

# An Association Between Demographic Factors And Emotional Intelligence and Occupational Stress Among Nurses in Andhra Pradesh



Kahmeera Shaik

**Abstract:** Emotional Intelligence is a significant factor for occupational success as it supports employees in decision making, team work, communication, relationships and exhibits transformation in evaluating emotions and thoughts. Every profession is having its own importance, demands, challenges and consequences. Likewise nursing is a profession where most time has to be spent with patients in the hospital. As it is a patient centered profession, nurses require certain skills that bolster the professional abilities to lead effectively. The researcher desires to study the affinity of demographic factors and EI in managing occupational stress in healthcare sector among nurses. Survey method was conducted among nurses comparing selected public and private teaching hospitals of Guntur and Vijayawada Cities of Andhra Pradesh. The sample size of the study is 639 respondents. The statistical tools used were Independent Sample T-Test, One-way ANOVA and Multiple Regression Analysis Forward Stepwise. There is a statistically significant difference among the means of Family Members in the Nursing Profession, Marital Status, Type of Family, Age, Qualification, Experience and Income of public hospitals with EI and OS, where  $p < 0.05$  and there is no statistically significant difference among the means of private hospitals, where  $p > 0.05$ . There is no statistically significant difference among the means of work shifts and EI and OS in both the hospitals. As one unit in age increases, the EI increase with 7.044 and OS decreases with -5.862 respectively. As one unit increase in experience and income, the EI and OS also increase with 3.109 and 3.364 respectively (statistically significant linear relationship, where  $p < 0.05$ ). It is suggested that the management should recruit candidates after conducting the EI test or give rigorous training for improvement of EI levels for the lower age respondents. The management should focus on reward monetary and nonmonetary benefits and peer to peer relations. The night shifts should split into two groups to minimize the stress. The demographic factors have moderating effect on EI and OS in public hospitals. There is an inverse relationship between age, EI and OS. EI training to nurses can decrease the OS and helps them to buffer, resile and agile for survival of the fittest.

**Keywords :** Affinity, Emotional Intelligence, Environmental Demands, Occupational Success and Transformation.

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\* Correspondence Author

**Dr. Kahmeera Shaik\***, Assistant Professor, Department of Management Studies, Bharat Institute of Engineering and Technology, Mangalpally, Hyderabad. Telangana State, India. Email: [kahmirrah@gmail.com](mailto:kahmirrah@gmail.com)

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## I. INTRODUCTION

Emotional intelligence is the ability to be emotionally smart. It is the skill to identify, understand, regulate and express ones and others emotions positively or negatively. Every profession is having its own importance, demands, challenges and consequences. To be a part of all these and meet professional success, one should have strong emotional intelligence to cope and withstand. Likewise nursing is a profession where most time has to be spent with patients in the hospital. As it is a patient centered profession, nurses require certain skills that bolster the professional abilities to lead effectively.

The persons working in different occupations at one point or another undergo pressure of work-related stress. Any profession can have stressful elements. Occupational Stress (OS) is common in clinical areas where work environment and work pressure tend to dominate. Nursing profession is very stressful because their focus is on the patients' wellbeing. Their profession is expected to discharge the work perfectly in a timely manner and without taking any chances. There are many reasons why healthcare sector especially nurses are at high risk of stress, particularly those of women nurses.

EI plays an important role in building successful human relationships. Nurses should possess some special abilities like negotiating solutions, ability to organize groups, engage in social analysis and making personal connections. Nurses possessing these skills can understand the feelings of others and respond promptly, handle disputes successfully, guide and organize other people and build relationships easily with others. Therefore, it nurtures the interpersonal intelligence in nurses which helps to build a rapport with the patients. Social analysis is also a part of nursing job whereby they have to interpret and understand how the patients feel, diagnose the concerns and motives and exhibit empathy towards the patients. Interpersonal and intrapersonal intelligence is necessary in nursing work to empathize the patients perspectives and engaging in counselling skills

The lower levels of hierarchy staff nurses are more likely to experience occupational stress as they attain multiple work roles and share large amount of work burden. Nurses working in large hospitals in developed cities show more stress symptoms, job dissatisfaction and poor quality of work life than others. The nurses and emergency staff who attend to traumatic conditions are at high risk of stress.

