Impact of nurses' emotional intelligence and self-compassion on occupational burnout: A correlation study

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Abstract:

BACKGROUND: To cope up with the stressors and to make correct decisions in critical conditions and to enhance the quality of health care services the nurses adopt measures like emotional intelligence and self-compassion.

MATERIAL AND METHODS: A nonexperimental descriptive correlation research design was used to collect data from 450 staff nurses working in different wards of Mahatma Gandhi hospital, Jaipur, Rajasthan, from 01/08/2023 to 30/9/2023 by convenient sampling technique. The dropout rate was 4.44%. A demographic information form and three valid and reliable research questionnaires were used that is, trait emotional intelligence questionnaire short form (TEIQue-SF), self-compassion scale, and Maslach Burnout Inventory. A descriptive and Pearson correlation analysis was used.

RESULTS: The findings showed that most of the nurses had average level of emotional intelligence (88.60%) and moderate level of self-compassion (63.95%). Majority of nurses have moderate risk for emotional exhaustion (55.58%) and depolarization (73.72%). Totally, 45.58% had high risk for personal achievement. Positive correlations was found between self-compassion-emotional intelligence ($r = 0.28$, $P < 0.01$). Negative correlations was observed between self-compassion and occupational burnout ($r = -0.33$, $P < 0.01$); and between emotional intelligence and occupational burnout ($r = -0.31$, $P < 0.01$).

CONCLUSIONS: Recommended for health policy makers and nursing managers to impart continuous training sessions for nurses to promote their emotional intelligence and self-compassion and thus reducing burnout.

Keywords:

Emotional intelligence, health care services, nurses, occupational burnout, self-compassion

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Introduction

To deal with the stressful living conditions in today's stressful world one must develop skills of controlling the negative emotions and also develop attributes for self-kindness, self-awareness, and self-adaptation.[1] According to world health organization occupational burnout is defined as a syndrome resulting from chronic workplace stresses that has not been successfully managed.[2]

In nursing profession stress is an inherent property and most of the time nurses works in strong emotional tension.[3] Nursing is the most stressful job.[4] Sikaras *et al.* (2021)[5] had investigated the levels of fatigue and burnout in nursing staff during the COVID-19 pandemic and reported that the nurses who are caring COVID-19 patients had increased rates of fatigue and burnout compared to nurses caring for other patients, thus indicating strong positive correlation between fatigue and burnout.

Galanis P *et al.* 2021,[6] examined the nurses' burnout and associated risk factors during the COVID-19 and reported that nurses had experienced higher levels of burnout during COVID-19 pandemic. The following factors were found associated with increased burnout among nurses: lack of social support, increased threat of being infected with COVID-19, being in younger age group, family and colleague inability to cope with COVID-19 outbreak, long working hours in quarantine areas, greater workload, lack of training on COVID-19, urgent need to work in a high-risk environment with lack of equipment and supplies.

Karakurt *et al.* 2023[7] evaluated the effect of work stress experienced by nurses during the COVID-19 pandemic on family life and the factors affecting work stress and work-family conflict and determined that the work stress levels of the nurses was very high, thus putting the greater threat to the nurses health. The levels of conflict in work-family life were very high, and the conflict levels keep on increasing due to over workload stress. Yarifard K *et al.* 2023[8] also reported that nurses had perceived increased rates of work family conflict and burnout while working with COVID-19 patients.

Increased work family conflict among nurses leads to decreased quality of health care services delivered to patients by them. Therefore, to improve the patient care quality, productivity of health care organization and hospital outcomes it is much necessary for the policy makers to ensure that the nurses maintain a positive work-life balance.[9]

Many studies had revealed that the stressful situations of the nurses are related to the constant changing needs of the patients, pains and sufferings of the patients, staff shortage, conflicts related to work, overtime, job insecurity, lack of organizational support, conflict with senior nurse, poor coping skills, feelings of disrespect, lack of coordination and cooperation with other health team members, insufficient emotional support, patients presenting with complex problems and lack of awareness of advanced medical technology.[10-12]

