ORIGINAL CONTRIBUTION
The Relationship of Perceived Stress, Emotional Intelligence and Resilience with Subjective Well Being among Nurses

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Abstract— This study examined the relationship between nurses' subjective well-being, emotional intelligence, resilience, and perceived stress. The primary aim was to gain a deeper understanding of how nurses' subjective well-being is influenced by stress, emotional intelligence, and resilience. The research was conducted in Islamabad and Rawalpindi, with data collected from both public and private hospitals in Islamabad, between November 2022 and June 2023. A correlational research design was employed, with a sample size of N=300, determined using RaoSoft, involving nurses aged 20 to 50 years from various healthcare settings. Demographic information was gathered using a structured form, while the Perceived Stress Scale (PSS), Schutte Self-Report Emotional Intelligence Test, Brief Resilience Scale (BRS), and Satisfaction with Life Scale (SWLS) were utilized to measure the relevant variables. The results indicated a significant relationship between perceived stress, emotional intelligence, and job experience with nurses' subjective well-being, highlighting the predictive roles of perceived stress, emotional intelligence, resilience, and job experience on their overall well-being. The analysis revealed a 41% variance ($R^2=0.41$) with values ($\beta= .41$, p=0.00). This research provides valuable insights into the factors influencing the well-being of nurses, a critical component of the healthcare workforce.
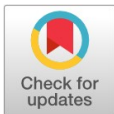
Introduction

In the intricate tapestry of healthcare, nurses serve as the vital threads that connect patients, families, and healthcare professionals within the complex fabric of care. Beyond their clinical skills, nurses embody the essence of humanity, offering comfort, support, and healing to those in need (Choo et al., 2010). With unwavering dedication, compassionate care, and tireless advocacy, nurses play a pivotal role in the healthcare system, profoundly impacting patients' lives and promoting overall well-being.

The nursing profession has evolved into an indispensable pillar of modern healthcare, deeply rooted in centuries of tradition and innovation. As the bridge between medical expertise and the human experience, nurses form the backbone of patient-centered care. Whether in the bustling emergency rooms or the serene corridors of long-term care facilities, their presence provides reassurance, stability, and a compassionate touch that spans the divide between illness and recovery (Raatikainen, 1997: Jackson et al. 2022).

Additionally, nurses easily work in interdisciplinary teams with doctors, therapists, chemists, and other healthcare specialists. They serve as the central figure in care coordination, coordinating and integrating many areas of care to enable a comprehensive strategy that improves patient outcomes. Their proficiency in care management, medication administration, and patient monitoring guarantees the

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efficient functioning of healthcare facilities, fostering an atmosphere that is supportive of healing and rehabilitation (Bendowska & Baum, 2023).

In the healthcare industry, nurses are the pinnacle of compassion, skill, and unshakable commitment. They represent the very best of humanity in healthcare, playing a role that goes far beyond mere medical knowledge. Through their all-encompassing care, advocacy, emotional support, and teamwork, nurses light the way to recovery and help patients and their families through the maze of disease (Bonsall & Cheater, 2008). However, their altruistic dedication frequently has a cost, though, as the constant stresses and demands of the job can result in burnout, which is a state of physical, emotional, and mental tiredness. Even the most resilient people can be tested to the breaking point in the stressful profession of nursing, despite it being intrinsically honorable and fulfilling (Cheater, 2008).

The well-being of nurses is negatively impacted by the long hours, large patient loads, difficult cases, and the constantly shifting healthcare environment. Burnout among nurses has effects that go beyond the person. Patient care quality may worsen when nurses become less engaged and satisfied with their work. Burnout can impair one's ability to think critically, make decisions, and pay attention to detail, which can result in mistakes in patient care and medical blunders. Burnout can affect the nurse-patient relationship, obstructing good communication and delaying the healing process. Burnout also harms nurses' personal lives, which exacerbates the cycle of stress and burnout by causing strained relationships, poorer work performance, and more absences (Spence Laschinger & Fida,2014).

