EMOTIONAL INTELLIGENCE, SPIRITUAL INTELLIGENCE, RESILIENCE & SUBJECTIVE HAPPINESS AMONG NURSES IN A SELECTED HOSPITAL, AJMAN, UAE

[1]Walton M, [2]Binoy S, [3]Chacko ST, [4]Johnson J

[1,2]Assistant Professor, College of Nursing, Gulf Medical University, Ajman
[3]Dean, College of Nursing, Gulf Medical University, Ajman, UAE
[4]Nurse Educator, Thumbay University Hospital, Ajman
Author for correspondence – marywalton_sw11@rediffmail.com

Abstract
Introduction
Caring is an essential concept in fundamental nursing and is impactful in the quality of health services and nursing practice. Emotional Intelligence, Spiritual intelligence and important factors in enhancing resilience and subjective happiness

Objectives

1. To assess the emotional Intelligence, spiritual intelligence, resilience & subjective happiness among nurses
2. To correlate Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective happiness among nurses
3. To associate Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective happiness among nurses with selected demographic variables

Methods
Design: A descriptive correlational design was used for the study. The subjects were 79 Nurses. Setting was at the Thumbay University hospital, Ajman, UAE. Permission was obtained from Institutional review board of University & the hospital. An online survey on emotional intelligence, spiritual intelligence, resilience and subjective happiness was shared to all nurses.

Results
Results reveal that 73(92.41%) of the nurses had high Emotional Intelligence, 47(59.9%) had moderate spiritual intelligence and 30(37.97%) had high spiritual intelligence, 69(87.34%) had normal or moderate resilience and 43(54.43%) had moderate subjective happiness and 35(44.30%) had high subjective happiness. There is a positive Correlation between Emotional Intelligence and Spiritual Intelligence which is significant (0.379 P<0.001); Emotional Intelligence and Resilience which is significant (0.282, P<0.012); Emotional Intelligence and Subjective Happiness which is significant (0.340, P<0.002); Spiritual Intelligence and Resilience which is significant (0.548, P<0.000).

Conclusion

The present study reveals that majority of the nurses have high Emotional Intelligence, moderate spiritual intelligence, moderate resilience and moderate to high subjective happiness. The study recommends further awareness and improvement on emotional & spiritual intelligence, as this will enhance resilience and subjective happiness among nurses

Key – Emotional Intelligence, spiritual intelligence, resilience, subjective happiness, nurses.

Introduction

Caring is an essential concept in fundamental nursing and is impactful in the quality of health services and nursing practice.[1] Qualified nursing services can be manifested through the provision of nursing care based on nurses´ caring behavior. A nurse's caring behavior can affect patient satisfaction which can contribute to a nurse's attitudes, and the specific baseline is emotional intelligence. [2]

Emotional intelligence is the ability of a person in using or managing self-emotion and, when dealing with other people, use their self-motivation and survive from pressure adequately. Emotional intelligence is the key guide to one's thinking and behavior which merged from the capability to observe others and personal emotion and feeling, honoring people's emotions and mood differentiation, and be understanding.[2] Emotional intelligence (EI) refers to a range of abilities linked to the emotional, psychological, and social behaviors of individuals enabling them to effectively respond to and overcome stress and demands encountered in their daily lives. [3] Emotional intelligence in nursing is of global interest. International studies identify that emotional intelligence influences nurses' work and relationships with patients. It is associated with compassion and care. Nursing students scored higher on measures of emotional intelligence compared to students in other study programs. The level of emotional intelligence increases with age and tends to be higher in women[5].

Spiritual Intelligence is the awareness about an individual as a person, soul, body and mind. Spiritual intelligence is the capability of an individual that includes different features to assess or feel such as; suspicion, contemplation and hallucination in order to analyze the other individual ability to resolve issues. [3]

Resilience is the ability to bounce back or cope successfully despite adverse circumstances. Nurses deal with modern-day problems that affect their abilities to remain resilient. Nursing administrators/managers need to look for solutions not only to recruit nurses, but to become knowledgeable about how to support and retain nurses. [4] Nurses can actively participate in the development and strengthening of their own personal resilience to reduce their vulnerability to workplace adversity and thus improve the overall healthcare setting. We recommend that resilience-building be incorporated into nursing education and that professional support should be encouraged through mentorship programs outside nurses' immediate working environments.[5]