In this way, the stress affects the cognitive functions of the nurses including memory, concentration and decision making capacity that lead to increased rates of distractions, anxiety, irritability, medication errors, exhausted individual strength, not feeling satisfied with the work performed, patient safety issues, decreased patient satisfaction, inability to make decisions in patient's life threatening conditions, poor quality of delivered services and various physical and psychological problems.[13-15]

Therefore, to provide high quality of health care services more consideration should be given for the wellbeing of nurses and this can be achieved by adopting various measures for preventing occupational burnout among nurses and thus enhancing the health care system sustainability.[16]

Nursing manager's leadership style plays an important role in crises management, especially for the nurses caring for COVID-19 patients. Using democratic leadership style by nurse managers and involving the staff nurses in decision making process, the nurses have greater commitment for the organization and thus increasing the patient satisfaction and service quality.[17] Nursing leaders must promote the staff nurses professional and technical competencies. The leaders should work for improving the staff nurse's satisfaction and morale level for maintaining positivity for the work and improving the quality of health care services delivered by them.[18]

To cope up with the stressors and to make correct decisions in critical conditions and to enhance the quality of health care services the nurses adopt measures like emotional intelligence and self-compassion. Self-compassion is defined as the nurse's awareness of one's own emotions and a desire to help the patients and a willingness to be nonjudgmental as well as having the same for oneself. Self-compassion promotes the psychological wellbeing of the individual.[19] Self-compassion causes lower rates of avoidance and rumination. Self-compassion also promotes life satisfaction, wisdom, emotional intelligence, social connectedness, and wellbeing.[20] Self-compassion also causes decreased psychological distress and enhances the nurse's wellbeing.[21] Self-compassion also improves the interpersonal relationship by forgiving others and having empathic concern.[22] Individuals with higher level of self-compassion can easily control the negative emotions in self and workplace environment.[23] self-compassion is helpful to nurses in maintaining the mental health. Several studies suggest that high level of self-compassion among nurses enhances their psychological health and thus prevents emotional exhaustion and promotes the compassionate care.[24-27]

Another important measure for controlling the occupational burnout among nurses is their emotional intelligence. Emotional intelligence refers to the proficiency that enables nurses to identify, examine, express, understand, regulate and monitor emotions in one self and in others. Emotional intelligence is defined as the ability to recognize, understand, and regulate one's own and others' emotions, to differentiate between them, and to use this information to guide thoughts and actions.[28] Emotional intelligence is necessary to develop skills of self-control, communication, interpersonal relationship, empathy, self-confidence, creativity, and self-awareness.[29] Studies had reported that emotional intelligence is associated with the ways of dealing with

the problems and stress.[30-33] Emotional intelligence of nurses also helps in minimizing burnout effects and promotes the feeling of wellness towards self and others, making better decisions and providing quality services to the patients effectively.[34]

As self-compassion and emotional intelligence are very important measures in managing burnout among nurses but in India very little is known about these measures. Therefore, the researcher undertook the present study to measure the nurses' emotional intelligence, self-compassion, and occupational burnout and to examine the relationship between nurses' emotional intelligence self-compassion, and occupational burnout.

Materials and Methods

Study design and setting: This non experimental descriptive correlation research design was conducted at Mahatma Gandhi Hospital, Jaipur, Rajasthan.

Study participants and sampling: The participants of this study were the staff nurses working in Mahatma Gandhi Hospital, Jaipur, Rajasthan. The data were obtained from 450 staff nurses by convenient sampling technique. The inclusion criteria for nurses were as follows: Working in different wards; completed either diploma or baccalaureate program in nursing and registered with state nurses' registration council; present during the period of data collection and willing to participate in the study. The exclusion criteria for nurses were as follows: Ward in-charges, nursing supervisors, assistant nursing superintendent and deputy nursing superintendent and nursing superintendent; not willing to participate.