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They face physical and verbal abuse, patient violence, sudden deaths, unexpected fast changes, more number of patients, etc.,.

The sources of stress may vary according to situations, nature of work, interpersonal relations, personality traits, health systems, cultures, demographic features, organizations, regions and countries.

## II. REVIEW OF LITERATURE

Abhishek Shukla. et.al. (2016). The purpose of the present study is to explore the relationship between emotional intelligence, socio-demographic variables, job stressors and examined the moderating effect of emotional intelligence on the relationship between socio-demographic variable and job stress. The data was analyzed on the sample of 564 retail employees using descriptive statistics, Pearson correlation, and hierarchical multiple regression. The result shows that there is a socio-demographic difference with respect to trait emotional intelligence and job stress. The proposed model is a good predictor of job stress. Trait EI is more significant influencing factor for job stress than gender, age, marital status, education, annual income and work experience. Specifically, the present study suggests that intervention aimed at reducing job stress if it includes enhancement of employees with high emotional intelligence rather than just decreasing external stressors.

SunSook Sim. et al. (2015). This study was carried out to investigate the relationship between emotional intelligence, stress coping and adjustment to college life in nursing students. The respondents were 227 associate nursing students (1st and 2nd grade) in Korea. The data were collected using self-report questionnaire and were analyzed by frequencies, independent t-test, ANOVA, Pearson's correlation coefficients and multiple regression. The overall mean emotional intelligence score was correlated with the mean problem solving coping strategy scores where  $r=0.396$  at  $p<0.001$  and social support seeking coping strategy scores where  $r=0.178$  at  $p=0.008$ . There was a significant correlation found between emotional intelligence, stress coping, and adjustment to college life in nursing students. These findings indicated that there is a need to enhance emotional intelligence and stress coping to encourage adjustment to college life in nursing students. Therefore, there is a need to develop and test the program for improving emotional intelligence of nursing students.

## III. STATEMENT OF THE PROBLEM

Teaching hospitals provide care to a wide variety of complicated and unfamiliar ill conditioned patients. They work in teams with wide scope of care than other hospitals and facilitate treatment at optimal cost for urban underserved population. The nursing profession demands more empathy in interaction with patients, families, co-workers and other medical fraternity. They are in fear of infectious diseases and frequently in contact with potentially harmful and hazardous drugs and other substances. They have to work round the clock with work in shifts, covering all 24 hours and even they attend weekends and holidays or may be on call. Due to all the above reasons, the nurses face psychological pressures

which further lead to occupational stress as their job is critical and they have to employ strategies to control stressful conditions. At this juncture, relationship of demographic factors and EI plays a vital role in controlling the psychological pressure and occupational stress which helps the nurses to effectively perform the job. Therefore, the researcher desires to study the relationship of demographic factors and EI in managing OS in healthcare sector among nurses.

## IV. SIGNIFICANCE OF THE STUDY

EI and OS are significant in job qualities and abilities. The relationship of demographic factors, EI and OS can provide organizations with effective and efficient alternatives for selecting and assessing the employees. The demographic factors of an individual support and enable certain skills to regulate the emotions and motivate them more effectively when they are under pressure. Certain factors are important in predicting EI and OS which is the most beneficial factor for the development of emotional compatibilities. It is very important to know the extent of relationship of demographic factors like age, education, experience, income, work shift, marital status, type of family and family members in the nursing profession influence the EI and OS in work environment.

## V. OBJECTIVES

1. To study the relationship of demographic factors and emotional intelligence and occupational stress among nurses.
2. To offer suggestions to maximize emotional intelligence through minimizing occupational stress of nurses in select Public and Private Hospitals.

## VI. HYPOTHESES

H1: There is a statistically significant difference among the means of demographic factors and emotional intelligence and occupational stress of public and private hospital respondents.  
H2: There is a statistically significant linear relationship (prediction) of emotional intelligence and occupational stress by demographic factors of public and private hospital respondents.

