptance, religion, and humor. It takes about 10-15 minutes to complete. The Proactive Coping

Inventory is consistent using different demographic population samples. This gives credibility to

the validity of the scale (Renard & Snelgar, 2015). Roesch et al. (2009) found that each scale

demonstrated good internal consistency values with ranges from (.61) to (.85). Meiring (2010) found the Proactive Coping Inventory to be reliable, with an overall Cronbach's alpha value of (.811). Each subscale has shown acceptable item-total correlations, satisfactory skewness that indicates symmetry around the mean (Greenglass et al., 1999).

The Brief COPE was created as a quicker way to measure coping strategies in participants using 14 factors or 28-items. The Brief COPE subscales measure many of the same factors that the COPE inventory measures (Greenglass et al., 1999). The Brief COPE most recently was used to measure the coping habits of adults after COVID-19 restrictions (Almeida et al., 2021). Meyer (2001) categorized coping strategies measured by the Brief COPE as maladaptive and adaptive coping. According to Rodrigues et al. (2022) maladaptive coping includes substance use, venting, behavioral disengagement, denial, self-distraction, and self-blame. While adaptive coping uses positive reframing, active coping, acceptance, religion, planning and seeking social support, use of emotional and instrumental support, and humor.

The Brief COPE was validated on a 168-participant community sample that was affected by a hurricane (Carver et al., 1989). Kato (2015) reviewed 765 articles that used the Brief COPE and found acceptable reliability. The median of the alphas for the measure subscales was (.75), ranging from (.54) to (.91). Therefore, the Brief COPE has been accepted by the scientific community as an excellent tool for coping. This was supported by Rodrigues et al. (2022) who performed Confirmatory Factor Analysis (CFA) on a review of 50 studies that included the brief COPE. The target factors were greater than (.50) and explaining at least 25% variance. This is a good indicator of validity for a tool. The tool uses a 4-point integer scale ranging from 1 (I didn't do this at all) to 4 (I did this a lot) to rate the responses.

Demographics

The demographic and experience data of the participants collected included age, education level, RN experience, and nursing specialty or job type. The associated high-stress job types in nursing include emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric care, and geriatric care. Note: Participants must have had a minimum of one year of licensed nursing experience.

Operationalization of Variables

Emotional Intelligence – is a ratio variable and demonstrated by the 33-item SSEIT that measures abilities of emotional intelligence. It uses a 5-point Likert scale to record the abilities of perception, expression, utilization, and regulation of emotions in oneself and others. (Schutte et al., 1998).

Burnout Dimensions – is a ratio variable and measured using the 22-item Maslach Burnout Inventory - Human Services Survey (MBI-HSS) 7-point Likert scale that scores the facets of emotional exhaustion with 9-items; depersonalization with 5-items; and personal accomplishment with 8-items (Maslach & Jackson, 1982).

Perceived Stress – The Perceived Stress Scale (PSS-10) is a 10-item scale ratio variable that measures the participants' perception of the stressfulness of situations (Cohen et al., 1983). The design of the items measures the perception of one's life as "unpredictable, uncontrollable, and overloading" using 5-point Likert scoring.

Coping Strategies – The Brief COPE is a 28-item ratio variable that uses an integral scale ranging from one to four to measure 14 factors of adaptive coping, maladaptive coping, problem-focused, emotional-focused, and dysfunctional factors. (Greenglass et al., 1999).

Demographics – Demographics are nominal variables and measured to complete the descriptive statistical analysis of the sample. These include participants' age, education, experience, and job

specialty. A sample of the demographic questionnaire is in Chapter four.

Data Analysis

The numerical data was analyzed by the IBM (SPSS) v20 program which assigns data values for all continuous data. Reverse coding was used for the burnout dimension of depersonalization per MBI-HSS instructions. The p-value, R-value, f-value, standard error, and confidence intervals were calculated for each dependent variable.

Bivariate regression analyses were conducted to assess the relationship between emotional intelligence and overall burnout (H1), perceived stress (H3), and coping strategy choices (H4). Pearson's correlations were performed between emotional intelligence and each dimension of burnout (H2). G*Power 3.1 determined the study's sample size of 84. All data was subject to scrutinization and interpretation to assure major assumptions and guidelines. This includes the confidentiality and anonymity of the participants. Each instrument utilized Cronbach's alpha to establish reliability analysis and internal consistency. Listwise deletion removed any data from participants who did not complete all measures. The results from these analyses provided insight into how emotional intelligence influenced burnout, perceived stress, and coping strategy choices in nurses working high stress job-types.

Delimitations, Assumptions, and Limitations

The researcher used a minimum power of 80% for the study. A larger sample may be more representative of the population and yield more accurate results. For example, some researchers power their studies for 90% and set the threshold for significance at .01 instead of .05 (Andrade, 2020). Online data collection has many advantages such as its convenience and inexpensive nature. For example, it allows researchers to reach geographical locations in expeditious fashion for no costs (Cantrell & Lupinacci, 2007). However, participants may exert

less effort to complete the survey due to the lack of in-person meetings with the researcher. The researcher lacks rich and concise data such as cures or facial expressions during the interview process (Fritz & Vandermause, 2018).

The perceived effect that the nursing shortage will have on the healthcare industry is valid but may be an assumption by the researcher (Gao, 2020). This includes confirmation bias of the effects (e.g., physiological, psychological, spiritual) emotional intelligence can have on nurses in high-stress job types. Mayer et al. (2001) stated that emotional intelligence may be too broad and complicated to operationalize, and research should confine itself to its efficacy. The assumption that participating nurses will have adequate computer literacy skills to complete the surveys. There was an assumption that certain nursing job types have higher instances or symptoms of burnout by the researcher after reading a great amount of literature on the subject. Consequently, the sample is a delimitation because of its selection of specific participants (Coker, 2022). The study did not include gender or ethnicity as demographic factors. The researcher anticipates that all participants will be intellectually and ethically competent to understand the variables of emotional intelligence and burnout.

Correlational research can only establish a relationship between two variables (Kite & Whitley, 2018). This limits its potential because there may be unknown variables responsible for the results. In addition, the authors suggest it does not explain the cause and effect or observable statistical patterns between variables because it is non-experimental without a catalyst. This may have led to more assumptions by the researcher. Data relies on previous statistical patterns and therefore cannot be fully contingent with future research. There are limits to using cross-sectional data collection due to the measurement of participating responses at a particular point in time. For example, recent life situations can influence the responses of participants (Voelkle &

Hecht, 2020).

Self-reported surveys lack control effects (Chen et al., 2020). They have many

advantages but there are several disadvantages to using them such as survey fatigue which

contributes to lower response rates and an increased potential risk of missing data (Zimmerman,

2018). Statistical regression is vulnerable to outliers (Welc & Esquerdo, 2017). Emotional

intelligence, burnout, and perceived stress in the participants can have extreme scores due to the

variability of highly stressful job types. This could result in two dependent variables that

changed the results of the statistical analysis. In addition, statistical regression analyses only

produce linear relationships which can preclude explanatory qualitative data. All research is

subject to the Hawthorne effect. It is common for people to respond to questions or situations in

a manner that they determine to be socially acceptable (Burton, 2018). Disadvantages of using

stratified sampling include that the sample may not be representative of the currently employed

nursing population. There are biases by the researcher and population to consider (Jones &

Gratton, 2009). For example, the participants that agree to the study may share an inclination

toward research than individuals that declined to participate in the study. Differences in

behavior, education, or culture can affect population samples (Creswell & Guetterman, 2019).

Summary

This chapter discussed the methodology of the study. The a priori model theorized the

relationships between emotional intelligence, coping strategies, perceived stress, and burnout in

relation to certain demographics (Samoilenko & Osei-Bryson, 2022). The research question and

hypotheses inquired whether the independent variable of emotional intelligence holds any

significant correlation with the dependent variables of perceived stress, coping strategies,

burnout and dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal

achievement) in high-stress job types in nursing. The descriptive correlational design was non-experimental and allowed the researcher to examine variables and form opinions on the naturally occurring relationships in an unchanged environment (Creswell & Guetterman, 2019). This study examined licensed nurses from seven different high-stress job types. They consisted of emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric care, and geriatric care nurses. Stratified sampling is used for populations with multiple strata in which elements within each stratum are similar but different across the strata (Yadav et al., 2019). The participants were licensed nurses working in Los Angeles County, California. L.A. County holds over nine million residents and is the most populated county in the United States (U.S. Census Bureau, 2023). G*Power 3.1 determined the sample size (84) using input parameters of a two-tailed test, level of significance (a = .05), and power (.80). The required number of participants (84) was needed to satisfy the necessary 80% power for a medium effect (.30) (Andrade, 2020). The groups required a minimum of twelve participants for each of the seven job-type specialties.

Fliers containing the details of the study, survey link, and contact information were distributed to five distinct hospitals located within the county. The fliers included the incentive to be entered into a drawing for five distinct $50 Amazon e-gift cards to help alleviate attrition. The fliers also contained a link for the survey found on the website www.surveymonkey.com. SurveyMonkey allows the disabling of the internet protocol (IP) address tracking to protect the participants' privacy (SurveyMonkey, 2023). The single screening question required a minimum of one year of licensed nursing experience. The operationalization of variables includes the 33-item SSEIT that measures emotional abilities, personality traits, motivation, social skills, and the perception of feelings (Schutte et al., 1998). The 22-item Maslach Burnout Inventory - Human

Services Survey (MBI-HSS) measures the symptoms of burnout in healthcare professionals (Maslach & Jackson, 1982). The Perceived Stress Scale (PSS-10) is a 10-item scale that measures the participants' perception of the stressfulness of situations (Cohen et al., 1983). The 28-item Brief COPE measures factors of emotion-focused coping strategies (Greenglass et al., 1999). The demographic questions consisted of the participant's age, education, experience, and job type. Recruitment began in July of 2023 and concluded during September of 2023 when the study finally obtained mandatory sample sizes (Fritz & Vandermause, 2018). An additional round of fliers was necessary and distributed to meet those required sample sizes during September of 2023. The data was analyzed by the Statistical Package for the Social Sciences (SPSS) v20 which assigns data values for all continuous data (IBM, 2019). SPSS translates sociodemographic data into nominal data. All data underwent scrutinization to assure the confidentiality and anonymity of the participants.

Chapter four provides results of the descriptive statistics regarding the participant's job type, age, education level, and RN experience after conducting bivariate regression analyses, Pearson's correlation coefficient, and bivariate scatter plots. Pearson's correlation coefficient demonstrates whether there are positive or negative correlative values (Welc & Esquerdo, 2017). Linear regressions attempt to estimate the relationship between two quantitative variables. The simple scatter plots illustrate the relationships between the variables. Figures, tables, skewness, and kurtosis statistics on each variable's distribution are provided by SPSS.

CHAPTER 4: RESULTS

Overview

The purpose of this descriptive correlational study aimed to determine if there were significant relationships between perceived stress, coping strategies, dimensions of burnout, and emotional intelligence in seven different high-stress job types in nursing. Specifically, how emotional intelligence affects perceived stress, coping strategies, and burnout in nurses working in emergency room care (Chor et al., 2020), surgical care (Havaei & MacPhee, 2021), critical care (Kelly & Lefton, 2017), oncological care (Schuster & Dwyer., 2020), pediatric care (Toida & Morimura, 2022), psychiatric care (Tirgari et al., 2019), and geriatric care (Sarabia-Cobo et al., 2021).

Bivariate linear regression analyses and simple scatter plots were conducted on each dependent variable to illustrate the coordinate correlation for a linear function. The findings indicated a relationship between emotional intelligence and the dependent variables of perceived stress, coping strategies, and burnout dimensions. Burnout is the primary reason nurses leave the field (Haddad et al., 2022). Other researchers can use these results to address gaps in literature for developing proactive measures in education and training to combat burnout in nurses working in high-stress job types. The researcher investigated the variables of perceived stress and coping strategies to determine their relationship to emotional intelligence as a precursor to burnout.

Research Questions

RQ1: Is there a relationship between emotional intelligence and burnout among nurses in high-stress job types?

RQ2: Is there a relationship between emotional intelligence and Dimensions of burnout (i.e., emotional exhaustion, depersonalization, personal achievement)

among nurses in high-stress job types?

RQ3: Is there a relationship between emotional intelligence and perceived stress among nurses in high-stress job types?

RQ4: Is there a relationship between emotional intelligence and coping strategy approaches among nurses in high-stress job types?

The study drew upon several theoretical frameworks found in chapter two, including but not limited to the 4-Branch Ability Model of Emotional Intelligence developed by Mayer and Salovey (1997); Maslach and Jackson's (1982) model of the condition of burnout that involves emotional exhaustion, depersonalization, and personal achievement at work; and the Transactional Model of Stress and Coping developed by Lazarus and Folkman's (1984). The researcher utilized these frameworks to identify the main variables and determine the choice of statistical analyses required to assess correlative properties between the independent and dependent variables.

This chapter will outline the data collection process by describing the descriptive results and the study's findings. These include a sample population's demographic overview, assumptions, and statistical analyses. The study met its required sample size (n = 84). There were 227 responses; 98 were complete and deemed eligible. These responses yielded a response rate of 43%.

Descriptive Results

The sample population consisted of currently licensed nurses who have worked a minimum of one year in one or more of the seven high-stress job types chosen for this study. These job types include emergency room care, surgical care, critical care, oncological care, pediatric care, psychiatric care, and geriatric care. The researcher approached most of the nurses

at five different hospitals in L.A. County. Four of the hospitals were public, and the other was a privately owned facility. The researcher chose the hospitals due to the job types they employed and proximity to the following locations. The study's primary focus is registered nurses (RNs), but the researcher allowed licensed vocational nurses (LVN) and advanced practice nurses (APNs; NPs) to participate in the survey.

The survey obtained 98 usable participant surveys, which met the required sample size of 84. In addition, each of the seven job-type groups required at least 12 participants. The categorization of job types is as follows: 17 (17.35%) participants in emergency room care, 14 (14.29%) participants in critical care, 14 (14.29%) participants in pediatric care, 12 (12.24%) participants in geriatrics care, 13 (13.27%) participants in psychiatric care, 13 (13.27%) participants in surgical care, and 15 (15.31%) participants in oncological care. The discrepancy between a participant's eagerness to respond may be due to their job type.

Table 1

Job Type of Nurses Working in High-Stress Positions

Job Type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Emergency Room	17	17.3	17.3	17.3
	Pediatric Care	14	14.3	14.3	31.6
	Geriatric Care	12	12.2	12.2	43.9
	Psychiatric Care	13	13.3	13.3	57.1
	Surgical Care	13	13.3	13.3	70.4
	Critical Care	14	14.3	14.3	84.7
	Oncological Care	15	15.3	15.3	100.0
	Total	98	100.0	100.0	

The largest age group of the participants was the 41–50-year-old age bracket, with 45 participants. According to the U.S. Bureau of Labor Statistics (2022), the average age for nurses

working in these seven job types in the U.S. is 44 years old. The participants' ages were as follows: 12 (12.24%) participants were 22-29 years old; 27 (27.55%) participants were 30-40 years old; 45 (45.92%) participants were 41–50-year-olds, 12 (12.24%) participants were 51–64-year-olds, and 2 (2.04%) participants were 65 or older.

Table 2

Age Ranges of Participants

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	22-29	11	11.2	11.2	11.2
	30-40	27	27.6	27.6	38.8
	41-50	44	44.9	44.9	83.7
	51-64	12	12.2	12.2	95.9
	65+	4	4.1	4.1	100.0
	Total	98	100.0	100.0	

Almost one-third (32.67) of the 98 participants had no R.N. working experience. The participant's R.N. experience was as follows: 29 (29.59%) participants had no R.N. experience, 8 (8.16%) participants had 1-2 years of R.N. experience, 16 (16.33%) participants had 2-7 years of R.N. experience, 25 (25.51%) participants had 8-15 years of R.N. experience, and 20 (20.41%) of participants had 15 years or more R.N. experience.

Table 3

Experience as a Registered Nurse (RN)

RN Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	28	28.6	28.6	28.6
	1-2 years	8	8.2	8.2	36.7
	2-7 years	16	16.3	16.3	53.1
	8-15 years	24	24.5	24.5	77.6
	15+ years	22	22.4	22.4	100.0
	Total	98	100.0	100.0	

Over half of the nursing participants, 54 (55.1%) were registered nurses. The educational levels were as follows: 35 (35.71%) participants had less than four years of college or were Licensed Vocational Nurses (LVN), 54 (55.1%) participants were registered nurses who had received a bachelor's in nursing science (BSN), and 9 (9.2%) had more than four years of college. They may have been Advanced Practice Nurses (APNs).

Table 4

Participants' Educational Categorical Level

Education Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less	34	34.7	34.7	34.7
	BSN	54	55.1	55.1	89.8
	More	9	9.2	9.2	99.0
	4.00	1	1.0	1.0	100.0
	Total	98	100.0	100.0	

The job type of pediatric care had 15 participants with the highest mean emotional intelligence score at (145.0). This mean score preceded the job types of critical care (141.0), oncological care (138.5), psychiatric care (136.6), geriatric care (134.1), surgical care (132.2), and emergency room nurses (129.7) scored the lowest mean in emotional intelligence levels.

Study Findings

The researcher extracted data from 98 out of 227 surveys through the SurveyMonkey website platform and input it into IBM SPSS v20 software. The remaining 129 response surveys were discarded due to more than 10% of the survey being incomplete. Reverse coding was used for the burnout dimension of depersonalization per instrument instructions. Outliers were not determined using Mahala Nobis distance. The researcher utilized bivariate regression analyses, Pearson's correlations coefficient, and bivariate scatter plots to illustrate the results of each research question. Research questions one and two ask about potential correlations between emotional intelligence and overall burnout and its dimensions. H^1, H^3, and H^4 were performed using regression analyses and Pearson's coefficient on each of the three dimensions of burnout (H^2). The findings for research question one is below.
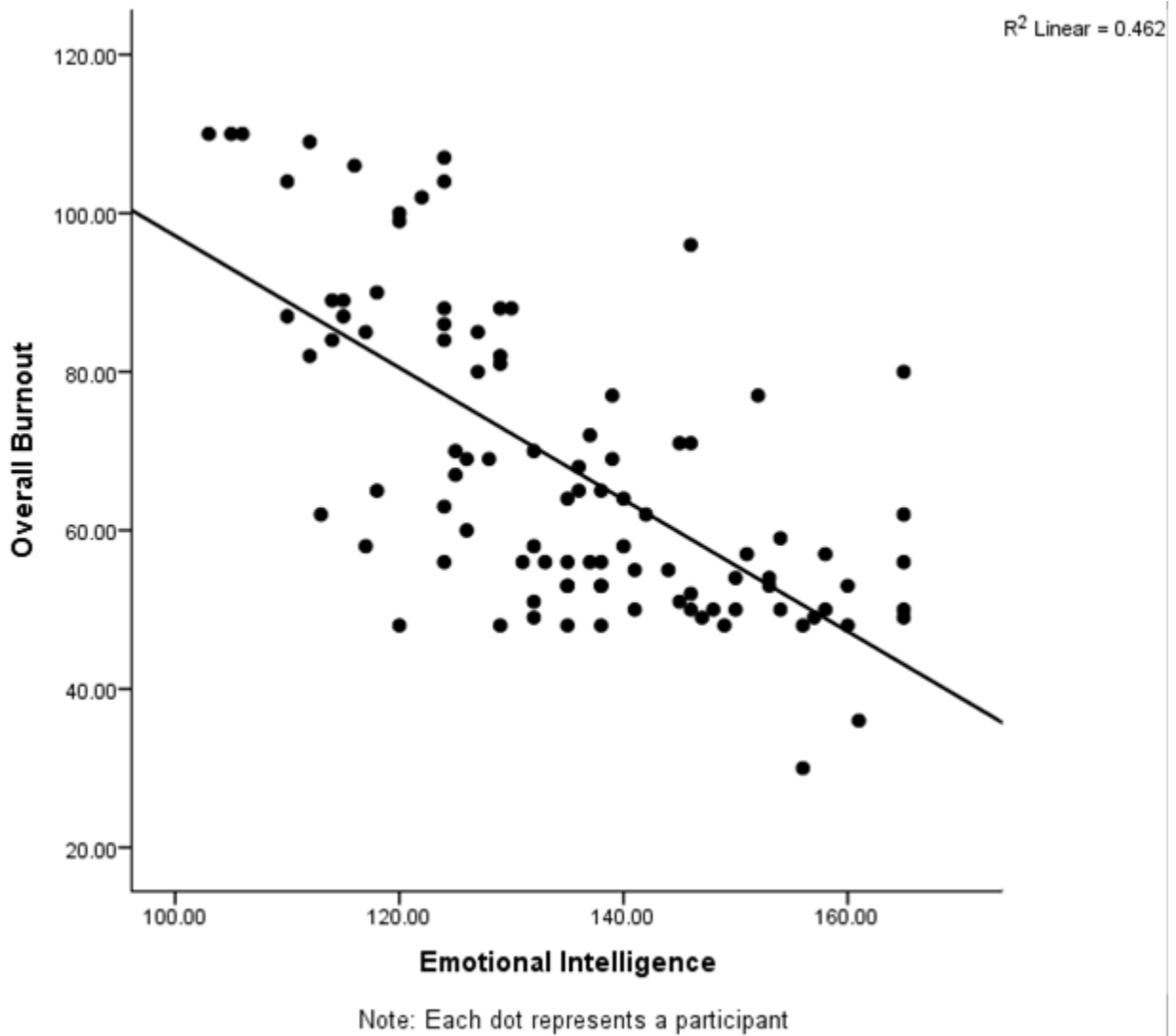
Emotional Intelligence and Overall Burnout

According to Maslach and Jackson (1982), burnout is defined by the three dimensions of emotional exhaustion, depersonalization, and personal achievement. A regression analysis was performed to determine whether higher emotional intelligence levels could lower overall burnout levels in nurses working high stress job-types. Figure 4 illustrates the data. The results indicated a significant negative relationship between the variables, $r (96) = -.68$, $p < .001$. The equation for the regression line is $Y = -.83 + 180.36$, or overall burnout levels $= -.83$ (emotional intelligence levels) $+ 180.36$. The standard error of the estimate provided for the regression line is 14.2, indicating that the data points lie relatively close to the regression line. The confidence interval of the slope ranged from -1.01 to -.65, an interval which does not contain the value of 0. $R2 = .46$, indicated that 46% of the variance in overall burnout levels was explained by emotional intelligence levels. The results of ANOVA were significant, $F (1, 96) = 82.33$, $p < .001$. The 95%

confidence intervals for the slope does not contain the value of zero indicates that the null

hypothesis was rejected at the .05 level and conclude that emotional intelligence levels did

significantly predict overall burnout levels in nurses working high stress job-types.

Figure 4

Emotional Intelligence and Overall Burnout Scatter Plot

Note: Each dot represents a participant

Emotional Intelligence and Emotional Exhaustion

A Pearson correlation coefficient was performed to determine the relationship between

emotional intelligence levels and emotional exhaustion levels in nurses working high stress job-

types. Figure 5 illustrates the data. The results indicated a significant negative relationship

between the variables, r (96) = -.68, p <.001. As emotional intelligence levels increased,

emotional exhaustion levels decreased. The value of 0. $R2$ = .40, indicated that 40% of the

variance in emotional exhaustion levels was explained by emotional intelligence levels. The null

hypothesis that there was no relationship between these variables was rejected.

Figure 5

Emotional Intelligence and Emotional Exhaustion Scatter Plot

Note: Each dot represents a participant

Emotional Intelligence and Depersonalization

A Pearson correlation coefficient was performed to determine the relationship between

emotional intelligence levels and depersonalization levels in nurses working high stress job-

types. Figure 6 illustrates the data. The results indicated no significant relationship between the

variables, $r(96) = .058$, $p = .517$. The null hypothesis that there was no relationship between

these variables was failed to be rejected.