Literature Review

Perceived stress is the cognitively processed emotional response to the target event rather than the possibly continuous life event that occurs to the individual (Cohen et al., 1983). Emotions are a part of our daily life and managing those emotions whether negative or positive is important for us to maintain our everyday functioning and perform better in our social roles (Scheibe et al. 2018).

Factors associated with job-related stress among nurses have frequent exposure to adverse events at work, increase in workload, shortage of nurses at hospitals, emotional demands of patients and their families, compassion fatigue, and compassion satisfaction (Ekedahl & Wengström, 2007, Stamm et al, 2009).

The nature of a nurse's work can sometimes be stressful. Nurses frequently have little autonomy and control over their jobs, they are transferred between patient care units, with poor communication among members of the health care team, they frequently have to deal with demanding or recalcitrant family members of patients. Work-related stressors like these heighten nurses' feelings and perceptions of being overworked and stressed (Jordan et al, 2016).

Emotional intelligence is the ability to identify, understand and balance emotions and then utilize them in one's life (Morris & Wakefield, 2008). The human brain interprets emotional information from the environment diversely at an individual level. The exposition of grasping the idea of emotional intelligence varies from individual to individual, hence called emotional intelligence (Mayer, 1997; Bendowska & Baum, 2023); the power to access and produce feelings when they help cognition; the ability to understand affect-laden knowledge utilize it; and the power to control the emotions to aid welfare (Mayer & Salovey, 1997; Eslinger et al., 2021).

The four-branch model of emotional intelligence outlines four areas of abilities or skills that jointly represent many different aspects of emotional intelligence. The abilities to effectively identify one's own and others' emotions, use emotions to help thinking, comprehend emotional meanings, and control emotions are explicitly referred to in this concept as emotional intelligence (Salovey & Mayer, 1997; Serrat, 2017). It has a significant impact on people's job performance and also on one's emotional capacity which plays an important role in health care workers like nurses treating their patients and bearing the emotional burden (Morris & Wakefield, 2008). Emotional intelligence is one of the most important aspects that help improve psychological health(Cooper & Sawaf,1997).

Studies have shown that emotional intelligence is not just a preventive element against negative sentiments, but is also connected to psychological health (Mayer et al. 1999, Brackett & Mayer 2003; Brackett et al. 2006; Brackett et al. 2011; Zeidner et al. 2012). In this light emotional intelligence has proven to be connected to many essential real-life upshots such as positive mental health and subjective well-being (Mayer et al. 2008). Researchers indicate that elevated emotional intelligence is recorded by ability tests and is linked to well-being indicators (Brackett & Mayer 2003, Extreme et al. 2011).

Positive psychology has attracted scientists over the last ten years (Seligman & Csikszentmihalyi 2000, Seligman 2003). Theoretical models of positive psychology could be enhanced by the incorporation of dissimilarities in the processing of affective information because the sharp and clever use of emotions is thought to be vital for one's psychological adaptation and welfare (Brackett & Mayer 2003).

A recent study on female nursing students showed higher emotional intelligence levels which are associated with less perceived stress and higher levels of life satisfaction and happiness than the general population (Aranda, Extreme, & Galán, 2014). Nurses with high emotional intelligence have less emotional weariness and psychosomatic symptoms; they have better emotional health; they derive more satisfaction from their actions (both at work and home); and they have stronger relationships with colleagues (Towell et al, 2013). Nurses with strong emotional intelligence have been found to have good health and well-being (Hao Hung et al, 2022).

Resilience is the quality of an individual to adapt to difficult situations and come out of them successfully. Resilience is obtained when one depicts emotional and behavioral flexibility to adjust to difficult life experiences regarding internal and external demands (Norman

Garmezy,1991). Research has shown that an individual with a greater sense of emotional intelligence shows the traits of resilience and also greater self-esteem (Masten et al, 2001). Resilience plays an important role in the lives of nurses as they come by with numerous difficulties and adverse cases of their patients (Trigueros et al., 2020). Resilience comes with the existence of three main stages.

