



## UNDERSTANDING THE RELATIONSHIP OF OCCUPATIONAL STRESS, PERFORMANCE AND EMOTIONAL INTELLIGENCE OF NURSES

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### ABSTRACT

Nurses are going through the extensive physical and emotional burden, directing them to occupational stress. The shortfall of nurses is alarming after the pandemic of COVID -19. This study aimed to explore the ways to reduce occupational stress among nurses. It will help to alleviate their clinical performance. Frame-work of emotional intelligence is used as a mediating variable between occupational stress and clinical performance among nurses. This cross-sectional study was carried out in Multan, Pakistan in 2022. The population was nurses (currently employed) from four main hospitals (C.M.H, Nishter, Children Complex, and Cardiology Center). The sample size was 251 respondents and the survey method was used to gain data. Data were analyzed through SPSS. The results indicate that occupational stress is negatively correlated with emotional intelligence and clinical performance among nurses. Emotional intelligence is positively correlated with clinical performance. The significant impact of occupational stress on clinical performance is significant. Emotional intelligence had a fully mediating role between occupational stress and clinical performance among nurses. Married nurses reported to have higher occupational stress and lower emotional intelligence and clinical performance while nurses below 30 years reported high emotional intelligence and clinical performance but low occupational stress. Developing emotional intelligence and providing support and opportunities are crucial strategies to reduce occupational stress among nurses.

**KEYWORDS:** Occupational Stress, Emotional Intelligence, Clinical Performance

### 1. INTRODUCTION

According to the International Labor Organization (2020), occupational stress is becoming a worldwide concern that affects employees in all sectors and nations. Nurses are reported to face high job demands, greater job stress, a higher incidence of exhaustion (Kupewicz & Józwick, 2019), lack of job satisfaction (Khamisa et al., 2019), workplace bullying, and suffer from mental health issues (Chin et al., 2019). Job stress, as well as exhaustion, are the collective impacts of stresses in the nursing profession, and they may have an impact on patient health as well as nurses' intentions to quit their positions (TUNA, 2020).

Occupational stress can be described as a negative physical and psychological reaction which happens when the job demands are not on par with the worker's supplies, skills, and requirements" (Safarpour et al, 2018). The expense of job stress and related conditions is estimated to be over \$ 150 billion yearly by the World Health Organization (WHO) (Mokhtar et al., 2016). Furthermore, poor work performance and poor nursing quality of service have an impact on patient health. As per the American Institute of Stress Work, stress is to blame for 80% of work-related accidents and 40% of employee departure. Roughly 70% of absences are caused by work stress, as well as about 10% of the country's gross domestic product is lost as a result. It's believed that 93% of nurses work under stress (Sarafis et al., 2016). Peter Salovey and John Mayer were major investigators on the notion of emotional intelligence in the 1990s, and their paper "Emotional Intelligence" was the earliest to adopt the phrase. They described EI as "a type of social intelligence that entails the capacity to observe one's personal as well as people's moods and feelings, to distinguish between them, and to utilize that knowledge to direct the other's reasoning and behavior."

The capacity to sense, analyze, and assess emotions is referred to as emotional intelligence (EI) (Mehta & Singh, 2013). Some academics believe emotional intelligence can be taught and improved, while others believe it is a natural trait. Peter Salovey and John D. Mayer have been the top academics in the field of emotional intelligence since 1990. "The capacity to observe oneself as well as others' thoughts and moods, to distinguish between them, and to utilize this knowledge to influence one's ideas and behaviors," they described emotional intelligence in their landmark paper "Emotional Intelligence" (1990). Daniel Goleman (2017) established a five-part paradigm that defines emotional intelligence as follows: Self-Awareness is the ability to be aware of oneself. Self-awareness is common among those with strong emotional intelligence. They are aware of their impulses and, as a result, do not allow them to control them. They are aware of their talents and flaws and try to improve in these areas. Many individuals consider self-awareness to be the most crucial aspect of emotional intelligence. Self-control the capacity to regulate one's thoughts and inclinations. Self-regulators are

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less likely to feel enraged or envious, and therefore are less likely to make rash or irresponsible judgments. They consider their options before taking action. Motivation is common in those who have a high level of emotional intelligence. They are prepared to postpone instant gratification to achieve long-term achievement. Empathetic people are frequently good at handling connections, understanding, as well as interacting with individuals a result of this. They reject stereotypes and fast judgments, and individuals live their life in an upfront and genuine manner (Mehta & Singh, 2013). Social Ability - People with strong social abilities are typically simple to communicate to and like, which is another evidence of strong emotional intelligence. Teamwork players are usually those who have great social abilities. Instead of prioritizing their accomplishment, they assist others in developing and shining. They are skilled at resolving conflicts, communicating effectively, and creating and sustaining connections (Golman, 2011).