Data collection tool and technique: Personal characteristics of the nurses was obtained on a form including information of age, sex, marital status, qualification, and years of experience. Three valid and reliable standardized questionnaires were used. The first research questionnaire was self-compassion scale developed by Neff (2003) to measure the self-compassion level of staff nurses.[35] This questionnaire consisted of 26 items and it assessed the self-compassion of nurses under six dimensions namely self-kindness, self-judgment, common humanity, isolation, mindfulness, and over identification. The nurses were asked to give their responses on the 26 statements in the five-point Likert scale of 1 to 5. Neff (2003) reported overall Cronbach alpha of self-compassion questionnaire 0.93. The second research questionnaire was trait emotional intelligence questionnaire short form (TEIQue-SF) to assess the emotional intelligence of nurses. This questionnaire was developed by Petrides and Furnham (2006).[36] It consisted of 30-items having four dimensions, that is, well-being, self-control, emotionality, and sociability. In this instrument, a 7-point Likert scale was used, which ranges from (1) completely disagree to (7) completely agree. Petrides KV (2008) reported Cronbach alpha of this questionnaire 0.88. The third research questionnaire was Maslach Burnout Inventory (MBI) 1996. It is used to self-assess the risk of burnout. It has three dimensions: Emotional exhaustion, depersonalization, and personal achievement. There were 22 questions, exhaustion dimension contain 7 questions; depersonalization dimension contain 7 questions and; personal achievement dimension contain 8 questions. In this instrument a 7-point Likert scale was used, which ranges from (0) never to (6) every day. It has good psychometric properties for assessing the risk of burnout among nurses.[37]

Pilot study was conducted on 1/10th of sample size to check out the feasibility of the study, the study and tools were found feasible. The self-reported questionnaires were distributed to 450 nurses working in the different wards from 01/08/2023 to 30/9/2023 and they were instructed to complete the questionnaires within 30 minutes. In this way, 430 completed questionnaires were received and there were 20 dropouts. The collected data were organized, tabulated, and analyzed based on the objectives of the study.

Ethical consideration: Ethical approval was obtained from the institutional ethical committee of Mahatma Gandhi University of Medical Sciences and Technology, Jaipur, Rajasthan, approval number MGMC and H/IEC/JPR/2023/1316 dated 03/04//2023. The staff nurses were informed about the purpose of the study and informed consent was taken from them.

Results

The distributions of nurses according to demographic variables are given in Table 1. 68.64% were from the age group of 18–28 years; 63.25% were female; 61.62% were married; 70.93% had GNM qualification; 73.02% had 1–5 years of experience.

Distribution of nurses according to the level of emotional intelligence and self-compassion are presented in Table 2. The emotional intelligence of most 88.60% of staff nurses is at average level and 11.39% of them have below average level. The mean emotional intelligence score was 75.78 ± 8.85. Thus, it can be concluded that most of the staff nurses had average level of emotional intelligence. The self-compassion level of majority of staff nurses 63.95% were at moderate level; 28.83% were at low level, and only 7.2% of them had high level of self-compassion. The mean self-compassion score was 3.16 ± 0.83. Thus, it is revealed that majority of the staff nurses had moderate level of self-compassion.

Dimension wise distribution of staff nurses according to the risk of occupational burnout is presented in Table 3. Majority of staff nurses have moderate risk of burnout in the dimension of emotional exhaustion (55.58%) and depolarization (73.72%). However, 45.58% of them had high level risk in personal achievement. Burnout risk for all the dimensions varies from 6.04% to 73.72%.

Relationship between nurses' emotional intelligence, self-compassion, and occupational burnout is presented in Table 4. For analyzing the correlation between self-compassion, emotional intelligence, and occupational burnout, the criteria used were as follow.[38] Weak correlation (0–0.25); fair correlation (0.25–0.5); good correlation (0.5–0.75); excellent correlation (>0.75). In this way, significant positive linear correlations were found between self-compassion-emotional intelligence ($r = 0.28$, $P < 0.01$). Negative correlations was observed between self-compassion and occupational burnout ($r = -0.33$, $P < 0.01$); and negative correlations was also noted between emotional intelligence and occupational burnout ($r = -0.31$, $P < 0.01$).

Discussion

The findings of this study were aimed to analyze the relationship between nurses emotional intelligence and self-compassion; emotional intelligence and occupational burnout; self-compassion and occupational burnout. The findings showed that most of the nurses had average level of emotional intelligence, moderate level of self-compassion and nurses also have risk for low, moderate and high level burnout in all the three dimensions. The study results also demonstrated that positive relationship was found between emotional intelligence and self-compassion; negative relationship was observed between emotional intelligence and occupational burnout; negative relationship was observed between self-compassion and occupational burnout among the nurses.

