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OCCUPATIONAL STRESS, EMOTIONAL INTELLIGENCE AND PSYCHOLOGICAL WELLBEING OF NURSES IN GOVERNMENT-OWNED HOSPITALS

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Abstract

Research interests in the psychological wellbeing of caregivers has continued to attract heightened attention. Thus, this study presented an examination of the predictive roles of occupational stress and emotional intelligence on psychological wellbeing. Participants, who were 270 nurses that were selected through the proportionate stratified random sampling technique, responded to Scales of Psychological Wellbeing (SPWB), Occupational Stress Inventory (OSI) and Emotional Intelligence Scale (EIS). Results from the multiple regression showed no link between occupational stress psychological wellbeing, but emotional intelligence predicted the psychological wellbeing. Furthermore, the study found that length of service did not significantly predict psychological wellbeing. Lastly, it revealed that occupational stress, emotional intelligence and length of service jointly predicted psychological wellbeing. Training and development opportunities to enhance nurses' emotional intelligence should be encouraged in Government-owned hospitals to facilitate optimum psychological wellbeing of nurses.

Keywords

Emotional intelligence, length of service, nurses, occupational stress, psychological wellbeing

Introduction

Research interest in the psychological wellbeing of nurses has heightened in recent time due to constant threats to their psychological wellbeing. These threats include substantial workloads, inadequate resources to work with, insufficient facilities, handling difficult patients, lack of respect from superiors, insignificant input in the decision-making process, psychological distress and emotional stress (Loo, 2012; Faremi et al., 2019) and unstable emotional display. More so, the need for nurses to maintain a good psychological wellbeing has been emphasized for optimal work performance (Shyu, 2019; Kundi et al., 2021). Similarly, psychological wellbeing has been reported to mediate the link between work climate and jo stress (Akbbolat et al., 2022). It represents the overall state of mental and cognitive wellbeing, sense of belonging, connectedness and life satisfaction, which influence an individual's functioning (Mabekoje, 2003) at workplace. Job related demand, such as occupational stress and personal resources like emotional intelligence may play significant roles in in determining psychological wellbeing of nursing staff.

Occupational stress reflects a condition of mental, emotional, and physical drain occasioned when employees perceived that their capabilities and resources are not enough to meet current job demands (Akinboye & Adeyemo, 2002). It is a complex phenomenon where

DOI: 10.2478/eras-2022-0003

health outcomes depend on individual's ability to deal with stressors and the timeframe in which this is done. The Nigeria health care industry is characterized by increased work pressure, high job expectation, enormous workload, as well as pressure from patients (Ogungbamila, 2010), which constitute occupational stress. Similarly, Ezeugwu et al. (2016) affirmed that job stress is part of work life, which occurs when there is disequilibrium between employees' resources to cope and external demands from work. Job stress may likely result to a "state of physical, emotional and mental exhaustion caused by long term involvement in situations that are demanding emotionally" (Ibikunle et al., 2012, 26). A systematic review of 12 papers by Shuang-Shuang and Hassan (2020) have also confirmed the negative association between stress levels and nurses' psychological wellbeing. The negative impacts of occupational stress on nurses' similar constructs like adjustment and quality of life (Fallahchai, 2021). Therefore, scholars affirmed that high level of job stress that nurses experience on their job often occur due to recurrent exposure to emotionally demanding situations. Thus, emotional resource which can help them understand their emotions and the emotions of significant others will cushion the effects of stress (Adegoke, 2011, Ogungbamila et al., 2014).

In order to meet patients' needs, health professionals (e.g. nurses) are required to manage their emotions and that of the patients (Sharma, 2011). This may explain why emotional intelligence has continued to gain popularity among most health workers. Emotional intelligence can be summed "as the ability to recognize, understand and manage our own emotions as well as recognize, understand and influence the emotions of others" (Sharma, 2011, 180). In other words, this reflects individuals' emotional literacy; reflects capacity to recognize how one's emotions can motivate behaviour and consequently influence other people's behaviour, as well as learning how to significantly manage those emotions – both our own and others can be a source of balance between workplace stress and employees' wellbeing.