Figure 6

Emotional Intelligence and Depersonalization Scatter Plot

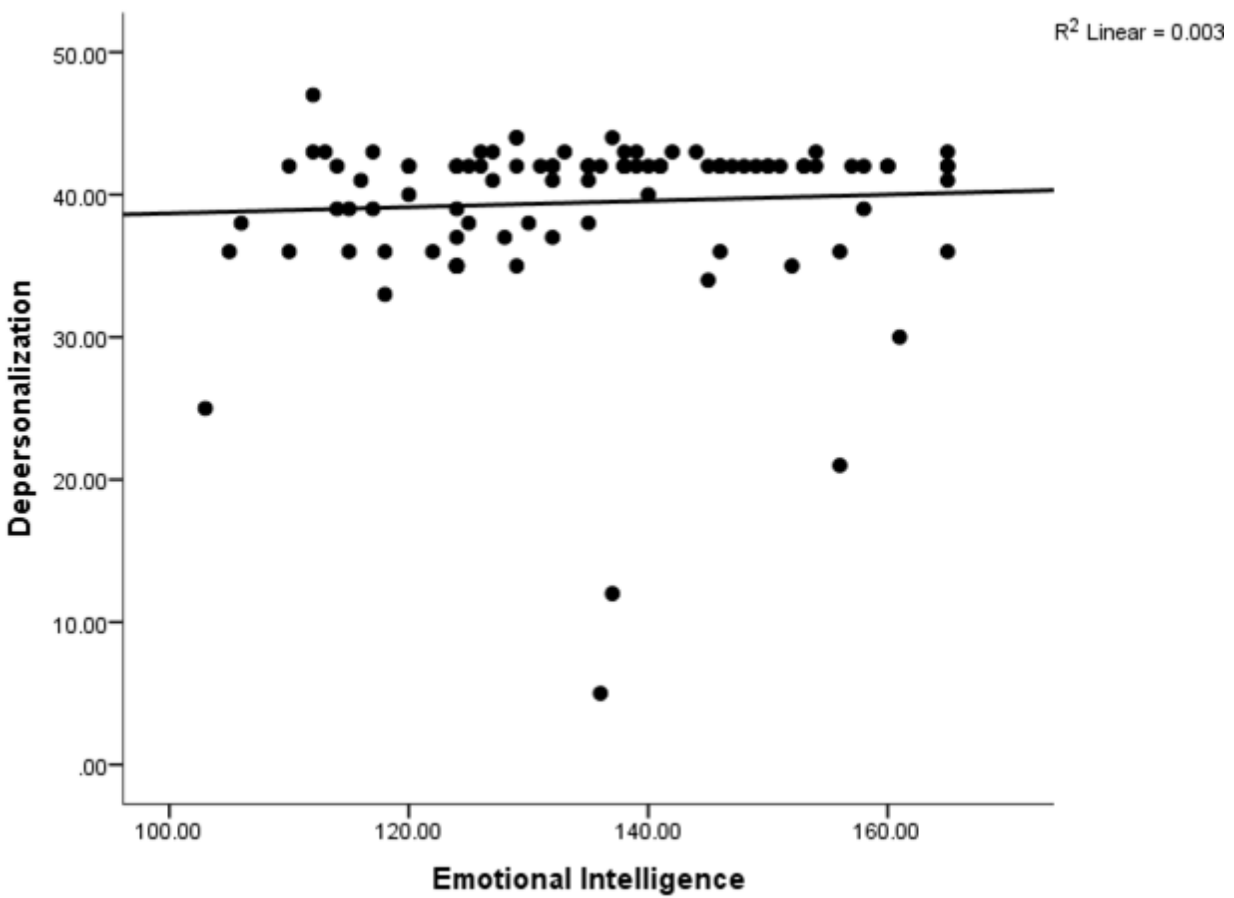Note: Each dot represents a participant

Emotional Intelligence and Personal Achievement

A Pearson correlation coefficient was performed to determine the relationship between

emotional intelligence levels and personal achievement levels in nurses working high stress job-

types. Figure 7 illustrates the data. The results indicated a significant negative relationship

between the variables, r (96) = -.59, p <.001. As emotional intelligence levels increased, personal

achievement levels decreased. The value of 0. R2 = .35, indicated that 35% of the variance in

personal achievement levels was explained by emotional intelligence levels. The null hypothesis

that there was no relationship between these variables was rejected.

Figure 7

Emotional Intelligence and Personal Achievement Scatter Plot

Note: Each dot represents a participant

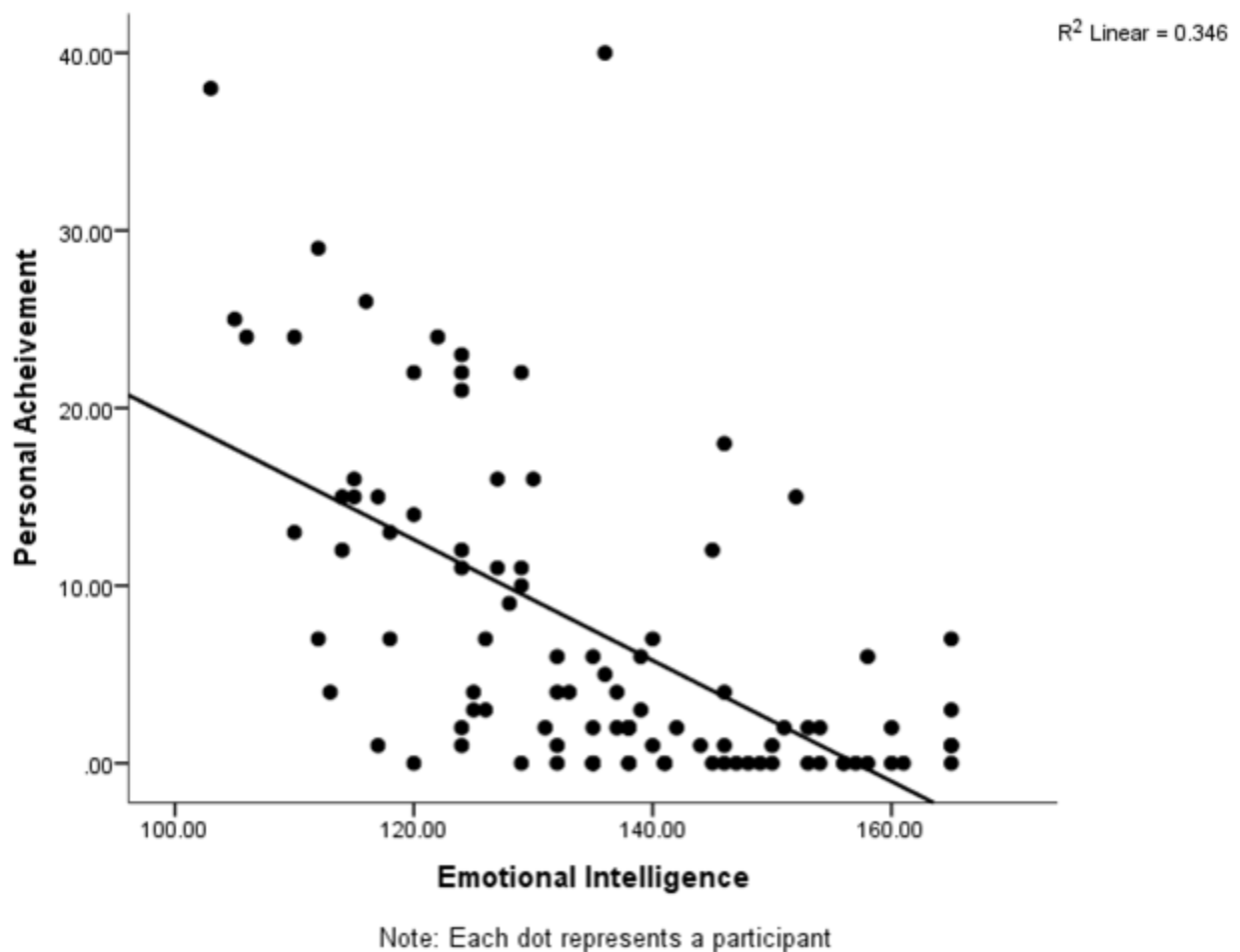**Emotional Intelligence and Perceived Stress**

A regression analysis was performed to determine whether higher emotional intelligence

levels could lower perceived stress levels in nurses working high stress job-types. Figure 8

illustrates the data. The results indicated a significant negative relationship between the

variables, r (96) = -.31, p =.002. The equation for the regression line is Y = -.07 + 29.28, or

perceived stress levels = -.07 (emotional intelligence levels) + 29.28. The standard error of the

estimate provided for the regression line is 3.3, indicating that the data points lie relatively close

to the regression line. The confidence interval of the slope ranged from -.11 to -.03, an interval

which does not contain the value of 0. R2 = .01, indicating that 10% of the variance in perceived

stress levels was explained by emotional intelligence levels. The results of ANOVA were

significant, F (1, 96) = 10.24, p =.002. The 95% confidence intervals for the slope does not

contain the value of zero indicates that the null hypothesis was rejected at the .05 level and

conclude that emotional intelligence levels did significantly predict perceived stress levels in

nurses working high stress job-types.

Figure 8

Emotional Intelligence and Perceived Stress Scatter Plot

R² Linear = 0.096

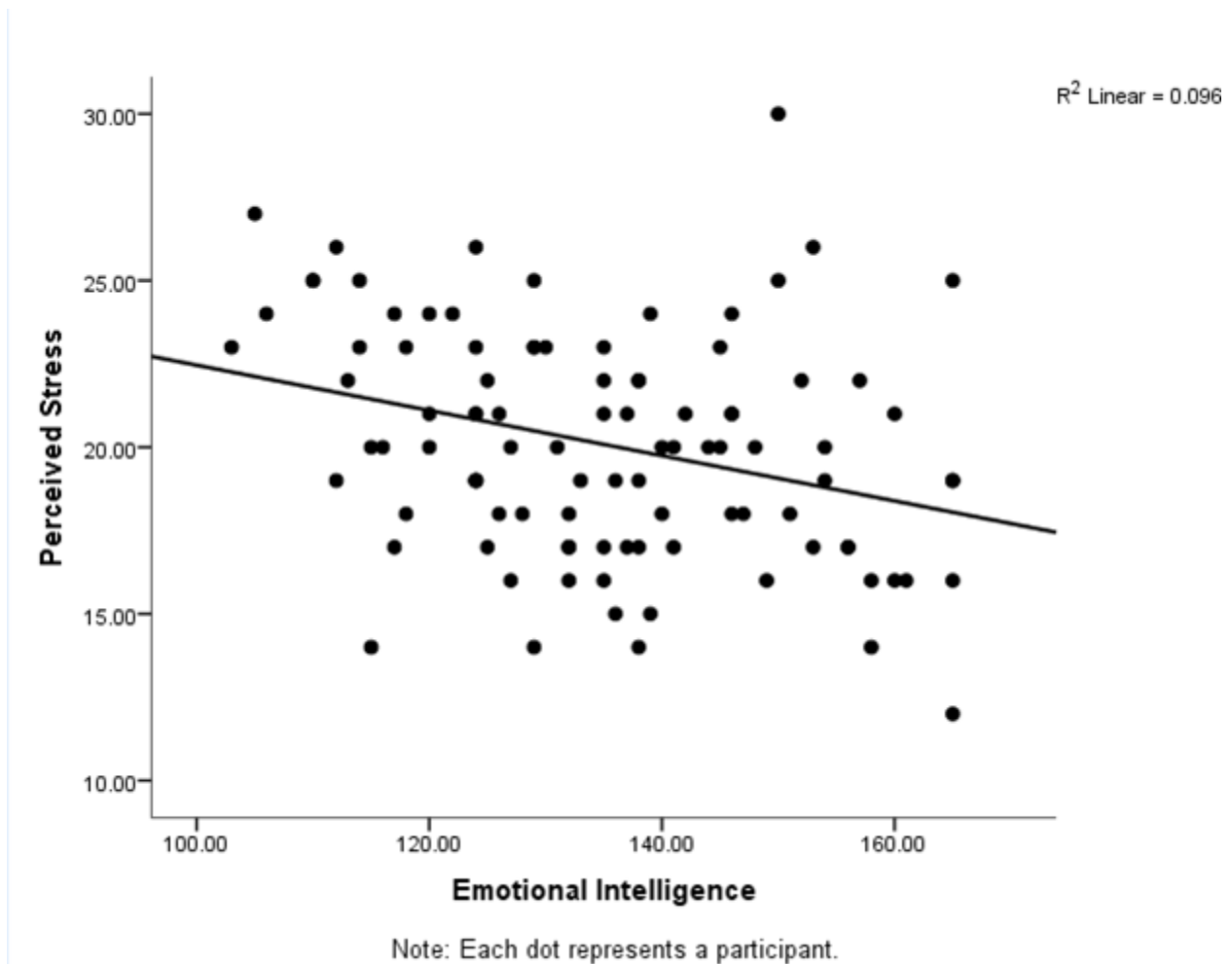Note: Each dot represents a participant.

Emotional Intelligence and Coping Strategies Approaches

A regression analysis was performed to determine whether higher emotional intelligence levels could predict coping strategy choices in nurses working high stress job-types. Figure 9 illustrates the data. The results indicated no significant relationship between the variables, $r(96)$ = -.016, p =.106. The equation for the regression line is Y = -.09 + 42.49, or coping strategy choices = -.09 (emotional intelligence levels) + 42.49. The standard error of the estimate provided for the regression line is 8.14, indicating that the data points do not lie close to the regression line. The 95% confidence intervals for the slope does contain the value of zero indicates that the null hypothesis was failed to be rejected at the .05 level and conclude that emotional intelligence levels did not significantly predict coping strategy choices in nurses

working high stress job-types.

Figure 9

Emotional Intelligence and Coping Strategies Averages Scatter Plot

Note: Each dot represents a participant

Summary

This study sought to examine the relationships between the independent variable of emotional

intelligence and the variables of overall and dimensions of burnout, perceived stress, and coping

strategy approaches. In addition, as to whether emotional intelligence could predict these

relationships. The hypotheses suggested there was no relationship between emotional

intelligence and the dependent variables for nurses in high-stress job types. Two of the three

bivariate regression analyses were negatively significant with emotional intelligence, overall burnout r (96) = -.68, p <.001 and perceived stress r (96) = -.31, p =.002. H^1 and H^3 were rejected. There was no relationship with H^4 coping strategy approaches r (96) = -.016, p =.106 and failed to be rejected. Two of the three Pearson's correlation coefficient for H2 also demonstrated negative significance with emotional intelligence, the burnout dimensions of emotional exhaustion r (96) = -.63, p <.001 and personal achievement r (96) = -.59, p <.001 and the H^2 was rejected. There was no relationship with the dimension of depersonalization r (96) = .058, p =.571.

This chapter presents the results of this study. It began with reintroducing the research questions and reaffirming the frameworks used to interpret the findings. These included the 4-Branch Ability Model of Emotional Intelligence developed by Mayer and Salovey (1997) and the Transactional Model of Stress and Coping developed by Lazarus and Folkman (1984). The descriptive results included information on the demographics of the population, accompanied by tables and figures of the raw data produced by SPSS. Chapter 5 discusses the study findings and will further interpret these results by addressing limitations, implications, recommendations, and future research. These results will be incorporated into existing literature by nursing scholars to induce practical and positive social change in the advancement of emotional intelligence within the nursing field.

CHAPTER 5: DISCUSSION

Overview

The purpose of this quantitative, descriptive, correlational, non-experimental study design aimed to explore the relationship between emotional intelligence, perceived stress, coping strategies, and dimensions of burnout in licensed nurses working in high-stress job types within Los Angeles County, California. Past research has demonstrated that emotional intelligence can significantly influence stress, perceived stress, and dimensions of burnout. This study asked whether emotional intelligence had a relationship or influence on perceived stress, coping strategies, and dimensions of burnout in nurses working with high-stress job types. Raising emotional intelligence levels may predict and alleviate symptoms of burnout in nurses. There is a gap in literature and research regarding the influence emotional intelligence can have on perceived stress, coping strategies, and dimensions of burnout in nurses working in high-stress job types.

The goal was to record, identify, and determine specific behaviors or characteristics of emotional intelligence, such as self-awareness, self-regulation, and resiliency exhibited by nurses working in high-stress job types that effectively cope with work stress and job stressors. These results may reveal new techniques and thought processes to maintain adequate nursing staff, encourage recruitment numbers, and promote effective nursing quality care (Shin et al., 2018). Nurses must have positive coping strategies to endure and thrive in their work environment despite encountering elevated levels of stress, anxiety, grief, and pain (Alharbi et al., 2020). Having the necessary emotional coping skills assures nurses to use superior decision-making during stressful, uncontrollable events with better outcomes and less likely to leave a highly stressful job position (Iwanowicz-Palus et al., 2022; Shirey et al., 2013).

In this chapter, there will be a discussion on the interpretation of these findings. In addition, the details of the limitations, implications, and biblical interpretations of these findings are essential for future research and benefits to the field of nursing.

Summary of Findings

The hypotheses of this study proposed that: (H1) there was no relationship between emotional intelligence and burnout for nurses working in high-stress job types, (H2) there was no relationship between emotional intelligence and the dimensions of burnout: emotional exhaustion, depersonalization, personal achievement for nurses in high-stress job types, (H3) there was no relationship between emotional intelligence and perceived stress for nurses in high-stress job types, and (H4) there was no relationship between emotional intelligence and coping strategy approaches for nurses in high-stress job types. The four hypotheses were analyzed with the results of 98 completed surveys from nurses in seven different high-stress job types. (H1) was rejected, attributed to a significant negative correlation between emotional intelligence and overall burnout, that was indicated by participants with higher levels of emotional intelligence demonstrated lower levels of overall burnout. (H2) was also rejected, attributed to a significant negative correlation between emotional intelligence and two of three dimensions of burnout using Pearson's correlation. This was indicated by participants with higher levels of emotional intelligence demonstrated lower levels of emotional exhaustion and personal achievement. There was no significance for the dimension of depersonalization. (H3) was also rejected, attributed to a significant negative correlation between emotional intelligence and perceived stress, that was indicated by participants with higher levels of emotional intelligence demonstrated lower levels of perceived stress. Lastly, (H4) was failed to be rejected due to no significant relationship between emotional intelligence and coping strategy choices.

Discussion of Findings

The phenomena of emotional intelligence have been studied generously in research but not as exhaustively in relation to nurses. For example, the search engine for the Jerry Falwell Library yields over three hundred thousand journal articles on the topic of emotional intelligence as of 2024. By comparison, there are around thirty thousand journal articles (i.e., approximately 10%) about emotional intelligence when combined with the term "nurse." The lack of research is unfortunate because nurses who develop and enhance their emotional intelligence become better healthcare professionals. They are able to improve skills for effective communication (Soto-Rubio et al., 2021), patient-centered care (Gou et al., 2021), empathy (Soto-Rubio et al., 2021), team collaboration (Al-Hamdan et al., 2021), and stress management (Cheng et al., 2020). Research has shown emotional intelligence to be beneficial to other related phenomena such as symptoms of burnout (Cadman & Brewer, 2001), stress (Cho & Han, 2018), intent to leave (Fasbender et al., 2019), work-family conflict (Garavan, 2022), superior patient care (Celik, 2017) and interpersonal relationships (Christianson, 2020) in nurses working high-stress jobs, considering that cognitive intelligence is a mental ability involving understanding developed through thinking, experiences, and senses that includes attention, learning, memory, judgment and reasoning. Would it not behoove the nursing community to develop their emotional intelligence skill set?

Symptoms of burnout are detrimental to the nursing field. Current and future nurses will likely experience it at some point during their careers (Beier et al., 2023; Dall'Ora et al., 2020; Gong et al., 2019). There is a consequential lack of literature available on the potential improvement and conservation of the precious resources of nurses. This study replicated findings similar to previous studies with inverse associations between these variables. It added to previous

literature that emotional intelligence can alleviate symptoms of burnout (Ling et al., 2020), stress or perceived stress (Mao et al., 2021), and improve interpersonal relationships (Manna, 2019) at work or home for the specific population of nurses working in high-stress job types.

Emotional Intelligence and Overall Burnout

Previous research studies have found a significant relationship between emotional intelligence and burnout in nurses (Abdollahi et al., 2021; Dall'Ora et al., 2020; Divinakumar et al., 2014; Jennings, 2008). This study concurred using a bivariate regression analysis in indicating a significant negative correlation between emotional intelligence and overall burnout in nurses working in high-stress job types. Overall burnout consists of the dimensions: emotional exhaustion, depersonalization, personal achievement. Chapter two established the benefits of robust emotional intelligence skills such as increased job performance and satisfaction, superior patient care-quality, organizational compatibility, lowering stress, depression, and symptoms of burnout. The results were not surprising considering past evidence between the variables correlation. However, the researcher expected a stronger correlation with a higher p-value.

The job types of emergency room care, critical care, pediatric care, oncological care, surgical care, psychiatric care, and geriatric care are highly stressful for a reason. Most of these positions utilize a perioperative environment for their patients. It behooves perioperative leaders to educate staff members in the role of emotional intelligence. Labrague et al. (2018) found that the leader's style has a tremendous effect on nurses' well-being and their working environment. Beydler (2017) suggested that nurse leaders with high emotional intelligence can impact staff performance and quality patient care. These individuals establish positive relationships by using passion and enthusiasm to motivate other nurses into providing high-quality patient care. This is crucial because nurses working these job types are trying to alleviate pain and prevent patients

from dying. It takes a special type of personality that understands they will experience friendship, loss, and pain working with high-need patients (Shabat & Itzhaki, 2024). For example, research found a correlation between emotional intelligence and agreeableness, collaboration with others (van Witteloostuijn et al., 2017), conscientiousness and conforming to policy (Cooper, 2020).

Resiliency was also found to have a significant negative relationship with burnout in nurses (Ling et al., 2020). Nurses must be resilient due to the chaotic nature of the field, particularly when seconds can mean life or death for a patient. Strong emotional intelligence abilities allow the user to evaluate and redirect certain emotions to solve immediate problems manifesting as symptoms of burnout. Spiritual health helped promote resiliency (Ozawa et al., 2017) and was found to be effective against depression (Batalla et al., 2019). The participants may have held healthy spiritual lives. In closing, job burnout acts as a flammable agent in stoking feelings of apathy for others. These feelings feed an intention in nurses to leave their profession. That is significant to patient-centered care, cohesive organizational environments, and the nursing profession. Implementing emotional intelligence throughout the fabric of nursing empowers the profession to resist the detrimental loss of nurses that manifest from burnout.

Emotional Intelligence and Dimensions of Burnout

The literature review in Chapter 2 discussed how past research had explained the relationship between emotional intelligence and burnout or emotional exhaustion, to be specific. For example, the JD-R model contends that high demands can produce job burnout, low commitment, and high turnover (Xian et al., 2020). According to Demerouti et al. (2001), the model balances job resources and employee perception of high job demands to buffer negative outcomes. For instance, nurse safety. Organizational support and provider safety are job

resources that act as motivation tools that stimulate work engagement and organizational

commitment (Ten Hoeve et al., 2020). These outcomes are crucial to provider safety. Cheng et

al. (2020) found a relationship between nurses' mental health and safety. Nurses need

management support regarding their safety. Research suggests that insufficient organizational

support is significantly related to burnout among nurses (Cheng et al., 2020).

Emotional Exhaustion Dimension

The 1st symptom of burnout of emotional exhaustion had a significant inverse correlation

with emotional intelligence. The scatter plot demonstrated that emotional exhaustion levels

dropped as emotional intelligence levels rose (Figure 5). The drop may be the product of positive

psychology and identifying elements of flourishing in life to improve overall satisfaction with it

(Peterson & Seligman, 2004). These elements can be being fully engaged in activities or goals

that one pursues, committing good acts that give one a sense of purpose, and being mindful of

the moment without trappings of judgment. Participating in these elements cultivates deep

meaning and satisfaction in individuals who seek a career in caring for the sick. Research

suggests that having a sense of purpose in life can benefit one's well-being or make them happier

(Hanson & Vanderweele, 2019).

The power of having purpose and meaning in life cannot be understated. To reiterate

back to the roots of positive psychology, having a sense of purpose gives meaning to one's life.

When we have meaning in life, new avenues of thought can be explored, such as existentialism.

Why are we here? What can we do to make this life and this world a better place? Having

specific values provides us with a positive direction in life and greater self-awareness. The Book

of Romans holds truth and wisdom on the benefits of positive thinking and empathy. Possessing

these strengths can promote a stronger relationship with others and Jesus Christ. One can

significantly minimize emotional exhaustion or burnout if they have purpose, meaning, and Christ in one's life. Emotional intelligence can act as the spark or foundation of one's relationship with a Christian Worldview.

Depersonalization Dimension

The 2nd symptom of burnout is depersonalization, according to Maslach and Jackson (1982). Depersonalization can cause employees to exhibit feelings of low empathy for others at work (Maslach et al., 2001). Emotional intelligence had no effect on depersonalization and the scatter plot indicated no relationship between the variables (Figure 6). The lack of effect was surprising, considering Yusoff et al. (2021) found that emotional intelligence scores in medical students demonstrated an inverse correlation with emotional exhaustion and depersonalization and was a strong predictor of both. The results may be the product of a social desirability bias from the participants. Nurses do not want others to believe they lack empathy (Lee & Jang, 2020). Emotional regulation is the process where an individual regulates their emotional status to respond appropriately that is conducive to their current environment (Singh & Hassard, 2021). Nursing roles that are highly stressful require a strong commitment to emotional regulation (R Singh & Hassard, 2021; Richardson, 2017) while demonstrating authentic compassionate care (McSherry et al., 2021). The job types under examination are all high-stress roles.