It is critical to identify and treat issues that might induce job stress in nurses. Examining job stress and its related causes is one of the major actions that hospitals should do to enhance work conditions and minimize nursing work-related stress (Karimi et al., 2018). Research on nursing job stressors has been performed. The job stress of Greek nurses was found to be low in literature (Chatzigianni et al., 2018). Nurses from rural parts of Australia experienced a high degree of strain and mental anguish, according to the findings of the research. Research in Ireland similarly reported that Irish nurses had a high degree of work stress. Because of the high incidence of professional load among nurses and the harmful implications of work stress (Luo et al., 2017), as well as a lack of understanding about work stress and its related aspects among nurses, this is an important element to explore. According to figures from the Taiwanese National Union of Nurses Associations (TUNA, 2020), only around 60% of certified nurses in Taiwan are currently practicing. Singapore and Australia, on the other hand, have roughly 86.1 percent and 98.5 percent active practitioners, respectively (Ministry of health, 2020; NMB, 2020). According to TUNA, 57.28 percent of nurses want to change careers, with the top three reasons being "compensation and bonus," "hard workload," as well as "work-life conflict." 27.1 percent of nurses pondered leaving the profession in a survey of eleven European nations, and their impressions of the nursing practicing environment were a significant factor in turnover (Leineweber et al., 2016).

## 2. LITERATURE REVIEW

Nursing is often acknowledged as one of the most demanding occupations (Hersch et al., 2016). Work stress has a negative impact on nurses' psychological, physical health and on their productivity (Okita et al., 2017). It can also lead to low self-esteem, reduced performance, and discontent with one's employment (Sarafis et al., 2016). Job stress is a situation in which the mental and physical circumstances of an individual are altered as a result of job-related issues, causing the person to deviate from healthy behavior. Work stress has seven elements: role conflict, duty, physical environment, role inadequacy, role barrier, and role overload (Hoboubi et al., 2017). Because of the peculiar characteristics of the nursing field, there are a variety of stressors that can negatively impact both individuals and institutions. Workplace organization, financial means, and interaction are all stressors (Trifunovic et al., 2017).

Occupational stress also called job stress or work stress has been recognized as a widespread problem in almost all organizations worldwide. Every individual experience some sort of stress in his or her job. Stress refers to the dynamic state caused by various physical, social, and psychological demands, which are perceived by individuals as threatening or exceeding his/her coping resources (Chhabra & Chhabra, 2012). Occupational stress is an emotional and physical response of individuals to perceived harmful or threatening workplace conditions. Researchers have identified several occupational stressors in the past. Cooper and Marshall (1978) group occupational stressors into six categories viz. factors intrinsic to the job (poor working conditions, long hours, shift work, travel, new technology, work overload); role in the organization (role ambiguity and role conflict); relationships at work (relationships with colleagues, superiors, and subordinates); career development (lack of job security and status incongruity); organizational structure and climate (lack of factors such as participation, sense of belonging, effective communication); organizational interface with outside (family problems, life crises, financial difficulties, conflict with family demands, and conflict of beliefs. Sahfiq and Rana (2016) suggested that occupational stressors can be caused by factors viz. work overload, excessive demands, involuntary time, inflexible working hours, frequent changes, and monotony. In addition, organizational structure can also be a source of stress (Anand & Monika, 2017). Moreover, previous studies have also related stress with socio-demographic factors like age, gender, education and work experience (Shukla & Srivastava, 2016), position held, and marital status (Elahi & Apoorva, 2012).

Occupational stressors can have numerous consequences on the individual and the workplace. Occupational stress can reduce an individual's ability to control and manage physical strain, psychological strain and can lead to behavioral changes among individuals. The ability of individuals to manage their emotions as well as the emotions of others can increase their ability to manage psychological and physiological stresses. Inability to manage stresses can have a significant impact on individuals' job performance (Wu, 2011), job satisfaction, absenteeism, self-efficacy (El-Sayed et al., 2014), quality of life (Min, 2014), and even health. Stress in the workplace can lessen the spirit and passion people have for their jobs, thereby resulting in impaired individual functioning, low motivation, and decreased morale (Anand & Monika, 2017).