Happiness is a positive feeling that is vital and significant to maintain health. Happiness level is important in all professions, especially in nursing where the therapeutic use of self is a key component of the practice. Nurses are working in difficult conditions which may heavily affect their level of happiness and ability to provide care. Job burnout is a mental reaction against some persistent source of workplace stress. It can significantly influence the behaviors and performance of employers. Nurses are working in difficult conditions which may heavily affect their level of happiness and ability to provide care[6]

The United Arab Emirates (UAE) has witnessed significant growth in its healthcare sector, with hospitals striving to provide high-quality patient care. Caring behavior is of paramount importance in nursing, as it influences patient satisfaction, overall healthcare experience, and even clinical outcomes. Understanding the role of emotional intelligence, spiritual intelligence, resilience and subjective happiness among nurses in the UAE is crucial for enhancing the quality of nursing care in this context[6].

Studies related to Emotional Intelligence and spiritual Intelligence

A cross-sectional survey was carried out using a questionnaire to investigate how individual factors like emotional intelligence (EI) and spiritual intelligence (SI) influence nurses' caring behavior. The study involved a sample of 550 nurses from seven major public hospitals in Malaysia. Structural equation modeling (SEM) was used to analyze the data. The key findings were: (1) the SI dimensions of critical existential thinking and transcendental awareness significantly affected the "assurance of human presence" aspect of caring behavior; (2) the SI dimensions of personal meaning production and conscious state expansion significantly influenced the EI dimensions of emotion perception and self-emotion management; and (3) the EI dimension of managing one's own emotions had a significant impact on both "respectful deference to others" and "assurance of human presence" in caring behavior.[2]

Hospitals, as public health service institutions, involve frequent interactions between nurses and patients. Nurses are expected to effectively manage both their emotional and spiritual intelligence. This study aimed to examine how emotional intelligence and spiritual intelligence influence job satisfaction and performance among nurses at Buleleng General Hospital. A total of 76 respondents were selected using probability sampling methods. Data were analyzed using a variance-based structural equation model with Smart PLS 3.0 software. The results of the hypothesis testing revealed that: (1) emotional intelligence has a significant positive impact on job satisfaction; (2) emotional intelligence significantly enhances nurse performance; (3) spiritual intelligence positively affects job satisfaction; and (4) spiritual intelligence also has a significant positive effect on nurse performance..[3]

Studies related to Resilience and subjective happiness

A study conducted in Turkey explored how psychological resilience influences perceived stress levels among 153 nurses. Data were gathered using a Socio-demographic Questionnaire, the Brief Resilience Scale, and the Perceived Stress Scale. Findings showed that the average score on the Brief Resilience Scale was 17.72 ± 4.48, while the average score on the Perceived Stress Scale was 31.74 ± 7.18. A moderate negative correlation was found between nurses' resilience and their perceived stress levels, indicating that as psychological resilience decreases, perceived stress increases—particularly during the pandemic. Since both resilience and stress management skills can be developed, it is crucial to implement strategies aimed at enhancing nurses' resilience and strengthening their capacity to manage stress effectively.. [7]

In 2020, a cross-sectional study was carried out involving 200 nurses in Turkey to examine how psychological resilience, along with various sociodemographic and professional factors, affected their

perceived stress levels during the COVID-19 pandemic. Data collection tools included an information form, the Perceived Stress Scale, and the Brief Psychological Strength Scale. The study followed the guidelines of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Checklist. Findings showed that psychological resilience explained 25.2% of the variance in stress perception among the participants ($p < .05$). However, the demographic and professional variables analyzed did not show a statistically significant impact on perceived stress ($p > .05$). These results highlight the importance of developing interventions aimed at enhancing psychological resilience to help lower stress levels among nurses.. [8]

