Relation between Emotional Intelligence and Coping Strategies with Occupational Stress among Nurses

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Abstract

Background: Emotional intelligence is a social skill that controls stress and influences nurse's ability to cope with the demands and environmental pressures. It can enhance professional skills in health care providers. **Aim:** Assess the relation between emotional intelligence and coping strategies with occupational stress among nurses. **Design:** A descriptive correlational research design was used in this study. **Setting:** The study was conducted in all Critical Care Units at Benha University Hospital. **Subjects**: Convenient sample consisting of (224) nurses with at least one year of experience at time of study. **Tools of data collection:** Two tools were used: I) Emotional Intelligence Questionnaire. II) The Coping and Adaptation Processing Scale. **Results:** Majority (92.9%) of studied nurses had high level of emotional intelligence and more than half (58%) of nurses had high level of coping strategies with occupational stress. **Conclusion:** There was statistically significant positive correlation between total level of emotional intelligence and total of coping strategies level with occupational stress. **Recommendation:** Conducting in service training and education programs as needed for nurses periodically to increase their emotional intelligence abilities and urgently use coping strategies to manage occupational stress.

Keywords: Coping strategies, Emotional intelligence, and Occupational stress.

Introduction:

The nursing function is a central part of health teams given to responsibilities for coordination establishments for direct health care and communication between medical staff, patients, and families. Nursing has been reported to be a profession with a high risk of occupational stress owing to the high job demands, including workloads, health risks exerted by direct contact with patients, and the bulk of administrative duties. Nurses have to cope with occupational stress and a high clinical burden **(Rafiq et al., 2022).** These kinds of stresses result in harm and have effects not only on nurses' health but also on their abilities to respond to job necessities. Also, Nurses need to be emotionally intelligent to harness the stresses because their abilities to respond have an impact on improving clinical performance and increasing an overall health **(Tung& Rong, 2022).**

Emotional intelligence (EI) is the ability to monitor moods and emotions and use that information to guide thoughts and behaviors. It comprises perceiving, understanding, managing, and using emotions. Perceiving emotions is described as the ability to recognize emotions when they occur. Understanding emotions is the core of emotional intelligence. It is the ability to understand and experience the emotions of others **(wang et al., 2022).**

Emotional intelligence have seven domains; self-awareness is the ability to read and understand emotions as well as recognize their impact on others; Self-regulation refers to the ability to manage nurse's actions,

thoughts, and feelings in flexible ways to get the desired results; self-motivation is the internal state that helps initiate, continue, or terminate a behavior; Social Awareness is the ability to accurately notice the emotions of others and read situations appropriately; Empathy refers to cognitive and emotional processes that bind nurses together in various kinds of relationships; Stress management is the ability to manage external pressure; self-esteem may be defined as how much you appreciate and like yourself **(Dong, Peng, Jiang, 2022).**

Nurses with high emotional intelligence, are known to evaluate positively and exhibit desirable coping behavior even under stressful situations. Therefore, emotional intelligence can mediate job stress, burnout, and job turnover for nurses working in a severely emotional field. In addition, emotional intelligence is a very important factor in coping with emotional work and improving psychological well-being through effective emotional treatment **(Lee & Sim, 2021).**

In addition, it is the source of self-awareness and altruism, and the basis of moral judgment and action. Managing emotions is the ability to control emotions for oneself restoring psychological frustration, restoring time from joy or anger to a normal state, and controlling nurse's emotions without getting excited. Using emotions is the ability to utilize emotions to improve performance and control emotions positively and productively **(Ordu, Arabaci, Büyükbayram, 2022).**

Occupational stress (OS) in nursing is the physical and emotional reactions that occur when the nurse's abilities and resources cannot deal with the demands and requests of their work. Many previous studies have shown that high levels of stress may cause nurses many physical, mental, and behavioral problems such as depression, anxiety, fatigue, and burnout. Therefore, effective interventions are badly needed to reduce occupational stress and to improve the health and well-being of nurses **(Alkhawaldeh, et al 2020).**

Coping strategies are defined as a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation and determines a coping strategy that is either problem-focused coping (PFC) or emotion-focused coping (EFC). A PFC strategy uses problem-solving skills and seeking social support as an alternative means to decrease stress. An EFC strategy relies on decreasing negative emotions caused by perceived harm or threat using emotional tactics including venting, withdrawing, avoiding, or seeking more information **(Al-Ruzzieh, Ayaad, 2021).**