Ojajuni et al. (2013) described emotionally intelligent employees as being assertive, tolerant, and flexible because of their capacity to regulate their emotions in order to have positive impact on their performance. In a related manner, Lawal and Erhabor (2017) found that self-appraisal of emotion, use of emotion and regulation of emotion can contribute to how one may explain the link between work stress and psychological wellbeing of nurses. Emotional intelligence has been reported to be positively associated with psychological wellbeing (Guerra-Bustamante et al., 2019).

Length of service is also a demographic factor considered important in this study. Length of service according to Nwankwo, Obi, Sydney-Agbor, Agu and Aboh (2013) refers to "number of years by which a person has been employed by a given employer". In this study, length of service is represented by the total number of years a nurse has worked in a hospital. It is most likely that when an employee has spent a significant number of years in an organization, he/she should have sufficient experiences that are expected to equip him/her with strategies for enhanced psychological wellbeing. The few previous studies that studied the relationship between length of service and psychological wellbeing generated conflicting outcomes. It is therefore imperative that this study also investigates the role of length of service on psychological wellbeing. Thus, this study focused on assessing the predictive roles of occupational stress, emotional intelligence and length of service on psychological wellbeing among nurses in Nigeria.

Theoretical Framework

This study is premised on both the theory of subjective wellbeing and job demand-resources model. According to Diener (1984), the theory of subjective wellbeing has four components of subjective wellbeing which include pleasant affect (elation, joy, affection), unpleasant affect (stress, anxiety, anger, depression), life satisfaction (satisfaction with current

DOI: 10.2478/eras-2022-0003

life, significant others' view of one's life)' domain satisfaction (health, work, family, finances). Psychological wellbeing of nurses may be hampered by the amount of stress experienced on the job. When nurses are subjected to working under avoidable pressures with scarce resources, their capacity for optimum functioning may likely be negatively impacted. The Job demand resources model as propounded by Bakker and Demerouti (2007, p. 310), asserts that every job has peculiar risk factors. These factors can be classified into two general categories, namely job demand and job resources. This constitutes an encompassing model that is applicable to various occupational settings, irrespective of the particular demands and resources involved.

Job demand is defined as those "physical and/or psychological (cognitive and emotional) effort or skills and are associated with certain physical and/or psychological cost". (Mayeri, et al., 2016 Job resources refers to those physical, psychological, social or organizational resources at employees' disposal to cushion the effects/costs of job demands. The inherent motivational nature of the job demand - resource model is impactful. It is based on the assumption that resources have motivational potentials, results to better work engagement, as well as exceptional performances. While occupational stress may be classified as job demand, emotional resources is an example of job resources that is available to individual employees. We conceptualized that occupational stress may arise from job demands such as increasing number of patients, scarce resources to work with, and handling difficult patients. However, it is believed that job resource such as emotional intelligence should cushion the effects of these demands from nursing tasks.

Specifically, we formulated the following hypotheses for this study:

i. Occupational stress will significantly predict nurses' psychological wellbeing
ii. Emotional intelligence will significantly predict nurses' psychological wellbeing
iii. Length of service will significantly nurses' psychological wellbeing
iv. Occupational stress, emotional intelligence and length of service will jointly and significantly predict nurses' psychological wellbeing

Method

Participants and Procedure

The Academic and Research Committee of the Obafemi Awolowo University approved the study. Participants consisted of nurses in three selected government-owned hospitals in Ondo state namely; State hospital, Akure, General hospital, Ondo, Federal Medical Centre, Owo. Participants were 270 selected from a sampling frame of 338 for this study. This represents a proportion of 80% of the total number of participants selected through proportionate stratified sampling technique. Respondents filled the informed consent form through an independent person and assured of anonymity and confidentiality of their responses. Also, the participants were informed of their liberty to desist from the study at any point should they wish to do so.