Self-compassion ability of nurse is the basis in providing quality health care services to the patients; therefore, being self-compassionate is essential for nurses.[39] Heffernan *et al.* (2010)[40] conducted a study on self-compassion and emotional intelligence in nurses and reported total self-compassion mean score of 1 to 5 (3.49 ± 0.60) this findings were consistent with the results of current study. Similar findings were reported by Othman *et al.*[41] They analyzed the self-compassion level of the nurses working in intensive care units during COVID-19 and found moderate level of self-compassion among nurses. Self-compassion is, in essence, optimistic and encouraging attitude, not cruel one.[23] Positive effects of self-compassion has been found on individuals overall wellbeing. In a study, Valliancourt and Wasylkiw[42]

Table 1: Personal Characteristics of the nurses *n*=430

Personal Characteristics	Frequency and percentage *f* (%)
Age in years	
18–28	296 (68.84)
28–38	95 (22.09)
>38	39 (9.06)
Sex	
Female	272 (63.25)
Male	158 (36.74)
Marital status	
Married	265 (61.62)
Unmarried	165 (38.37)
Qualification	
GNM	305 (70.93)
BSc Nursing	25 (5.81)
Post-basic BSc Nursing	100 (23.25)
Years of experience	
<1	85 (19.76)
1-5	314 (73.02)
6-10	25 (5.81)
≥11	6 (1.39)

Table 2: Frequency and percentage distribution of nurses according to emotional intelligence and self-compassion

Emotional Intelligence			Self-compassion		
Level	Actual Score	*f* (%)	Level	Actual Score	*f* (%)
Below average	1–61	49 (11.39)	Low	1–2.5	124 (28.83)
Average	62–145	381 (88.60)	Moderate	2.5–3.5	275 (63.95)
Above average	146–210	-	High	3.5–5	31 (7.20)
	Total=430			Total=430	
	Mean±SD=75.78±8.85			Mean±SD=3.16±0.83	

Table 3: Frequency and percentage distribution of nurses according to risk of burnout

Dimension/ category	Emotional exhaustion		Depolarization		Personal achievement	
	Score	*f* (%)	Score	*f* (%)	Score	*f* (%)
Low-level burnout	≤17	165 (38.37)	≤5	85 (19.76)	>40	64 (14.88)
Moderate burnout	18–29	239 (55.58)	6–11	317 (73.72)	34–39	170 (39.53)
High-level burnout	>30	26 (6.04)	≥12	28 (6.51)	≤33	196 (45.5)
Mean±SD	27.32±9.33		10.67±3.51		29.32±8.57	

Table 4: Relationship between nurses' emotional intelligence, self-compassion, and occupational burnout

Variable	Correlation-coefficient	P
Self-compassion and emotional intelligence	0.28	<0.01*
Self-compassion and occupational burnout	-0.33	<0.01*
Emotional intelligence and occupational burnout	-0.31	<0.01*

*Significant Pearson's correlation at 0.01 level (2 tailed)

found that practicing self-compassion skills contribute to greater satisfaction with job, less symptoms of burnout. Positive relationship was found between nurses emotional intelligence and self-compassion.[40,43-45] Self-compassion is associated with reduced rumination levels,[46] subduing undesirable emotions and thoughts,[35] and positive cognitive characteristics like life satisfaction, wisdom, well-being, emotional intelligence and feeling of social connectedness,[21] improved interpersonal functioning among health care team members, patients and relatives.[23] Self-compassionate nurses also develop the skills of altruism, empathic concern and forgiving others.[23] Therefore, self-compassion helps the nurses and health team members in maintaining mental health, by developing self-compassion skills nurses can deliver compassionate care to the patients and promote patient outcomes.[24] Kabakçı and Altun, 2022 found negative relationship between burnout measures and self-compassion, indicating that as the nurses' self-compassion level increase the level of burnout decrease.[25] Kabakcı *et al.*, 2022[25] investigated the relationship between nurses' self-compassion and professional burnout among nurses and recommended improving nurses self-compassion skills for enhancing their work performance. Satake and Arao, 2020[47] demonstrated that nurses' low level of self-compassion is associated with increased burnout symptoms. Heffernan *et al.*, 2010[40] recommended training in self-compassion for nurses for managing stress effectively. Steen *et al.*, 2022[39] also recommended that the nurses and midwives should get benefitted by attending self-compassion education and training programs for improving their health and well-being.