## VII. METHODOLOGY

A survey method was conducted among nurses comparing teaching public and private hospitals of Guntur and Vijayawada Cities of Andhra Pradesh. Both the primary and secondary data has been collected. The sample selection criterion was based on the hospitals which have both the hospital as well as the teaching medical college and were rendering their services for more than fifteen years. The researcher has also considered the sample units which contain more than 250 bedded hospitals and the inpatient and outpatient flow more than 800 strength per day.

The selected hospitals are General Hospitals with more than 100 nursing manpower.

The total population of public and private hospitals is 625 and 818 respectively. The researcher has randomly selected 312 (50%) from public and 327 (40%) from private hospitals. Simple random sampling method has been used to select the sample respondents. The selected sample size is 639 respondents. Emotional Intelligence Scale developed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar and Occupational Stress Index developed by Prof. A.K. Srivastava and Prof. A.P. Singh has been used for the study. The statistical tools used were Independent Sample T-Test, One-way ANOVA and Multiple Regression Analysis Forward stepwise selection procedure.

**VIII. DATA ANALYSIS**

- Independent Sample T-Test - to know the difference among two groups mean values of independent variables demographic factors and dependent variables EI and OS.
- One-Way ANOVA - to know the difference among more than two groups mean values of independent variables demographic factors and dependent variables EI and OS.
- Multiple Regression Analysis (Forward Stepwise) – To know the linear relationship (prediction) of dependent variables EI and OS by predictor Socio-Economic Factors.

**Table – 1 Independent Sample T Test descriptive statistics of Demographic Factors and EI and OS of public and private hospital respondents**

S.N.	Demographic FACTORS of the Respondents		Public Hospitals				Private Hospitals			
			EI Mean	Sig	OS Mean	Sig	EI Mean	Sig	OS Mean	Sig
1	Family Members in the Nursing Profession	Yes	73.72	.052 NS	160.79	.201 NS	119.67	.722 NS	104.85	.617 NS
		No	75.98		158.30		118.89		106.22	
2	Marital Status	Unmarried	72.98	.007 S	162.65	.010 S	119.89	.203 NS	105.09	.065 NS
		Married	76.06		157.87		118.65		106.17	
3	Type of Family	Joint Family	80.38	.003 S	156.24	.063 NS	121.10	.098 NS	104.78	.127 NS
		Nuclear Family	73.65		159.95		117.99		106.28	

Source: Primary Data

Table - 1 Descriptive Statistics of Independent Sample T Test for demographic Factors and EI and OS of public and private hospital respondents demonstrates that:

H1: There is a statistically significant difference among the means of demographic factors and emotional intelligence and occupational stress of public and private hospital respondents. There is a statistical significant difference among the means of Family Members in the Nursing Profession, Marital Status and Type of Family of public hospitals with EI and OS and there is no statistically significant difference among the means of factors of private hospitals.

In public hospitals, the respondent whose family members are not in the nursing profession group have the EI mean value 75.98 and the respondent whose family members are in the

nursing profession group have the OS mean value 160.79. In private hospitals, the respondents whose family members are in the nursing profession group have the EI mean value 119.67 and the respondents whose family members are not in the nursing profession group have the OS mean value 106.22.

In public hospitals, married group respondents have the highest EI mean value 76.06 and in private hospitals, unmarried group respondents have 119.89. The unmarried group respondents have the highest OS mean value 162.65 and married group has 106.17.

In both the hospitals, the joint family group respondents have the highest EI mean value 80.38 and 121.10. The nuclear family group respondents have the highest OS mean value 159.95 and 106.28 respectively.

**Table – 2 One-Way ANOVA descriptive statistics of demographic Factors and EI and OS**

S.N.	Demographic Factors of the Respondents		Public Hospitals				Private Hospitals			
			EI Mean	Sig	OS Mean	Sig	EI Mean	Sig	OS Mean	Sig
1	Age	30 & Below	70.05	.000 S	164.01	.000 S	119.33	.714 NS	105.55	.909 NS
		31 - 40	68.25		163.68		118.30		106.47	
		41 - 50	77.36		158.29		119.45		105.07	
		51 & Above	91.97		144.77		120.96		105.14	