Năstasă and Fărcaş (2015) found that females are less likely to experience the dimension of depersonalization over males. This may explain the lack of a significant relationship between emotional intelligence and depersonalization in the results, considering that approximately 90% of the nursing workforce are female (US Bureau Labor of Statistics, 2022) and sex was not included as a demographic question. Female nurses may have a more arduous time balancing family and work that leads to emotional exhaustion without depersonalization. Work-family

conflict (WFC) is an imbalance between work and family roles, where the job role consumes more time from the family role (Abdou et al., 2024). Nurses may become emotionally exhausted, but it would be difficult to experience depersonalization when raising a family. Particularly, a family with young children. Abdou et al. (2024) found that work-family conflict can cause mental health problems such as emotional exhaustion.

Nursing interaction theories emphasize that nursing is the establishment and maintenance of relationships (Chao et al., 2023). These interactions are byproducts of the impact that nurses have on patients, peers, work environment, and situations. Nurses recognize that communication is key to the productivity of an environment that cares for ailing and dying patients. Therefore, nurses may experience some dimensions of burnout such as emotional exhaustion quicker but may hold out as long as possible to stave off depersonalization in an effort to save patient's lives. In addition, nurses may use emotional labor by employing surface acting and deep acting for the benefit of their patients and the organization (Theodosius et al., 2021). Yet, many nurses utilize both strategies. Nurses who understand their emotions better regulate them and empathize with others (Chen et al., 2019). One study found a significantly positive relationship between nurses' emotional regulation and patients' satisfaction levels with the care they received from their nurses (Celik, 2017). According to Al-Hamdan, et al. (2021), the socio-analytic theory may explain the lack of a significant correlation between emotional intelligence and depersonalization. The authors suggest that people are unconsciously motivated to have a good relationship with each other for reasons of friendship, power, status, and meaning in life. Certain survival skills are copacetic in the modern workplace, such as the interaction between work-related tasks (Britt, 2021). Depersonalization would inhibit a nurse's ability to accomplish tasks requiring other nurses' assistance. Employees' personalities manifest in their propensity to

engage in behaviors that favor cooperation (Al-Hamdan, et al., 2021).

Again, the JD-R Model is an excellent tool that can help us understand the symptoms of burnout. One may believe that the effort-reward balance model may be more appropriate for discussing employee personal achievement. Still, I believe the relationship between emotional intelligence and personal achievement has more to do with personal happiness or spiritual intelligence than financial or promotional success. Nurses have a higher sense of job satisfaction when they can make a difference in their patient's lives. Rego et al. (2008) found that spiritual intelligence cultivates a work environment consisting of respect, benevolence, honesty, and trust between coworkers that fosters shared beliefs on organizational mission and self-realization. These beliefs lead to a working climate with higher levels of compassion satisfaction and lower levels of burnout and traumatic stress in nurses. One may consider their work environment as a job resource that enables them to perform for their patients optimally. Katana et al. (2019) found that superior patient safety and care were the product of positive well-being in nurses and positive work environments. Job resources are the details that enable an employee to meet work goals and stimulate individual development (Demerouti et al., 2001). Proper job resources, whether they be medical supplies, organizational support, adequate staffing numbers, or a safe environment, have a significant impact on how well nurses can provide patient-centered care for their patients. In the end, that is ultimately their goal.

Personal Achievement Dimension

Personal achievement is the last symptom of burnout. It also demonstrated a significant negative correlation with emotional intelligence. Personal achievement increased as emotional intelligence levels rose (Figure 7). This rise in emotional intelligence follows the control-value theory by Pekrun (2006), which suggests that appraising achievement outcomes acts as an

antecedent of the emotions one experiences in the act of achievement. Emotionally intelligent nurses are the product of appraisals of their control and value in nursing situations. For example, they exhibit control, recognize value in certain situations, and experience positive emotions such as enjoyment, hope, or pride (Lee & Jang, 2020).

Contrarily, the dimensions of burnout can be mistaken for signs of depression because both conditions share similar physical symptoms. Both conditions are significant but different. The World Health Organization (2021) suggests the former is the result of elements from a profession, while the latter is categorized as a medical illness. For example, burnout can lead to depression, but depression will not emerge from burnout. Burnout has a known root cause. Depression can arise from anything. Interestingly, burnout, depression, and emotional intelligence each have their proponents and opposition. There are some that believe that these are pseudo-conditions that are marketed to the public to make money, while others consider them a serious medical condition (Chen & Meier, 2022; Dyrbye et al., 2006). Bianchi et al. (2020) found that the burnout-depression distinction is artificial as they were discrete conditions. But I digress, burnout or depressed employees are less likely to care about personal achievements at work. However, burnout is the focus for this study. It is the researcher's opinion that the dimension of personal achievement is the dimension of burnout that signifies whether an employee has burnout. There can be many reasons why a nurse is not concerned with personal achievement, but they usually are consistent with symptoms of burnout. Zhang et al. (2023) suggest that management should get involved if this is the case. It typically is the result of emotional exhaustion but the lack of concern for personal achievement can manifest from a patient's death or a nurse who does not feel challenged anymore from their job type. In addition, the same study found that depersonalization does not always accompany burnout as employees will skip over

depersonalization and lose interest in personal achievement.

Emotional Intelligence and Perceived Stress

Lazarus and Folkman (1984) developed the Transactional Model of Stress and Coping to differentiate between stressors and stress. Experiencing stress is a two-way process that begins with environmental stimuli and ends with how effectively the individual can cope with these stressors that trigger negative responses. Perceived stress is not physical stress that involves some type of trauma to one's body. The rumination of negative stimuli from your environment eventually becomes a physical ailment. Whittaker (2015) describes perceived stress as a sense of unpredictability or uncontrollability in one's life. Therefore, the job demands-resources (JD-R) model may again be the most appropriate for discussing the relationship between these variables.

Schönfeld et al. (2016) found that the perception of stressors can cause significant psychological reactions. Wang et al. (2020) found that the perception of a situation is more important than the measurement of actual stressors, as perceived stress can lead to psychological distress, which can lead to mental health issues such as depression and anxiety. Nurses experience perceived stress through various workplace issues, such as work overload, inadequate resources, poor leadership, workplace violence, and job-induced physical pain (Fan et al., 2022). The JD-R model is ideal for stress management in nursing, which has high-demand work environments (Cheng et al., 2020). Galdikiene et al. (2019) found that perceived stress levels in nurses decreased after investigating and managing issues within the organizational culture and climate experienced by nursing staff. Mao et al. (2021) discovered that nurses perceived stress levels were lower after two training sessions on emotional intelligence. If management does not address the lack of job resources, a nurse needs emotional intelligence skills to cope with a work environment that may never improve.

Emotional intelligence had a significant inverse correlation with perceived stress in nurses working with high-stress job types. The scatter plot demonstrated that nurses with higher levels of emotional intelligence exhibited lower levels of perceived stress (Figure 8). This suggests one better understands feelings of stress by having higher levels of emotional intelligence. They may use a coping strategy to combat such feelings of perceived stress. Another possibility is the proposal of mindfulness as a job resource, according to Grover et al. (2018). An employee self-aware of the present moment can anticipate the psychological effort it takes to overcome a lack of job resources. The JD-R model balances inadequate job resources and employee perception of high job demands to buffer adverse outcomes, according to Demerouti et al. (2001). It may be the ideal model for stress management in the field of nursing, which has high-demand work environments (Lesener et al., 2020; Cheng et al., 2020).

Emotional Intelligence and Coping Strategy Approaches

The type of coping strategy a nurse employs may be the difference as to whether they fall victim to symptoms of burnout and perceived stress. Wang et al. (2020) found that coping styles had a significant influence on how physicians perceived stress. For example, an approach-oriented coping strategy focuses on the problem and reflects on cognitive and behavioral responses to learn from and resolve life stressors (Lee & Jang, 2019). To digress, Wang et al. (2020) found that coping styles had a significant influence on how providers perceived stress. Implementing coping and preventive strategies is crucial to saving valuable time, resources, finances, and nurses. Fatima et al. (2018) found that nurses can develop coping strategies through emotional intelligence and lower perceived stress. Emotional intelligence helps nurses identify, comprehend, and cope with work stressors using coping strategies that reduce the symptoms of burnout (Hemenover & Harbke, 2017), which is why I was surprised by this

finding. Individuals with high emotional intelligence levels would use positive coping strategies.

Emotional intelligence had no influence on whether nurses chose a positive coping strategy (approach-oriented) or a negative coping strategy (avoidance-oriented). The lack of direction may be because a negative coping strategy may work for certain nursing types (Renard & Snelgar, 2015). Nurses should have some way to cope with the associated job demands of nursing, particularly if they lack proper resources. Personality would have to be a factor in the coping strategy each participant would be inclined to use. The Big Five model of personality by McCrae and Costa (1997) categorizes openness, conscientiousness, extraversion, agreeableness, and neuroticism as the primary traits that make up one's personality. Cuartero and Tur (2021) found that individuals with elevated levels of neuroticism were more unhappy and exhibited lower levels of emotional intelligence. It would stand to reason that individuals with neurotic personalities are more likely to attract negative coping strategies that may work for them but are not healthy behaviors. Over 80% of the participants were 40 years of age or younger. The ages would indicate that they are a part of the millennial generation. Younger nurses tend to be work-family balance-orientated (Diehl et al., 2021). As a result, they are less likely to endure the work stressors that their predecessors did (Huang et al., 2020).

In closing, this study has demonstrated that emotional intelligence does reduce symptoms of burnout and perceived stress in nurses working high-stress-type jobs. These findings are essential for nurses who work high-stress jobs and must endure a multitude of issues from organizations and patients (Rhéaume & Mullen, 2018). The theoretical framework used for this study is the 4-branch model of Mayer and Salovey (1997), which proposes the theory that having emotional intelligence involves perceiving emotions in yourself and others, facilitating thought by using one's emotions to generate thought and support other cognitive processes,

understanding emotions that include body signals and managing emotions in oneself and others.

Nurses face a work environment where they constantly revise their duties (McVicar, 2016). Constant revisions to job duties produce stress and uncertainty that can cause dimensions of burnout (Maslach & Jackson, 1982). Research suggests that nurses have higher rates of burnout in comparison with the general population (Zhang et al., 2018). The theoretical framework on dimensions of burnout by Maslach and Jackson (1982) begins with signs of emotional exhaustion that depletes an employee's emotional reserves and frequently used coping strategies no longer work (Jeung et al., 2018). Depleted emotional reserves cause individuals to care less about others or view them in a cynical manner. The second dimension of burnout is known as depersonalization. The final dimension of burnout is a reduced sense of accomplishment from feelings of inadequacy. These individuals may feel that they cannot meet the demands of their job. This inadequacy lowers confidence and motivation in their ability to perform their job duties (Maslach & Jackson, 1982). Emotional intelligence is a tool to address deficiencies caused by feelings of burnout using these frameworks.

Mayer and Salovey (1997) suggest nurses are a job type more likely to experience the symptoms of burnout. Nurses deal with patient issues of birth, pain, suffering, empathy, anger, and death consistently (Jang et al., 2019). They engage in a level of intimacy with other people that sets them apart from different careers. Fasbinder et al. (2020) report that nurses provide care to individuals suffering from mild to severe physical, psychological, and psychosocial issues and engage in communication and interactions with patients that consist of an intense variety of feelings like anger, fear, and grief. The loss of nurses from the nursing profession can be as profound as life and death. Tristin Kate Smith, 28, a registered ER nurse, committed suicide over the amount of anxiety and depression she faced after the pandemic had subsided. She addressed

her suicide note to the American healthcare system (Al-Arshani, 2023). How many nurses will follow her example?

The sample was devoid of the variables of sex and race because they were deemed redundant for this study. For instance, most nurses are female (US Bureau Labor of Statistics, 2022), and the symptoms of burnout transcend race (Dyrbye et al., 2006). The largest age group of the participants was the 41-50-year-old age bracket, with 45 participants. According to the U.S. Bureau of Labor Statistics (2022), the average age for nurses working in these seven job types in the US is 44 years old. Age is a significant risk factor for burnout in RNs (Gómez-Urquiza et al., 2017). Almost a third (32.7%) of the participants had no RN experience because they were Licensed Vocational Nurses (LVN). These stats were slightly disappointing due to the percentage not being an accurate representation of nurses currently licensed in the state of California, as there are almost five times the number of RNs in the state than LVNs (BLS, 2022). Fortunately, over two-thirds of the participants were RNs (55.1%) or APNs (9.2%), which translated into 63 of the 98 participants who qualified as registered nurses. Therefore, the sample is much more representative of nurses licensed in the state of California.

The purpose of this study was to further examine the relationship between the independent variable of emotional intelligence among nurses working in high-stress job types when moderated by the dependent variables of dimensions of burnout while controlling for age, educational level, RN experience, and job type. In addition, the research questions asked about the influences of emotional intelligence on perceived stress and coping strategy choices that affect nurses working in high-stress job types. Again, age, educational level, and RN experience acted as covariates for this study. This study hypothesized that nurses who work in high-stress job types would have lower instances of the dimensions of burnout, including emotional

exhaustion and depersonalization while having higher measurable levels of personal achievement. The four research questions that guided this study amalgamated: "Did emotional intelligence have a relationship or influence on overall burnout, perceived stress, coping strategy choices in nurses working in high-stress job types?" Earlier studies have supported that emotional intelligence can have a positive impact on symptoms of burnout (Soto-Rubio et al., 2021; Gong et al., 2019) and perceived stress (Wang & Wang, 2019).

Implications

The findings of the study demonstrate the impact that emotional intelligence can have on symptoms of burnout and perceived stress for nurses working in high-stress job types. These results echo a much larger body of literature supporting emotional intelligence's benefits within the healthcare community (O'Connor et al., 2019). According to WHO (2021), burnout and perceived stress are severe organizational issues that affect more than the sufferer. The need for this discussion is adamant for the healthcare model as a whole. There will be more patients than ever in any other time in history living longer with chronic diseases (CDC, 2022) as the elderly population continues to grow due to the ongoing advancement in medical treatment. Six of the seven job types for this study are increasing in high demand. The gap between high-need patients and skilled nurses is growing (Haddad et al., 2022), which can result in fewer opportunities for older patients (Gautun & Grødem, 2015) if there are not enough nurses in the workforce to meet its demands—implementing new regimens and developing fresh proactive programs that insulate the current and future members of the nursing community from real issues closely associated with this profession such as excess workload or hours, lack of resources, poor leadership, workplace violence, and interpersonal relationships with families, supervisors, and peers (Lee & Kim, 2020; Labrague et al., 2018). Emotional intelligence can give nurses the skills they need to

become more confident, understanding, autonomous, and content in their job of passion. It may also provide the ability to recognize the antecedents of the aforementioned issues before they come to fruition.

Future research should use larger population samples in diverse environments to convince the states and national nursing boards that emotional intelligence is a tool that can reduce the immediacy of many of these issues for current nurses and continue not to be a burden for future generations of nurses. Specifically, the inclusion of emotional intelligence education and training seminars within the nursing community can accomplish three things. It begins with an awakening by management, is cross-pollinated within the nursing workforce, and ends with superior patient care. The pleas for more resources and fewer demands from nurses will hold more profound meaning for management that chooses to confront the issue instead of ignoring it.

Organizational support is the product of leadership. Nursing leadership has a tremendous emotional influence on its encompassing environment (Murray et al., 2018). The perceived relationship between management and workers considerably influences employee productivity and outcomes (Westbrook et al., 2022). Therefore, an environment with high demands and low resources puts employees in an unfavorable situation that requires an investment of higher levels of psychological energy than what available resources can replenish (Kirwan et al., 2019). Poor leadership perception can cause psychological stress in job demands that cause employee burnout (Pishgooie et al., 2019). Management that has invested in emotional intelligence is as in their employees' well-being. They listen, understand, and work toward a solution.

The following accomplishments lie within the backbone of the healthcare model: the nurses. Burnout can be an emotional contagion that begins in one employee and spreads amongst the working team or group through social interaction (Edú-Valsania et al., 2022). This discovery

is particularly relevant for newly graduated nurses if they are to learn from their more experienced colleagues. Teaching robust emotional intelligence courses at nursing colleges can equip young nurses with the mental fortitude necessary to be a nurse working in a high-stress job type. High-stress job roles require a significant commitment to emotional regulation (Richardson, 2017) while maintaining authentic, compassionate care (McSherry et al., 2021). Research has confirmed that the most critical issues for nurses are job resources and demands for supporting a healthy working environment and inhibiting job burnout and satisfaction in nurses (Bakker & de Vries, 2021). Emotional intelligence allows one to recognize why they became a nurse and what is essential for the greater good.

The last accomplishment for these nurses is quality patient care and well-being. Stress and symptoms of burnout are responsible for low productivity, inferior patient care quality, absenteeism, and job turnovers that manifest into economic costs for organizations (Cocker et al., 2014). Nurses with higher levels of emotional intelligence benefit nursing teams due to their positive influence on decision-making that delivers superior patient care (Kaya et al., 2018). They have better communication skills because they are concerned with what is said to them and how they can help (Almost et al., 2016). Akyüz et al. (2019) found that emotional intelligence has a considerable influence on collaboration in healthcare environments because these providers better understand the needs of their colleagues and patients.

Emotional intelligence also is a conduit for workplace spirituality. Many patients found in the high-stress job types for nurses, such as oncology or the emergency room, are terrified and may rely on God to help guide them through their ordeal. Trained, emotionally intelligent nurses are more inclined to understand and relate to patients' need for religion or God. Workplace spirituality benefits the patient and provider. It is an appraisal-focused coping strategy that can

help find meaning and improve the individual values of nurses regarding their duty to their patients (Beattie et al., 2020). It fulfills the need for growth, community, and being a part of something greater. Employees derive more meaning and self-worth from their work when they perform their duties alongside others like them, which reinforces a sense of integrated values and community (Milliman et al., 2017). Nurses with positive well-being assist in creating positive work environments that provide superior patient safety and care outcomes (Katana et al., 2019; Cheng et al., 2020).

Biblical Perspective

Empathy should be a characteristic of any healthcare provider. It supplies the provider with the emotional intelligence ability of understanding the patient's point of view. The shared self-exposure between the two parties allows providers the ability to identify what the patient is feeling that builds a sense of trust, respect, authenticity, and warmth between them (Ioannidou & Konstantikaki, 2008). As encompassing as empathy is, emotional intelligence provides more not only to the patient but to the provider also.

Emotional intelligence may have been coined by Maslow in 1954, but its association with positive and industrial-organizational psychology has been documented. The former studies what makes life worth living; while the latter studies the relationships between people and the organizations that they work in. Therefore, there is a correlation that exists between psychology and the bible. For example, psychology employs the terms of mindfulness, therapy, exercise, and introspectiveness; while the Bible uses the terms such as: love, confession, labor, worship.

The nursing theorist Jean Watson based the foundations for her caring science and transpersonal caring on the teachings of philosopher Emmanuel Levinas. They believe in part that love is the ethical beginning for oncological belief. That the human experience and journey

through life and death is an infinite shared love (Levinas, 1969; Watson et al., 2018). Consequently, there is an ethical, moral, and spiritual belonging to human caring that involves a nurturing, loving, and trusting relationship between nurse and patient. Her theory focuses on ten factors that include upholding humanistic-altruistic values through kindness and compassion; being authentically present through active listening that foster faith and hope; cultivating self-awareness and trusting relationships that nurture individual spiritual beliefs and religious practices; acknowledging the holistic aspect of mind, body, and spirit with human dignity; and embracing the spiritual, mysterious, and unknown aspects of life (Watson et al., 2018).

So, how do these variables fit into our biblical foundations? Thinking back through this academic journey, I am reminded of the first required textbook of this program, "Psychology & Christianity" by Johnson and Myers (2010). The book was eye-opening for someone who relishes studying psychology and philosophy. The commonalities between psychology and the Christian faith are of a multitude of similar ideologies, values, and sincerity. They are both humbled by nature and skeptical of presumptions. Neither are they afraid to challenge assumptions in the attempt at continued reformation of the spirit and its candor. The roots of these concepts lie within the Bible. The beginnings of emotional intelligence started with positive psychology, which is a return to the biblical word. For example, self-awareness is a component of emotional intelligence as it allows one to comprehend their feelings and motives (Goleman, 1995). "Take heed unto thyself, and unto the doctrine; continue in them: for in doing this thou shalt both save thyself, and them that hear thee" (*King James Version,* 1769/2022, 1 Timothy 4:16). The book of Romans is an excellent source of positive thinking and empathy. "And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God" (*King James Version*,

1769/2022, Romans 12:2).

Separating each dimension of burnout, which consists of emotional exhaustion, depersonalization, and personal achievement, can make the concept of burnout more relatable to the texts of the Bible. Beginning with emotional exhaustion, I believe we all have felt emotionally exhausted at some point in our lives. Elijah, in 1 Kings 19:10-13 told God everything that he was feeling in his heart, all of his frustrations, and God listened. God can be viewed as our personal therapist. In situations when one feels emotionally exhausted, morally depressed, or spiritually defeated, they have two options. You can speak to a therapist, and through an indefinite number of sessions, you may discover the solution to your problem. Or one can ask God for guidance in finding the right answer. He will remind you of who is really in control by choosing the latter, and through that humbling experience, you will have an epiphany of solutions to your problems. The dimension of depersonalization is described as a loss or dissociation from oneself and their surroundings. It can accompany emotional exhaustion, making one question one's self-worth or competence to perform one's job. The Bible may describe depersonalization as a divide of the soul. That may sound less precise than the psychological definition. Still, they are remarkably similar ideas and can be remedied in the same manner as emotional exhaustion, by healing the trinity of body, mind, and soul.

Perceived stress is essentially stress because if one perceives that they are stressed, they are stressed. All types of stress can become physical stress that can cause havoc within the body. Modern psychology may suggest that one should exercise to eliminate the source of that stress. Christianity views stressful times as a trial to make one stronger by surviving the stressful event in life. It acts as a vaccine that gives one strength if the source of stress is encountered again and reminds us that we may be focusing on the wrong things for a contentful life: "And the cares of

this world, and the deceitfulness of riches, and the lusts of other things entering in, choke the word, and it becometh unfruitful (*King James Version*, 1769/2022, John 3:16). Unfortunately, this study could not determine whether emotional intelligence had any effect on the type of coping strategies the participants chose to effectively deal with the pressures of being a nurse working in a high-stress job. It did, however, demonstrate a relationship between emotionally intelligent nurses choosing productive coping strategies over ineffective coping strategies. Fortunately for Christians, God is the ultimate coping tool. He will give you the strength necessary to face your problem and the answers to it if you listen. Emotional intelligence cannot replace God, but it can shepherd one's personal growth. It assists in building empathy, resiliency, and respect for others while providing resilience against the obstacles one will encounter during the journey of life.

What we should take away from this discussion of the findings is that this study has demonstrated emotional intelligence has many different beneficial properties for individuals who have high-stress job types. It can lower perceived stress and emotional exhaustion levels and increase feelings of personal achievement at work. The purpose of building your emotional intelligence muscle is to be a better human being by increasing your ability to perceive, understand, manage, and use emotions encountered in life to promote personal growth and make the world a better place. Let us not forget the power of forgiveness. Mullen et al. (2023) found that forgiveness acts as holistic healing that can release one from an emotional prison which lowers levels of depression, anxiety, and aggression. Forgiveness is a gift from God. It reminds us that although we are made in his image, we are not him. At times, we will fail as a Christian in this life, but the power of forgiveness gives us all second chances. "For if you forgive others their trespasses, your heavenly Father will also forgive you" (*English Standard Version*,

2001/2016, Matthew 6:14).

As society becomes more cynical and secular, spirituality in the workplace is often frowned upon. However, denying the similarities between emotional intelligence and spirituality from a Christian worldview is difficult. Increasing one's emotional intelligence can be a gateway to spirituality or a spiritual life. One can discover what is important in life when one attunes one's emotions to recognize, understand, and use one's feelings to benefit others' feelings. A healthy grasp of one's emotions can remind us of the importance of others in life. "Let each of you look not only to his interests but also to the interests of others" (*English Standard Version*, 2001/2016, Philippians 2:4).

Limitations

The study had its share of strengths and limitations. For example, the reader will find a comprehensive and exhaustive evaluation of the variables detailed in the literature review. All of the instruments utilized were found by researchers to be credible with excellent reliability and validity. However, there were some limitations. It was a cross-sectional study. Consequently, it only captures a specific moment in time (Mannering, 2018). The study used snowball and convenience sampling. Flyers were handed out to qualified participants by the researcher, who asked them to share the flyers with others who met the study's requirements. Stratified sampling is subject to community bias, in which the early participants can influence future participants (Parsons et al., 2022). The study used self-administered surveys, which are susceptible to social desirability and encourage biased responses in its participants. Perinelli and Gremigni (2016) state that social desirability is the habit of offering answers that make the respondent look good within the context of the evaluation or current social norms. Social desirability is associated with a multitude of self-reports of multiple psychological dimensions. Lastly, the coping strategy

instrument was an inadequate choice for this particular study because it could not determine if emotional intelligence had an influence on coping strategy choices. However, Pearson's coefficient correlation indicated a significant relationship between emotional intelligence and positive approach coping strategies (Figure 20). There was no relationship between emotional intelligence and negative avoidance coping strategies (Figure 21). These results were not discussed.