Demographic distribution of respondents revealed that 96 (35.6%) of total participants were nursing officers I, 133 (49.2%) were nursing officers II, while 41 (15.2%) were senior nursing officers. Furthermore, 63 (23.3%) of the participants were males, while 207 (76.7%) were females. Also, 34 (12.6%) of total respondents were single, 216 (80.0%) were married, while 20 (7.4%) were divorced. The analysis result suggests that an overwhelming majority of the respondents 216 (80.0%) are married. In terms of educational qualification, the analysis shows that 132 (48.9%) of total respondents have only B.Sc. or Masters in Nursing, 130 (48.1%) claimed to be registered nurses (RN), while only 8 (3.0%) reported that they are certified registered nurses (CRN). Lastly, respondents' length of service showed that 169(62.6%) of total

DOI: 10.2478/eras-2022-0003

respondents had been in service from between 0-15 years while 101 (37.4%) had been in service from between 16-32 years.

Measure

Psychological Wellbeing: Participants' psychological wellbeing was assessed through Ryff (1995) Scales of psychological wellbeing (SPWB). It has18-items that measure the six dimensions of human positive functioning. These are Autonomy, Purpose in Life, Positive Relations with Others, Personal Growth, Environmental Mastery, and Self-Acceptance. Participants rated their responses on a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree). Mefon, et al (2016) established the appropriateness of the instrument on Nigerian samples with alpha coefficient of .72 for self-acceptance, .50 for positive relation, .46 for autonomy, .60 for environmental mastery, .62 for purpose in life ad .57 for personal growth. A Cronbach alpha internal consistency of .65 was established for the overall scale of psychological wellbeing in this study.

Occupational stress: Occupational stress was measured using an adapted form of the Occupational Stress Inventory (OSI-R) which was developed by Osipow (1998). The Original parent scale consisted of 60-items. For the purpose of this research, an adapted form consisting of 10-items was used. The 10-items selected were based on the dimensions (psychological and physical) measured in the study. The first 5-items measured the psychological dimension while the other 5-item measured the physical dimensions. The Likert response format ranged from 1 (strongly disagree) to 5 (Strongly agree). Sample items include: "when I am relaxing, I frequently think about work", "I am bored with my job". The alpha reliability coefficient for the psychological and physical strain subscales were .81 and .67 respectively while that of the overall scale was reported as $\alpha = .82$.

Emotional Intelligence: Participants' emotional intelligence was assessed through the 16-item Wong & Law (2002) Scale of Emotional Intelligence (short version). It is a self-report scale scored on a 7-points Likert scale ranging from Strongly Disagree= 1, Disagree=2, Moderately Disagree=3, Neither Agree nor Disagree=4, Moderately Agree =5, Agree=6, to Strongly Agree=7. Leung (2008) established an internal consistency of (15 items, $\alpha = .73$). The reliability coefficient for the scale was reported as $\alpha = .92$.

Data analysis

Data from the respondents were subjected to the Pearson Product Moment Correlation (PPMC) as well as Linear and multiple Regression analyses. The PPMC was used to ascertain the intercorrelations among the study variables while the Linear Regression analysis was conducted to ascertain the role of each of the antecedent variables in predicting psychological wellbeing of nurses while the multiple regression analyses was performed to estimate the relative contribution of each factor in the overall variation in the model.

DOI: 10.2478/eras-2022-0003

Results

Table 1. Mean, standard deviation and correlation matrix of variables in the study

Variables	Mean	SD	1	2	3	4	5	6	7	8	9
1. Age	36.76	7.88	1								
2. Length of Service	12.04	6.77	.21**	1							
3. Psychological strain	17.11	6.73	.37	.05	1						
4. Physical strain	20.45	4.70	-.04	.04	.46**	1					
5. Self-Appraisal	16.23	5.93	.01	-.07	-.08	.12	1				
6. Other-Appraisal	18.33	4.65	.04	.10	.10	.13*	.62**	1			
7. Emotional Regulation	19.16	4.58	.01	.01	.09	.11*	.45**	.36**	1		
8. Emotional Use	19.47	4.57	.05	.14**	.09	-.11	.44**	.39**	.26**		
9.Psychological Wellbeing	75.95	9.53	.19	-.07	.06	.09	.47**	.38**	.38**	43**	1