Happiness is a crucial positive emotion that plays an important role in maintaining overall health. Nurses often work under challenging conditions, which can significantly impact their happiness and their ability to deliver quality care. Job burnout is a psychological response to prolonged workplace stress. This study aimed to examine the level of happiness among nurses and its relationship with job burnout in Tabriz's educational hospitals. A descriptive-correlational study was conducted in 2018 with 344 nurses selected through proportionate stratified random sampling. Data were collected using three instruments: a demographic questionnaire, a 22-item job burnout scale with three subscales, and the 29-item Oxford Happiness Questionnaire. The average happiness score was 64.2 ± 11.5 (on a scale from 35 to 116), indicating a moderate level of happiness among participants. A significant negative correlation was found between happiness and total job burnout ($r = -0.29$, $P < 0.001$). This inverse relationship remained significant even after controlling for potential confounders such as self-perceived health status ($B = -5.24$, $P = 0.01$), history of illness ($B = -4.47$, $P = 0.04$), job position ($B = -6.61$, $P = 0.001$), and type of employment ($B = 3.56$, $P = 0.03$). Given this inverse association, it is recommended that healthcare managers take proactive steps to reduce job burnout, which may, in turn, enhance nurses' happiness and well-being. [6]

The aim of this study is to assess the Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective happiness among nurses in UAE

Objectives

Primary Outcome

1. To assess the emotional Intelligence, spiritual intelligence, resilience & subjective happiness among nurses
2. To correlate Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective happiness among nurses

Secondary Outcome

3. To associate Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective happiness among nurses with selected demographic variables

Materials & Methods

A descriptive correlational design was used for the study. The subjects were 125 Nurses working at the selected hospital Ajman. Sampling Technique was Total Enumeration Sampling technique. The

study instruments were a proforma to elicit the demographic variables of the nurses. An Emotional Intelligence scale consisting of 25 items, Shuttle's Spiritual Intelligence scale consisting of 24 items, a Brief resilience scale with six Items and a subjective happiness scale with four Items. Permission was obtained from Institutional review board and the hospital. (Ref. no. IRB-CON-FAC-51-NOV-2023.) Written consent was obtained from the participants. The list of nurses was obtained from the CNOs office. The survey was shared to all nurses through a google form. This is article consists of the pre-test data of the participants.

Results

Table 1: Frequency and percentage distribution of demographic data

N=79

| Demographic Data		Frequency	Percentage
Age	21-30 years	33	41.8
	31-40 years	35	44.3
	41-50 years	9	11.4
	51-60 years	2	2.5
Gender	Female	70	88.6
	Male	9	11.4
Education	Bachelors	72	91.1
	Post Graduate	7	8.9
Experience	1 to 10 years	49	62.0
	11 to 20 years	27	34.2
	21 to 30 years	3	3.8
Designation	Staff Nurse	74	93.7
	In-charge Nurse	3	3.8
	Nurse Educator	1	1.3
	Supervisor	1	1.3

Table 1 shows that majority 35(44.3%) of the nurses were of 31-40 years of age, 70(88.6%) were females, 72(91.9%) had a Bachelor's degree, 49(62%) had 1-10 years of experience and 74(93.7%) were staff nurses.