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2	Qualifications	ANM	74.93	.004 S	155.26	.058 NS	119.86	.406 NS	106.35	.290 NS
		GNM	77.42		157.91		120.30		107.29	
		B.Sc. Nursing	68.98		163.79		118.18		104.29	
		M.Sc. Nursing	68.07		161.30		117.36		104.54	
3	Experience in years	10 & Below	69.95	.000 S	164.98	.000 S	119.46	.670 NS	106.45	.790 NS
		11 - 20	70.77		160.91		118.78		104.75	
		21 - 30	79.51		155.84		118.30		105.54	
		31 & Above	92.71		145.42		121.65		105.75	
4	Income	15,000 & Below	74.37	.000 S	165.25	.000 S	119.44	.895 NS	105.09	.417 NS
		15,001 - 30,000	68.96		163.64		118.37		107.63	
		30,001 - 45,000	73.29		160.27		117.50		106.50	
		45,001 & Above	86.77		150.56		118.33		112.33	
5	Work shift	Morning Shift	74.80	.823 NS	159.96	.577 NS	118.86	.784 NS	105.21	.865 NS
		Afternoon Shift	75.03		157.79		119.80		105.91	
		Night Shift	76.27		159.45		118.91		106.11	

Source: Primary Data

Table – 2 Descriptive statistics of One-Way ANOVA for demographic factors and EI and OS of public and private hospital respondents illustrates that:

H1: There is a statistically significant difference among the means of demographic factors and emotional intelligence and occupational stress of public and private hospital respondents.

There is a statistically significant difference among the means of Age, Qualification, Experience and Income of public hospitals with EI and OS and there is no statistically significant difference among the means of private hospitals. There is no statistically significant difference among the means in both the hospital Work shifts.

The 51 & above age group respondents have the highest EI mean value of 91.97 and 120.96 respectively and the 30 & Below age group respondents have the highest OS mean value of 164.01 and 105.55 respectively.

The B.Sc. Nursing qualification group respondents have the highest EI mean value of 77.42 and 120.30 respectively and GNM qualification group respondents have the highest OS mean value of 163.79 and 107.29 respectively.

The 45,001 & Above and 15,000 & Below income group respondents have the highest EI mean value of 86.77 and 119.44 respectively and the 15,000 & Below and 45,001 & Above age group respondents have the highest OS mean value of 165.25 and 112.33 respectively.

The public hospital Night Shift and private hospital Afternoon Shift group respondents have the highest EI mean value 76.27 and 119.80 respectively and public hospital Morning and private hospital Night Shift group respondents have the highest OS mean value of 159.96 and 106.11 respectively.

**Table –3 Forward Stepwise Multiple Regression of demographic factors and EI and OS Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standard-ized Coefficients	t	Sig.	R	R Square	F	Sig.
		B	Std. Error	Beta						
<b>Public Hospitals</b>										
EI	(Constant)	58.08	2.396		24.24	.000	.433 <sup>b</sup>	.187	35.6	.000 <sup>b</sup>
	Age	7.044	.903	.400	7.79	.000				
OS	(Constant)	173.25	2.220		78.04	.000	.366 <sup>a</sup>	.134	47.8	.000 <sup>b</sup>
	Age	-5.862	.848	-.366	-6.91	.000				
<b>Private Hospitals</b>										
EI	(Constant)	124.21	2.116		58.700	.000	.136 <sup>a</sup>	.019	6.16	.012 <sup>b</sup>
	Experience	3.109	1.253	.136	2.482	.014				
OS	(Constant)	100.22	5.799		17.282	.000	.175 <sup>a</sup>	.030	1.25	.049 <sup>b</sup>
	Income	3.364	1.631	.135	2.062	.040				

Source: Primary Data



Table – 3. Forward stepwise multiple regression of demographic factors and EI and OS coefficients shows:

H2: There is a statistically significant linear relationship (prediction) of emotional intelligence and occupational stress by demographic factors of public and private hospital respondents.

There is a statistically significant linear relationship (prediction) of EI and OS by Age, Experience and Income of public and private hospitals.