Numerous researchers have identified EI as one of the measures to mitigate the effects of occupational stress (El-Sayed et al., 2014). Scholars believe that EI and occupational stress are interrelated constructs. Emotional intelligence has been considered a protective factor against stress Individuals who have higher levels of EI are more capable of understanding and handling stressful situations. Such individuals tend to be more adept at identifying when they begin to feel overwhelmed

by stress (Shukla & Srivastava, 2016). This awareness allows them to look into the factors leading to their stress, thus enabling them to develop strategies to cope and manage their emotional reaction to such stressors.

Emotional intelligence is described as the capacity to detect one's personal and others' feelings, to distinguish between things, as well as to utilize that knowledge to control one's thoughts and conduct. By effectively understanding emotions of irritation and tension and, as a result, controlling those feelings, Emotional Intelligence considerably assists in minimizing occupational stress. Individuals with strong emotional intelligence, for instance, are more likely to recognize the stressors and to establish a better work environment, resulting in reduced work stress. Emotional intelligence, according to researches, has an impact on productivity. Some researchers have indicated a favorable association between emotional intelligence and performance outcomes, whereas others have discovered little or a mixed correlation (Yusoff, Khan, Azam, 2013). In the organizational domain, Ismail et al (2009) establish that emotional intelligence is a complete moderating factor in the link across job satisfaction and job performance. Research is aimed at lowering stress and increasing general well-being since it can have harmful implications on the job. Developing a stable network of support is one of the most prominent assistances for minimizing stress. Occupational stress has a negative relationship with job efficiency as well as emotional intelligence, therefore employees' skills to control their emotions effectively will improve their ability to deal with cognitive and emotional pressures at employment (Toyama & Mauno, 2017).

Mérida-López et al. (2017) investigated the cumulative interaction impact of role pressure as well as emotional intelligence towards forecasting involvement and found that emotional intelligence was a strong indicator. Employee engagement was shown to be linked to EI. Engaged actions strongly impacted the associations between emotional competence and work productivity, according to Lindeman et al. (2017). Emotional intelligence was linked to a high level of empathy among the individuals, which fostered trust and a willingness to collaborate again. People with strong emotional intelligence have effective work connections, are tolerant when confronted with emotional work or demands, and can manage moods and emotions without losing their cool. Employees with a greater level of emotional intelligence are thus more dedicated to their employers. (Shafiq & Rana, 2016).

In his research, Wang (2015) discovered that when EI rises, teammates' capacity to participate in data refinement with one another improves, leading to improved output. On the other side, Kumarasamy et al. (2016) did research that found that emotional intelligence is a strong determinant of work-life balance. Emotional intelligence, according to Choudary (2010), enhances work-related outcomes, helps improve clinician output, enhances office achievement, and aids in ensuring a better environment in the workplace. Emotional intelligence was closely linked to community assistance, job involvement, and innovation, according to Toyama and Mauno (2017).

Numerous factors are correlated to work stress in the nursing profession (Sarafis et al., 2016). Nursing is a highly difficult profession due to long shift length, difficult working conditions, and irregular hours. High responsibilities, the conflict between nurses and other medical practitioners, insufficient training, a loss of social and workplace assistance, a lack of supportive comments, understaffing, rates of pay, and awareness to illness and death have all been identified as sources of work stress for nursing staff (Mark & Smith, 2012). The Iranian healthcare sector has consistently had a shortage of nurses to satisfy the country's needs. Workplace stress and fatigue are expected to affect nurse enrollment and turnover as a result of insufficient personnel and job discontent (Tahghighi et al., 2017).

The larger numbers of married female nurses fulfill the conventional role of wife and mother, which includes housekeeping and parenting obligations. The increased stress levels indicated by this group may be related to a mix of job and home pressures. Other researchers have found that female nurses are more stressed at work than male nurses in certain cases (Jaracz et al., 2017; Kwiatosz-Muc et al., 2018). Long shifts, overtime work, staff shortages, inadequate compensation, prejudice at work, uncondusive administration, lack of communication, and regulations were all highlighted as key contributors to work stress. Other Iranian studies (Parizad et al., 2018) have raised similar issues, with research revealing that the majority of nurses experience workplace stress as a result of excessive workloads and personnel. According to one study, 75% of participants reported high workloads for nurses (Atefi et al., 2015) while others cited insufficient clinical personnel, which is a recurring employment issue.