Nurses are frontline workers and they are providing quality care to the patient, establishing an effective rapport, and empathizing with their patients while managing their own emotions (Evans & Allen, 2002). Resilience is one's successful adaptation to any stressful situation or adverse events in life (Masten et al.1994). More resilient individuals can easily recover from negative events or remain healthy after adverse events in their life as compared to people who are more vulnerable to negative events (Hurley et al,2004). The concept of subjective well-being given by Diener (2009), emphasizes the importance of happiness and well-being for the mental health of the individual. Individuals' subjective well-being is associated with the cognitive evaluation of one's own life as well as the experience of positive and negative emotions and events of one's own life (Diener et al, 2008).

Subjective well-being is the self-reported evaluation of one's quality of life, using one's happiness as the criterion which is a general key indication of individual quality of life (Lcas 2002; Batool, 2012); Preventing, alleviating, and lowering burnout all have a positive impact on people's subjective well-being (Diener & Lucas 2002). The circumstance theory of subjective well-being states that the well-being of an individual is the result of different circumstances in one's life and positive and negative events in everyday life. (Diener et al,2009). According to dispositional views, subjective well-being is essentially the product of biological or temperamental variables that impact how we interpret and judge life circumstances and events, rather than actual conditions themselves (James E Maddux, 2020). Optimism, life satisfaction, and good feelings are all examples of subjective well-being (Diener et al,2009).

Subjective well-being has been shown to have an impact on many aspects of life, including work performance and mental health (Diener & Ryan, 2009). Having a high level of subjective well-being is desirable in people, achieving a happy life and ways to increase overall well-being seems more important in people now (Milosevic et al, 2011). Subjective well-being is not only beneficial to one's mental and physical health but also contributes to health organizations as individuals whose subjective well-being is high are more creative, stay motivated at work, and form healthy relationships in life (Gavin et al, 2014).

There is a significant positive correlation seen between subjective well-being and job satisfaction in nurses (Laring Yu et al,2015). Nurses specifically working in ICU are more prone to experience job stress (Guo et al, 2013). Subject to high intensity of stress at work, fewer opportunities to contact the outside world, care for critically ill patients, gaps between technological advancements and nursing skills, and the incidence of death leads to stress (ChingLing Sun et al, 2013).

Due to the demanding nature of nursing, nurses frequently experience significant levels of stress, emotional weariness, and burnout. Promoting and ensuring their subjective well-being is therefore critical to their work and personal fulfillment (Diener,2018). Zhang (2020) studied that those nurses who reported higher levels of subjective well-being showed better levels of job satisfaction, lower levels of stress, and higher levels of involvement in their work. These favorable outcomes help not just the nurses themselves, but also patient care and organizational performance (Zhang et al. 2020).

Rationale

Healthcare professionals that work in the challenging field of nursing must meet high physical, mental, and emotional demands. In addition to being important for their satisfaction, nurses' well-being also plays a key role in delivering high-quality patient care (Brennan, 2017). A key determinant of the nurses' overall quality of life is subjective well-being, which includes an individual's cognitive and affective assessments of their general life satisfaction and enjoyment. Investigating the variables that affect nurses' subjective well-being is crucial. The purpose of this study is to examine, from a human-centric standpoint, the relationship between perceived stress, emotional intelligence, resilience, and subjective well-being among nurses (Gurková et al., 2017).

It is crucial to comprehend the complex interactions between perceived stress, emotional intelligence, resilience, and subjective well-being in nurses. This research aims to recognize the complexity of nurses. Understanding these characteristics better would enable healthcare organizations, policymakers, and educators to collaborate and develop environments that support nurses' well-being, thereby benefiting both medical staff members and the patients they look after. This research aims to acknowledge the significance of nurses' subjective experiences, emotions, and well-being (Román et al., 2017). The most detrimental type of stress to a person's mental and physical health is psychological stress. Reduced contentment is associated with intense stress (Suleman, 2018). It recognizes that internal processes such as stress assessment, emotional intelligence, and resilience, as well as external elements like workload and organizational support, also have an impact on nurses' well-being. We aim to provide a thorough knowledge of the complex interactions that affect nurses' subjective well-being by looking at these internal elements.