The forward stepwise multiple regression analysis of demographic, EI and OS reveals that in public hospital respondents, there is a strong linear relationship (prediction) between EI and OS and age than other demographic factors. As one unit in age increases, the EI increase with 7.044 and OS decrease with -5.862.

In public hospital respondents, there is a weak linear relationship (prediction) between EI and OS and experience and income respectively than other demographic factors. As one unit increase in experience and income, the EI and OS also increase with 3.109 and 3.364 respectively.

## IX. RESULT AND DISCUSSION

In both the hospital respondents, there is no significant difference in the mean values of EI and OS for both the group of family members that are in the nursing profession. Even though the respondents whose family members are in the nursing profession and habituated to the type of work, have almost the same EI and OS because once they enter into the hospital environment automatically the familiarization will not going to work out. It will be same for both the groups. In public hospitals married respondents have high EI and unmarried respondents have high occupational stress. Marriage leads to more maturity in emotions, responsibilities, understanding, etc. therefore married respondents have high EI and low OS. In private hospitals, the unmarried and married respondents have almost the same EI and OS because the responsibility bears by the management and the work environment is almost free of emotions.

In both the hospitals, the joint family respondents have high emotional intelligence and nuclear family respondents have high occupational stress. Because in a joint family more, members live and work together, share ideas, develop knowledge, are stable in their emotions, etc. So joint family respondents can work and withstand in any situation. The nuclear family respondents feel occupational stress because they are not habituated to work and sometimes they cannot face problematic situations which cause stress.

In public hospitals, there is a significant relationship between age and EI and OS. The higher age respondents have high emotional intelligence which leads to a decrease of occupational stress and the lesser age respondents have low emotional intelligence which leads to an increase in occupational stress. The higher age respondents experience change in emotions from time to time and faces unfavourable life situations now and then in the hospital work environment, all these develop the ability and understanding capacity of emotions of self and others and may tends to manage (habituated) the stressful situations. As the age passes, the

respondents learned many things regarding the job. The lower age respondents have to develop EI by experiencing the work environment in different situations to manage OS and they are in the process of learning to balance the emotions. In private hospitals, there is no significant relationship between age and EI and OS because the private hospital working procedure is systematic and dignified work environment which does not permit them to imbalance their emotions and can manage the OS.

In public hospitals, there is a significant relationship between qualification and EI and OS. The ANM and GNM qualified respondents have high EI which leads to less OS

and the B.Sc. and M.Sc. qualified respondents have less EI which leads to high OS. The ANM and GNM qualifications are diploma courses, these respondents are more involved in work and come from average lifestyle and family background. GNM are more in number and fall in higher age group and have stability to face directly with the situation, so they are habituated to public hospital working environment. B.Sc. nursing and M.Sc. nursing are the highest qualifications which can be studied after attempting EAMCET exam and the respondents are from above average lifestyle and family background. There is a status quo which holds them back to face some situations. So, balancing between status quo and the work they have to do is the cause of less levels of EI and more stress.

In private hospitals, there is no significant relationship between qualification and EI and OS. The B.Sc. nursing qualified respondents are more in number. They are new entrants and fall in lower age group. The private hospital work is quiet and peaceful. If any issue arises, the management involves in solving the problems and having frequent interactions with the respondents and patients. Every time, the management monitors the conditions and situations. The management holds the responsibility for the work done by the respondents. So, the management every time tries to give inputs and suggestions regarding work and professional training. Even though, they are emotionally imbalance and feel stress, they should not express it outside.

Both the hospitals showed that there is a significant relationship between experience in the organization and emotional intelligence and experience in the organization and occupational stress. The emotional intelligence is higher in higher experience group respondents and occupational stress is higher in lower experience group respondents because experience makes the man perfect. The experience in the organization helps the respondent to habituate to the work environment, make familiar to the situations, maintain relations with the coworkers, can withstand to the hurdles, have knowledge on the work etc., which of all these helps to increase and develop to manage the emotions of self and understanding emotions of others which thereby tends to decrease occupational stress. In case of the lower experience group respondents, it takes time to learn and withstand the occupational hurdles in the organization.