Emotional Intelligence, Spiritual Intelligence, Resilience & Subjective happiness among nurses
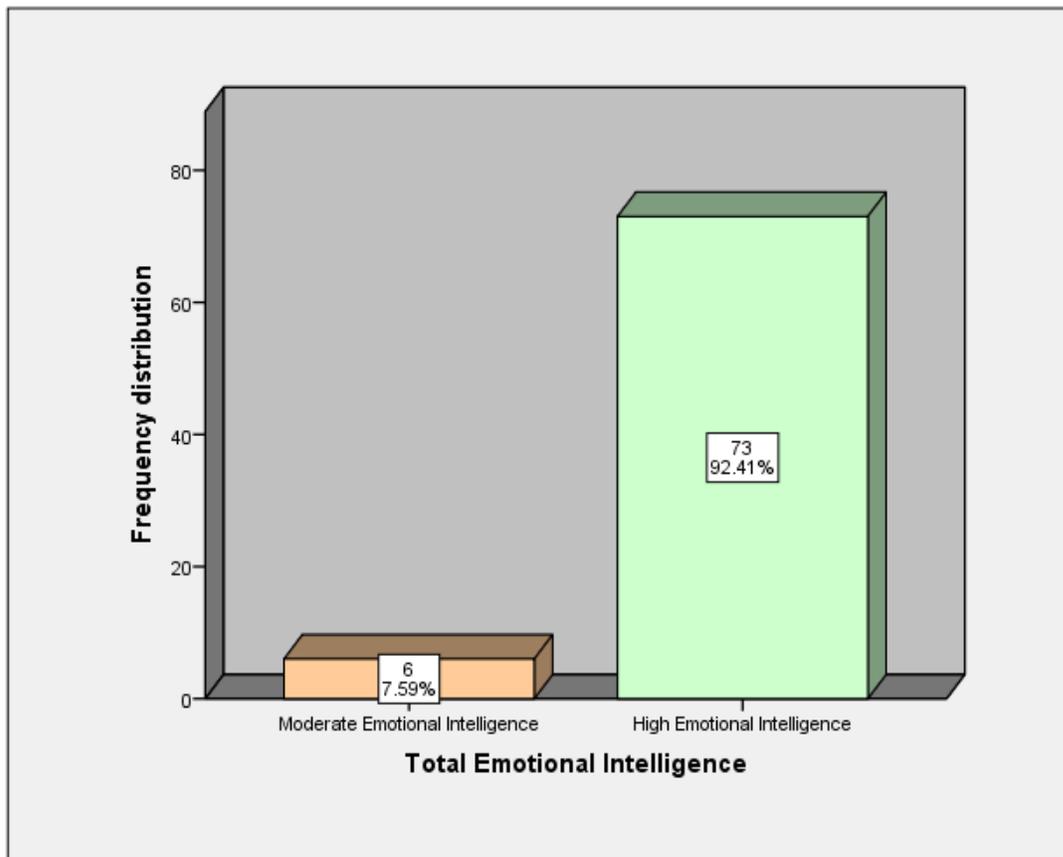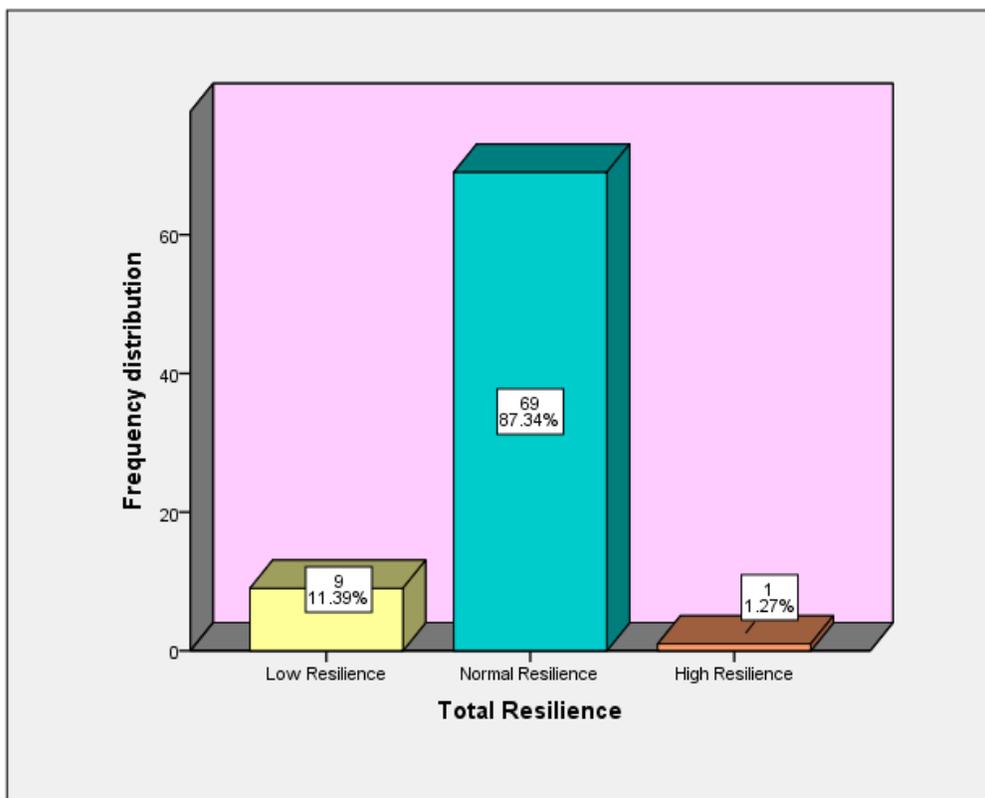