## **2.1. PROBLEM STATEMENT**

Nursing is a noble profession, providing intensive assistance, care, medical aid, and are responsible for multiple duties. In this research, we focus on investigating the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Some studies show the mediating role of emotional intelligence between job performances and job stress in an organizational setting (Ismail et al., 2009). Therefore, this study was conducted to examine the mediating role of emotional intelligence among nurses on the relationship between occupational stress and clinical performance. Occupational stresses are increasing with the increased demand for professional care and assistance during this period of the pandemic. There are several factors causing occupational stress among nurses. Furthermore, the shortage of nurses is paramount globally. Pakistan is also facing a shortage of nurses in clinical practice and this has disrupted the medical procedure at an alarming stage. The present study aims to investigate the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. The researcher reviewed various studies but this combination of variables is still unexplored in Multan, Punjab, Pakistan. Therefore, the researcher wants to explore the mediating role of emotional intelligence between occupational stress and clinical performance among nurses in south Punjab.

## 2.2. OBJECTIVES OF THE STUDY

- To explore the relationship between occupational stress, emotional intelligence, and clinical performance among nurses.
- To investigate the mediating role of emotional intelligence between the relationship of occupational stress and clinical performance among nurses.
- To know the difference in demographic variables (marital status, age) in terms of occupational stress, emotional intelligence, and clinical performance among nurses.

## 2.3. HYPOTHESES OF THE STUDY

- There is a negative relationship between occupational stress, and clinical performance among nurses.
- There is a positive relationship between emotional intelligence and clinical performance among nurses
- Emotional intelligence mediates the relationship of occupational stress and clinical performance among nurses
- There would be significant differences in occupational stress, emotional intelligence, and clinical performances concerning demographic variables (marital status, age) among nurses.

## 3. MATERIALS AND METHODS

### 3.1. STUDY DESIGN

The present study was carried by correlational study design to investigate the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. The survey method was will be used as a method of data collection.

### 3.2. PARTICIPANTS AND ETHICAL CONSIDERATION

The population of the study was employed nurses in Nishter hospital, Combined Military (C.M.H), Children Complex hospital, and Cardiology hospital from Multan, Pakistan. Informed consent was obtained before conducting the study. Further, none of the ethical issues occurred during the study.

### 3.3. DATA COLLECTION

A convenient sampling technique was used to approach the sample. Nurses were approached from different wards and self-administered questionnaires were distributed then handed back by the researcher after completion.

### 3.4. INSTRUMENTS

Three instruments were used to measure study variables

#### 3.4.1. NURSES' OCCUPATIONAL STRESSORS SCALE (NOSS)

It is developed by Yi-Chuan Chen and colleagues in 2019. This is a 43-items scale, on a five-point Likert scale. Two items were excluded. Responses were with reliability range from 0.71 -0.83. The internal consistency range is from 0.35-0.77.

#### 3.4.2. EMOTIONAL INTELLIGENCE SCALE

The EI(PcSc)scale is a self-report questionnaire developed by Dr. Sandhya Mehta, Ms. Namrata Singh in 2013. It consists of 69 items; responses are on a five-point Likert scale. It covers two main domains 1) personal competence 2) social competence. The internal consistency of this scale is .78 to .91.

#### 3.4.3. CLINICAL PERFORMANCE SCALE

It is developed by Emin Kahaya and Nurten Orall in 2017. It consists of 38 items on a five-point Likert scale. Reliability of this scale range from 0.72 to 0.87. It is used to assess nurses' performance in clinical settings.

### 3.5. DATA ANALYSIS

Data was entered in SPSS for analysis. Inferential statistics were used to analyze the data. Following statistical tests will be employed to analyze the data; Pearson Correlation Coefficient, Regressions, and mediation analysis and t-test.

## 4. RESULTS

**Table 1: Correlation Matrix between Occupational Stress, Emotional Intelligence and Clinical Performance among Nurses**

	Variables	Mean	SD	1	2	3
1	Occupational Stress	140.75	29.65	1	-.759**	-.775**
2	Emotional Intelligence	198.40	49.15		1	.989**
3	Clinical Performance	108.86	34.07			1

**Table 2: Linear Regression Analysis of Occupational Stress on Clinical performance among Nurses**

Predictor	B	Std. Error	Beta	t-test	p-value
Constant	234.232	6.619		35.38	.000
Occupational stress	-.891	.046	-.775	-19.36	.000

R<sup>2</sup>=.601, Adjusted R<sup>2</sup> =.599, (F (1,249) =374.61, p<0.05)

**Table 3: Showing the Direct, Indirect effect, and Total effect in the prediction of Clinical Performance among Nurses**

Independent variable	Direct effect	Indirect effect	Total effect
X on Y	-.0667	-.8240	-.8907

**Showing the mediating effect of Emotional Intelligence between the relationship of Occupational Stress and Clinical Performance**

Relationship	Indirect effect	Total effect	VAF	Assessment
OC>EI>CP	-.8240	-.8907	92.51%	Full Mediation

**Table 4: Mean, Standard deviation, t-value and scores of Occupational Stress, Emotional Intelligence and Clinical Performance concerning their marital status**