Recommendation for Future Research

The findings from this study continue to contribute to the understanding and expression of the phenomena known as emotional intelligence and its positive role on perceived stress and emotional exhaustion in nurses working with high-stress job types. This study is capable of various incarnations that maintain the essential qualities for future studies. For example, researchers can use different city populations for other occupations. Most importantly, this literature is for educational purposes. Nursing academics can implement emotional intelligence into the curriculum as a preventive measure to combat the dimensions of burnout and perceived stress in nurses. As a result, nurses will be more emotionally competent for colleagues, patients, and themselves. The result will be fewer symptoms of burnout, perceived stress, and turnover in high-stress job types in nursing.

Summary

Previous studies have demonstrated the effectiveness of emotional intelligence in addressing the issues employees must face at work. It can improve communication among peers or patients, alleviate feelings of stress, reduce dimensions of burnout, improve interpersonal relationships, and cultivate leadership qualities (Gong et al., 2019). Implementing these beneficial properties should be applied as preventive measures toward retaining beginning or

jaded nurses, particularly those working high-stress jobs. Concerns regarding nurses experiencing symptoms of burnout demonstrated a linkage to emotional intelligence. Therefore, the purpose of this study was to investigate the relationship between the independent variable of emotional intelligence and the dependent variables of overall burnout, dimensions of burnout, perceived stress, and coping strategy choices in nurses working in high-stress job types. It controlled for job type, age, educational level, and RN experience. Although similar past studies examined the relationship between emotional intelligence and symptoms of burnout, this study was specific about job type and the inclusion of the variables of perceived stress and coping strategy approaches. This study emphasized that robust emotional intelligence skills are learnable and developed, which can prevent or extinguish the antecedents that manifest as symptoms of burnout in nurses.

Overall, the study demonstrated that emotional intelligence significantly impacts overall burnout, perceived stress, and the dimensions of burnout: emotional exhaustion, personal achievement. It is also closely associated with positive coping strategies. Oddly, it did not show a significant impact on depersonalization. Nevertheless, there was a correlation between emotional intelligence and overall burnout. This may be because once one experiences burnout, the sufferer requires a break from work to rest and build new emotional intelligence and coping skills. As stated, emotional intelligence did have a negative significant impact on perceived stress but was demonstrated not correlated to coping strategy choices. There remains the possibility that another test type could show different results of the latter. The implications of this study further add to the existing body of literature, theory, and research and provide further meaning on the topics of emotional intelligence, burnout, and stress in nursing.

Furthermore, this study contributes to the advantageous nature of a Christian worldview.

The Bible states, "But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law" (*English Standard Version*, Galatians 5:22-23). These qualitative feelings are the product of a healthy level of emotional intelligence within an individual. According to Mayer and Salovey (1997), emotional intelligence is the ability to perceive, understand, manage, and use emotions to improve one's own and the lives of others around them. There is less chance for conflict when people perceive, understand, manage, and use their feelings to connect with each other. The findings do provide avenues for potential future research, given its limitations. These possibilities include different nursing populations, more diverse samples, different measuring instruments, actual experimentation, and a starting point for the inclusion of emotional intelligence education, training, and career assessments.

REFERENCES

Abbott, S. M., Malkani, R. G., & Zee, P. C. (2019). Circadian disruption and human health: A

bidirectional relationship. *The European Journal of Neuroscience, 51(1)*, 567-583.

https://doi.org/10.1111/ejn.14298

Abdollahi, A., Taheri, A., & Allen, K. A. (2021). Perceived stress, self-compassion, and job

burnout in nurses: the moderating role of self-compassion. *Journal of research in

nursing: JRN, 26(3)*, 182–191. https://doi.org/10.1177/1744987120970612

Abdou, A. H., El-Amin, M. A. M., Mohammed, E. F. A., Alboray, H. M. M., Refai, A. M. S.,

Almakhayitah, M. Y., Albohnayh, A. S. M., Alismail, A. M., Almulla, M. O., Alsaqer, J.

S., Mahmoud, M. H., Elshazly, A. I. A., & Allam, S. F. A. (2024). Work stress, work-

family conflict, and psychological distress among resort employees: *A JD-R model and

spillover theory perspectives. Frontiers in Psychology, 15*, 1326181-1326181.

https://doi.org/10.3389/fpsyg.2024.1326181

Adawiyah, W. R., & Pramuka, B. A. (2017). Scaling the notion of Islamic spirituality in the

workplace. *The Journal of Management Development, 36(7)*, 877-898.

https://doi.org/10.1108/JMD-11-2014-0153

Agnoli, S., Mancini, G., Andrei, F., & Trombini, E. (2019). The Relationship Between Trait

Emotional Intelligence, Cognition, and Emotional Awareness: An Interpretative Model.

Frontiers in psychology, 10, 1711. https://doi.org/10.3389/fpsyg.2019.01711

Akintola, O., Hlengwa, W. M., & Dageid, W. (2013). Perceived stress and burnout among

volunteer caregivers working in AIDS care in South Africa. *Journal of Advanced

Nursing, 69(12)*, 2738-2749. https://doi.org/10.1111/jan.12166

Akyüz, E., Bulut, H., & Karadağ, M. (2019). Surgical nurses' knowledge and practices about

informed consent. *Nursing Ethics, 26(7-8)*, 2172-2184.

https://doi.org/10.1177/0969733018810767

Alegre, A., Pérez-Escoda, N., & López-Cassá, E. (2019). The Relationship Between Trait Emotional Intelligence and Personality. Is Trait EI Really Anchored Within the Big Five, Big Two and Big One Frameworks?. *Frontiers in psychology, 10*, 866. https://doi.org/10.3389/fpsyg.2019.00866

Al-Hamdan, Z. M., Alyahia, M., Al-Maaitah, R., Alhamdan, M., Faouri, I., Al-Smadi, A. M., & Bawadi, H. (2021). The relationship between emotional intelligence and Nurse–Nurse collaboration. *Journal of Nursing Scholarship, 53(5)*, 615-622. https://doi.org/10.1111/jnu.12687

Alharbi, J., Jackson, D., & Usher, K. (2020). Personal characteristics, coping strategies, and resilience impact on compassion fatigue in critical care nurses: A cross-sectional study. *Nursing & Health Sciences, 22(1)*, 20-27. https://doi.org/10.1111/nhs.12650

Ali, H., Elmolla, M., & Banan, S. H. A. (2021). The relationship between nurse manager's behavior and staff nurses' autonomy. *Egyptian Nursing Journal, 18(2)*, 58-68. https://doi.org/10.4103/enj.enj_29_21

Al-Khasawneh, A. L., Futa, S. M. (2013). The relationship between job stress and nurses' performance in the Jordanian hospitals: a case study in king Abdullah the founder hospital. *Asian Journal of Business Management 5(2)*: 267–275.

Almeida, D., Monteiro, D., & Rodrigues, F. (2021). Satisfaction with life: Mediating role in the relationship between depressive symptoms and coping mechanisms. *Healthcare (Basel), 9(7)*, 787. https://doi.org/10.3390/healthcare9070787

Al-Arshani, S. (2023, November 6). *'A Letter to My Abuser': A nurse's tragic experience resonates across the country*. USA TODAY. https://www.yahoo.com/news/letter-abuser-

nurses-tragic-experience-152121618.html

Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D., & D'Souza, C.

(2016). Managing and mitigating conflict in healthcare teams: An integrative review.

Journal of Advanced Nursing, 72(7), 1490-1505. https://doi.org/10.1111/jan.12903

Alnaami, I., Awadalla, N. J., Alkhairy, M., Alburidy, S., Alqarni, A., Algarni, A., Alshehri, R.,

Amrah, B., Alasmari, M., & Mahfouz, A. A. (2019). Prevalence and factors associated

with low back pain among health care workers in southwestern Saudi Arabia. *BMC*

musculoskeletal disorders, 20(1), 56. https://doi.org/10.1186/s12891-019-2431-5

Alsaleem, S., Alsabaani, A., Alamri, R., Hadi, R., Alkhayri, M., Badawi, K., Badawi, A.,

Alshehri, A., & Al-Bishi, A. (2018). Violence towards healthcare workers: A study

conducted in Abha city, Saudi Arabia. *Journal of Family & Community Medicine, 25(3)*,

188-193. https://doi.org/10.4103/jfcm.JFCM_170_17

American Association of Colleges of Nursing (ACCN). (2024). *Nursing Shortage Fact Sheet*:

https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf

American Association of Nurse Practitioners. (2022). *Nursing Shortage*.

https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

American Nurses Association. (2021). *Federal Advocacy*.

https://www.nursingworld.org/practice-policy/advocacy/

American Nurses Foundation & Joslin. (2021). *American nurses' foundation mental health and*

wellness survey report.

https://www.nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-

report-final.pdf

American Psychological Association. (2022 June 11). *APA Dictionary of Psychology.*

https://dictionary.apa.org/

Amram, Yosi (2007). *The Seven Dimensions of Spiritual Intelligence: An Ecumenical Grounded Theory*. (pdf) Paper presented at the 115th Annual (August 2007) Conference of the American Psychological Association, San Francisco, CA. Available at www.intelligensi.com/spiritual-intelligence/.

Andrade, C. (2020). Sample Size and its Importance in Research. *Indian journal of psychological medicine, 42(1)*, 102–103. https://doi.org/10.4103/IJPSYM.IJPSYM_504_19

Anglim, J., Morse, G., Dunlop, P. D., Minbashian, A., & Marty, A. (2020). Predicting trait emotional intelligence from HEXACO personality: Domains, facets, and the general factor of personality. *Journal of Personality, 88(2)*, 324-338. https://doi.org/10.1111/jopy.12493

Ardıç, M., Ünal, Ö., & Türktemiz, H. (2022). The effect of stress levels of nurses on performance during the COVID-19 pandemic: The mediating role of motivation. *Journal of Research in Nursing, 27(4)*, 330-340. https://doi.org/10.1177/17449871211070982

Aslan, H., & Pekince, H. (2020). Nursing students' views on the COVID-19 pandemic and their perceived stress levels. *Perspectives in Psychiatric Care, 57*, 695– 701. https://doi-org.ezproxy.liberty.edu/10.1111/ppc.12597

Aveyard, H., Kolawole, A., Gurung, P., Cridland, E., & Kozlowska, O. (2022). Informed consent prior to nursing care: Nurses' use of information. *Nursing Ethics, 29(5)*, 1244-1252. https://doi.org/10.1177/09697330221095148

Ayasreh, I. R., & Hayajneh, F. A. (2021). Workplace violence against emergency nurses: A literature review. *Critical Care Nursing Quarterly, 44(2)*, 187-202.

https://doi.org/10.1097/CNQ.0000000000000353

Bakker, A. (2018). Job crafting among health care professionals: The role of work engagement. *Journal of Nursing Management, 26(3)*, 321-331. https://doi.org/10.1111/jonm.12551

Bakker, A. B., & de Vries, J. D. (2021). Job Demands-Resources theory and self-regulation: new explanations and remedies for job burnout. *Anxiety, stress, and coping, 34(1)*, 1–21. https://doi.org/10.1080/10615806.2020.1797695

Bart, C. K., Bontis, N., & Taggar, S. (2001). A model of the impact of mission statements on firm performance. *Management Decision, 39(1)*, 19. https://doi.org/10.1108/EUM0000000005404

Batalla, V. R. D., Barrameda, A. L. N., Basal, J. M. S., Bathan, A. S. J., Bautista, J. E. G., Rebueno, Ma. Carina D. R., & Macindo, J. B. (2019). Moderating effect of occupational stress on spirituality and depression of registered nurses in tertiary hospitals: A structural equation model. *Journal of Advanced Nursing, 75(4)*, 772-782. https://doi.org/10.1111/jan.13856

Beattie, J., Innes, K., Griffiths, D., & Morphet, J. (2020). Workplace violence: Examination of the tensions between duty of care, worker safety, and zero tolerance. *Health Care Management Review, 45(3)*, E13-E22. https://doi.org/10.1097/HMR.0000000000000286

Beier, M. E., Cockerham, M., Branson, S., & Boss, L. (2023). Aging and burnout for nurses in an acute care setting: The first wave of COVID-19. *International Journal of Environmental Research and Public Health, 20(8)*, 5565. https://doi.org/10.3390/ijerph20085565

Beldoch, M. (1964). Sensitivity to expression of emotional meaning in three modes of communication. In: JR Davitz, M Beldoch, eds. *The Communication of Emotional*

Meaning, 31-42. Columbus, OH: McGraw-Hill.

Beydler, K. W. (2017). The role of emotional intelligence in perioperative nursing and

    leadership: Developing skills for improved performance. *AORN Journal, 106(4)*, 317-

    323. https://doi.org/10.1016/j.aorn.2017.08.002

Bianchi, R., Schonfeld, I. S., & Verkuilen, J. (2020). A five-sample confirmatory factor analytic

    study of burnout-depression overlap. *Journal of clinical psychology, 76(4)*, 801–821.

    https://doi.org/10.1002/jclp.22927

Bindl, U. K., Unsworth, K. L., Gibson, C. B., & Stride, C. B. (2019). Job crafting revisited:

    Implications of an extended framework for active changes at work. *Journal of Applied*

    Psychology, 104(5), 605-628. https://doi.org/10.1037/apl0000362

Birnie, E., A. (2019). Spiritual leaders can retain nurses. *Journal of nursing management, 27(7)*,

    1563–1567. https://doi.org/10.1111/jonm.12843

Blackmore, E. R., Stansfeld, S. A., Weller, I., Munce, S., Zagorski, B. M., & Stewart, D. E.

    (2007). Major depressive episodes and work stress: Results from a national population

    survey. *American Journal of Public Health, 97(11)*, 2088– 2093. https://doi-

    org.ezproxy.liberty.edu/10.2105/AJPH.2006.104406

Bock L. (2020). Nurse Characteristics and the Effects on Quality. *The Nursing clinics of North*

    America, 55(1), 97–107. https://doi.org/10.1016/j.cnur.2019.10.007

Booker, L. A., Magee, M., Rajaratnam, S. M. W., Sletten, T. L., & Howard, M. E. (2018).

    Individual vulnerability to insomnia, excessive sleepiness, and shift work disorder

    amongst healthcare shift workers. A systematic review. *Sleep Medicine Reviews, 41*, 220-

    233. https://doi.org/10.1016/j.smrv.2018.03.005

Brackett, M. A., & Mayer, J. D. (2003). Convergent, discriminant, and incremental validity of

competing measures of emotional intelligence. *Personality & Social Psychology Bulletin, 29(9)*, 1147-1158. https://doi.org/10.1177/0146167203254596

Bridgeman, P. J., Bridgeman, M. B., & Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy, 75(3)*, 147-152. https://doi.org/10.2146/ajhp170460

Britt, B. C. (2021). From cooperation to competition: An interaction-based contingency theory of communities of practice. *Journal of Knowledge Management, 25(6)*, 1594-1618. https://doi.org/10.1108/JKM-05-2020-0386

Broetje, S., Jenny, G. J., & Bauer, G. F. (2020). The key job demands and resources of nursing staff: An integrative review of reviews. *Frontiers in Psychology, 11*, 84-84. https://doi.org/10.3389/fpsyg.2020.00084

Brooks, R. R., Oberdiear, L. L., & Fischer, D. L. (2021). Development and validation of implicit measures of emotional intelligence attributes. *Journal of Organizational Psychology, 21(4)*, 153-162. https://doi.org/10.33423/jop.v21i4.4550

Burton, R. M. (2018). Hawthorne effect, the. *The palgrave encyclopedia of strategic management* (pp. 657-658). Palgrave Macmillan UK. https://doi.org/10.1057/978-1-137-00772-8_316

Butler, J. (2021). Emotional Intelligence in Nursing Leadership: ANJ. *Australian Nursing and Midwifery Journal, 27(5)*, 18-21. https://anmj.org.au/emotional-intelligence-in-nursing-leadership-clinical-update/

Cabak, A., Dąbrowska-Zimakowska, A., Truszczyńska, A., Rogala, P., Laprus, K., & Tomaszewski, W. (2015). Strategies for coping with chronic lower back pain in patients with long physiotherapy wait time. *Medical Science Monitor, 21*, 3913– 3920. https://doi-

org.ezproxy.liberty.edu/10.12659/msm.894743

Cadman, C., & Brewer, J. (2001). Emotional intelligence: A vital prerequisite for recruitment in nursing. *Journal of Nursing Management, 9(6)*, 321-324. https://doi.org/10.1046/j.0966-0429.2001.00261.x

Cai, H., Tu, B., Ma, J., Chen, L., Fu, L., Jiang, Y., & Zhuang, Q. (2020). Psychological impact and coping strategies of frontline medical staff in Hunan between January and March 2020 during the outbreak of coronavirus disease 2019 (COVID-19) in Hubei, China. *Medical Science Monitor, 26*, e924171-e924171. https://doi.org/10.12659/MSM.924171

Cantrell, M. A., & Lupinacci, P. (2007). Methodological issues in online data collection. *Journal of Advanced Nursing, 60(5)*, 544-549. https://doi.org/10.1111/j.1365-2648.2007.04448.x

Caneiro, J. P., Bunzli, S., & O'Sullivan, P. (2020). Beliefs about the body and pain: The critical role in musculoskeletal pain management. *Revista Brasileira De Fisioterapia (São Carlos (São Paulo, Brazil)), 25(1)*, 17-29. https://doi.org/10.1016/j.bjpt.2020.06.003

Carter, C., & Notter, J. (2020). COVID-19 disease: a critical care perspective. *Clinics in Integrated Care, 1*, 100003 - 100003.

Caruso, C. C. (2014). Negative impacts of shiftwork and long work hours. Rehabilitation Nursing: *The Official Journal of the Association of Rehabilitation Nurses, 39(1)*, 16– 25. https://doi-org.ezproxy.liberty.edu/10.1002/rnj.107

Carver, C. S., Scheier, M. F., & Kumari Weintraub, J. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56(2)*, 267-283. https://doi.org/10.1037/0022-3514.56.2.267

Cece, V., Guillet-Descas, E., Nicaise, V., Lienhart, N., & Martinent, G. (2019). Longitudinal trajectories of emotions among young athletes involved in intense training centers: Do

emotional intelligence and emotional regulation matter? *Psychology of Sport and Exercise, 43*, 128-136. https://doi.org/10.1016/j.psychsport.2019.01.011

Celik, G. O. (2017). The relationship between patient satisfaction and emotional intelligence skills of nurses working in surgical clinics. *Patient Preference and Adherence, 11*, 1363-1368. https://doi.org/10.2147/PPA.S136185

Centers for Disease Control and Prevention (CDC). (2022). *National Health Statistics Reports.* https://www.cdc.gov/nchs/products/nhsr.htm

Çetinkaya, A. Ş., & Kurnaz, G. (2017). The effect of person-job fit on the performance appraisal: A research in Konya textile enterprises. *Business & Management Studies: An International Journal, 5(3)*, 747. https://doi.org/10.15295/bmij.v5i3.121

Chaiard, J., Deeluea, J., Suksatit, B., Songkham, W., & Inta, N. (2018). Short sleep duration among Thai nurses: Influences on fatigue, daytime sleepiness, and occupational errors. *Journal of Occupational Health, 60(5)*, 348– 355. https://doi-org.ezproxy.liberty.edu/10.1539/joh.2017-0258-OA

Chan, S. F., La Greca, A. M. (2013). Perceived Stress Scale (PSS). In: Gellman, M.D., Turner, J.R. (eds) *Encyclopedia of Behavioral Medicine*. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_773

Chao, W., Jing, W., Juan, D., Lu, L., Yinjuan, Z., Yanling, D., Shizhe, H., Kejian, Y., Yuhai, Z., & Hongjuan, L. (2023). Nursing teachers' job burnout and teaching ability: The mediating role of social support based on the person-context interaction theory. *Medical Teacher, ahead-of-print(ahead-of-print), 1-9.* https://doi.org/10.1080/0142159X.2023.2207722

Chen, J., Davis, K. G., Daraiseh, N. M., Pan, W., & Davis, L. S. (2014). Fatigue and recovery in

12-hour dayshift hospital nurses. *Journal of Nursing Management, 22(5)*, 593-603.

https://doi.org/10.1111/jonm.12062

Chen, Y., Feng, S., Heckman, J. J., & Kautz, T. (2020). Sensitivity of self-reported noncognitive

skills to survey administration conditions. *Proceedings of the National Academy of*

Sciences of the United States of America, 117(2), 931–935.

https://doi.org/10.1073/pnas.1910731117

Chen, Y., Kim, E. S., Koh, H. K., Frazier, A. L., & VanderWeele, T. J. (2019). Sense of mission

and subsequent health and well-being among young adults: An outcome-wide analysis.

American Journal of Epidemiology, 188(4), 664-673. https://doi.org/10.1093/aje/kwz009

Chen, C., & Meier, S. T. (2022). Corrigendum to "Burnout and depression in nurses – A

systematic review and meta-analysis" [international journal of nursing studies, volume

124 (2021) 104099]. *International Journal of Nursing Studies, 127,* 104180-104180.

https://doi.org/10.1016/j.ijnurstu.2022.104180

Cheng, H., Yang, H., Ding, Y., & Wang, B. (2020). Nurses' mental health and patient safety: An

extension of the job Demands–Resources model. *Journal of Nursing Management, 28(3)*,

653-663. https://doi.org/10.1111/jonm.12971

Chew, N., Lee, G., Tan, B., Jing, M., Goh, Y., Ngiam, N., Yeo, L., Ahmad, A., Ahmed Khan, F.,

Napolean Shanmugam, G., Sharma, A. K., Komalkumar, R. N., Meenakshi, P. V., Shah,

K., Patel, B., Chan, B., Sunny, S., Chandra, B., Ong, J., Sharma, V. K. (2020). A

multinational, multicentre study on the psychological outcomes and associated physical

symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior, and*

Immunity, 88, 559– 565. https://doi-org.ezproxy.liberty.edu/10.1016/j.bbi.2020.04.049

Cho, H., & Han, K. (2018). Associations among nursing work environment and health-

promoting behaviors of nurses and nursing performance quality: A multilevel modeling

approach. *Journal of Nursing Scholarship, 50*, 403-410.

https://doi.org/10.1111/jnu.12390

Cho, G. J., Kang J. (2017). Type D personality and post-traumatic stress disorder symptoms

among intensive care unit nurses: The mediating effect of resilience. *PLoS One, 12(4)*,

e0175067. https://doi-org.ezproxy.liberty.edu/10.1371/journal.pone.0175067

Cho, J. A., Sohn, M., Lee, S., & Ahn, Y. M. (2020). Knowledge on sudden unexplained infant

death-related safe sleep practices and infant cardiopulmonary resuscitation in pediatric

nurses. *Child Health Nursing Research, 26(4)*, 454-462.

https://doi.org/10.4094/chnr.2020.26.4.454

Chor, W. P. D., Ng, W. M., Cheng, L., Situ, W., Chong, J. W., Ng, L. Y. A., Mok, P. L., Yau, Y.

W., & Lin, Z. (2020). Burnout amongst emergency healthcare workers during the

COVID-19 pandemic: A multi-center study. *American Journal of Emergency Medicine,*

18, 700– 702. https://doi-org.ezproxy.liberty.edu/10.1016/j.ajem.2020.10.040

Christianson, K. L. (2020). Emotional intelligence and critical thinking in nursing students:

Integrative review of literature. *Nurse Educator, 45(6)*, E62-E65.

https://doi.org/10.1097/NNE.0000000000000801

Church, C. D., Schalles, R., & Wise, T. (2023). The newly licensed registered nurse workforce:

Looking back to move forward. *Nursing Outlook, 71(1)*, 101904-101904.

https://doi.org/10.1016/j.outlook.2022.11.008

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress.

Journal of Health and Social Behavior, 24(4), 385–396. https://doi.org/10.2307/2136404

Coker, D. (2022). A thematic analysis of the structure of delimitations in the dissertation.

International Journal of Doctoral Studies, 17, 141-159. https://doi.org/10.28945/4939

Cocker, F., Nicholson, J. M., Graves, N., Oldenburg, B., Palmer, A. J., Martin, A., Scott, J.,

Venn, A., & Sanderson, K. (2014). Depression in working adults: Comparing the costs

and health outcomes of working when ill. *PloS One, 9(9)*, e105430-e105430.

https://doi.org/10.1371/journal.pone.0105430

Cooper, C. (2020). *Individual differences and personality (Fourth ed.)*. Routledge/Taylor &

Francis Group. https://doi.org/10.4324/9780429059575

Coxhead, A. (2017). Dealing with low response rates in quantitative studies. In J. McKinley, &

H. Rose (Eds.), *Doing research in applied linguistics* (1st ed., pp. 81-90). Routledge.

https://doi.org/10.4324/9781315389608-8

Creswell, J. W., Guetterman, T. C. (2019). *Educational research*: Planning, conducting, and

evaluating quantitative and qualitative research (Sixth ed.). Pearson.