Figure 1: Frequency distribution of Emotional Intelligence

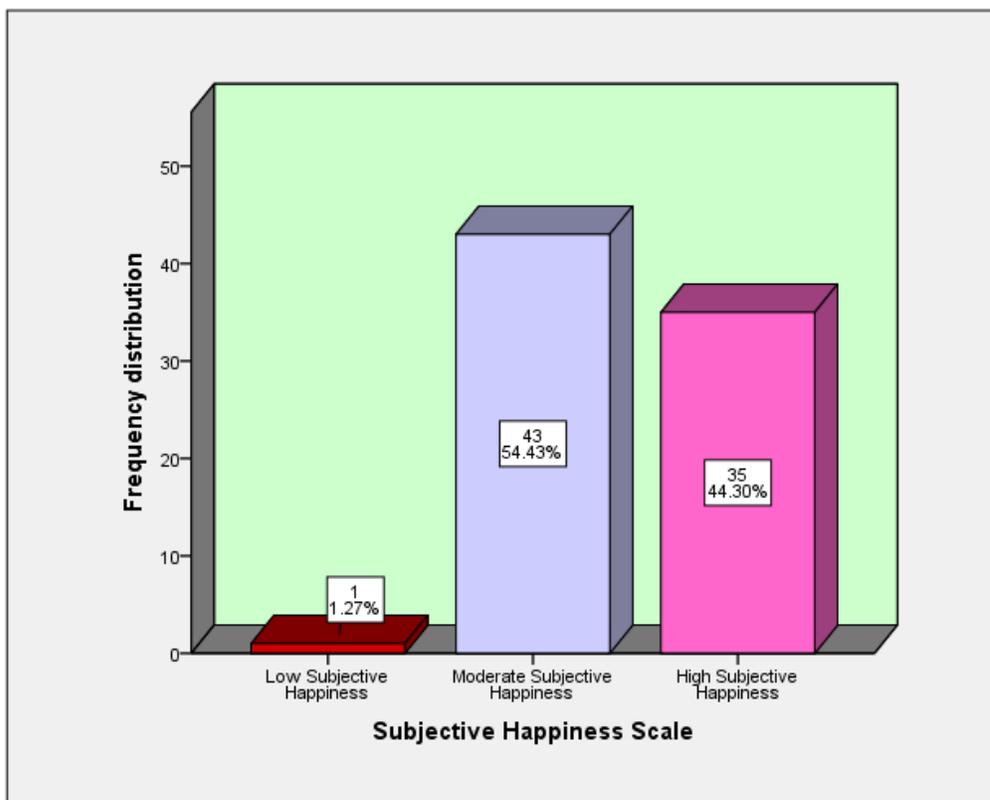Figure 1 Shows that 73(92.41%) have high Emotional Intelligence
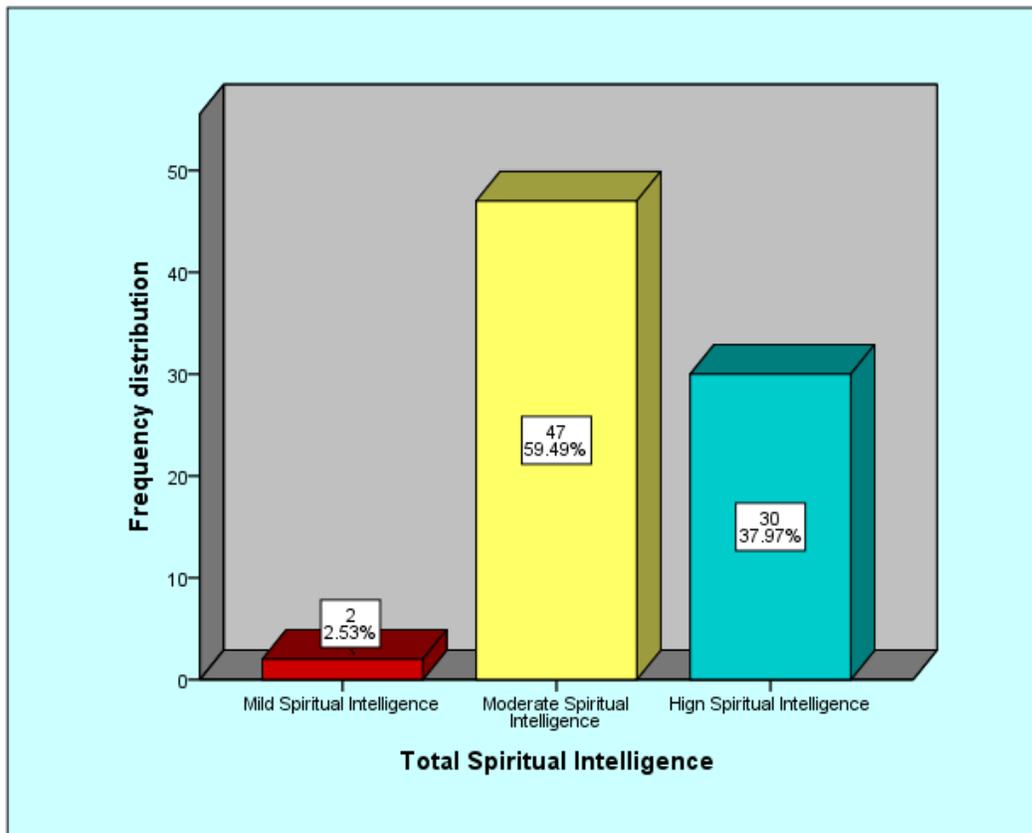
Figure 2: Frequency distribution of Spiritual Intelligence