Nurses in critical care units face several stressors in work environment daily and continuously, including overwork, conflict, shift work, dealing with death, ambiguity in the level of authority, and they experience a high level of stress. Emotional intelligence is one strategy for managing occupational stress. EI is a set of non-cognitive abilities, efficiencies, and skills that influence nurses' ability to successes in coping with environmental pressure and assist to overcome occupational stress **(Shahin, 2020)**. Nurses who lack the ability to control nurses' emotions may find it difficult to remain calm when speaking with patients, especially in various crisis circumstances. The use of emotional intelligence by nurses makes them more tolerant of their environment and capable of handling stress **(Tih and Hamid, 2021).**

Significance of the study:

Occupational stress in nursing

profession has been global problem. They are widely observed among nurses working in Critical Care Units due to working in an extremely stressful work environment for a long time and conflict with colleagues and patient's families. It makes them experience occupational stress, low job performance, dissatisfaction and absenteeism. Having a good level of EI and coping strategies are important in the nursing practice as well as the individual wellbeing. Additionally, it can also assist in improving the nurses' capacity to deal with occupational stress, which may improve performance **(Asturias, 2019).**

EI is considered as nurses' ability to perceive and manage nurses' emotion in manner that results in successful interaction with the environment. Occupational stress is recognized world-wide as a major challenge to nurses' health. Since it's defined as the emotional and physical reactions resulting from the interactions between the nurse and work environment where the demand of the job exceeds capabilities and resources. Signs of occupational stress appear to be rising among nurses which has been referred to several factors ranging from downsizing, restructuring, and merging to role boundary and responsibility. Occupational stress reduces productivity, increases management pressures and makes people sick in many ways **(Chapman, 2018).**

Aim of the study:

The present study aimed to assess the relation between emotional intelligence and coping strategies with occupational stress among nurses.

Research Questions:

1. What is the level of emotional intelligence as reported by nurses?

2. What is the level of coping strategies with occupational stress as reported by nurses?

3. What is the relation between emotional intelligence and coping strategies with occupational stress among nurses?

Subjects and Methods

Study design: A descriptive correlational research design was utilized.

Research setting: The current study was conducted in Critical Care Units at Benha University Hospital.

Research subject:

Convenient sample consisting of (224) nurses with at least three years of experience.

Tools of data Collection:

Data of the present study was collected by using the following two tools;

First tool: - Emotional Intelligence Questionnaire

It was adopted from **Petridis, et al., (2009)** to assess level of nurses' emotional intelligence. It consists of two parts:

Part I: Personal data of nurses such as; age, marital status, gender, educational qualification and year of experience.

Part II: It contained 78 items divided in to 7domains related to emotional intelligence distributed as following: (1): Self-awareness, (7 items), (2): Self-regulation,(8 items), (3): self-motivation, (8 items), (4): Empathy,(8 items), (5): Social awareness,(9 items), (6): Stress management,(20 items), and(7): Self-esteem,(15 items) that include several items.

Second tool: - Coping and Adaptation Processing Scale

It was adopted from **Zakria, (2018).** It consisted of (47 items) to measure how nurse respond to stressor**.** Each item of the CAPS is a short statement about how an individual responds to a crisis or an extremely difficult event. Factor analysis revealed five subscales: Resourceful and focused (9 items), Physical and fixed (10 items), Alert processing (11items), Systematic processing (10 items)

and Knowing and relating (7 items).

Validity of tools

The tools were tested for validity through five experts from Nursing Administration department at (two Assistant Professor of Nursing Administration from Benha University, two Assistant Professor of Nursing Administration from Ain shams University, and one Assistant Professor of Nursing Administration from Tanta University

Reliability of tool:

It was measured using cronbach's Alpha and the value was (0.908)

Pilot study:

A pilot study was carried out from august 2021and take one month to ascertain the clarity and applicability of the study tools. It was done on 22 nurses from Benha University Hospital representing 10% of total study subjects. It has also served in estimating the time needed for filling the tools. It ranged between (20- 30) minutes. No modifications were needed. So, the pilot study subjects were included in the final study subjects.

Field work:

– Data collection took about two months, started from beginning of September 2021 to the end October of 2021.

– The researchers met nurses and explained the aim, the nature of the study, the method of filling questionnaire and this was done individually or through group meetings.

– The researchers distributed the questionnaire sheets to the participating nurses to fill it at their suitable times in morning and afternoon shifts 12 hours.

– The number of collected questionnaire from nurses per day ranged from 10 to 12 sheets. It took from 20 to 30 minutes to complete the questionnaire sheet.

– Data collected three days per week in (Saturday, Monday and Thursday) from (10

am to 1 pm) in the presence of the researchers to clarify any ambiguity.