Cruz, J. P., Alquwez, N., Mesde, J., Almoghairi, A. M. A., Altukhays, A. I., & Colet, P. C.

(2020). Spiritual climate in hospitals influences nurses' professional quality of life.

Journal of Nursing Management, 28(7), 1589– 1597. https://doi-

org.ezproxy.liberty.edu/10.1111/jonm.13113

Csikszentmihalyi, M. (2008). *Flow: The psychology of optimal experience (First Harper

Perennial Modern Classics ed.)*. Harper Perennial.

Cuartero, N., Tur, A. M. (2021). Emotional intelligence, resilience and personality traits

neuroticism and extraversion: Predictive capacity in perceived academic efficacy. *Nurse

Education Today, 102*, 104933-104933. https://doi.org/10.1016/j.nedt.2021.104933

Czaja, A. S., Moss M., Mealer M. (2012). Symptoms of posttraumatic stress disorder among

pediatric acute care nurses. *Journal of Pediatric Medicine, 27*, 357-365. https://doi-

org.ezproxy.liberty.edu/10.1016/j.pedn.2011.04.024

D'Ettorre, G., & Pellicani, V. (2017). Workplace Violence Toward Mental Healthcare Workers Employed in Psychiatric Wards. *Safety and health at work, 8(4)*, 337–342. https://doi.org/10.1016/j.shaw.2017.01.004

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health, 18(1)*, 41. https://doi.org/10.1186/s12960-020-00469-9

Dean, E. (2021). Nursing leadership: Which type is right for you? *Nursing Management (Harrow, London, England), 28(2)*, 14-17. https://doi.org/10.7748/nm.28.2.14.s11

Denning, M., Goh, E. T., Tan, B., Kanneganti, A., Almonte, M., Scott, A., Martin, G., Clarke, J., Sounderajah, V., Markar, S., Przybylowicz, J., Chan, Y. H., Sia, C. H., Chua, Y. X., Sim, K., Lim, L., Tan, L., Tan, M., Sharma, V., Kinross, J. (2021). Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study. *PLoS One, 16(4)*, e0238666. https://doi-org.ezproxy.liberty.edu/10.1371/journal.pone.0238666

DeVellis, R. F. (2017). Scale development: *Theory and applications*. Los Angeles, CA: SAGE.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86(3)*, 499-512. https://doi.org/10.1037/0021-9010.86.3.499

Desouky, D., & Allam, H. (2017). Occupational stress, anxiety, and depression among Egyptian teachers. *Journal of Epidemiology and Global Health, 7(3)*, 191– 198. https://doi-org.ezproxy.liberty.edu/10.1016/j.jegh.2017.06.002

Dickson, G., & McDonough, S. M. (2018). Self-management of low back pain: Lumbar spine

online textbook; Chapter 3, Section 10: *Non-operative spine care*. Retrieved from http://www.wheelsonline.com/ortho/issls

Diehl, E., Rieger, S., Letzel, S., Schablon, A., Nienhaus, A., Escobar Pinzon, L. C., & Dietz, P. (2021). The relationship between workload and burnout among nurses: The buffering role of personal, social and organizational resources. *PloS one, 16(1)*, e0245798.https://doi.org/10.1371/journal.pone.0245798

Divinakumar, K. J., Pookala, S. B., & Das, R. C. (2014). Perceived stress, psychological well-being and burnout among female nurses working in government hospitals. International *Journal of Research in Medical Sciences, 2*, 1511-1515. https://doi.org/10.5455/2320-6012.ijrms20141150

Djafri, F., & Noordin, K. (2017). The impact of workplace spirituality on organizational commitment: *A case study of takaful agents in Malaysia. Humanomics, 33(3)*, 384. https://doi.org/10.1108/H-02-2017-0018

Dlungwane, T., Voce, A., & Knight, S. (2018). Prevalence and factors associated with low back pain among nurses at a regional hospital in KwaZulu-Natal, South Africa. *Health SA Gesondheid, 23*, a1082. https://doi-org.ezproxy.liberty.edu/10.4102/hsag.v23i0.1082

Drageset, J., & Haugan, G. (2021). Associations between nurse–patient interaction and loneliness among cognitively intact nursing home residents – a questionnaire survey. *Geriatric Nursing (New York), 42(4)*, 828-832. https://doi.org/10.1016/j.gerinurse.2021.04.001

Dressner, M. A., & Kissinger, S. P. (2018). Occupational injuries and illnesses among registered nurses. *Monthly Labor Review, Bureau of Labor Statistics*. https://doi-org.ezproxy.liberty.edu/10.21916/mlr.2018.27

Dumas, D., Doherty, M., & Organisciak, P. (2020). The psychology of professional and student

    actors: Creativity, personality, and motivation. *PloS One, 15(10)*, e0240728-e0240728.

    https://doi.org/10.1371/journal.pone.0240728

Dustman, T. (2018). A call for emotional intelligence skills training curricula at Christian

    colleges. *Journal of Research on Christian Education, 27(2)*, 183-191.

    https://doi.org/10.1080/10656219.2018.1499572

Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., West, C.

    P., Meyers, D., Agency for Healthcare Research and Quality, American Medical

    Association, American Nurses Association, American Hospital Association, Mayo Clinic,

    & Association of American Medical Colleges. (2017). Burnout among health care

    professionals: A call to explore and address this underrecognized threat to safe, high-

    quality care. *NAM Perspectives, 7(7)*. https://doi.org/10.31478/201707b

Dyrbye, L. N., Thomas, M. R., Huschka, M. M., Lawson, K. L., Novotny, P. J., Sloan, J. A., &

    Shanafelt, T. D. (2006). A multicenter study of burnout, depression, and quality of life in

    minority and nonminority US medical students. *Mayo Clinic proceedings*, *81*(11), 1435–

    1442. https://doi.org/10.4065/81.11.1435

Elkis-Abuhoff, D. (2015). Quantitative investigations. In D. E. Gussak, & M. L. Rosal (Eds.),

    The Wiley handbook of art therapy (pp. 636-643). John Wiley & Sons, Ltd.

    https://doi.org/10.1002/9781118306543.ch61

Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A Review of Theory and

    Measurement. *International journal of environmental research and public health, 19(3)*,

    1780. https://doi.org/10.3390/ijerph19031780

Eriksson, H. (2018). What is nursing? Nursing as the science of human life in a postmodern era:

Clues from the past to understand the road ahead. *Nordic Journal of Nursing Research.* *38*. 117-118. 10.1177/2057158518775299.

Eweida, R. S., Ghallab, E., Ng, F., & Ibrahim, N. (2022). Novice nurses' communication skills when addressing aggression in individuals experiencing psychosis: The role of emotional regulation capacity. *Journal of Psychosocial Nursing and Mental Health Services, 60(1)*, 23-30. https://doi.org/10.3928/02793695-20210623-04

Falco, A., Girardi, D., Dal Corso, L., Yildirim, M., & Converso, D. (2021). The perceived risk of being infected at work: An application of the job demands–resources model to workplace safety during the COVID-19 outbreak. *PloS One, 16(9)*, e0257197-e0257197. https://doi.org/10.1371/journal.pone.0257197

Fan, S., An, W., Zeng, L., Liu, J., Tang, S., Chen, J., & Huang, H. (2022). Rethinking "zero tolerance": A moderated mediation model of mental resilience and coping strategies in workplace violence and nurses' mental health. *Journal of Nursing Scholarship, 54(4)*, 501-512. https://doi.org/10.1111/jnu.12753

Fasbender, U., Van der Heijden, B. I. J. M., & Grimshaw, S. (2019). Job satisfaction, job stress and nurses' turnover intentions: The moderating roles of on-the-job and off-the-job embeddedness. *Journal of Advanced Nursing, 75(2)*, 327– 337. https://doi-org.ezproxy.liberty.edu/10.1111/jan.13842

Fasbinder, A., Shidler, K., & Caboral-Stevens, M. (2020). A concept analysis: Emotional regulation of nurses. *Nursing Forum (Hillsdale), 55(2)*, 118-127. https://doi.org/10.1111/nuf.12405

Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction, and loyalty: An investigation in context of private healthcare systems. *The*

International Journal of Quality & Reliability Management, 35(6), 1195-1214.

https://doi.org/10.1108/IJQRM-02-2017-0031

Fattori, A., Cantù, F., Comotti, A., Tombola, V., Colombo, E., Nava, C., Bordini, L., Riboldi, L.,

Bonzini, M., & Brambilla, P. (2021). Hospital workers mental health during the COVID-

19 pandemic: Methods of data collection and characteristics of study samples in a

university hospital in Milan (Italy). *BMC Medical Research Methodology, 21*, 163.

https://doi-org.ezproxy.liberty.edu/10.1186/s12874-021-01355-1

Ferrell, B. R., Chung, V., Koczywas, M., Williams, A. C., Gallagher, D., Fischer, P., & Smith, T.

J. (2017). Palliative care and phase 1 trials: Intervention to improve quality of life and

provide education. *Clinical Journal of Oncology Nursing, 21(4)*, 473-479.

https://doi.org/10.1188/17.CJON.473-479

Fiori, M., & Antonakis, J. (2012). Selective attention to emotional stimuli: What IQ and

openness do, and emotional intelligence does not. *Intelligence (Norwood), 40(3)*, 245-

254. https://doi.org/10.1016/j.intell.2012.02.004

Fox, A. S., Lapate, R. C., Shackman, A. J., & Davidson, R. J. (2018). *The nature of emotion:*

Fundamental questions (Second ed.). Oxford University Press.

Freshwater, D., & Cahill, J. (2010). Care and compromise: Developing a conceptual framework

for work-related stress. *Journal of Research in Nursing, 15(2)*, 173-183.

https://doi.org/10.1177/1744987109357820

Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues, 30(1)*, 159-165.

https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

Fritz, R. L., & Vandermause, R. (2018). Data collection via in-depth email interviewing: Lessons

from the field. *Qualitative Health Research, 28(10)*, 1640-1649.

https://doi.org/10.1177/1049732316689067

Fu, J., Zeng, Y., Tan, Y., Fu, B., & Qiu, H. (2020). Effects of hospice care on quality of life and negative emotions in patients with advanced tumors: A protocol for systematic review and meta-analysis. *Medicine (Baltimore), 99(27)*, e20784-e20784. https://doi.org/10.1097/MD.0000000000020784

Galdikiene, N., Asikainen, P., Rostila, I., Green, P., Balčiūnas, S., Helminen, M., & Suominen, T. (2019). The association of primary healthcare nurses' perceived stress with organizational culture and climate in a team context. *Central European Journal of Nursing and Midwifery, 10(3)*, 1092-1101. https://doi.org/10.15452/CEJNM.2019.10.0019

Gallego-Gómez, J. I., Campillo-Cano, M., Carrión-Martínez, A., Balanza, S., Rodríguez-González-Moro, M. T., Simonelli-Muñoz, A. J., & Rivera-Caravaca, J. M. (2020). The COVID-19 pandemic and its impact on homebound nursing students. *International Journal of Environmental Research and Public Health, 17(20)*, 7383. https://doi-org.ezproxy.liberty.edu/10.3390/ijerph17207383

Galletly, C. L., McAuliffe, T. L., Dickson-Gomez, J. B., Glasman, L. R., & Ruelas, D. M. (2023). Latino migrants' healthcare use in the US and perceived immigration laws and consequences: A multivariable analysis. *Travel Medicine and Infectious Disease, 56*, 102664-102664. https://doi.org/10.1016/j.tmaid.2023.102664

Gao, Z. (2020). Researcher biases. In B. J. Carducci, C. S. Nave, J. S. Mio & R. E. Riggio (Eds.), *The Wiley encyclopedia of personality and individual differences* (pp. 37-41). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119547167.ch76

Garavan, T., Srivastava, S., Madan, P., O'Brien, F., & Matthews-Smith, G. (2022). Type A/B

personality, work–family, and family–work conflict: The moderating effects of emotional intelligence. *Human Resource Development Quarterly, 33(3)*, 223-247. https://doi.org/10.1002/hrdq.21454

Gaskamp, C., Sutter, R., Meraviglia, M., Adams, S., & Titler, M. G. (2006). Evidence-based guideline: Promoting spirituality in the older adult. *Journal of Gerontological Nursing, 32(11)*, 8-13. https://doi.org/10.3928/00989134-20061101-03

Gautun, H., & Grødem, A. S. (2015). Prioritizing care services: Do the oldest users lose out? *International Journal of Social Welfare, 24(1)*, 73-80. https://doi.org/10.1111/ijsw.12116

Geziry, A.E., Toble, Y., Kadhi, F.A., Pervaiz, M., & Nobani, M.A. (2018). Non-Pharmacological Pain Management. *Pain Management in Special Circumstances*.

Giacalone, R. A., & Jurkiewicz, C. L. (2010). *Handbook of workplace spirituality and organizational performance* (Second ed.). M.E. Sharpe. https://doi.org/10.4324/9781315703817

Gilavand, A., Jafarian, N., & Zarea, K. (2023). Evaluation of medication errors in nursing during the COVID-19 pandemic and their relationship with shift work at teaching hospitals: a cross-sectional study in Iran. *Frontiers in medicine, 10*, 1200686. https://doi.org/10.3389/fmed.2023.1200686

Gim, C. (2017). Factors associated with low back pain among nurses in critical care units, Hospital Universiti Sains Malaysia. *Biomedical Journal of Scientific & Technical Research, 1(7)*, 2025– 2030. https://doi-org.ezproxy.liberty.edu/10.26717/BJSTR.2017.01.000613

Gliebe, S. (2012). Strategies to foster emotional intelligence in Christian higher education. *Christian Higher Education, 11(4)*, 253–259. doi:10.1080/15363759.2010.515482

Goleman, D. (1995). *Emotional intelligence*. Bantam Books.

Gómez-Urquiza, J. L., Vargas, C., De la Fuente, Emilia I., Fernández-Castillo, R., & Cañadas-De
la Fuente, Guillermo A. (2017). Age as a risk factor for burnout syndrome in nursing
professionals: A Meta-Analytic study. *Research in Nursing & Health, 40(2)*, 99-110.
https://doi.org/10.1002/nur.21774

Gong, Z., Chen, Y., & Wang, Y. (2019). The influence of emotional intelligence on job burnout
and job performance: Mediating effect of psychological capital. *Frontiers in Psychology,
10*, 2707-2707. https://doi.org/10.3389/fpsyg.2019.02707

Gorup, M. (2020). Ethics of discourse analysis. *Handbook of research ethics and scientific
integrity* (pp. 509-530). Springer International Publishing. https://doi.org/10.1007/978-3-
030-16759-2_22

Gou, L., Wang, G., Feng, L., & Zhang, Y. (2021). A multilevel analysis of the impact of group
organizational citizenship behavior on nurse–patient relationship: The mediating effect of
work engagement and the moderating effect of emotional intelligence. *Journal of Nursing
Management, 29(2)*, 342-350. https://doi.org/10.1111/jonm.13159

Green, J., & Hibbard, J. (2012). Why does patient activation matter? An examination of
relationships between patient activation and health related outcomes. *Journal of General
Internal Medicine, 27(5)*, 520– 526. https://doi-org.ezproxy.liberty.edu/10.1007/511606-
011-1931-2

Greenberg, N., Weston, D., Hall, C., Caulfield, T., Williamson, V., & Fong, K. (2021). Mental
health of staff working in intensive care during COVID-19. *Occupational Medicine
(Oxford), 71(2)*, 62-67. https://doi.org/10.1093/occmed/kqaa220

Greenglass, E. R., Schwarzer, R., & Taubert, S. (1999). Proactive Coping Inventory (PCI). *APA*

PsycTests. https://doi.org/10.1037/t07292-000

Griffiths, P., Recio-Saucedo, A., Dall'Ora, C., Briggs, J., Maruotti, A., Meredith, P., Smith, G. B., Ball, J., Missed Care Study Group, & the Missed Care Study Group. (2018). The association between nurse staffing and omissions in nursing care: A systematic review. *Journal of Advanced Nursing, 74(7)*, 1474-1487. https://doi.org/10.1111/jan.13564

Grøn, R., Jensen, K., Secher, T. J., & Kongsted, A. (2019). Back beliefs in patients with low back pain: A primary care cohort study. *BMC Musculoskeletal Disorders, 20*, 578. https://doi-org.ezproxy.liberty.edu/10.1186/s12891-019-2925-1

Grover, S.L., Teo, S.T.T., Pick, D., Roche, M. and Newton, C.J. (2018), "Psychological capital as a personal resource in the JD-R model", *Personnel Review, Vol. 47 No. 4*, pp. 968-984. https://doi.org/10.1108/PR-08-2016-0213

Groves, K. A., Adewumi, A., Gerhardt, C. A., Skeens, M. A., & Suttle, M. L. (2021). Grief in critical care nurses after pediatric suffering and death. *Annals of Palliative Medicine.* https://doi.org/10.21037/apm-21-3225

Guttormson, J. L., Calkins, K., McAndrew, N., Fitzgerald, J., Losurdo, H., & Loonsfoot, D. (2022). Critical care nurses' experiences during the COVID-19 pandemic: A US national survey. *American Journal of Critical Care, 31(2)*, 96-103. https://doi.org/10.4037/ajcc2022312

Haddad, L. M., Annamaraju, P., Toney-Butler, T. J. Nursing Shortage. (2022). [Updated 2022 Feb 22]. *In: StatPearls [Internet]. Treasure Island (FL)*: StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK493175/

Hagan, T. L., Xu, J., Lopez, R. P., & Bressler, T. (2018). Nursing's role in leading palliative care: A call to action. *Nurse education today, 61*, 216–219.

https://doi.org/10.1016/j.nedt.2017.11.037

Halter, M., Boiko, O., Pelone, F., Beighton, C., Harris, R., Gale, J., Gourlay, S., & Drennan, V. (2017). The determinants and consequences of adult nursing staff turnover: A systematic review of systematic reviews. *BMC Health Services Research, 17(1)*, 824-824. https://doi.org/10.1186/s12913-017-2707-0

Hamdan, M., & Abu Hamra, A. (2015). Workplace violence towards workers in the emergency departments of Palestinian hospitals: A cross-sectional study. *Human Resources for Health, 13(1)*, 28-28. https://doi.org/10.1186/s12960-015-0018-2

Hanson, J., & VanderWeele, T. (2019). *The Comprehensive Measure of Meaning: Psychological and Philosophical Foundations Psychological and Philosophical Foundations*. 10.1093/oso/9780197512531.003.0013.

Happell, B., Dwyer, T., Reid-Searl, K., Burke, K. J., Caperchione, C. M., & Gaskin, C. J. (2013). Nurses and stress: recognizing causes and seeking solutions. *Journal of nursing management, 21(4)*, 638–647. https://doi.org/10.1111/jonm.12037

Hartvigsen, J., Natvig, B., & Ferreira, M. (2018). Is it all about a pain in the back? Best Practice and Research. *Clinical Rheumatology, 27(5)*, 613– 623.

https://doi-org.ezproxy.liberty.edu/10.1016/j.berh.2013.09.008

Hasan, A. A., Elsayed, S., & Tumah, H. (2018). Occupational stress, coping strategies, and psychological-related outcomes of nurses working in psychiatric hospitals. *Perspectives in Psychiatric Care, 54(4)*, 514-522. https://doi.org/10.1111/ppc.12262

Hasan, A. A., & Tumah, H. (2019). The correlation between occupational stress, coping strategies, and the levels of psychological distress among nurses working in mental health hospitals in Jordan. *Perspectives in Psychiatric Care, 55(2)*, 153–160. https://doi-

org.ezproxy.liberty.edu/10.1111/ppc.12292

Havaei, F., & MacPhee, M. (2021). Effect of workplace violence and psychological stress

responses on medical-surgical nurses' medication intake. *Canadian Journal of Nursing

Research, 53(2)*, 134-144. https://doi.org/10.1177/0844562120903914

Hayward, R. M., & Tuckey, M. R. (2011). Emotions in uniform: How nurses regulate emotion at

work via emotional boundaries. *Human Relations (New York), 64(11)*, 1501-1523.

https://doi.org/10.1177/0018726711419539

Health Resources & Services Administration (HRSA). (2017). *Supply and Demand Projections

of the Nursing Workforce: 2014-2030*. https://bhw.hrsa.gov/sites/default/files/bureau-

health-workforce/data-research/nchwa-hrsa-nursing-report.pdf

Health Resources & Services Administration (HRSA). (2022). *National Sample Survey of

Registered Nurses (NSSRN)*. https://bhw.hrsa.gov/data-research/access-data-

tools/national-sample-survey-registered-nurses

Hedquist, V. (2017). Ter Brugghen's saint Sebastian tended by Irene. *Journal of Historians of

Netherlandish Art, 9(2)*. https://doi.org/10.5092/jhna.2017.9.2.3

Hegney, D. G., Rees, C. S., Osseiran-Moisson, R., Breen, L., Eley, R., Windsor, C., & Harvey,

C. (2019). Perceptions of nursing workloads and contributing factors, and their impact on

implicit care rationing: A queensland, australia study. *Journal of Nursing Management,

27(2)*, 371-380. https://doi.org/10.1111/jonm.12693

Hemenover, S. H., & Harbke, C. R. (2017). Individual differences in forecast effectiveness of 5

negative affect repair strategies. *Personality and Individual Differences, 114*, 175-180.

https://doi.org/10.1016/j.paid.2017.04.014

Hendrich, A., Chow, M. P., Skierczynski, B. A., & Lu, Z. (2008). A 36-hospital time and motion

study: How do medical-surgical nurses spend their time? *Permanente Journal, 12(3)*, 25-34. https://doi.org/10.7812/TPP/08-021

Hewitt, P. L., Flett, G. L., & Mosher, S. W. (1992). The Perceived Stress Scale: Factor structure and relation to depression symptoms in a psychiatric sample. *Journal of Psychopathology and Behavioral Assessment, 14(3)*, 247–257. https://doi.org/10.1007/BF00962631

Howerton-Child, R. J., & Sussman, E. J. (2017). Occupational disappointment: Why did I even become a nurse? *Journal of Emergency Nursing, 43(6)*, 545-552. https://doi.org/10.1016/j.jen.2017.06.004

Huang, L., Lei, W., Xu, F., Liu, H., & Yu, L. (2020). Emotional responses and coping strategies in nurses and nursing students during Covid-19 outbreak: A comparative study. *PLoS One, 15(8)*, e0237303. https://doiorg.ezproxy.liberty.edu/10.1371/journal.pone.0237303

Hu, Q., Schaufeli, W. B., Taris, A. W., Taris, L., Schaufeli, L., & Work and Organizational Psychology: Occupational Health Psychology. (2017). How are changes in exposure to job demands and job resources related to burnout and engagement? A longitudinal study among Chinese nurses and police officers. *Stress and Health, 33(5)*, 631-644. https://doi.org/10.1002/smi.2750

Ioannidou, F., & Konstantikaki, V. (2008). Empathy and emotional intelligence: What is it really about? *International Journal of Caring Sciences, 1(3)*, 118.

Iqbal, M., Adawiyah, W. R., Suroso, A., & Wihuda, F. (2020). Exploring the impact of workplace spirituality on nurse work engagement: an empirical study on Indonesian government hospitals. *International Journal of Ethics and Systems, 36(3)*, 351-369. https://doi.org/10.1108/IJOES-03-2019-0061

Ivziku, D., Maria, M., Ferramosca, F. M. P., Greco, A., Tartaglini, D., & Gualandi, R. (2022).