Variables	MS	N	M	Std.Deviation	df	t-test	p-value
Occupational Stress	Married	153	151.588	25.95	249	9.103	.000
	Unmarried	98	122.27	25.39			
Emotional Intelligence	Married	153	172.20	32.80	249	-14.126	.000
	Unmarried	98	239.37	40.07			
Clinical Performance	Married	153	90.22	23.05	249	14.820	.000
	Unmarried	98	137.94	27.51			

**Table 5: Mean, Standard deviation, t-value and scores of Occupational Stress, Emotional Intelligence and Clinical Performance concerning age**

Variables	Age	N	M	Std.Deviation	df	t-test	p-value
Occupational Stress	Below 30 years	139	128.10	28.82	249	-8.547	.000
	Above 30 years	112	156.45	22.31			
Emotional Intelligence	Below 30 years	139	210.06	51.98	249	4.337	.000
	Above 30 years	112	183.91	41.23			
Clinical Performance	Below 30 years	139	116.53	35.79	249	4.099	.000
	Above 30 years	112	99.33	29.28			

## 5. DISCUSSION

Emotional intelligence is one of the domains studied extensively during the past decade. It is indicated in the literature that emotional intelligence reduces the impact of stressors and helps to work successfully and resourcefully. Higher association with emotional intelligence helps to deal with greater mental distress and enhance performance. The current study investigates the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Occupational stress is becoming a more widespread problem that affects workers in many industries and nations. Nurses are known for having high workloads, high occupational stress, high burnout rates, low job satisfaction, workplace bullying, and mental health issues. Job stress and burnout result from the cumulative effects of occupational stressors in the nursing profession consequently influence their clinical performance. There was a political problem faced globally is nurses abounding the nurses' practice (Xiaoyan, 2016).

Results revealed that occupational stress is negatively correlated with clinical performance and emotional intelligence among nurses. It means with the increase of occupational stress the emotional intelligence and clinical performance among nurses will decrease. The Pearson correlation between occupational stress and emotional intelligence was found to be  $-.759$ , similarly, the correlation with clinical performance is  $-.775$ . While the correlation between emotional intelligence and clinical performance was found to be positive. In short, occupational stress negatively correlates with emotional intelligence and clinical performance thus making it difficult for nurses to work successfully (Luo et al., 2017).

The results of regression analysis show the significant impact of occupational stress, on emotional intelligence and clinical performances. Occupational stress has a negative impact on emotional intelligence and clinical performance among nurses while emotional intelligence has a positive impact on clinical performance among nurses. The direct effect, indirect effect, and total effect that is calculated for occupational stress and clinical performance considering emotional intelligence as a mediator between these two variables and their effect size are analyzed. Table 6 describes the mediating effect of emotional intelligence. The full mediation of emotional intelligence was found in the relationship between occupational stress and clinical performances among nurses. According to a significant level ( $p\text{-value} < 0.05$ ) and emotional intelligence mediates the relationship up to 92.51 %, showing full mediation between occupational stress and clinical performance among nurses. Marital status has a significant difference in occupational stress, emotional intelligence, and clinical performance among nurses. It is stated that occupational stress is higher among married nurses. Unmarried nurses' shows a higher mean on

emotional intelligence and clinical performance scale, indicating better emotional intelligence and performance as compared to married nurses (Jaracz et al., 2017; Kwiatosz-Muc et al., 2018).

Occupational stress, emotional intelligence, and clinical performance were found to have significant variations concerning the age of respondents. Nurses aged above 30 reported more occupational stress than nurses below 30 years aged. Young nurses (below 30) reported having more emotional intelligence and clinical performances than their counterparts (aged above 30).

### **5.1. CONCLUSION, IMPLICATION, LIMITATION, AND FUTURE SCOPE**

We investigate the mediating role of emotional intelligence on occupational stress and clinical performance among nurses. Five hypotheses were formulated to carry out this study. It was reported based on statistical analysis that occupational stress had a negative correlation with emotional intelligence and clinical performance among nurses (hypothesis 1). There is a positive correlation between emotional intelligence and clinical performance among nurses (hypotheses 2). The significant impact of occupational stress on emotional intelligence and clinical performance was found in results (hypotheses 3). Emotional intelligence shows full mediation between occupational stress and clinical performance among nurses (hypotheses 4)

Married nurses were found to have greater occupational stress and lower emotional intelligence and clinical performance as compared to unmarried ones. Nurses with an age range below 30 years reported having greater emotional intelligence and clinical performance while lower occupational stress as compared to above 30 years (hypotheses 5). On the basis of the study outcomes, it is suggested to build a multidisciplinary team that helps nurses to meet the modern occupational demands, specifically focusing on emotional intelligence skills as emotional intelligence has the potential to mediate the relationship between occupational stress and clinical performance. Emotional intelligence regulation and maintenance should be added to the educational curriculum. The benefits of gaining a better understanding of how these concepts interact are largely conjectured until we have more evidence. The prospect that there may be advantages to both nurses and patients is a motivating factor for future researchers.