Figure 2 shows 47(59.9%) have moderate spiritual intelligence and 30(37.97%) had high spiritual intelligence

Figure 3: Frequency distribution of Resilience
Figure 3 shows that 69(87.34%) had normal or moderate resilience

Figure 4: Frequency distribution of Subjective Happiness
Figure 4 shows that 43(54.43%) had moderate subjective happiness and 35(44.30%) had high subjective happiness

Table 2: Mean and SD of Spiritual Intelligence Self-Report Inventory

Spiritual Intelligence Self-Report Inventory	Mean ± SD	SE
Critical Existential Thinking	16.28 ± 4.736	0.533
Personal Meaning Production	13.10 ± 2.942	0.331
Transcendental Awareness	16.86 ± 4.323	0.486
Conscious State Expansion	13.00 ± 2.987	0.336
Total Spiritual Intelligence	**59.24 ± 12.993**	**1.462**

Table 2 shows the domains of spiritual intelligence self-report inventory, the Mean±SD of Critical Existential Thinking is 16.28 ± 4.736, Personal Meaning Production was 13.10 ± 2.942, Transcendental Awareness was 16.86 ± 4.323, Conscious State Expansion was 13.00 ± 2.987 and the Total Spiritual Intelligence is 59.24 ± 12.993

Table 3: Mean and SD of Brief Resilience Scale

Variables	Mean ± SD	SE
Brief Resilience	3.486 ± 0.456	0.051
Subjective Happiness	4.440 ± 0.744	0.084

Table 3 shows that the Mean ± SD of resilience is 3.486 ± 0.456 and Subjective Happiness is 4.440 ± 0.744

Table 4. Correlation between Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective Happiness

Correlation parameters	Pearson R-value	P value
Correlation of Emotional Intelligence with Spiritual Intelligence	0.379	0.001 **
Correlation of Emotional Intelligence with Resilience	0.282	0.012 **
Correlation of Emotional Intelligence with Subjective Happiness	0.340	0.002 **
Correlation of Spiritual Intelligence with Resilience	0.548	0.000 ***
Correlation of Spiritual Intelligence with Subjective Happiness	0.165	0.146 NS
Correlation of Resilience with Subjective Happiness	0.135	0.234 NS

***Significant at $p<0.001$ **Significant at $p<0.05$ NS- Not significant

Table 4 shows that positive Correlation of Emotional Intelligence with Spiritual Intelligence is significant (0.379 $P<0.001$), Correlation of Emotional Intelligence with Resilience is significant (0.282 $P<0.012$),   Correlation of Emotional Intelligence with Subjective Happiness is significant (0.340, $P< 0.002$), Correlation of Spiritual Intelligence with Resilience is significant(0.548 $P<0.000$), Correlation of Spiritual Intelligence with Subjective Happiness & Correlation of Resilience with Subjective Happiness is not significant

Discussion

Demographic variables

Majority 35(44.3%) of the nurses were of 31-40 years of age, 70(88.6%) were females, 72(91.9%) had a Bachelor's degree, 49(62%) had 1-10 years of experience and 74(93.7%) were staff nurses.