What determines physical, mental, and emotional workloads on nurses? A cross-sectional
study. *Journal of Nursing Management, 30(8)*, 4387-4397.
https://doi.org/10.1111/jonm.13862

Iwanowicz-Palus, G., Mróz, M., Kowalczuk, K., Szlendak, B., Bień, A., & Cybulski, M. (2022).
Nurses Coping with Stressful Situations-A Cross-Sectional Study. *International journal
of environmental research and public health, 19(17)*, 10924.
https://doi.org/10.3390/ijerph191710924

Jalil, R., Huber, J. W., Sixsmith, J., & Dickens, G. L. (2017). Mental health nurses' emotions,
exposure to patient aggression, attitudes to and use of coercive measures: Cross sectional
questionnaire survey. *International Journal of Nursing Studies, 75*, 130-138.
https://doi.org/10.1016/j.ijnurstu.2017.07.018

Jambawo, S. (2018). Transformational leadership and ethical leadership: Their significance in
the mental healthcare system. *British Journal of Nursing (Mark Allen Publishing),
27(17)*, 998-1001. https://doi.org/10.12968/bjon.2018.27.17.998

Jang, M. H., Gu, S. Y., & Jeong, Y. M. (2019). Role of coping styles in the relationship between
nurses' work stress and Well-Being across career. *Journal of Nursing Scholarship, 51(6)*,
699-707. https://doi.org/10.1111/jnu.12523

Jans-Beken, L. (2019). The relationship of spiritual coping with resilience and perceived stress:
Validation of the dutch spiritual coping questionnaire. *Spiritual Psychology and
Counseling, 4(2)*, 93-108. https://doi.org/10.37898/spc.2019.4.2.0063

Jarosinski, J. M., Seldomridge, L., Reid, T. P., & Willey, J. (2022). Nurse faculty shortage:
Voices of nursing program administrators. *Nurse Educator, 47(3)*, 151-155.
https://doi.org/10.1097/NNE.0000000000001139

Jenkins, B., & Warren, N. A. (2012). Concept analysis: Compassion fatigue and effects upon critical care nurses. *Critical Care Nursing Quarterly, 35(4)*, 388-395. https://doi.org/10.1097/CNQ.0b013e318268fe09

Jennings, B. M. (2008). Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions. In R. G. Hughes (Ed.), Patient Safety and Quality: An Evidence-Based Handbook for Nurses. *Agency for Healthcare Research and Quality (US).*

Jeung, D. Y., Kim, C., & Chang, S. J. (2018). Emotional Labor and Burnout: A Review of the Literature. *Yonsei medical journal, 59(2)*, 187–193. https://doi.org/10.3349/ymj.2018.59.2.187

Johnson, E. L., & Myers, D. G. (2010). Psychology & Christianity: *Five views* (2nd; ed.). IVP Academic.

Jones, I., Gratton, C. (2009). *Research Methods for Sports Studies*, 2nd edition, London: Routledge.

Joseph, D. L., & Newman, D. A. (2010). Emotional intelligence: An integrative meta-analysis and cascading model. *Journal of Applied Psychology, 95(1)*, 54-78. https://doi.org/10.1037/a0017286

Kang H. (2021). Sample size determination and power analysis using the G*Power software. *Journal of educational evaluation for health professions, 18*, 17. https://doi.org/10.3352/jeehp.2021.18.17

Karlla Emanuelle, F. L., Gabriel Lucas, M. F., Vinicius da, C. S., Andressa, R. C., José Fernando Vila Nova,de Moraes, & José Roberto de Andrade do,Nascimento Junior. (2022). Adaptation and Psychometric Properties of the Self Report Emotional Intelligence Test

(SSEIT) among Brazilian athletes. *Acta Colombiana De Psicología, 25(1)*, 121-136.

https://doi.org/10.14718/ACP.2022.25.1.9

Kato T. (2015). Frequently Used Coping Scales: A Meta-Analysis. Stress and health: *Journal of the International Society for the Investigation of Stress, 31(4)*, 315–323.

https://doi.org/10.1002/smi.2557

Katana, M., Röcke, C., Spain, S. M., & Allemand, M. (2019). Emotion regulation, subjective well-being, and perceived stress in daily life of geriatric nurses. *Frontiers in Psychology, 10*, 1097-1097. https://doi.org/10.3389/fpsyg.2019.01097

Kaya, H., Şenyuva, E., & Bodur, G. (2018). The relationship between critical thinking and emotional intelligence in nursing students: *A longitudinal study. Nurse Education Today, 68*, 26-32. https://doi.org/10.1016/j.nedt.2018.05.024

Kazemipour, F., Mohamad Amin, S., & Pourseidi, B. (2012). Relationship between workplace spirituality and organizational citizenship behavior among nurses through mediation of affective organizational commitment. *Journal of Nursing Scholarship, 44(3)*, 302– 310.

https://doi-org.ezproxy.liberty.edu/10.1111/j.1547-5069.2012.01456.x

Kells, M., & Jennings Mathis, K. (2022). Influence of COVID-19 on the next generation of nurses in the United States. *Journal of Clinical Nursing.*

https://doi.org/10.1111/jocn.16202

Kelly, L. A., & Lefton, C. (2017). Effect of meaningful recognition on critical care nurses' compassion fatigue. *American Journal of Critical Care, 26(6)*, 438-444.

https://doi.org/10.4037/ajcc2017471

Kervezee, L., Kosmadopoulos, A., & Boivin, D. B. (2020). Metabolic and cardiovascular consequences of shift work: The role of circadian disruption and sleep disturbances. *The*

European Journal of Neuroscience, 51(1), 396-412. https://doi.org/10.1111/ejn.14216

Khakshooy, A. M., & Chiappelli, F. (2018). *Descriptive statistics. Practical biostatistics in translational healthcare* (pp. 43-70). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-57437-9_4

King James Bible. (2022). *King James Bible Online*. https://www.kingjamesbibleonline.org/ (Original work published 1769)

Kirwan, M., Riklikiene, O., Gotlib, J., Fuster, P., & Borta, M. (2019). Regulation and current status of patient safety content in pre-registration nurse education in 27 countries: Findings from the rationing - missed nursing care (RANCARE) COST action project. *Nurse Education in Practice, 37*, 132-140. https://doi.org/10.1016/j.nepr.2019.04.013

Kite, M. E., & Whitley, B. E. (2018). Correlational designs. *Principles of research in behavioral science* (4th ed., pp. 432-465). Routledge. https://doi.org/10.4324/9781315450087-11

Ko, W., & Kiser-Larson, N. (2016). Stress Levels of Nurses in Oncology Outpatient Units. *Clinical journal of oncology nursing, 20(2)*, 158–164. https://doi.org/10.1188/16.CJON.158-164

Koivula, A., Räsänen, P., & Sarpila, O. (2019). Examining social desirability bias in online and offline surveys. *Human-computer interaction. perspectives on design* (pp. 145-158). Springer International Publishing. https://doi.org/10.1007/978-3-030-22646-6_11

Kozlowski, D., Hutchinson, M., Hurley, J., & Browne, G. (2018). Increasing nurses' emotional intelligence with a brief intervention. *Applied Nursing Research, 41*, 59-61. https://doi.org/10.1016/j.apnr.2018.04.001

Krause, N., & Pargament, K. I. (2018). Reading the Bible, Stressful Life Events, and Hope: Assessing an Overlooked Coping Resource. *Journal of religion and health, 57(4)*, 1428–

1439. https://doi.org/10.1007/s10943-018-0610-6

Krok, D. (2015). Religiousness, spirituality: And coping with stress among late adolescents: A

meaning-making perspective. *Journal of Adolescence, 45*, 196– 203. https://doi-

org.ezproxy.liberty.edu/10.1016/j.adolescence.2015.10.004

Kunyk, D. (2015). Substance use disorders among registered nurses: Prevalence, risks, and

perceptions in a disciplinary jurisdiction. *Journal of Nursing Management, 23(1)*, 54-64.

https://doi.org/10.1111/jonm.12081

Kusma, B., Pietsch, A., Riepenhof, H., Haß, S., Kuhn, D., Fischer, K., & Nienhaus, A. (2019).

The Back College for nurses – An evaluation of intermediate effects. *Journal of*

Occupational Medicine and Toxicology, 14(1), 19.

https://doiorg.ezproxy.liberty.edu/10.1186/s12995-019-0239-8

Labott, S., Johnson, T. P., Feeny, N. C., Fendrich, M. (2016). "Evaluating and Addressing

Emotional Risks in Survey Research." *Survey Practice 9 (1)*.

https://doi.org/10.29115/SP2016-0006.

Labrague, L. J., McEnroe-Petitte, D. M., Leocadio, M., Van Bogaert, P., & Cummings, G. G.

(2018). Stress and ways of coping among nurse managers: An integrative review. *Journal*

of Clinical Nursing, 27, 1346-1359. https://doi.org/10.1111/jocn.14165

Lasater, K. B., Aiken, L. H., Sloane, D. M., French, R., Anusiewicz, C. V., Martin, B., Reneau,

K., Alexander, M., & McHugh, M. D. (2021). Is hospital nurse staffing legislation in the

public's interest?: An observational study in New York state. *Medical Care, 59(5)*, 444-

450. https://doi.org/10.1097/MLR.0000000000001519

Laukhuf, R. L., & Laukhuf, G. A. (2016). Stress in radiology nursing. *Journal of Radiology*

Nursing, 35, 205– 210. https://doi.org/10.1016/j.jradnu.2016.02.005.

Lavoie-Tremblay, M., Gélinas, C., Aubé, T., Tchouaket, E., Tremblay, D., Gagnon, M., & Côté, J. (2022). Influence of caring for COVID-19 patients on nurse's turnover, work satisfaction and quality of care. *Journal of Nursing Management, 30(1)*, 33-43. https://doi.org/10.1111/jonm.13462

Lazarus R. S., Folkman S. (1984). *Stress, Appraisal, and Coping.* New York, NY: Springer.

Lee H. S. (2019). STAFFING AND CARE QUALITY OF NURSING HOMES IN KOREA. *Innovation in Aging, 3(Suppl 1)*, S702. https://doi.org/10.1093/geroni/igz038.2583

Lee, M. and Jang, K.-S. (2019). "Nurses' emotions, emotion regulation and emotional exhaustion", *International Journal of Organizational Analysis, Vol. 27 No. 5*, pp. 1409-1421. https://doi-org.ezproxy.liberty.edu/10.1108/IJOA-06-2018-1452

Lee, M. and Jang, K.-S. (2020), "Nurses' emotions, emotional labor, and job satisfaction", *International Journal of Workplace Health Management, Vol. 13 No. 1*, pp. 16-31. https://doi-org.ezproxy.liberty.edu/10.1108/IJWHM-01-2019-0012

Lee, E., & Kim, J. (2020). Nursing stress factors affecting turnover intention among hospital nurses. *International Journal of Nursing Practice, 26(6)*, e12819-n/a. https://doi.org/10.1111/ijn.12819

Lesener, T., Gusy, B., Jochmann, A., & Wolter, C. (2020). The drivers of work engagement: A meta-analytic review of longitudinal evidence. *Work & Stress, 34*(3), 259–278. https://doi.org/10.1080/02678373.2019.1686440

Levinas, E. (1969). Totality and infinity: *An essay on exteriority* (trans: Lingis, A.). Pittsburgh: Duquesne University Press. (Original work published 1961).

Lewis, G. M., Neville, C., & Ashkanasy, N. M. (2017). Emotional intelligence and affective events in nurse education: A narrative review. *Nurse education today, 53*, 34–40.

https://doi.org/10.1016/j.nedt.2017.04.001

Li, N., Zhang, L., Xiao, G., Chen, Z. J., & Lu, Q. (2020). Effects of organizational commitment, job satisfaction and workplace violence on turnover intention of emergency nurses: A cross-sectional study. *International Journal of Nursing Practice, 26(6)*, e12854-n/a. https://doi.org/10.1111/ijn.12854

Lin, C., Alimoradi, Z., Griffiths, M. D., & Pakpour, A. H. (2022). Psychometric properties of the Maslach burnout inventory for medical personnel (MBI-HSS-MP). *Heliyon, 8(2)*, e08868-e08868. https://doi.org/10.1016/j.heliyon.2022.e08868

Ling, K., Xianxiu, W., & Xiaowei, Z. (2020). Analysis of nurses' job burnout and coping strategies in hemodialysis centers. *Medicine (Baltimore), 99(17)*, e19951-e19951. https://doi.org/10.1097/MD.0000000000019951

López-Núñez, M. I., Rubio-Valdehita, S., Diaz-Ramiro, E. M., & Aparicio-García, M. E. (2020). Psychological capital, workload, and burnout: What's new? the impact of personal accomplishment to promote sustainable working conditions. *Sustainability, 12(19)*, 8124. https://doi.org/10.3390/su12198124

López, R. G., Pérez-Villalobos, C., Ortega-Bastidas, P., Schulz-Bañares, B., & Espinoza-Melgarejo, P. (2021). Maslach Burnout Inventory: Factorial structure and reliability in university students in the health area of Chile -MBI-HSS in students in the health area of Chile. *Revista Argentina De Clínica Psicológica, 30(2)*, 26. https://doi.org/10.24205/03276716.2020.4003

Lundmark, M. (2019). The bible as coping tool: Its use and psychological functions in a sample of practicing Christians living with cancer. *Archive for the Psychology of Religion, 41(2)*, 141-158. https://doi.org/10.1177/0084672419871116

Maben, J., & Bridges, J. (2020). Covid-19: Supporting nurses' psychological and mental health. *Journal of Clinical Nursing, 29(15-16)*, 2742-2750. https://doi.org/10.1111/jocn.15307

Malphurs, A. (2018). *Developing emotionally mature leaders: How emotional intelligence can help transform your ministry.* Baker Books.

Manna, D. R. (2019). The effects of emotional intelligence on communications and relationships. *Journal of Organizational Psychology, 19(6)*, 63-67. https://doi.org/10.33423/jop.v19i6.2664

Mannering, F. (2018). Cross-sectional modeling. *Safe mobility: Challenges, methodology and solutions* (pp. 257-277). Emerald Publishing Limited. https://doi.org/10.1108/S2044-994120180000011013

Mao, L., Huang, L., & Chen, Q. (2021). Promoting resilience and lower stress in nurses and improving inpatient experience through emotional intelligence training in China: A randomized controlled trial. *Nurse Education Today, 107*, 105130-105130. https://doi.org/10.1016/j.nedt.2021.105130

Markiewicz, K. (2019). burnout as a mediator of the interrelations between emotional intelligence and stress coping strategies in nurses. *Acta Neuropsychologica (Warszawa), 17(3)*, 233-244. https://doi.org/10.5604/01.3001.0013.4531

Martin, R., Kazarian, S. & Breiter, H. (1995). Perceived stress, life events, dysfunctional attitudes, and depression in adolescent psychiatric inpatients. *Journal of Psychopathology and Behavioral Assessment. 17,* 81-95. 10.1007/BF02229205.

Maslach, C. & Jackson, S. E. (1982). *Burnout in health professions: A social psychological analysis*. In G. Sanders & J. SuIs (Eds.), Social psychology of health and illness. Hillsdale, NJ: Erlbaum.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52(1)*, 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Maslow, A (1954). *Motivation and personality*. New York, NY: Harper. ISBN 978-0-06-041987-5.

Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. J. Sluyter (Eds.), *Emotional development and emotional intelligence: Educational implications* (pp. 3–34). Basic Books.

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2001). Emotional intelligence as a standard intelligence. *Emotion (Washington, D.C.), 1(3)*, 232-242. https://doi.org/10.1037/1528-3542.1.3.232

Mayo Clinic. (2022). *Stress Management*. https://www.mayoclinic.org/healthy-lifestyle/stress-management/basics/stress-basics/hlv-20049495

Mazzella-Ebstein, A. M., Sanzero Eller, L., Tan, K. S., Cherniss, C., Ruggiero, J. S., & Cimiotti, J. P. (2019). The relationships between coping, occupational stress, and emotional intelligence in newly hired oncology nurses. *Psycho-Oncology (Chichester, England), 28(2)*, 278-283. https://doi.org/10.1002/pon.4937

Mboweni, S. H., & Makhado, L. (2017). Professional nurses' lived experiences regarding the performance management system in the mopani district. *Curationis (Pretoria), 40(1)*, 1-9. https://doi.org/10.4102/curationis.v40i1.1631

McBurney, D., & White, T. L. (2009). *Research methods*. Belmont, CA: Wadsworth Cengage Learning. https://onlinelibrary.wiley.com/doi/10.1002/9781118445112.stat05999.pub2

McCarthy, Buckley, B. A., Engel, K. G., Forth, V. E., Adams, J. G., Cameron, K. A., & Ufberg, J. (2013). Understanding Patient-Provider Conversations: What Are We Talking About?

Academic Emergency Medicine., 20(5), 441–448. https://doi.org/10.1111/acem.12138

McCrae, R. R., & Costa, P. T., Jr. (1997). Personality trait structure as a human universal. *American Psychologist, 52(5)*, 509–516. https://doi.org/10.1037/0003-066X.52.5.509

McQueen, A. C. H. (2004). Emotional intelligence in nursing work. *Journal of Advanced Nursing, 47(1)*, 101-108. https://doi.org/10.1111/j.1365-2648.2004.03069.x

McVicar, A. (2016). Scoping the common antecedents of job stress and job satisfaction for nurses (2000-2013) using the job demands-resources model of stress. *Journal of Nursing Management, 24(2)*, E112-E136. https://doi.org/10.1111/jonm.12326

Merrill, A. S. (2019). Helping educators become teachers through mentoring. *Reflect Nurs Leadersh, 45*:41–46. https://nursingcentered.sigmanursing.org/stories/view//Helping-educators-become-teachers-through-mentoring

Meyer, B. (2001). Coping with severe mental illness: Relations of the brief COPE with symptoms, functioning, and well-being. *Journal of Psychopathology and Behavioral Assessment, 23(4)*, 265. https://doi.org/10.1023/A:1012731520781

Michelangelo, L. (2015). The overall impact of emotional intelligence on nursing students and nursing. *Asia-Pacific journal of oncology nursing, 2(2)*, 118–124. https://doi.org/10.4103/2347-5625.157596

Midje, H. H., Nyborg, V. N., Nordsteien, A., Øvergård, K. I., Brembo, E. A., & Torp, S. (2024). Antecedents and outcomes of work engagement among nursing staff in long-term care facilities—A systematic review. *Journal of Advanced Nursing, 80(1)*, 42-59. https://doi.org/10.1111/jan.15804

Mihaljevic, S., Aukst-Margetic, B., Karnicnik, S., Vuksan-Cusa, B., & Milosevic, M. (2016). Do spirituality and religiousness differ with regard to personality and recovery from

depression? A follow-up study. *Comprehensive Psychiatry, 70*, 17– 24. https://doi-org.ezproxy.liberty.edu/10.1016/j.comppsych.2016.06.003

Milliman, J., Gatling, A. & Bradley-Geist, J.C. (2017), The Implications of Workplace Spirituality for Person-Environment Fit Theory. *Psychology of Religion and Spirituality. 9.* 10.1037/rel0000068.

Min, D. (2022). Effects of resilience, burnout, and work-related physical pain on work-life balance of registered nurses in South Korean nursing homes: A cross-sectional study. *Medicine (Baltimore), 101(30)*, e29889-e29889. https://doi.org/10.1097/MD.0000000000029889

Miners, C. T. H., Côté, S., & Lievens, F. (2018). Assessing the Validity of Emotional Intelligence Measures. *Emotion Review, 10(1)*, 87–95. https://doi.org/10.1177/1754073917693688

Mo, Y., Deng, L., Zhang, L., Lang, Q., Liao, C., Wang, N., Qin, M., & Huang, H. (2020). Work stress among Chinese nurses to support Wuhan in fighting against COVID-19 epidemic. *Journal of Nursing Management, 28(5)*, 1002-1009. https://doi.org/10.1111/jonm.13014

Mockałło, Z., & Widerszal-Bazyl, M. (2021). Role of job and personal resources in the appraisal of job demands as challenges and hindrances. *PloS one, 16(3)*, e0248148. https://doi.org/10.1371/journal.pone.0248148

Moeini, S., Shahriari, M., & Shamali, M. (2020). Ethical challenges of obtaining informed consent from surgical patients. *Nursing Ethics, 27(2)*, 527-536. https://doi.org/10.1177/0969733019857781

Mogull, S. A. (2018). *The methods section. Scientific and medical communication* (1st ed., pp. 115-131). Routledge. https://doi.org/10.4324/9781315731438-6

Moloney, W., Boxall, P., Parsons, M., & Cheung, G. (2018). Factors predicting registered

nurses' intentions to leave their organization and profession: A job demands-resources

framework. *Journal of Advanced Nursing, 74(4)*, 864-875.

https://doi.org/10.1111/jan.13497

Montgomery, C. M., Humphreys, S., McCulloch, C., Docherty, A. B., Sturdy, S., & Pattison, N.

(2021). Critical care work during COVID-19: A qualitative study of staff experiences in

the UK. *BMJ Open, 11(5)*, e048124-e048124.

 https://doi.org/10.1136/bmjopen-2020-048124

Moss, M., Good, V. S., Gozal, D., Kleinpell, R., & Sessler, C. N. (2016). An official critical care

societies collaborative statement-burnout syndrome in critical care health-care

professionals: A call for action. *Chest, 150(1)*, 17-26.

https://doi.org/10.1016/j.chest.2016.02.649

Mullen, L. M., Bistany, B. R., Kim, J. J., Joseph, R. A., Akers, S. W., Harvey, J. R., &

Houghton, A. (2023). Facilitation of forgiveness: Impact on health and well-being.

Holistic Nursing Practice, 37(1), 15 23. https://doi.org/10.1097/HNP.0000000000000559

Murgia, C., Notarnicola, I., Rocco, G., & Stievano, A. (2020). Spirituality in nursing: A concept

analysis. *Nursing ethics, 27(5)*, 1327–1343. https://doi.org/10.1177/0969733020909534

Murray, M., Sundin, D., & Cope, V. (2018). The nexus of nursing leadership and a culture of

safer patient care. *Journal of Clinical Nursing, 27(5-6)*, 1287-1293.

https://doi.org/10.1111/jocn.13980

Murthy V. H. (2022). Confronting Health Worker Burnout and Well-Being. *The New England

journal of medicine, 387(7)*, 577–579. https://doi.org/10.1056/NEJMp2207252

Murtza, M. H., Gill, S. A., Aslam, H. D., & Noor, A. (2021). Intelligence quotient, job

satisfaction, and job performance: The moderating role of personality type. *Journal of Public Affairs, 21(3)*, n/a. https://doi.org/10.1002/pa.2318

Năstasă, L. E., Fărcaş, A. D. (2015). The Effect of Emotional Intelligence on Burnout in Healthcare Professionals, Procedia. *Social and Behavioral Sciences, Volume 187*, 78-82. https://doi.org/10.1016/j.sbspro.2015.03.015.

Naushad, V. A., Bierens, J. J., Nishan, K. P., Firjeeth, C. P., Mohammad, O. H., Maliyakkal, A. M., ChaliHadan, S., & Schreiber, M. D. (2019). A systematic review of the impact of disaster on the mental health of medical responders. *Prehospital and Disaster Medicine, 34(6)*, 632– 643. https://doi-org.ezproxy.liberty.edu/10.1017/S1049023X19004874

Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2018). *Adaptations of the evidence-based Transitional Care Model in the US. Social Science & Medicine, (1982, Sept.), 213*, 28-36. https://doi.org/10.1016/j.socscimed.2018.07.023

Nesselroade, N. P., Grimm, L. G. (2018). *Power analysis and hypothesis testing. Statistical applications for the behavioral and social sciences* (pp. 343-373). John Wiley & Sons, Inc. https://doi.org/10.1002/9781119531708.ch11

Neuman, B., & Young, R. J. (1972). A model for teaching total person approach to patient problems. *Nursing Research, 21(2)*, 264– 269. https://doi-org.ezproxy.liberty.edu/10.1097/00006199-197205000-00015

Ng, K., Franken, E., Nguyen, D., & Teo, S. (2022). Job satisfaction and public service motivation in Australian nurses: The effects of abusive supervision and workplace bullying. *International Journal of Human Resource Management, 34(11)*, 2235-2264. https://doi.org/10.1080/09585192.2022.2070715

Ní Léime, Á., & O'Neill, M. (2021). The impact of the COVID-19 pandemic on the working

lives and retirement timing of older nurses in Ireland. *International Journal of Environmental Research and Public Health, 18(19)*, 10060. https://doi.org/10.3390/ijerph181910060

Nkhata, L. A., Brink, Y., Ernstzen, D., & Louw, Q. A. (2021). Nurses back pain beliefs, coping strategies and factors associated with participant activation for self-management of back pain. *Journal of Advanced Nursing, 77(9)*, 3772-3783. https://doi.org/10.1111/jan.14890

O'Connor, P. J., & Athota, V. S. (2013). The intervening role of agreeableness in the relationship between trait emotional intelligence and Machiavellianism: Reassessing the potential dark side of EI. *Personality and Individual Differences, 55(7)*, 750-754. https://doi.org/10.1016/j.paid.2013.06.006

O'Connor, P. J., Hill, A., Kaya, M., & Martin, B. (2019). The Measurement of Emotional Intelligence: A Critical Review of Literature and Recommendations for Researchers and Practitioners. *Frontiers in psychology, 10*, 1116. https://doi.org/10.3389/fpsyg.2019.01116

Occupational Safety and Health Administration. (2020). *Workplace violence in healthcare: understanding the challenge.* https://www.osha.gov/Publications/OSHA3826.pdf.

Owens, J. (2017). Life balance in nurse educators: A mixed-methods study. *Nursing Education Perspectives, 38(4)*, 182-188. https://doi.org/10.1097/01.NEP.0000000000000177

Ozawa, C., Suzuki, T., Mizuno, Y., Tarumi, R., Yoshida, K., Fujii, K., Uchida, H. (2017). Resilience and spirituality in patients with depression and their family members: A cross-sectional study. *Comprehensive Psychiatry, 77*, 53– 59. https://doiorg.ezproxy.liberty.edu/10.1016/j.comppsych.2017.06.002

Öztürk, Z., Yilmazer, Ö., Erdem, Ö. (2019). The effect of organizational commitment on health

care provided in hospitals: Kirikkale province sample. *International Journal of Health Management and Strategies Research 5(1)*: 21–50 (Original work published in Turkish).