Research Objectives

1. To explore the relationship between perceived stress and subjective well-being of nurses working in public and private hospitals of Islamabad/Rawalpindi.
    2. To find out the relationship between emotional intelligence and the subjective well-being of nurses
    3. To explore the role of resilience as a correlate of nurses' subjective well-being.
    4. To find out the effect of demographic variables such as gender, marital status, residence, area, and income on nurses' well-being.

Methods

Research Design

A quantitative research method using multiple linear regression analysis was used to assess the relationship between perceived stress, emotional intelligence, and resilience with subjective well-being among nurses of age 20-50 years. The data was collected purposely using quantitative measurement tools.

Sample

The g-power sample size calculator was used to calculate the sample size for this study. The total number of participants was 300. Data were collected from Rawalpindi and Islamabad using the purposive sampling technique. The age range of the respondents was 20-50 years. The data were collected manually through printed questionnaires.

Sample Selection Criteria

Inclusion: The inclusion criteria for participant selection were adult nurses, ages ranging from 20-50 years. This included both genders (males and females) residing within Pakistan. Participants had an equal chance to be selected because of purposive sampling.
    Exclusion: Nurses less than the age of 20 were not included in the research.

Demographic Sheet

The demographic sheet contained the relative information about the participant's age, gender, job experience in years, marital status, and number of family members.

Perceived Stress Scale

The perceived stress scale is a 10-item questionnaire developed by Cohen et al.1983. It is used to measure perceived helplessness and lack of self-efficacy in an individual which results in a stressful state in young people and adults aged 12 and above, Cohen reported that the reliability of this scale is 0.78. According to our results Cronbach alpha based on standardized items is 0.69.

Schutte Self Report Emotional Intelligence Test (SSEIT)

Schutte self-report emotional intelligence test (SSEIT) a 33 item scale is given by Salovey and Mayer, 1990.The scale uses four subscales; emotion perception, utilizing emotions, managing self-relevant emotions, and managing others' emotions. The reliability rating of this scale is 0.90 for emotional intelligence given by Mayer.

Brief Resilience Scale

Brief Resilience Scale was developed by Smith, 2008 to assess an individual's perceived ability to recover or bounce back from stress. The scale was designed to assess a unitary construct of momentary resilience, using items that were both positively and negatively worded. Brief Resilience Scale has a reliability of 0.71 given by Smit (2008).

The Satisfaction with Life Scale

The satisfaction with life scale is a five item questionnaire developed by Diener, 1985 which measures the global cognitive judgment of one's life satisfaction. The reliability of this scale is 0.82 according to Diener.

Procedure

The topic of this study was approved by the Departmental Research advisory committee of Shifa Tameer-e-Millat University, after which a non-objection certificate from the university was given concerning reaching out to the authorities of the hospitals who were approached for the collection of data, and then was debriefed about the study. After the collection of data was permitted, data was gathered from the hospitals of Rawalpindi and Islamabad. The participants (nurses) were also debriefed about the purpose of the study. Nurses who wished to take part were separated from the ones who did not wish to be a part of this study. The participants who agreed to participate were then given an informed consent form. After this, they were given five questionnaires were used in survey.

Results

The study investigated the relationship between perceived stress, emotional intelligence, and resilience with Subjective well-being among nurses. The analyses were done through the SPSS version 25. Perceived Stress Scale, Schutte Self-Report Emotional Intelligence test (SSEIT), Brief resilience scale, and satisfaction with Life Scale SWLS were used to measure Perceived stress, emotional intelligence, and resilience with subjective well-being respectively.

Table I
Descriptive Characteristics for Socio-Demographics Variable (N = 300)

	Variables	f	%
Gender	Male	104	35
	Female	193	65
Job experience in years	1-10	173	57
	10-20	4	1
	20-30	123	41
Age	20-30	190	63
	30-40	106	35
	40-50	4	1
Marital Status	Single	159	53
	Married	141	47
No of family member	1-5	174	58
	5-10	119	39
	10-15	7	3

Note: f = frequency, % = percentage

The table above shows the frequencies of all socio-demographic variables of the participant n = 300. 104(34.7%) were males and 193 (%64.3) were females. In the data set three categories of age were found; f = 190(63%) participants fall in the range of 20-30, f = 106(35%) lie in the range of 30-40 and remaining f = 4(1%) lie in the 40-50 category. 159(53%) were single whereas 141(47%) were married. 173(57%) have 1-10 years of job experience, 4 participants have 10-20 years of job experience and 123(41%) have 20-30 years of job experience.