### **5.2. CONTRIBUTION TO THE THEORY**

This research has some key contributions and implications. First of all, the results of the study contribute to emergent literature on mediating role of emotional intelligence, the impact of occupational stress on clinical performance among nurses. We focus on multiple dimensions of occupational stress, as overall contributors to clinical performance among nurses. Different stressors like as work demand, work-family conflicts, workplace violence, organizational issues, occupational hazards, and interpersonal relationship are considered as indicators of occupational stress. This research can guide researchers to examine occupational stress and clinical performance with different variables, with mediating or moderating role of different variables like as fatigue, socioeconomic status, self-efficacy, availability of resources, and level of occupational expertise or using the same variables on different samples to examine the occurrence of similarities or differences among results. Moreover, new researchers are advised to employ different psychological theories, contemporary theoretical frameworks to understand the way occupational stress affects clinical performance, ways to minimize its negative effects, and helps to enhance clinical performance among nurses.

Secondly, the practice of cross-sectional design, allows us to observe the impact of occupational stress on clinical performance on a single point (in a specific period/circumstances of time). A deeper and clear understanding of these variables required an intensive and longitudinal approach with diverse contexts. It is also recommended for future researchers to examine these relationships for other samples (paramedical or non-paramedical professionals) and assess that association exhibit similar outcomes to other cohort groups.

Third, in our study, married status was found to have significant associations with high occupational stress that is consistent with other studies 8,9. It might be the reason for being the responsibility of primary child caring, undertaking homework, and supporting the elderly at home, due to the cultural and social norms of Pakistan. Married nurses have to work hard in hospitals also work on different relationships at home (with husbands, in-laws) compare to other marital statuses. Therefore, for them work-family time might contribute to lowering their occupational stress while teaching emotional intelligence strategies will help to regulate their emotions. A flexible schedule might lessen the occupational stress but it seems far apart due to heavy workloads and shortage of paramedical staff in hospitals.

Emotional intelligence is found to be negatively correlated with occupational stress. In addition, our results show the mediating role of emotional intelligence between occupational stress and clinical performance among nurses. Emotional intelligence is an individual factor and a personal resource that help to main balance stress and mental health. It also helps to adjust emotions to release pressure and stress actively and positively. That's why, nurses with more emotional intelligence deal with occupational stress in an efficient way, be able to relax, and continue to perform their clinical duties. It is stated if occupational stress can't be reduced, work should be done on improving emotional intelligence to minimize occupational stress and enhance the performance.

### **5.3. CONTRIBUTION AND IMPLICATION FOR PRACTICE**

The results provide significant implications for policymakers, educators, service providers, and administrators. The first information is about the antecedents of occupational stressors. Several variables that have the potential to contribute to occupational were investigated and found to be a significant impact on clinical performance in a negative manner. These findings suggest significant identification of a few occupational stressors for nurses and other professionals and

administrators should address these issues to lessen the occupational stress for professionals. Administrators should focus on the work demand, occupational issues, occupational hazards, and workplace violence on a priority basis, it can help to minimize occupational stress and help to enhance job performance among nurses and other professionals also. Meanwhile, occupational stressors contribute negatively to any occupation so professionals other than nurses must consider alleviating these stressors. It will help policymakers to take preventative measures against study variables based on the perception of nurses included in this study.

#### 5.4. LIMITATION

This study is limited as the sample was considered four main hospitals located in Multan, Pakistan (one city). Another limitation is to exclude male nurses, the sample for the study was comprising female nurses only, and the reason is the availability of female nurses. The third limitation is excluded questionnaires with any missing items, to maintain the accuracy of the study, there might be some useful responses on excluded questionnaires, as the name of respondents were not mentioned to maintain confidentiality thus the same respondent was unapproachable. Fourth, the nurses who have left the profession or moved to lesser or higher stressful environments were not assessed or addressed. Similarly, healthy and unhealthy respondents were not differentiated. The biggest limitation is not to consider the psychological condition of respondents while filling out the questionnaires. Although the researcher tried her best to approach the respondents at a suitable time full control of this phenomenon is beyond the researcher's control. The sample and assessment instrument used in this study, without doubt, might be the limitation. As the research is not extensive, conducted on a small sample size from one city, Multan, Pakistan. It is recommended to carry the same research with different sectors and with different assessment instruments in different countries to establish the generalizability of results the current sample of 251 nurses is in itself a limitation to this study but conducting the extensive research is beyond the researcher's resources.