Paal, P., Neenan, K., Muldowney, Y., Brady, V., & Timmins, F. (2018). Spiritual leadership as an emergent solution to transform the healthcare workplace. *Journal of Nursing Management, 26(4)*, 335– 337. https://doi-org.ezproxy.liberty.edu/10.1111/jonm.12637

Padilla Fortunatti, C., & Palmeiro-Silva, Y. K. (2017). Effort–Reward imbalance and burnout among ICU nursing staff: A cross-sectional study. *Nursing Research (New York), 66(5)*, 410-416. https://doi.org/10.1097/NNR.0000000000000239

Park, S. H., Hanchett, M., & Ma, C. (2018). Practice environment characteristics associated with missed nursing care. *Journal of Nursing Scholarship, 50(6)*, 722-730. https://doi.org/10.1111/jnu.12434

Parker, J. D. A., & Endler, N. S. (1992). Coping with coping assessment: A critical review. *European Journal of Personality, 6(5)*, 321-344. https://doi.org/10.1002/per.2410060502

Parsons, I. L., Boudreau, M. R., Karisch, B. B., Stone, A. E., Norman, D. A., Webb, S. L., Evans, K. O., & Street, G. M. (2022). Aiming for the optimum: Examining complex relationships among sampling regime, sampling density and landscape complexity to accurately model resource availability. *Landscape Ecology, 37(11)*, 2743-2756. https://doi.org/10.1007/s10980-022-01523-8

Patel, S., Potter, R., Matharu, M., Carnes, D., Taylor, S. J. C., Nichols, V., Pincus, T., Underwood, M., & Sandhu, H. (2019). Development of an education and self-management intervention for chronic headache – CHESS trial (Chronic Headache Education and Self-management Study). *Journal of Headache Pain, 20*, 28. https://doi-org.ezproxy.liberty.edu/10.1186/s10194-019-0980-5

Pekrun, R. (2006). The control-value theory of achievement emotions: Assumptions, corollaries, and implications for educational research and practice. *Educational Psychology Review, 18(4)*, 315–341. https://doi.org/10.1007/s10648-006-9029-9

Peng, Y., & Mao, C. (2015). The impact of Person–Job fit on job satisfaction: The mediator role of self-efficacy. *Social Indicators Research, 121(3)*, 805-813. https://doi.org/10.1007/s11205-014-0659-x

Pérez-Fuentes, M. D. C., Molero Jurado, María Del Mar, Gázquez Linares, J. J., & Oropesa Ruiz, N. F. (2018). The role of emotional intelligence in engagement in nurses. *International Journal of Environmental Research and Public Health, 15(9)*, 1915. https://doi.org/10.3390/ijerph15091915

Perinelli, E., & Gremigni, P. (2016). Use of social desirability scales in clinical psychology: A systematic review. *Journal of Clinical Psychology, 72(6)*, 534-551. https://doi.org/10.1002/jclp.22284

Permarupan, P. Y., Al Mamun, A., Hayat, N., Saufi, R. A., & Samy, N. K. (2021). Nursing management challenges: Effect of quality of work life on depersonalization. *International Journal of Healthcare Management, 14(4)*, 1040-1049. https://doi.org/10.1080/20479700.2020.1728924

Perry, J. C., & Vandenhouten, C. L. (2019). Drug diversion detection. *Nursing Management, 50(2)*, 16-21. https://doi.org/10.1097/01.NUMA.0000552735.56577.4b

Peters, E. (2018). Compassion fatigue in nursing: A concept analysis. *Nursing Forum (Hillsdale), 53(4)*, 466-480. https://doi.org/10.1111/nuf.12274

Peterson, C. (2008, May 16). What is positive psychology, and what is it not? *Psychology Today*. https://www.psychologytoday.com/us/blog/the-good-life/200805/what-is-positive-

psychology-and-what-is-it-not

Peterson, C., & Seligman, M. E. P. (2004). Character strengths and virtues: A handbook and

classification. *American Psychological Association.*

https://doi.org/10.1604/9780198037330

Petrides, K. V. (2010). Trait emotional intelligence theory. *Industrial and Organizational*

Psychology, 3(2), 136-139. https://doi.org/10.1111/j.1754-9434.2010.01213.x

Princiotta, D., & Goldstein, S. (2015). A.R.luria and intelligence defined as a neuropsychological

construct. *Handbook of intelligence: Evolutionary theory, historical perspective, and*

current concepts (pp. 181-192)https://doi.org/10.1007/978-1-4939-1562-0_13

Pélissier, C., Cavelier, C., Vercherin, P., Roche, F., Patural, H., & Fontana, L. (2021). Vigilance

and sleepiness in nurses working 12-hr shifts and their coping strategies. *Journal of*

Nursing Management, 29(5), 962-970. https://doi.org/10.1111/jonm.13233

Pishgooie, A. H., Atashzadeh-Shoorideh, F., Falcó-Pegueroles, A., & Lotfi, Z. (2019).

Correlation between nursing managers' leadership styles and nurses' job stress and

anticipated turnover. *Journal of Nursing Management, 27(3)*, 527-534.

https://doi.org/10.1111/jonm.12707

Phillips, G. S., MacKusick, C. I., & Whichello, R. (2018). Workplace incivility in nursing: A

literature review through the lens of ethics and spirituality. *Journal of Christian Nursing:*

A Quarterly Publication of Nurses Christian Fellowship, 35(1), E7– E12. https://doi-

org.ezproxy.liberty.edu/10.1097/CNJ.0000000000000467

Poghosyan, L., Aiken, L. H., & Sloane, D. M. (2014). Corrigendum to "Factor structure of the

Maslach burnout inventory: An analysis of data from large scale cross-sectional surveys

of nurses from eight countries" [int. J. nurs. stud. 46 (2009) 894–902]. *International*

Journal of Nursing Studies, 51(10), 1416-1417.

https://doi.org/10.1016/j.ijnurstu.2014.02.013

Polit, D. F. (2017). Clinical significance in nursing research: A discussion and descriptive

analysis. *International Journal of Nursing Studies, 73*, 17-23.

https://doi.org/10.1016/j.ijnurstu.2017.05.002

Pradhan, R. K., Jena, L. K., & Bhattacharya, P. (2016). Impact of psychological capital on

organizational citizenship behavior: Moderating role of emotional intelligence. *Cogent*

Business & Management, 3(1), 1194174.

https://doi.org/10.1080/23311975.2016.1194174

Raeissi, P., Zandian, H., Mirzarahimy, T., Delavari, S., Zahirian Moghadam, T., & Rahimi, G.

(2019). Relationship between communication skills and emotional intelligence among

nurses. *Nursing Management (Harrow, London, England), 26(2)*, 31-35.

https://doi.org/10.7748/nm.2019.e1820

Rae, P. J. L., Pearce, S., Greaves, P. J., Dall'Ora, C., Griffiths, P., & Endacott, R. (2021).

Outcomes sensitive to critical care nurse staffing levels: A systematic review. *Intensive &*

Critical Care Nursing, 67, 103110-103110. https://doi.org/10.1016/j.iccn.2021.103110

Raghubir A. E. (2018). Emotional intelligence in professional nursing practice: A concept review

using Rodgers's evolutionary analysis approach. *International journal of nursing*

sciences, 5(2), 126–130. https://doi.org/10.1016/j.ijnss.2018.03.004

Raiger, J. (2005). Applying a cultural lens to the concept of burnout. *Journal of Transcultural*

Nursing, 16(1), 71-76. https://doi.org/10.1177/1043659604270980

Rego, A., Pina E Cunha, M., & Oliveira, M. (2008). Eupsychia revisited: The role of spiritual

leaders. *Journal of Humanistic Psychology, 48(2)*, 165– 195. https://doi-

org.ezproxy.liberty.edu/10.1177/0022167807312202

Renard, M., & Snelgar, R. J. (2015). Using the proactive coping inventory to measure southern African university students' coping styles. *South African Journal of Psychology, 45(2)*, 168-181. https://doi.org/10.1177/0081246314561542

Rhéaume, A., & Mullen, J. (2018). The impact of long work hours and shift work on cognitive errors in nurses. *Journal of Nursing Management, 26(1)*, 26– 32. https://doi-org.ezproxy.liberty.edu/10.1111/jonm.12513

Ribeiro, M., Caldeira, S., Nunes, E., & Vieira, M. (2021). A commentary on spiritual leadership and workplace spirituality in nursing management. *Journal of Nursing Management, 29(3)*, 602-605. https://doi.org/10.1111/jonm.13196

Richardson, A., Gurung, G., Darrett, S., & Harcombe, H. (2019). Perspectives on preventing musculoskeletal injuries in nurses: A qualitative study. *Wiley Open Nursing, 6(3)*, 915– 929. https://doi-org.ezproxy.liberty.edu/10.1002/nop2.272

Richardson, C. M. E. (2017). Emotion regulation in the context of daily stress: Impact on daily affect. *Personality and Individual Differences, 112*, 150-156. https://doi.org/10.1016/j.paid.2017.02.058

Rindermann, H., Becker, D., & Coyle, T. R. (2020). Survey of expert opinion on intelligence: Intelligence research, experts' background, controversial issues, and the media. *Intelligence (Norwood), 78*, 101406. https://doi.org/10.1016/j.intell.2019.101406

Roberti, J. W., Harrington, L. N., & Storch, E. A. (2006). Further psychometric support for the 10-item version of the perceived stress scale. *Journal of College Counseling, 9(2)*, 135-147. https://doi.org/10.1002/j.2161-1882.2006.tb00100.x

Roberts, M. (1954). *American Nursing: History and Interpretation*. New York: Macmillan Co.

Rodrigues, F., Figueiredo, N., Rodrigues, J., Ferreira, R., Hernández-Mendo, A., & Monteiro, D. (2022). *A comprehensive review and bifactor modeling analysis of the brief COPE*. SAGE Publications. https://doi.org/10.1177/00469580221108127

Roesch, S. C., Aldridge, A. A., Huff, T. L. P., Langner, K., Villodas, F., & Bradshaw, K. (2009). On the dimensionality of the proactive coping inventory: 7, 5, 3 factors? *Anxiety, Stress, and Coping, 22(3)*, 327-339. https://doi.org/10.1080/10615800802082304

Roodbandi, A. J., Choobineh, A., & Daneshvar, S. (2015). Relationship between circadian rhythm amplitude and stability with sleep quality and sleepiness among shift nurses and health care workers. *International journal of occupational safety and ergonomics: JOSE, 21(3)*, 312–317. https://doi.org/10.1080/10803548.2015.1081770

Ruiz-Fernández, M. D., Ramos-Pichardo, J. D., Ibáñez-Masero, O., Cabrera-Troya, J., Carmona-Rega, M. I., & Ortega-Galán, Á. M. (2020). Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *Journal of Clinical Nursing, 29(21-22)*, 4321-4330. https://doi.org/10.1111/jocn.15469

Salminen, S. (2016). Long Working Hours and Shift Work as Risk Factors for Occupational Injury. *The Ergonomics Open Journal. 9*. 15-26. 10.2174/1875934301609010015.

Salyers, M. P., Bonfils, K. A., Luther, L., Firmin, R. L., White, D. A., Adams, E. L., & Rollins, A. L. (2017). The relationship between professional burnout and quality and safety in healthcare: a meta-analysis. *Journal of General Internal Medicine, 32(4)*, 475–482. https://doi.org/10.1007/s11606-016-3886-9

Samaei, S. E., Mostafa, C. M., Jafarpoor, H., & Hosseinabadi, M. B. (2017). Effects of patient handling and individual factors on the prevalence of low back pain among nursing

personnel. *Work, 56*, 551– 561. https://doi-org.ezproxy.liberty.edu/10.3233/WOR-172526

Samoilenko, S., & Osei-Bryson, K. (2022). In Osei-Bryson K. (Ed.), Quantitative methodologies using multi-methods: *Models for social science and information technology research* (1st; ed.). Routledge. https://doi.org/10.1201/9781003024149

Samushonga, H. M. (2021). Distinguishing between the pastor and the superhero: God on burnout and self-care. *Journal of Pastoral Theology, 31(1)*, 4-19. https://doi.org/10.1080/10649867.2020.1748919

Şanli, O. (2017). Analyzing the perceived stress level of teachers with regards to some variables. *Electronic Journal of Social Sciences 16(61)*: 385–396 (Original work published in Turkish).

Sarabia-Cobo, C., Pérez, V., de Lorena, P., Fernández-Rodríguez, Á., González-López, J. R., & González-Vaca, J. (2021). Burnout, Compassion Fatigue and Psychological Flexibility among Geriatric Nurses: A Multicenter Study in Spain. *International journal of environmental research and public health, 18(14)*, 7560. https://doi.org/10.3390/ijerph18147560

Scheepers, R. A., Smeulders, I., & van den Broek, T. (2021). The impact of an additional nurse assistant during evening shifts on nurses' perceptions of job demands, job resources and well-being. *Journal of Advanced Nursing, 77(2)*, 1013-1016. https://doi.org/10.1111/jan.14698

Schönfeld, P., Brailovskaia, J., Bieda, A., Zhang, X. C., & Margraf, J. (2016). The effects of daily stress on positive and negative mental health: Mediation through self-efficacy. *International Journal of Clinical and Health Psychology, 16(1)*, 1-10.

https://doi.org/10.1016/j.ijchp.2015.08.005

Schuster, M., Dwyer, P. A. (2020). Post-traumatic stress disorder in nurses: An integrative

review. *Journal of Clinical Nursing, 29(15–16)*, 2769-2787.https://doi-

org.ezproxy.liberty.edu/10.1111/jocn.15288

Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., &

Dornheim, L. (1998). Development and validation of a measure of emotional

intelligence. *Personality and Individual Differences, 25(2)*, 167-177.

https://doi.org/10.1016/S0191-8869(98)00001-4

Scott, L. D., Arslanian-Engoren, C., & Engoren, M. C. (2014). Association of sleep and fatigue

with decision regret among critical care nurses. *American Journal of Critical Care, 23(1)*,

13-23. https://doi.org/10.4037/ajcc2014191

Sekiguchi, T., & Huber, V. L. (2011). The use of person–organization fit and person–job fit

information in making selection decisions. *Organizational Behavior and Human

Decision Processes, 116(2)*, 203-216. https://doi.org/10.1016/j.obhdp.2011.04.001

Seligman, M. E. P. (2019). Positive psychology: A personal history. *Annual Review of Clinical

Psychology, 15(1)*, 1-23. https://doi.org/10.1146/annurev-clinpsy-050718-095653

Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-

being*. Free Press.

Seligman, M. E. P., Milton H. Erickson Foundation, & HMP Global. (2020). *The evolution of

psychotherapy. agency and positive psychology*. Milton H. Erickson Foundation.

Shabat, L. B., & Itzhaki, M. (2024). Choosing a nursing specialty: Connection to nursing

students' personality traits, clinical self-efficacy, adoption of technology changes, and

specialty prestige; a cross-sectional study. *BMC Nursing, 23(1)*, 152-152.

https://doi.org/10.1186/s12912-024-01813-3

Shahnavazi, M., Parsa-Yekta, Z., Yekaninejad, M., Amaniyan, S., Griffiths, P., & Vaismoradi, M. (2018). The effect of the emotional intelligence education programme on quality of life in haemodialysis patients. *Applied Nursing Research, 39*, 18-25. https://doi.org/10.1016/j.apnr.2017.10.017

Shang, J., Needleman, J., Liu, J., Larson, E., & Stone, P. W. (2019). Nurse Staffing and Healthcare-Associated Infection, Unit-Level Analysis. *The Journal of nursing administration, 49(5)*, 260–265. https://doi.org/10.1097/NNA.0000000000000748

Shaw, S. (2020). Hopelessness, helplessness, and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic. *Nurse Education in Practice, 44*, 102780. https://doi-org.ezproxy.liberty.edu/10.1016/j.nepr.2020.102780

Sheppard, K. (2016). Compassion fatigue: Are you at risk? *American Nurse Today, 11(1)*, 53. https://www.myamericannurse.com/compassion-fatigue/

Shin, S., Park, J. H., & Bae, S. H. (2018). Nurse staffing and nurse outcomes: A systematic review and meta-analysis. *Nursing Outlook, 66(3)*, 273– 282. https://doi-org.ezproxy.liberty.edu/10.1016/j.outlook.2017.12.002

Singh, J., & Hassard, J. (2021). Emotional labor, emotional regulation strategies, and secondary traumatic stress: A cross-sectional study of allied mental health professionals in the UK. *The Social Science Journal (Fort Collins)*, ahead-of-print(ahead-of-print), 1-15. https://doi.org/10.1080/03623319.2021.1979825

Singh, R., Volner, K., Marlowe, D. (2022). *Provider Burnout.* In: StatPearls. Treasure Island (FL): *StatPearls Publishing; 2022 Jan-*. Available from: https://www.ncbi.nlm.nih.gov/books/NBK538330/

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of

    coping: A review and critique of category systems for classifying ways of coping.

    Psychological Bulletin, 129(2), 216-269. https://doi.org/10.1037/0033-2909.129.2.216

Soriano, C. A., Sarmiento, W., Songco, F. J., Code, A., & Macindo, J. R. (2016). Socio-

    demographics, spirituality, and quality of life among community-dwelling and

    institutionalized older adults: A structural equation model. *Archives of Gerontology and*

    Geriatrics, 66, 176– 182.

    https://doiorg.ezproxy.liberty.edu/10.1016/j.archger.2016.05.011

Soto-Rubio, A., Giménez-Espert, M. D. C., & Prado-Gascó, V. (2021). Effect of emotional

    intelligence and psychosocial risks on burnout, job satisfaction, and nurses' health during

    the COVID-19 pandemic. *International Journal of Environmental Research and Public*

    Health, 17(21), 7998. https://doi.org/10.3390/ijerph17217998

Sousa, Y. G. d., Medeiros, S. M. d., Santos, V. E. P., Temoteo, Rayrla Cristina de Abreu, &

    Carvalho, Jovanka Bittencourt Leite de. (2020). The human condition of the nursing

    worker from the perspective of hannah arendt. *Revista Brasileira De Enfermagem, 73(1)*,

    1-5. https://doi.org/10.1590/0034-7167-2017-0727

Specchia, M. L., Cozzolino, M. R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., &

    Damiani, G. (2021). Leadership Styles and Nurses' Job Satisfaction. Results of a

    Systematic Review. *International journal of environmental research and public health,*

    18(4), 1552. https://doi.org/10.3390/ijerph18041552

Spencer, J. L., Winston, B. E., & Bocarnea, M. C. (2012). Predicting the level of pastors' risk of

    termination/exit from the church. *Pastoral Psychology, 61*, 85–98.

    https://doi.org/10.1007/s11089-011-0410-3.

Squires, Allison & Finlayson, Catherine & Gerchow, Lauren & Cimiotti, Jeannie & Matthews, Anne & Schwendimann, Rene & Griffiths, Peter & Busse, Reinhard & Heinen, Maud & Brzostek, Tomasz & Moreno-Casbas, Teresa & Aiken, Linda & Sermeus, Walter. (2014). Methodological Considerations When Translating "Burnout." *Burnout Research. 1(2)*, 59-68. https://doi.org/10.1016/j.burn.2014.07.001.

Staelin, R., Koneru, S. N., & Rowe, I. N. (2019). A prospective six-month study of chronic pain suffers: A novel OTC neuromodulation therapy. *Hindawi Pain Research Management, 1– 11*, https://doi-org.ezproxy.liberty.edu/10.1155/2019/3154194

Stanisławski K. (2019). The Coping Circumplex Model: An Integrative Model of the Structure of Coping with Stress. *Frontiers in psychology, 10*, 694. https://doi.org/10.3389/fpsyg.2019.00694

Sternberg, R. J. (2020). Rethinking what we mean by intelligence. *Phi Delta Kappan, 102(3)*, 36-41. https://doi.org/10.1177/0031721720970700

Stimpfel, A. W., Fatehi, F., & Kovner, C. (2020). Nurses' sleep, work hours, and patient care quality, and safety. *Sleep Health, 6(3)*, 314-320. https://doi.org/10.1016/j.sleh.2019.11.001

Sturgis, P., Brunton-Smith, I., & Jackson, J. (2020). Regression-Based response probing for assessing the validity of survey questions. In P. Beatty, D. Collins, L. Kaye, J. L. Padilla, G. Willis & A. Wilmot (Eds.), *Advances in questionnaire design, development, evaluation, and testing* (pp. 571-591). John Wiley & Sons, Inc. https://doi.org/10.1002/9781119263685.ch23

Swift, A., Banks, L., Baleswaran, A., Cooke, N., Little, C., McGrath, L., Meechan-Rogers, R., Neve, A., Rees, H., Tomlinson, A., & Williams, G. (2020). COVID-19 and student

nurses: A view from England. *Journal of Clinical Nursing, 29*, 3111– 3114.

https://doiorg.ezproxy.liberty.edu/10.1111/jocn.15298

Tan, C., Lau, X., Kung, Y., & Kailsan, R. A. (2019). Openness to experience enhances

creativity: The mediating role of intrinsic motivation and the creative process

engagement. *The Journal of Creative Behavior, 53(1)*, 109-119.

https://doi.org/10.1002/jocb.170

Tang, J. H., & Hudson, P. (2019). Evidence-Based Practice Guideline: Nurse Retention for

Nurse Managers. *Journal of gerontological nursing, 45(11)*, 11–19.

https://doi.org/10.3928/00989134-20191011-03

Ten Hoeve, Y., Brouwer, J., & Kunnen, S. (2020). Turnover prevention: The direct and indirect

association between organizational job stressors, negative emotions and professional

commitment in novice nurses. *Journal of advanced nursing, 76(3)*, 836–845.

https://doi.org/10.1111/jan.14281

Terzioglu, F., Temel, S., & Uslu Sahan, F. (2016). Factors affecting performance and

productivity of nurses: Professional attitude, organizational justice, organizational

culture, and mobbing. *Journal of Nursing Management, 24(6)*, 735-744.

https://doi.org/10.1111/jonm.12377

The Holy Bible. (2011). *New International Version* (NIV) by Biblica Inc. (Original work

published in 1978). https://www.biblegateway.com/

Theodosius, C., Koulouglioti, C., Kersten, P., & Rosten, C. (2021). Collegial surface acting

emotional labor, burnout, and intention to leave in novice and pre-retirement nurses in the

United Kingdom: A cross-sectional study. *Nursing Open, 8(1)*, 463-472.

https://doi.org/10.1002/nop2.649

Tibubos, A. N., Grammes, J., Beutel, M. E., Michal, M., Schmutzer, G., & Brähler, E. (2018).

    Emotion regulation strategies moderate the relationship of fatigue with depersonalization

    and derealization symptoms. *Journal of Affective Disorders., 227*, 571–579.

    https://doi.org/10.1016/j.jad.2017.11.079

Timmins, F., & Caldeira, S. (2017). Understanding spirituality and spiritual care in nursing.

    Nursing Standard, 31(22), 50– 57.

    https://doiorg.ezproxy.liberty.edu/10.7748/ns.2017.e10311

Tirgari, B., Azizzadeh Forouzi, M., & Ebrahimpour, M. (2019). Relationship between

    posttraumatic stress disorder and compassion satisfaction, compassion fatigue, and

    burnout in Iranian psychiatric nurses. *Journal of Psychosocial Nursing and Mental*

    Health Services, 57(3), 39-47. https://doi.org/10.3928/02793695-20181023-02

Toida, C., & Morimura, N. (2022). An analysis of stress concerning pediatric emergency care

    nurses. *Curēus (Palo Alto, CA), 14(1)*, e21299-e21299.

    https://doi.org/10.7759/cureus.21299

Tojo, M., Yamaguchi, S., Amano, N., Ito, A., Futono, M., Sato, Y., Naka, T., Kimura, S.,

    Sadamasu, A., Akagi, R., & Ohtori, S. (2018). Prevalence and associated factors of foot

    and ankle pain among nurses at a university hospital in Japan: A cross-sectional study.

    Journal of occupational health, 60(2), 132–139. https://doi.org/10.1539/joh.17-0174-OA

Tosunöz, I. K., & Oztunc, G. (2017). Low back pain in nurses. *International Journal of Caring*

    Services, 10(3), 1728– 1732.

    http://internationaljournalofcaringsciences.org/docs/70_ipek_special_10_3.pdf

Traeger, A. C., Buchbinder, R., Elshang, A. G., Croft, P. R., & Maher, C. G. (2019). Care for

    low back pain: Can health systems deliver? *Bulletin of the World Health Organisation,*

97, 423– 433. https://doi-org.ezproxy.liberty.edu/10.2471/BLT.18.226050

Triantafillou, S., Saeb, S., Lattie, E. G., Mohr, D. C., & Kording, K. P. (2019). Relationship between sleep quality and mood: Ecological momentary assessment study. *JMIR Mental Health, 6(3)*, e12613-e12613. https://doi.org/10.2196/12613

Triola, M. (2018). *Essentials of Statistics*; 6th edition. Pearson.