$p < .05$. **$p < .01$

Results on Table 1 showed that length of service positively related with age of employees (r = .21, p<.05) and emotional use (r = .14, p<.05). On the dimensions of occupational stress, psychological strain had a positive and significant relationship with physical strain (r = .46, p<.05). There is an interrelationship among the dimensions of emotional intelligence as reported by the participants. Self-appraisal had a significantly positive association with other appraisal (r = .62, p<.05), emotional regulation (r = .45, p<.05) and emotional use (r = .44, p<.05). All the dimensions of emotional intelligence positively correlated with psychological wellbeing. Self-appraisal (r = .47, p<.05), other appraisal (r = .38, p<.05), emotional regulation (r = .38, p<.05) and emotional use (r = .43, p<.05) were significantly and positively correlated with nurses' psychological wellbeing. This depicts that the more they understand their own emotions and use the knowledge to handle other (patients inclusive) peoples' emotions, the better their psychological wellbeing is.

Table 2. Linear Regression model of occupational stress and psychological wellbeing

Predictors	***β***	***T***	***P***	***R***	***R^2***	***F-val***
(Constant)	75.29	32.96	0.12	0.42	0.07	0.10
Occupational stress	0.01	0.32	0.13			

The analysis in Table 2 showed that occupational stress accounted for 7% variation in the psychological wellbeing of employees as evidenced by R^2 of 0.07. It can be seen that the model did not significantly predict the psychological wellbeing of nurses {F = 0.10; p>.05}. Based on the above, the hypothesis that occupational stress will significantly predict psychological wellbeing of nurses is rejected.

DOI: 10.2478/eras-2022-0003

Table 3. Linear Regression of Emotional Intelligence and Psychological Wellbeing

	β	***t***	***p***	***R***	***R^2***	***F-val***
				0.54	0.30	28.56
Self-appraisal	0.25	3.50	0.02			
Other Appraisal	0.02	0.34	0.15			
Emotional Use	0.25	4.33	0.01			
Emotion Regulation	0.17	2.99	0.03			

The analysis on Table 3 indicates that emotional intelligence accounted for 30% of the variation in the psychological wellbeing of nurses as shown by R^2 of 0.30. It can be seen that emotional intelligence significantly predicted psychological wellbeing of nurses {F = 28.56, p <.05}. Further examination of the results revealed that self-appraisal (β = 0.25; p<.05), emotional use (β = 0.25; p<.05) and emotional regulation (β = 0.17; p<.05) independently predicted psychological wellbeing of nurses whereas other appraisal was not significant predictor. Thus, the hypothesis that emotional intelligence will predict psychological wellbeing of nurses is accepted. This implies that emotional intelligence is an important predictive factor of nurses' psychological wellbeing in the workplace.

Table 4. Linear Regression model of Length of Service and Psychological Wellbeing

Predictors	***β***	***T***	***P***	***R***	***R^2***	***F-val***
(Constant)	0.01	64.18	0.02	0.05	0.02	0.77
Length of service	-0.05	-0.88	0.15			

The analysis summary in Table 4 showed that length of service accounted for 2% of the variation in the psychological wellbeing as shown in $r^2$of 0.02. Length of service did not predict psychological wellbeing of nurses {F = 0.77; p>.05}. As a result, the hypothesis that length of service will significantly predict psychological wellbeing of nurses in government-owned hospitals in Ondo State is, therefore, rejected.

Table 5. Multiple regression model of psychological wellbeing by occupational stress, emotional intelligence and length of service

	B	**t**	**P**	**R**	**R^2**	**F-val**
				0.53	0.28	35.74
Occupational stress	-0.03	-0.75	>.05			
Length of service	-0.01	-0.20	>.05			
Emotional Intelligence	0.53	10.29	<.05			

The summary analysis in Table 5 showed that occupational stress, emotional intelligence and length of service accounted for 28% of the variation in the nurses' psychological wellbeing as evidenced by R^2 of 0.28. Further examination revealed that occupational stress {β = -0.03; p > 0.05) and length of service (β=-0.01, p > .05) were not significant predictors of psychological wellbeing, whereas, emotional intelligence (β = 0.53; p < 0.05) significantly predicted psychological wellbeing of nurses. Although, the three variables jointly contributed 28% variation in the nurses' psychological wellbeing, only emotional intelligence predicted their psychological wellbeing.