The public hospitals show that there is a significant relationship between income of the respondents and emotional intelligence and income of the respondents and occupational stress. The emotional intelligence is higher in higher income group respondents and occupational stress is higher in lower income group respondents because the fact that everyone works for money to fulfill their basic needs. If the basic needs are not fulfilled, the individual tends to turn his/her thoughts to negative side which effects work and personal life and leads to emotional imbalance.

In private hospitals the stress is high in higher income group because the respondents are handling higher positions and having work burdens of subordinates on them. They are responsible and accountable to the works of subordinate respondents that may be the cause of having high occupational stress. There is slight difference in the emotional intelligence of income groups. The lower income group respondents showed high means, it may be because they have compromised regarding income because in private organizations the fixation of income is low. Wherever they go they will receive the same income.

Both the hospitals show that there is no significant relationship between work shift and emotional intelligence and work shift and occupational stress. The emotional intelligence is higher in night and afternoon work shift group respondents and occupational stress is higher in morning and night work shift group respondents. The respondents feel stress on the day time shifts because more patients visit on the day time and they have to look after the wards and inpatient and outpatient care. They feel work overload. Sometimes they feel stress in the night shifts because these shifts are odd and lengthy work shifts.

## X. LIMITATIONS

The assessed results cannot be generalized to the whole population as it depends on the selection criterion of sample units. The study is also limited in its scope and area as it is limited to public and private teaching hospitals of Guntur and Vijayawada cities of Andhra Pradesh. The demographic information has been included only some variables which may not depict the proper information of the respondents. The results may also differ from each other because family, social background, brought up, society, environment, life styles, etc., have direct or indirect effect on the psychological state of the respondents. Based on the results, respondents cannot be assessed unless there is a strong support of other evidences. Observation of other self-related perceptions is also required. Considering psychological perspective, the respondents' response may be bias. As the study has few men respondents than women respondents, it would be biased to study the gender-wise comparison.

## XI. SUGGESTIONS & CONCLUSION

- It is found that low age respondents have low EI levels and high OS levels. As the age increases the EI levels also increases and OS levels decreases. It is suggested that the management should recruit candidates after conducting the EI test or give rigorous training for improvement of EI levels for the lower age respondents. The respondents should consider

EI as one of the essential requirement for their career development and acquire through self learning or training/coaching.

- It is noted that low qualified ANM and GNM respondents have high EI levels and low OS levels than others because the ANM and GNM respondents are senior employees and working for good number of years. The other B.Sc. nursing respondents even though they are familiar with the expertise they are feeling stress in their work due to low experience as they belong to the present generation. It is suggested that they should cooperate and encourage the junior employees to mould themselves to the hospital environment.

- It is identified that low income group of respondents are having low EI and high OS levels. The respondents feel that they are not getting equal pay compared to the work they do. The management should take care while allotting the work or hike the payment according to the work allotted. The management should reward monetary and nonmonetary benefits to the hard working respondents. Appreciation awards, gifts, shopping coupons, outdoor coupons, increments, allowances etc., will help the respondents to cope with the OS.

- It is also noted that the morning shift respondents have low EI levels and high OS levels as the inpatient and outpatient flow is more in the morning shift hours than other shift hours. The management should allot more number of respondents in the morning shift hours till the pressure of outpatient flow decreases. The night shift respondents are also feeling stress due to inpatient care and sleepless nights, the respondents should split into two groups and take charge of their duties and in between breaks should be availed to take a nap and again change the duties to different wards.

- The EI levels are high in the group of respondents whose family members are not in the nursing profession and OS levels are high in the group of respondents whose family members are in the nursing profession. The management should give rigorous induction programmes and on the job training regarding the hospital environment so that they get familiar with the pros and cons even though they have completed their practical based course.

- It is also viewed that the respondents EI levels are high in the married and joint family group and OS levels are high in the unmarried and nuclear family group. The respondents should try to manage the situations by themselves and should have contacts with as many people as they can so that to understand and identify their perceptions which help in the journey of work. The management should encourage the respondents to explore themselves to peer to peer relations.

The present study examined and explored the relationship of demographic factors with EI and OS. The demographic factors have moderating effect on EI and OS. There is an inverse relationship between them. EI in workplace becomes more significant factor for handling occupational stress. Training of EI to nurses can decrease the occupational stress and helps them to buffer, resile and agile for survival of the fittest.