Emotional Intelligence, spiritual intelligence, resilience and subjective happiness

Results reveal that 73(92.41%) of the nurses have high Emotional Intelligence, 47(59.9%) have moderate spiritual intelligence and 30(37.97%) have high spiritual intelligence, 69(87.34%) had normal or moderate resilience and 43(54.43%) had moderate subjective happiness and 35(44.30%) had high subjective happiness.
The emotional domains the Mean±SD of self-awareness was 21.30 ± 3.283, managing emotions was 19.91 ± 5.693, motivating oneself was 20.28 ± 3.544, empathy was 21.95 ± 3.182 and social skills 21.47 ± 3.246. Majority had high self-awareness 73(92.4%), were able to manage their own emotions 63(79.7%), had high motivation for oneself 63(79.7%), high empathy 75(94.9%), high social skills 75(94.9%), and high emotional intelligence 73(92.4%)

The domains of spiritual intelligence self-report inventory, the Mean±SD of Critical Existential Thinking is 16.28 ± 4.736, Personal Meaning Production was 13.10 ± 2.942, Transcendental Awareness was 16.86 ± 4.323, Conscious State Expansion was 13.00 ± 2.987 and the Total Spiritual Intelligence is 59.24 ± 12.993.

The Mean ± SD of resilience is 3.486 ± 0.456, majority 69(87.3%) of staff nurses had Normal or moderate Resilience (3.00 to 4.30). In a study was done in Turkey to determine the effect of psychological resilience levels of nurses on perceived stress levels among 153 nurses. **The results showed that** the nurses' total Brief Resilience Scale score average was 17.72 ± 4.48.

The present study had a Mean ± SD of subjective happiness is 4.440 ± 0.744, majority 43(54.4%) had normal subjective happiness (2.34 to 4.66). A descriptive-correlational study was conducted on 344 nurses working at Tabriz's hospitals, the mean score of happiness was 64.2 ± 11.5, (score range 35 to 116), which suggested an average level of happiness among the nurses.

Correlation between Emotional Intelligence, Spiritual Intelligence, Resilience and Subjective Happiness

There is positive Correlation of Emotional Intelligence with Spiritual Intelligence is significant (0.379 P<0.001), Correlation of Emotional Intelligence with Resilience is significant (0.282 P<0.012), Correlation of Emotional Intelligence with Subjective Happiness is significant (0.340, P< 0.002), Correlation of Spiritual Intelligence with Resilience is significant(0.548 P<0.000), Correlation of Spiritual Intelligence with Subjective Happiness & Correlation of Resilience with Subjective Happiness is not significant.

A cross-sectional survey conducted among 550 nurses working in seven major public hospitals in Malaysia to assess the impact of individual factors such as emotional intelligence (EI) and spiritual intelligence (SI) on the caring behavior of nurses. Data were analyzed using structural equation modeling (SEM). The main findings are: (1) critical existential thinking and transcendental awareness dimensions of SI have significant impacts on assurance of human presence dimension of caring behavior; (2) personal meaning production and conscious state expansion dimensions of SI have significant impacts on perception of emotion and managing own emotions dimensions of EI; and (3) managing own emotions dimension of EI has significant impacts on respectful deference to other and assurance of human presence dimensions of caring behavior of nurses.[2]

Association of Emotional Intelligence Test, spiritual intelligence, resilience and subjective happiness with demographic variables

There is no significant association between emotional intelligence and demographic variables**.** There is significant association of spiritual intelligence and gender at 0.032 level of significance. Majority of females had moderate total spiritual intelligence (45, 95.7%). There is significant association of resilience is significant with gender (0.011) and education status (0.005). Majority of Females had normal or moderate resilience (61, 88.4%) and those with Bachelor's degree had normal or moderate resilience (64, 92.8%).In the present study there is no significance between subjective happiness and demographic variables. For age gender, education, experience and designation most nurses had moderate subjective happiness.

A descriptive-correlational study was conducted on 344 nurses working at Tabriz's hospitals. There was a negative correlation between happiness and total job burnout (r=-0.29, P<0.001). Considering the reverse relationship between job burnout and happiness, it is suggested that managers try to improve the workplace by managing condition which could lead to job burnout, and therefore use the results to increase the happiness of nurses.[6]

Conclusion

The present study reveals that majority of the nurses have high Emotional Intelligence, moderate spiritual intelligence, moderate resilience and moderate to high subjective happiness. All these variables are important as it relates to impact on quality patient care. The study recommends further awareness and improvement on emotional & spiritual intelligence, as this will enhance resilience and subjective happiness among nurses.

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