Twigg, D. E., Kutzer, Y., Jacob, E., & Seaman, K. (2019). A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting. *Journal of Advanced Nursing, 75(12)*, 3404-3423. https://doi.org/10.1111/jan.14194

Umstead, L. K., & Mayton, H. (2018). Using correlational and causal-comparative research designs in practice: *Exploring relations among client variables. In C. A. Wachter Morris, & K. L. Wester (Eds.), Making research relevant* (1st ed., pp. 95-108). Routledge. https://doi.org/10.4324/9781315179353-7

U.S. Bureau of Labor Statistics. (2022). *Occupational OutLook Handbook*. https://www.bls.gov/ooh/healthcare/registered-nurses.htm

U.S. Bureau of Labor Statistics. (2021). *National census of fatal occupational injuries publication. Fiscal year 2021*. http://www.bls.gov/news.release/pdf/cfoi.pdf

U.S. Census Bureau. (2023). QuickFacts: Los Angeles County, California. *Population estimates, July 1, 2023*. https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia

Van Calster, B., Wynants, L., Timmerman, D., Steyerberg, E. W., & Collins, G. S. (2019). Predictive analytics in healthcare: how can we know it works? *Journal of the American Medical Informatics Association: JAMIA, 26(12)*, 1651–1654. https://doi.org/10.1093/jamia/ocz130

Van der Linden, D., Schermer, J. A., De Zeeuw, E., Dunkel, C., Pekaar, K., Bakker, A., Vernon, P., & Petridis, K. (2021). Overlap between the general factor of personality and trait emotional intelligence: A genetic correlation study. *Behavior Genetics, 48(2)*, 147-154. https://doi.org/10.1007/s10519-017-9885-8

Van Witteloostuijn, A., Esteve, M., & Boyne, G. (2017). Public sector motivation "ad fonts": Personality traits as antecedents of the motivation to serve the public interest. *Journal of Public Administration Research and Theory, 27(1)*, 20-35. https://doi.org/10.1093/jopart/muw027

Vignoli, M., Muschalla, B., & Mariani, M. G. (2017). Workplace phobic anxiety as a mental health phenomenon in the job demands-resources model. *BioMed Research International*, 3285092-10. https://doi.org/10.1155/2017/3285092

Voelkle, M. C., & Hecht, M. (2020). Cross-sectional research designs. *Encyclopedia of personality and individual differences* (pp. 962-966). Springer International Publishing. https://doi.org/10.1007/978-3-319-24612-3_1295

Vogelsmeier, A., Jacobs, A., Owen, C., Mosa, A. S. M., & Subramanian, R. (2022). Medication identification device to reduce medication errors in nursing homes: A controlled pilot study. *Journal of Gerontological Nursing, 48(4)*, 5-11. https://doi.org/10.3928/00989134-20220304-01

Vryonides, S., & Papastavrou, E. (2019). Towards revealing the ethical aspects of a seemingly organizational problem: The case of nursing care rationing. Missed nursing care – *Ethical issues of the phenomenon*, Zagreb, Croatia, March 5. Retrieved from https://ktisis.cut.ac.cy/handle/10488/13419

Wang, L., Dong, X., An, Y., Chen, C., Eckert, M., Sharplin, G., Fish, J., & Fan, X. (2023).

Relationships between job burnout, ethical climate, and organizational citizenship

behaviour among registered nurses: A cross-sectional study. *International Journal of*

Nursing Practice, 29(5), e13115-e13115. https://doi.org/10.1111/ijn.13115

Wang, Y., & Wang, P. (2019). Perceived stress and psychological distress among Chinese

physicians: The mediating role of coping style. *Medicine (Baltimore), 98(23)*, e15950-

e15950. https://doi.org/10.1097/MD.0000000000015950

Wang, X., Wang, L., Wang, Q., Fang, Y., Lv, W., Huang, H., Yang, T., Qian, R., & Zhang, Y.

(2022). Related factors influencing chinese psychiatric nurses' turnover: A cross-sectional

study. *Journal of Psychiatric and Mental Health Nursing, 29(5)*, 698-708.

https://doi.org/10.1111/jpm.12852

Wang, J., Okoli, C. T. C., He, H., Feng, F., Li, J., Zhuang, L., & Lin, M. (2020). Factors

associated with compassion satisfaction, burnout, and secondary traumatic stress among

Chinese nurses in tertiary hospitals: A cross-sectional study. *International Journal of*

Nursing Studies, 102, 103472-103472. https://doi.org/10.1016/j.ijnurstu.2019.103472

Wangensteen, S., Johansson, I., & Nordström, G. (2008). The first year as a graduate nurse - an

experience of growth and development. *Journal of Clinical Nursing, 17(14)*, 1877-1885.

https://doi.org/10.1111/j.1365-2702.2007.02229.x

Watson, J., Porter-O'Grady, T., Horton-Deutsch, S., & Malloch, K. (2018). Quantum caring

leadership: Integrating quantum leadership with caring science. *Nursing Science*

Quarterly, 31(3), 253-258. https://doi.org/10.1177/0894318418774893

Wazqar D. Y. (2018). Oncology nurses' perceptions of work stress and its sources in a

university-teaching hospital: A qualitative study. *Nursing open, 6(1)*, 100–108.

https://doi.org/10.1002/nop2.192

Welc, J., & Esquerdo, P. J. R. (2017). Relevance of outlying and influential observations for

    regression analysis. *Applied regression analysis for business* (pp. 7-35). Springer

    International Publishing. https://doi.org/10.1007/978-3-319-71156-0_2

Wentzel, D., & Brysiewicz, P. (2018). A survey of compassion satisfaction, burnout and

    compassion fatigue in nurses practicing in three oncology departments in Durban, South

    Africa. *International Journal of Africa Nursing Sciences*.

    https://doiorg.ezproxy.liberty.edu/10.1016/j.ijans.2018.03.004

Westbrook, K. W., Nicol, D., Nicol, J. K., & Orr, D. T. (2022). Effects of servant leadership

    style on hindrance stressors, burnout, job satisfaction, turnover intentions, and individual

    performance in a nursing unit. *Journal of Health Management, 24(4)*, 670-684.

    https://doi.org/10.1177/09720634221128100

Whitman, M. V., Halbesleben, J. R. B., & Holmes IV, O. (2014). Abusive supervision and

    feedback avoidance: The mediating role of emotional exhaustion. *Journal of*

    Organizational Behavior, 35(1), 38-53. https://doi.org/10.1002/job.1852

Whittaker, Anna. (2015). *Perceived Stress*. 10.1007/978-1-4614-6439-6_479-2.

Wilkinson, R. A., & Chilton, G. (2018). A history of positive psychology. *Positive art therapy*

    theory and practice (1st ed., pp. 8-25). Routledge.

    https://doi.org/10.4324/9781315694245-2

Willard-Grace, R., MPH, Knox, M., Huang, B., BA, Hammer, H., MD, Kivlahan, Coleen, MD,

    MSPH, & Grumbach, K., MD. (2019). Burnout and health care workforce turnover.

    Annals of Family Medicine, 17(1), 36-41. https://doi.org/10.1370/afm.2338

Williamson, M. K., & Perumal, K. (2021). Exploring the consequences of person–environment

    misfit in the workplace: A qualitative study. *SA Journal of Industrial Psychology, 47(5)*,

e1-e12. https://doi.org/10.4102/sajip.v47i0.1798

Williamson, K., Lank, P., Lovell, E., & EMERA. (2017). 89 global assessments of resident wellness: Comparing the Maslach burnout inventory with additional validated wellness instruments. *Annals of Emergency Medicine, 70(4)*, S36-S37. https://doi.org/10.1016/j.annemergmed.2017.07.114

Witczak, I., Rypicz, Ł., Karniej, P., Młynarska, A., Kubielas, G., & Uchmanowicz, I. (2021). Rationing of Nursing Care and Patient Safety. *Frontiers in psychology, 12*, 676970. https://doi.org/10.3389/fpsyg.2021.676970

World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021-2025*. https://www.who.int/publications-detail-redirect/9789240033863

World Population Review. (2022). *Health Care Costs by Country*. https://worldpopulationreview.com/country-rankings/health-care-costs-by-country

Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Medical Science Monitor, 26*, e923549-e923549. https://doi.org/10.12659/MSM.923549

Yadav, S. K., Singh, S., & Gupta, R. (2019). Sampling methods. *Biomedical statistics* (pp. 71-83). Springer Singapore. https://doi.org/10.1007/978-981-32-9294-9_9

Yan, W., Wu, X., Wang, H., Zhang, Y., Cheng, L., Zhou, X., Chen, H., Song, C., & Ye, J. (2023). Employability, organizational commitment and person–organization fit among nurses in China: A correctional cross-sectional research. *Nursing Open, 10(1)*, 316-327. https://doi.org/10.1002/nop2.1306

Yang, F., Huang, X., & Wu, L. (2019). Experiencing meaningful climate in teams: How spiritual

leadership enhances team effectiveness when facing uncertain tasks. *Human Resource
Management, 58(2)*, 155– 168. https://doi-org.ezproxy.liberty.edu/10.1002/hrm.21943

Yang, B., Yen, C., Lin, S., Huang, C., Wu, J., Cheng, Y., Hsieh, C., & Hsiao, F. (2022).
Emergency nurses' burnout levels as the mediator of the relationship between stress and
posttraumatic stress disorder symptoms during COVID-19 pandemic. *Journal of
Advanced Nursing, 78(9)*, 2861-2871. https://doi.org/10.1111/jan.15214

Yusoff, M. S. B., Hadie, S. N. H., & Yasin, M. A. M. (2021). The roles of emotional
intelligence, neuroticism, and academic stress on the relationship between psychological
distress and burnout in medical students. *BMC medical education, 21(1)*, 293.
https://doi.org/10.1186/s12909-021-02733-5

Zhang, Y., An, Y., Wang, L., Zhao, Q., Li, H., & Fan, X. (2023). Psychosocial factors associated
with career success among nurses: A latent profile analysis. *Journal of Advanced
Nursing, 79(2)*, 652-663. https://doi.org/10.1111/jan.15524

Zhang, Y. Y., Han, W. L., Qin, W., Yin, H. X., Zhang, C. F., Kong, C., & Wang, Y. L. (2018).
Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-
analysis. *Journal of Nursing Management, 26(7)*, 810–
819.https://doi.org/10.1111/jonm.12589Meta-analysis

Zhang, L., Wang, A., Xie, X., Zhou, Y., Li, J., Yang, L., & Zhang, J. (2017). Workplace violence
against nurses: A cross-sectional study. *International Journal of Nursing Studies, 72*, 8-
14. https://doi.org/10.1016/j.ijnurstu.2017.04.002

Zimmerman, M. E. (2018). *Self-report measures. Encyclopedia of clinical neuropsychology* (pp.
3118-3119). Springer International Publishing.
 https://doi.org/10.1007/978-3-319-57111-9_1244

Zou, W., Zeng, Y., Peng, Q., Xin, Y., Chen, J., & Houghton, J. D. (2020). The influence of spiritual leadership on the subjective well-being of Chinese registered nurses. *Journal of Nursing Management, 28(6)*, 1432– 1442.

https://doi-org.ezproxy.liberty.edu/10.1111/jonm.13106

APPENDIX A: INFORMED CONSENT

Title of the Project: Emotional Intelligence and Burnout in High Stress Nursing Job Types
Primary Researcher: Chris Hutsell Ph.D. Candidate

Invitation to be Part of a Research Study

Are you a licensed nurse that has worked in one of the following jobs in LA County?
Emergency Room care, Critical care, Surgical care, Oncological care, Pediatric care,
Gerontological care, and Psychiatric care. If so, then you are invited to participate in a research
study. Please go to the following link: www.surveymonkey.com/r/TG5PG6C if you are
interested in contributing to research on emotional intelligence and burnout in nursing. Please
read the complete form before you decide to commit to this research study.

The Purpose and Reason for the Study

The purpose of the study is to examine the correlation that research has found between emotional
intelligence and burnout. In addition to perceived stress, and coping strategies in nurses working
in high stress job types. The study is necessary due to the alarming number of nurses that
experience symptoms of burnout in an overwhelming and underrepresented healthcare field. The
demand for highly skilled nurses is exploding due to a variety of factors.

What is Expected of Participants

Participants who agree to the study are asked to complete a 4-part survey via
surveymonkey.com. The participants will be examined for emotional intelligence with (SCEIT),
dimensions of burnout in healthcare professionals with (MHI-HSS), perceived stress (PSS-10),
and coping strategies (Brief COPE). The duration for the complete survey is estimated to be 25
minutes. All participants who complete all sections of the survey will be entered into a drawing
for 1 of 5 $50 Amazon e-gift cards to be awarded randomly by email after the study's power is
achieved.

The Benefits of the Study

The benefits are immense. They include nurses' retention and an increase in recruitment
potential. Nurses are the backbone of the healthcare industry. Nurses that are overwhelmed make
more mistakes and are more likely to leave the field. This all contributes to lower quality care for

patients and less available nurses. In addition, this study will add to existing literature for nurses and quality patient care.

Potential Risks of the Study

The risks are minimal to the participant. The equivalent of taking a survey on a computer or smartphone.

Personal Information Protection

All data obtained from participants is kept private. The data is stored securely by the researcher who is the only individual that has access to the information. Participation is recorded as anonymous, and data is stored in a password locked computer. The data will be destroyed after 3 years.

Participation is Voluntary

It is solely at the discretion of the participant whether to participate and complete the survey. Participants can leave the survey at any time. Any partial surveys will be discarded and not used for the study. REMINDER: Participants who complete all items will be entered into a random drawing for 1 of 5 $50 Amazon e-gift cards to be given out after the study's power is achieved.

Questions about the Study

If you have further questions about the study, you may contact me at ▮▮▮▮▮▮▮▮ or email ▮▮▮▮▮▮▮▮▮▮▮▮. Or you can contact the committee chair, Dr. Green at Liberty University, ▮▮▮▮▮▮▮▮▮▮

Participants' Rights

Please contact the Institutional Review Board, 1971 University Blvd. Green Hall Ste. 2845, Lynchburg, VA. 24515, or email irb@liberty.edu for questions regarding privacy or participant rights in the study.

Consent

Please make sure that you understand what the study is about and what is required of you as a participant before agreeing to participate. You may print a copy of this paper or keep this one for your own records. Thank you.

Demographics

Please choose the answer that is best suited to you:

1. Age

a.   22 - 29

b.   30 - 40

c.   41 - 50

d.   51 - 64

e.   65 +

2. Education Level

a.   Less than 4 years of college

b.   Bachelor's degree (BSN)

c.   More than 4 years of college

3. RN Experience

a.   Less than a year

b.   1 to 2 years

c.   2 - 7 years

d.   8 - 15 years

e.   15 + years

4. Job Type

a.   ER   e. Surgical

b.   Oncological   f. Psychiatric

c.   Critical Care   g. Geriatric Care

d.   Pediatrics

The Schutte Self Report Emotional Intelligence Test (SSEIT) (Schutte et al., 1998)

Instructions: Indicate the extent to which each item applies to you using the following scale: 1 = strongly disagree 2 = disagree 3 = neither disagree nor agree 4 = agree 5 = strongly agree. The SSEIT is a method of measuring general emotional intelligence (EI).

1. I know when to speak about my personal problems to others
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them
3. I expect that I will do well on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non-verbal messages of other people*
6. Some of the major events of my life have led me to re-evaluate what is important and not important
7. When my mood changes, I see new possibilities
8. Emotions are one of the things that make my life worth living
9. I am aware of my emotions as I experience them
10. I expect good things to happen
11. I like to share my emotions with others
12. When I experience a positive emotion, I know how to make it last
13. I arrange events others enjoy
14. I seek out activities that make me happy
15. I am aware of the non-verbal messages I send to others
16. I present myself in a way that makes a good impression on others
17. When I am in a positive mood, solving problems is easy for me
18. By looking at their facial expressions, I recognize the emotions people are experiencing
19. I know why my emotions change
20. When I am in a positive mood, I am able to come up with new ideas
21. I have control over my emotions
22. I easily recognize my emotions as I experience them
23. I motivate myself by imagining a good outcome to tasks I take on
24. I compliment others when they have done something well
25. I am aware of the non-verbal messages other people send
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself
27. When I feel a change in emotions, I tend to come up with new ideas
28. When I am faced with a challenge, I give up because I believe I will fail*
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down
31. I use good moods to help myself keep trying in the face of obstacles
32. I can tell how people are feeling by listening to the tone of their voice
33. It is difficult for me to understand why people feel the way they do*

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To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Maslach Burnout Inventory forms: Human Services Survey, Human Services Survey for Medical Personnel, Educators Survey, General Survey, or General Survey for Students.

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

Citation of the instrument must include the applicable copyright statement listed below. **Sample Items:**

MBI - Human Services Survey - MBI-HSS:

I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some recipients.

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MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):

I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some patients.

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MBI - Educators Survey - MBI-ES:

I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some students.

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Perceived Stress Scale (PSS-10)

(Cohen, 1983)

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Rated on a 5-point Likert scale: 0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you experienced kindness from others?
4. In the last month, how often have you felt nervous and "stressed"?
5. In the last month, how often have you felt confident about your ability to handle your personal problems?
6. In the last month, how often have you felt that things were going your way?
7. In the last month, how often have you felt the desire to support the greater good?
8. In the last month, how often have you found that you could not cope with all the things that you had to do?
9. In the last month, how often have you been kind to others?
10. In the last month, how often have you been able to control irritations in your life?
11. In the last month, how often have you felt that you were on top of things?
12. In the last month, how often have you been angered because of things that were outside your control?
13. In the last month, how often have you felt that there is a lot of kindness in the world?
14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Scoring instructions: Scales are computed as follows:

- Perceived helplessness, items 1, 2, 4, 8, 12, 14
- Perceived self-efficacy, items 5, 6, 10, 11
- Note: items 3, 7, 9, and 13 were added as by our study team as perceived kindness items

Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Brief COPE (Carver, 1997).

Coding categories:

1 = I haven't been doing this at all
2 = I've been doing this a little bit
3 = I've been doing this a medium amount
4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape. *
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies,
     watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

You can use the 14 types of coping the Carver identifies but Carver recommends users to carry out their own factor analysis to decide the best grouping of items. I did this with approximately 300 nursing students and identified that the 28 items can be grouped into four types of coping. If you are opting for running regressions then it makes sense to use fewer factors to make the regression more manageable. The four types of coping I identified were:

Approach coping	1, 2, 7, 12, 14, 17, 20, 24, 25
Avoidance coping	3, 6, 8, 13, 16, 18, 19, 26, 28
Altering consciousness	4, 11, 22, 27
Seeking support	5, 10, 15, 21, 23

* Item 9 did not load on to any of the four types of coping and so was excluded.

Alternatively you can use Carver's 14 types of coping classifications:

Scales are computed as follows (with no reversals of coding):

Self-distraction, items 1 and 19
Active coping, items 2 and 7
Denial, items 3 and 8
Substance use, items 4 and 11
Use of emotional support, items 5 and 15
Use of instrumental support, items 10 and 23
Behavioral disengagement, items 6 and 16
Venting, items 9 and 21
Positive reframing, items 12 and 17
Planning, items 14 and 25
Humor, items 18 and 28
Acceptance, items 20 and 24
Religion, items 22 and 27
Self-blame, items 13 and 26

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.

Table 5

Emotional Intelligence and Overall Burnout Regression Correlations

Correlations

		Emotional Intelligence	OverBurnout
Emotional Intelligence	Pearson Correlation	1	-.679**
	Sig. (2-tailed)		.000
	N	98	98
OverBurnout	Pearson Correlation	-.679**	1
	Sig. (2-tailed)	.000	
	N	98	98

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

Table 6

Emotional Intelligence and Overall Burnout Regression Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.679ᵃ	.462	.456	14.20677

a. Predictors: (Constant), Emotional Intelligence

Table 7

Emotional Intelligence and Overall Burnout Bivariate Regression ANOVA

ANOVAᵃ

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	16617.367	1	16617.367	82.333	.000ᵇ
	Residual	19375.909	96	201.832		
	Total	35993.276	97			

a. Dependent Variable: OverBurnout

b. Predictors: (Constant), Emotional Intelligence

Table 8

Emotional Intelligence and Overall Burnout Regression Coefficients

Coefficientsᵃ

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	180.315	12.475		14.454	.000	155.551	205.078
	Emotional Intelligence	-.832	.092	-.679	-9.074	.000	-1.014	-.650

a. Dependent Variable: OverBurnout

Table 9

Emotional Intelligence and Emotional Exhaustion Pearson's Correlations

Correlations

		Emotional Intelligence	Emotional Exhaustion
Emotional Intelligence	Pearson Correlation	1	-.631**
	Sig. (2-tailed)		.000
	N	98	98
Emotional Exhaustion	Pearson Correlation	-.631**	1
	Sig. (2-tailed)	.000	
	N	98	98

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

Table 10

Emotional Intelligence and Depersonalization Pearson's Correlations

Correlations

		Emotional Intelligence	Depersonaliz ation
Emotional Intelligence	Pearson Correlation	1	.058
	Sig. (2-tailed)		.571
	N	98	98
Depersonalization	Pearson Correlation	.058	1
	Sig. (2-tailed)	.571	
	N	98	98

Table 11

Emotional Intelligence and Personal Achievement Pearson's Correlations

Correlations

		Emotional Intelligence	Personal Acheivement
Emotional Intelligence	Pearson Correlation	1	-.588[**]
	Sig. (2-tailed)		.000
	N	98	98
Personal Acheivement	Pearson Correlation	-.588[**]	1
	Sig. (2-tailed)	.000	
	N	98	98

[**]. Correlation is significant at the 0.05 level (2-tailed).

Table 12

Emotional Intelligence and Perceived Stress Regression Correlations

Correlations

		Perceived Stress	Emotional Intelligence
Perceived Stress	Pearson Correlation	1	-.310**
	Sig. (2-tailed)		.002
	N	98	98
Emotional Intelligence	Pearson Correlation	-.310**	1
	Sig. (2-tailed)	.002	
	N	98	98

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

Table 13

Emotional Intelligence and Perceived Stress Regression Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.310a	.096	.087	3.28800

a. Predictors: (Constant), Emotional Intelligence

Table 14

Emotional Intelligence and Perceived Stress Regression ANOVA

ANOVAa

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	110.652	1	110.652	10.235	.002b
	Residual	1037.848	96	10.811		
	Total	1148.500	97			

a. Dependent Variable: Perceived Stress
b. Predictors: (Constant), Emotional Intelligence

Table 15

Emotional Intelligence and Perceived Stress Regression Coefficients

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	29.247	2.887		10.130	.000	23.516	34.979
	Emotional Intelligence	-.068	.021	-.310	-3.199	.002	-.110	-.026

a. Dependent Variable: Perceived Stress

Table 16

Emotional Intelligence and Coping Strategy Approaches Regression Correlations

Correlations

		Emotional Intelligence	Cope Avgs
Emotional Intelligence	Pearson Correlation	1	-.164
	Sig. (2-tailed)		.106
	N	98	98
Cope Avgs	Pearson Correlation	-.164	1
	Sig. (2-tailed)	.106	
	N	98	98

Table 17

Emotional Intelligence and Coping Strategy Approaches Regression Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.164^a	.027	.017	8.13525

a. Predictors: (Constant), Emotional Intelligence

Table 18

Emotional Intelligence and Coping Strategy Approaches Regression ANOVA

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	175.847	1	175.847	2.657	.106^b
	Residual	6353.500	96	66.182		
	Total	6529.347	97			

a. Dependent Variable: Cope Avgs

b. Predictors: (Constant), Emotional Intelligence

Table 19

Emotional Intelligence and Coping Strategy Approaches Regression Coefficients

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	42.486	7.144		5.947	.000	28.305	56.666
	Emotional Intelligence	-.086	.052	-.164	-1.630	.106	-.190	.019

a. Dependent Variable: Cope Avgs

Table 20

Emotional Intelligence and Approach Coping Strategy Pearson's

Correlations

		Emotional Intelligence	Approach
Emotional Intelligence	Pearson Correlation	1	-.354^{**}
	Sig. (2-tailed)		.002
	N	98	72
Approach	Pearson Correlation	-.354^{**}	1
	Sig. (2-tailed)	.002	
	N	72	72

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

Table 21

Emotional Intelligence and Avoidance Coping Strategy Pearson's

Correlations

		Emotional Intelligence	Avoidance
Emotional Intelligence	Pearson Correlation	1	.052
	Sig. (2-tailed)		.801
	N	98	26
Avoidance	Pearson Correlation	.052	1
	Sig. (2-tailed)	.801	
	N	26	26

Figure 10

Emotional Intelligence Frequency Levels in Each Job Type