Regarding emotional intelligence Mayer and Salovey state that it is the ability of an individual to identify, recognize, understand, regulate and control emotions in self and others.[28] Significant relationship is found between nurse's emotional intelligence and burnout. Higher the nurse's emotional intelligence level lesser the burnout symptoms.[48] Szczygiel DD (2018) examined the relationship between negative emotions on job burnout in nursing and found a positive and significant relationship between negative emotions and burnout among nurses.[49] It is expected from the nurses to hide their negative emotions and express positive emotions

and during the critical situations the nurses cannot even expresses their true emotions and they have to express emotional reactions which they are not feeling/perceiving,[50] this leads to emotional disturbances among nurses causing occupational burnout among them.[51] Negative emotions can lead to burnout among nurses whose emotional intelligence is low, but nurses with high emotional intelligence are less likely to develop burnout.[49] Huff *et al.*, 2023[52] had also demonstrated that the effect of negative emotions on burnout is mitigated by emotional intelligence. Nurses with high emotional intelligence can better understand the changes in their own emotions and the patients and thus capable of minimizing long-term development of negative emotions. Nurses with high emotional intelligence can better cope up with negative emotions, frustrations, and work stress. Thus, capable of minimizing the occupational burnout.[32] Ullah *et al.*, 2022[53] had found that nurses' higher level of emotional intelligence helps in diminishing burnout development when exposed to chronic stressful situations. Similarly, Tsukamoto *et al.*, 2022[54] reported less burnout symptoms in nurses with high emotional intelligence and vice versa. Soto-Rubio *et al.*[55] 2020 examined the effect of emotional intelligence and psychological risks on burnout among nurses and suggested that emotional intelligence provides protection against negative effects of psychological risks. Thus the existing literatures suggest that emotional intelligence of nurses' work as a protective factor for reducing occupational burnout.

Kotsou *et al.*, 2019[56] stated that emotional intelligence of nurses can be increased via training programs of 15–18 hours and significantly associated with decreased psychological distress and overall well-being. Fattah *et al.*, 2023[33] assessed the effect of emotional intelligence training on job burnout for nurses at the critical care units and the findings demonstrated that the training had positive effects in minimizing burnout at work and such educational training programs about emotional intelligence are recommended for newly hired nurses. Kozlowski *et al.*, 2018[57] supported this recommendation for emotional intelligence training. Gozalo *et al.*, 2019[58] also reported that training in emotional intelligence had a positive effect on burnout level of nurses. Huff *et al.* 2023,[52] reported that after the 18 hours of training course on emotional intelligence, the burnout level of nurses is reduced by 50%.

Limitation and recommendation
From the discussion, we believe that this study had contributed significantly in the existing knowledge on self-compassion, emotional intelligence and burnout among nurses; it may be inspirational for researcher in the future. The limitation of this study was that the data were collected only from one hospital and therefore

generalization is difficult. In future, similar studies in different hospital settings are recommended.

Conclusion

This study revealed that nurses had average level of emotional intelligence, moderate level of self-compassion and burnout level varies from low to high in different dimensions. Positive relationship was found between emotional intelligence and self-compassion; negative relationship was found between self-compassion and burnout; negative relationship was found between emotional intelligence and burnout. Therefore, it is necessary to continuously monitor the emotional intelligence, self-compassion and burnout among nurses and educational training should be provided to nurses for promoting their emotional intelligence and self-compassion. In addition, the health care policy makers should promote the working conditions, job satisfaction, salary, conflict management strategies, and optimal social support. This can lead to reduced burnout, improved performance, job satisfaction, feeling good quality of life, and better quality of delivered services.

Conflicts of interest
There are no conflicts of interest.

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