Table II
Correlation Matrix of all Scales (N = 300)

S No	Variables	n	M	S.D	1	2	3	4
1	Perceived stress	300	30	4.2	-	-	-	-
2	Emotional intelligence	300	116	16.6	-.110**	-	-	-
3	Resilience	300	18.1	3.5	-.371	.081	-	-
4	Subjective well being	300	17.1	5.6	.341**	-053	-.174**	-

Note: M = Mean, n = Total Participant, SD = Standard Deviation

Correlation analyses was used to analyze the relationship between perceived stress, emotional intelligence, resilience, and subjective well-being among nurses. The result showed that emotional intelligence and perceived stress had a highly statistically significant positive correlation p < 0.01. It concluded that with the increase in perceived stress, there is a significant increase in emotional intelligence. Resilience is non-significant.

Table III
Multiple Linear Regressions Predicting Wellbeing from Perceived Stress, Emotional Intelligence, Resilience, And Job Experience (N = 300)

Predictors	SE	B	p	ΔF	R
				15.01	.41
Constant	4.0	6.7	0.00		
1 Perceived stress	.077	.426	0.00		
2 Emotional intelligence	.020	-.087	0.00		
3 Resilience	.091	.047	.97		

Note. B = unstandardized beta, S.E = standard error, p = significance level

Multiple Linear regression was used for predicting role of perceived stress, emotional intelligence, resilience, and job experience on the well-being of nurses. The table shows the role of perceived stress, emotional intelligence, resilience, and job experience on the well-being of nurses. The values (β= .41, p=0.00 showed a 41% variance (R^2=0.41) so perceived stress, job experience, and emotional intelligence predict subjective well-being in nurses. For every one-unit increase in perceived stress, there is a 41-unit increase in subjective well-being. There was no other significant variance found.

Discussion

The purpose of this research study is to explore the relationship between perceived stress, emotional intelligence, and resilience with subjective well-being among nurses working in public and private hospitals in Islamabad and Rawalpindi. The sample consisted of nurses aged 20 to 50 years, recruited through purposive sampling techniques from these cities.

Our analysis confirms that emotional intelligence is a significant predictor of positive subjective well-being in nurses, validating our hypothesis. This finding is consistent with Goleman's (2006) Emotional Intelligence Theory, which posits that emotional intelligence, particularly self-awareness, is critical for effective emotional regulation. Nurses who possess a high degree of self-awareness are better equipped to manage their emotions, recognize stress triggers, and engage in self-care practices, as supported by Codier et al. (2012). This proactive emotional management is essential for sustaining positive subjective well-being among nurses.

Furthermore, emotional intelligence enables nurses to regulate their emotions and those of others, which is crucial in high-pressure environments like healthcare. According to Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, individuals with higher emotional intelligence are more adept at employing problem-focused and emotion-focused coping strategies. These strategies help nurses mitigate the impact of stress and maintain a positive emotional state, as evidenced by our study's findings. Techniques such as deep breathing, mindfulness, and cognitive reframing, highlighted by Atanes et al. (2015), are practical applications of emotional intelligence that contribute to reducing stress and enhancing well-being.

Resilience also plays a pivotal role in the subjective well-being of nurses, as evidenced by the study's results. Al-Turki et al. (2010) emphasize that resilience, which involves the ability to adapt to stress, manage emotions, and maintain a work-life balance, is strongly correlated with better subjective well-being in nurses. This finding aligns with the Conservation of Resources (COR) Theory by Hobfoll (1989), which suggests that individuals who possess greater resilience are better able to conserve and protect their resources, leading to improved well-being and job performance.