#### REFERENCES

- Anand, T., & Monika, T. (2017). Relationship of emotional intelligence with occupational stress and burnout in private banking sector. *International Journal of Engineering and Management Sciences*, 8(4), 177-185.
- Atefi, N., Abdullah, K. L., Wong, L. P., & Mazlom, R. (2014). Factors influencing registered nurses' perception of their overall job satisfaction: a qualitative study. *International nursing review*, 61(3), 352-360.
- Chatzigianni, D., Tsounis, A., Markopoulos, N., & Sarafis, P. (2018). Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. *Iranian journal of nursing and midwifery research*, 23(6), 450.
- Chhabra, M., & Chhabra, B. (2013). Emotional intelligence and occupational stress: a study of Indian Border Security Force personnel. *Police Practice and Research*, 14(5), 355-370.
- Chin, W. S., Chen, Y. C., Ho, J. J., Cheng, N. Y., Wu, H. C., & Shiao, J. S. (2019). Psychological work environment and suicidal ideation among nurses in Taiwan. *Journal of Nursing Scholarship*, 51(1), 106-113.
- Choudary, Y. L. (2010). Impact of the emotional intelligence on work related outcomes among the nursing staff at SRM Hospitals, Chennai. *Management and Labour Studies*, 35(2), 227-247.
- Cooper, C. L., & Marshall, J. (1978). Coping with stress. In *Understanding Executive Stress* (pp. 92-114). Palgrave Macmillan, London.
- Elahi, Y. A., & Apoorva, M. (2012). A detail study on length of service and role stress of banking sector in Lucknow region. *Research Journal of Management Sciences*, ISSN, 2319, 1171.
- El-Sayed, S. H., El-Zeiny, H. H. A., & Adeyemo, D. A. (2014). Relationship between occupational stress, emotional intelligence, and self-efficacy among faculty members in faculty of nursing Zagazig University, Egypt. *Journal of Nursing Education and Practice*, 4(4), 183.
- Goleman, D. (2011). The brain and emotional intelligence: new insights. *Regional Business*, 94.
- Goleman, D., & Boyatzis, R. (2017). Emotional intelligence has 12 elements. Which do you need to work on? *Harvard Business Review*, 84(2), 1-5.
- Hersch, R. K., Cook, R. F., Deitz, D. K., Kaplan, S., Hughes, D., Friesen, M. A., & Vezina, M. (2016). Reducing nurses' stress: A randomized controlled trial of a web-based stress management program for nurses. *Applied nursing research*, 32, 18-25.
- Hoboubi, N., Choobineh, A., Ghanavati, F. K., Keshavarzi, S., & Hosseini, A. A. (2017). The impact of job stress and job satisfaction on workforce productivity in an Iranian petrochemical industry. *Safety and health at work*, 8(1), 67-71.
- Ismail, A., Suh-Suh, Y., Ajis, M. N. E., & Dollah, N. F. (2009). Relationship between Occupational Stress, Emotional Intelligence and Job Performance: An Empirical Study in Malaysia. *Theoretical & Applied Economics*, 16(10).
- Jaracz, M., Rosiak, I., Bertrand-Bucińska, A., Jaskulski, M., Nieżurawska, J., & Borkowska, A. (2017). Affective temperament, job stress and professional burnout in nurses and civil servants. *PloS one*, 12(6), e0176698.
- Karimi, A., Adel-Mehraban, M., & Moeini, M. (2018). Occupational stressors in nurses and nursing adverse events. *Iranian Journal of Nursing and Midwifery Research*, 23(3), 230.
- Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B. (2019). Work related stress, burnout, job satisfaction and general health of nurses: A follow-up study. *International journal of nursing practice*, 22(6), 538-545.