DOI: 10.2478/eras-2022-0003

Discussion

The aim of this research was to investigate the predictive roles of occupational stress and emotional intelligence on the psychological wellbeing of nurses in Government-owned hospitals in Ondo state, Nigeria. The study found that occupational stress did not significantly predict psychological wellbeing. That is, the level of stress that nurses experience in their work does not predict their psychological wellbeing in any way. This implies that despite the workloads, needle-pricks and other hazards nurses face, coupled with various dysfunctional processes such as unavailable equipment, and poor government funding (Faremi et al., 2019), they still maintain their psychological wellbeing and do their jobs. This may be due to the fact that nurses have become better adapted to the job, developed affinity, and so experience psychological wellbeing nevertheless. This finding was supported by the report of Awuku (2013) who reported that job strain did not relate to psychological wellbeing of nurses. However, the finding of this present study contradicted previous researches (Ezeugwu et al., 2016; Shuang-Shuang et al., 2020) that established negative correlations between occupational stress and psychological wellbeing.

We also found that emotional intelligence significantly predicted psychological wellbeing. That is, nurses that exhibit emotional intelligence while discharging their duties will enjoy psychological wellbeing. This agrees past studies of Ogungbamila et al (2014) and Adegoke (2011) that emotional resources can help cushion the effects of occupational stress. Further examination of the results showed that the dimensions of emotional intelligence that predicted psychological wellbeing were self-appraisal, emotion use and emotion regulation while others' appraisal did not predict psychological wellbeing (see Lawal et al., 2017). These three are factors that related directly to the individual. They are aspects that are concerned with the knowledge as well as control of one's emotions and place the responsibility of action on the individual. This may explain why nurses who experience positive emotions evaluate themselves better, become more optimistic and confident in dealing with interpersonal situations, as people with higher emotional intelligence are more likely to use an adaptive style in the process of carrying out their work (Guerra-Bustamante et al., 2019).

Length of service did not significantly predict psychological wellbeing. The number of years a nurse has spent on the job does not automatically result in such better psychological wellbeing. Lastly, the study found that occupational stress, emotional intelligence and length of service jointly predicted psychological wellbeing. Nurses who have longer experience on the job may possess ample emotional intelligence and mastery skills and in-turn adjust easily to change, pressure and stressful circumstances. Nurses who have worked for longer periods and have experienced repetitive workflows may have developed the capacity to adjust effectively to changes in their environment as well as are capable to be more empathetic than their newer counterparts are; hence, they have better psychological wellbeing.

Recommendation

The findings of this current study revealed that occupational stress did not predict psychological wellbeing; emotional intelligence predicted psychological wellbeing, length of service did not predict psychological wellbeing; occupational stress, emotional intelligence and length of service jointly predicted psychological wellbeing. This finding implies that psychological wellbeing of nurses is not determined by work related factors such as occupational stress or how long they have stayed at work but by how well they are able to manage themselves. This makes it important for nurses to learn and develop self-management abilities in order to ensure their ability to live well.

DOI: 10.2478/eras-2022-0003

In nursing training and education, it is thus important for self-management skills to be taught to nurses-in-training so they may understand how they can manage themselves in their jobs and ensure their wellbeing. Organizations and employers should also work on developing emotional intelligence skills early in their nurses so they can be well equipped to function effectively in their work. Future researchers should explore the study among privately owned hospitals**.** Psychological wellbeing could be examined by conducting a comparative study between nurses in privately owned hospitals and government owned hospitals. The variables of this study could be researched among industries that are not health related as well. Also, future studies should explore the psychological concepts: occupational stress, emotional intelligence and length of service, with each dimension of psychological wellbeing.

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