## REFERENCES

1. Matthews, G., Zeidner, M., & Roberts, R.D., (2004). Emotional intelligence: science and myth, Massachusetts Institute of Technology, Massachusetts.
2. Morse J.M. (1991) Negotiating commitment and involvement in the nurse-patient relationship. *Journal of Advanced Nursing* 17(7), 809-821.
3. Thirumaleswari. T. (2014). A study on the consequences of Job Related Occupational Stress of Women Nurses at various Hospitals at Kanchipuram District. Thesis of Degree Of Doctor Of Philosophy Department of Management Studies. Sri Chandrasekharendra Saraswathi ViswaMaha Vidyalyaya, Kanchipuram.
4. Abhishek Shukla and Rajeev Srivastava. (2016). Examining the effect of emotional intelligence on socio-demographic variable and job stress among retail employees. *Cogent Business & Management*, 3: 1201905 <http://dx.doi.org/10.1080/23311975.2016.1201905>
5. SunSook Sim. et al. (2015). The Relationship between Emotional Intelligence, Stress Coping, and Adjustment to College Life in Nursing Students. *Advanced Science and Technology Letters Vol.120 (GST 2015)*, pp.153-159 <http://dx.doi.org/10.14257/astl.2015.120.29>
6. Olivier Serrat. (2009). Understanding and Developing Emotional Intelligence. Asian Development Bank. International Publications. Cornell University ILR School. Digital Commons@ILR. June.
7. Akyar İ (2009). The over and long working and its effects (In Turkish). [online] Available at: <http://www.turkhemsirelernernei.org.tr/menu/saglikguncel/thd-sagli ginsesi yazilari/91-saglikguncel.aspx> (Accessed 17 March 2011).
8. Bar-on, R., 1999. The emotional quotient inventory (EQ-I): A test of emotional intelligence. Toronto, Canada; 12.
9. Ramani gopal., 2012. role of emotional intelligence in work-life balance of women employees , Published. South Asian Academic Research Journals South Asian Journal of Marketing & Management Research.
10. O'Boyle, E.H., Jr., R.H. Humphrey, J.M. Pollack, T.H. Hawver, & P.A. Story, 2010. The relation between emotional intelligence and job performance: A meta-analysis. *Journal of Organizational Behavior*, doi:10.1002/job.714.
11. Suma, A2012. Emotional intelligence training to be included in the curriculum of professional studies. *charya Institute of Management & Sciences, Bangalore. ZENITH International Journal of Multidisciplinary Research Vol.2 Issue 4, April, ISSN 2231 5780 www.zenithresearch.org.in 308.*
12. Hussin, J., Hejase, Souhaila Al-Sayed, Ziad Haddad, & Bassam Hamdar, 2012. Applying Emotional Intelligence in Lebanon: An Exploratory Study. *Universal Journal of Management and Social Sciences*, 2: 6.
13. Esmaeel Abbasnejad, Aboalfazl Farahani & Aazam Nakhaei. (2013). The Relationship Between Emotional Intelligence and Job Stress. Teacher's of Physical Education and Non Physical Education. *Advances in Environmental Biology*, 7(8): 1386-1394. ISSN 1995-0756.
14. Mikaella Symeou Konstantinou, Antri Efstathiou, George Charalambous, Daphne Kaitelidou and Eleni Jelastopulu. (2017). Emotional Intelligence and Its Impact on the Emotional Factors among Nurses. *Journal of Education, Society and Behavioural Science* 23(3). Pg. 1-13; ISSN: 2456-981X
15. Zafrul allam., 2011, Emotional intelligence at work place, *Global management review*, vol5(2).

## AUTHORS PROFILE



**Dr. Kahmeera Shaik**, is an Assistant Professor in the Department of Management Studies, BIET, Hyderabad. Her area of specialization is Human Resource Management, Organisational Behaviour and Industrial Relations. She has published 20 research articles in reputed Journals. She has attended 26 International and National Conferences. She is having 18 years of Industrial and Academic Experience. She has attended various Training and Development programmes.