- Kumarasamy, M. M., Pangil, F., & Mohd Isa, M. F. (2016). The effect of emotional intelligence on police officers' work-life balance: The moderating role of organizational support. *International Journal of Police Science & Management*, 18(3), 184-194.
- Kwiatosz-Muc, M., Fijałkowska-Nestorowicz, A., Fijałkowska, M., Aftyka, A., & Kowalczyk, M. (2018). Stress prevalence and stressors among anesthesiology and intensive care unit workers: A multicenter survey study. *Australian critical care*, 31(6), 391-395.
- Leineweber, C., Chungkham, H. S., Lindqvist, R., Westerlund, H., Runesdotter, S., Alenius, L. S., & Tishelman, C. (2016). Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study. *International Journal of Nursing Studies*, 58, 47-58.
- Lindeman, B., Petrusa, E., McKinley, S., Hashimoto, D. A., Gee, D., Smink, D. S., ... & Phitayakorn, R. (2017). Association of burnout with emotional intelligence and personality in surgical residents: can we predict who is most at risk? *Journal of surgical education*, 74(6), e22-e30.
- Luo, H., Yang, H., Xu, X., Yun, L., Chen, R., Chen, Y., ... & Tang, H. (2016). Relationship between occupational stress and job burnout among rural-to-urban migrant workers in Dongguan, China: a cross-sectional study. *BMJ open*, 6(8), e012597.
- Mark, G., & Smith, A. P. (2012). Occupational stress, job characteristics, coping, and the mental health of nurses. *British journal of health psychology*, 17(3), 505-521.
- Mehta, S., & Singh, N. (2013). A Review paper on emotional intelligence: Models and relationship with other constructs. *International journal of management and information technology*, 4(3), 342-353.
- Mérida-López, S., Extremera, N., & Rey, L. (2017). Contributions of work-related stress and emotional intelligence to teacher engagement: Additive and interactive effects. *International journal of environmental research and public health*, 14(10), 1156.
- Minh, N. K., Long, G. T., & Hung, N. V. (2013). Efficiency and super-efficiency of commercial banks in Vietnam: Performances and determinants. *Asia-Pacific Journal of Operational Research*, 30(01), 1250047.
- Mokhtar, K., El Shikieri, A., & Rayan, A. (2016). The relationship between occupational stressors and performance amongst nurses working in pediatric and intensive care units. *Am J Nurs Res*, 4(2), 34-40.
- Okita, S., Daitoku, S., Abe, M., Arimura, E., Setoyama, H., Koriyama, C., ... & Horiuchi, M. (2017). Potential predictors of susceptibility to occupational stress in Japanese novice nurses-a pilot study. *Environmental health and preventive medicine*, 22(1), 1-11.
- Parizad, N., Hassankhani, H., Rahmani, A., Mohammadi, E., Lopez, V., & Cleary, M. (2018). Nurses' experiences of unprofessional behaviors in the emergency department: A qualitative study. *Nursing & health sciences*, 20(1), 54-59.
- Safarpour, H., Sabzevari, S., & Delpisheh, A. (2018). A Study on the Occupational Stress, Job Satisfaction and Job Performance among Hospital Nurses in Ilam, Iran. *Journal of Clinical & Diagnostic Research*, 12(6).
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, cognition and personality*, 9(3), 185-211.
- Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bamidis, P., ... & Papastavrou, E. (2016). The impact of occupational stress on nurses' caring behaviors and their health-related quality of life. *BMC nursing*, 15(1), 1-9.
- Shafiq, M., & Rana, R. A. (2016). Relationship of emotional intelligence to organizational commitment of college teachers in Pakistan. *Eurasian Journal of Educational Research*, 16(62).
- Shukla, A., & Srivastava, R. (2016). Examining the effect of emotional intelligence on socio-demographic variable and job stress among retail employees. *Cogent Business & Management*, 3(1), 1201905.
- Tahghighi, M., Rees, C. S., Brown, J. A., Breen, L. J., & Hegney, D. (2017). What is the impact of shift work on the psychological functioning and resilience of nurses? An integrative review. *Journal of Advanced Nursing*, 73(9), 2065-2083.
- Toyama, H., & Mauno, S. (2017). Associations of trait emotional intelligence with social support, work engagement, and creativity in Japanese eldercare nurses. *Japanese Psychological Research*, 59(1), 14-25.
- Trifunovic, N., Jatic, Z., & Kulenovic, A. D. (2017). Identification of causes of the occupational stress for health providers at different levels of health care. *Medical Archives*, 71(3), 169.
- Wang, S. (2015). Emotional intelligence, information elaboration, and performance: The moderating role of informational diversity. *Small Group Research*, 46(3), 324-351.
- World Health Organization. Occupational Health: A Manual for Primary Health Care Workers. Available online: [https://www.who.int/occupational\\_health/publications/emhealthcarework/en/](https://www.who.int/occupational_health/publications/emhealthcarework/en/) (accessed on 26 December 2019).
- Wu, Y. C. (2011). Job stress and job performance among employees in the Taiwanese finance sector: The role of emotional intelligence. *Social Behavior and Personality: an international journal*, 39(1), 21-31.