The study's findings are further corroborated by Yuan Qin (2023), who found that emotional intelligence significantly influences life satisfaction. From a positive psychology perspective, fostering a supportive work environment that enhances nurses' emotional intelligence and resilience can lead to increased life satisfaction. Our results also align with Zakeri et al. (2021), who found that nurses with lower life satisfaction are more prone to psychological distress, underscoring the importance of emotional intelligence in promoting mental health.

Mayer, Salovey, and Caruso's (2004) theory of emotional intelligence, which posits that individuals with high emotional intelligence are drawn to socially engaging professions like nursing, is well-supported by our study. Our findings suggest that enhancing emotional intelligence and resilience among nurses can lead to improved subjective well-being and better mental health outcomes, reinforcing the critical role of these traits in nursing practice.

Practical and theoretical implication

The practical implications of this study on the connections between perceived stress, emotional intelligence, resilience, and subjective well-being among nurses are worthwhile for organizations working in health sector. The health care organizations need to cultivate such a work environment which may foster emotional intelligence and resilience.The organizations can design such programs as relaxation techniques, time management strategies, and coping mechanisms exclusively developed for the nursing profession. Similarly, organizations may also offer online and offline learning resources and training workshops to enhance emotional intelligence skills, such as self-

awareness and empathy. mentoring programs are essential for resilience-building efforts for professional growth of personnel in medical profession. Such programs once initiated should also be evaluated periodically to enhance their efficiency and improve the well- being and job satisfaction among healthcare employees.

The theoretically the present research has contributed to a more nuanced comprehension of the interrelationships among perceived stress, emotional intelligence, resilience, and subjective well-being. The results highlight the complicated interactions among these variables, suggesting that emotional intelligence and resilience should be integrated into theoretical models of subjective well-being. This integration aids in the explanation of how these elements interact to affect nurses' general mental health and level of job satisfaction. The study backs up the development of well being models that emphasize emotional intelligence and resilience as essential elements. It also serves as a basis for further studies, directing the investigation of other factors that might affect nurses' well-being. Through its contribution to the field of healthcare psychology, the study highlights the significance of psychological factors in stress management and improving the mental well-being of medical professionals.

Limitations and future discussion

The study is only focused on working nurses who are between the ages of 20 and 50. Because of the short sample size, it was unable to distinguish between gender and city differences. The data was only gathered from Islamabad and Rawalpindi, two cities that are both in Punjab and one of which is the federal capital of Pakistan. There were no omitted cities. Measures that nurses self-report were subject to response biases and may have not correctly reflected their actual experiences or behaviors.

On nursing students, additional research can be done. In Pakistan, nurses and nursing students can both be researched in relation to other variables. Future studies might include an equal number of men and women. The sample size can also be expanded to include Pakistan's other major cities. We can investigate the interactions between perceived stress, emotional quotient, resilience, and subjective well-being. Contextual influences include work environment, social support, and organizational culture. Having a thorough understanding of these contextual elements can help us develop supportive work settings that encourage nurses' wellbeing. We can Conduct cross-cultural research to learn how cultural differences affect how nurses experience stress in connection to their emotional intelligence, resilience, and subjective well-being. This can guide the creation of therapies that are specifically suited to a certain cultural setting by identifying culturally distinctive characteristics that affect subjective well-being.

Conclusion

The research on the connections between perceived stress, emotional intelligence, resilience, and subjective well-being among nurses, in particular, offers important new understandings of the variables affecting the general well-being of this crucial healthcare profession. The results of much research demonstrate the complex interactions between these factors and how they affect nurses' subjective well-being. Healthcare organizations should try to develop supportive work environments that encourage emotional intelligence, resilience, and subjective well-being among nurses in light of the significance of these traits. Nurses can have a better and more satisfying work experience by implementing stress management programs, giving resources for enhancing emotional intelligence abilities, and supporting resilience-building efforts. Given the importance of these qualities, healthcare organizations should seek to provide supportive work environments that foster nurses' emotional intelligence, resilience, and subjective well-being. By adopting stress management courses, providing tools for increasing emotional intelligence skills, and assisting resilience-building initiatives, nurses can have a better and more fulfilling work experience.

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