Ethical considerations:

Before conducting the study, the study subjects were informed about the purpose and the benefits of the study that their participation is voluntary and they have the right to withdraw from the study at any time without giving any reason. Informed consent was obtained from each participant of the study. Also, confidentiality and anonymity of the subjects were assured through coding all data.

Statistical analysis

Data were collected, tabulated, statistically using analyzed using an IBM personal computer with statistical package of social science (SPSS) version 22 where the following statistics were applied

▪ Descriptive statistics: in which quantitative data were present in the form of mean, standard deviation (SD), frequency, and percentage distribution.

Results"

Table (1): Shows that about half of study subjects (48.2%) aged less than 25 years old with Mean ±SD (25.53±3.40). Regarding gender and marital status more than half of study subjects (61.6%, 54.5%) were females and married, respectively. In relation to educational qualification, less than half of them (41.5%) have associated degree in nursing. Regarding to their years of experience, more than half of study subjects (60.7%) have less than 5 years of experience with mean ±SD (4.36±2.95).

Figure (1): Shows that the majority of studied nurses (92.9%) had high level of emotional intelligence. While, the minority of nurses (7.1%) had moderate level of emotional intelligence.

Table (2): Shows that total mean score± SD of emotional intelligence levels was (208.44±8.45) that represent (92.64%) of the

total score. The highest mean score was for self-awareness" (20.53±0.95) that represent (97.76%) of total score. While, the lowest mean score was for self-esteem (36.95±4.49) that represent (82.11%) of total score.

Figure (2): Shows that more than half of study subjects (58%) had high level of coping strategies with occupational stress. While, the lowest percent of them (3.8%) had low level of coping strategies.

Table (3): Illustrates that total mean score± standard deviation of coping strategies with occupational stress was 107.32±12.86 with a percentage (76.1%). The highest mean score and SD were for Knowing and relating

(24.26±4.28) that represent 80.9%. While the lowest mean score and SD was for systematic processing (19.83±2.15) that represent (73.4%).

Table (4): Shows that there were highly statistical significant relation between total nurses' emotional intelligence level and their age and educational qualifications and statistical significant relation with gender.

Table (5): Illustrate that there were highly statistical significant relation between coping strategies with occupational stress and age, gender, marital status, education qualification and year of experience. On the other side, there wasn't statistical significant

Table (1): Distribution of studied nurses regarding their personal characteristics (n=224)

Personal Characteristics	No	%
Age (years)		
Age <25	108	**48.2**
Age 25 <30	87	38.8
Age 30 ≤35	24	10.7
Age +35	5	2.2
M±SD	**25.53±3.40**	
Gender		
Male	86	38.4
Female	138	**61.6**
Marital status		
Married	122	**54.5**
Unmarried	102	45.5
Educational qualification		
Diploma in nursing	62	27.7
Associated degree in nursing	93	**41.5**
Baccalaureate degree in nursing	69	30.8
Years of experience (years)		
<5 year	136	**60.7**
5 <10 year	71	31.7
10 ≤15 year	14	6.3
> 15 year	3	1.3
M±SD	**4.36±2.95**	

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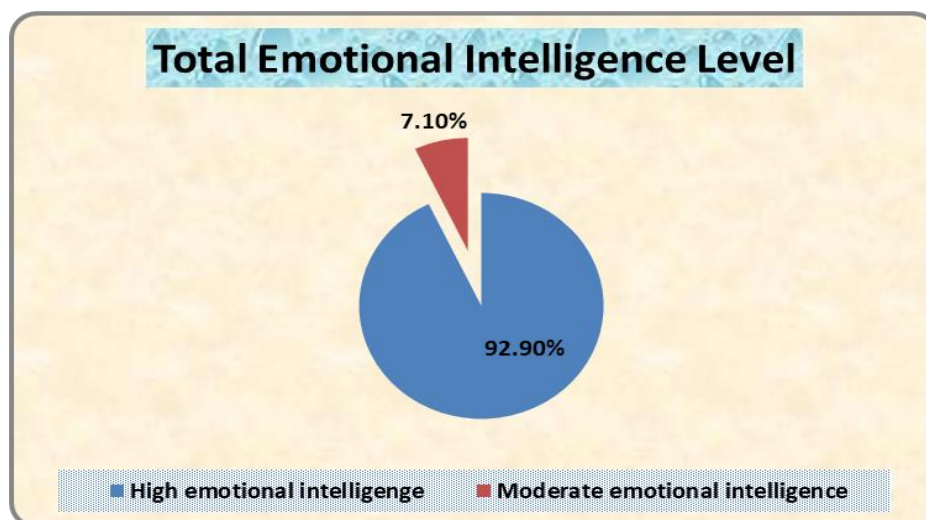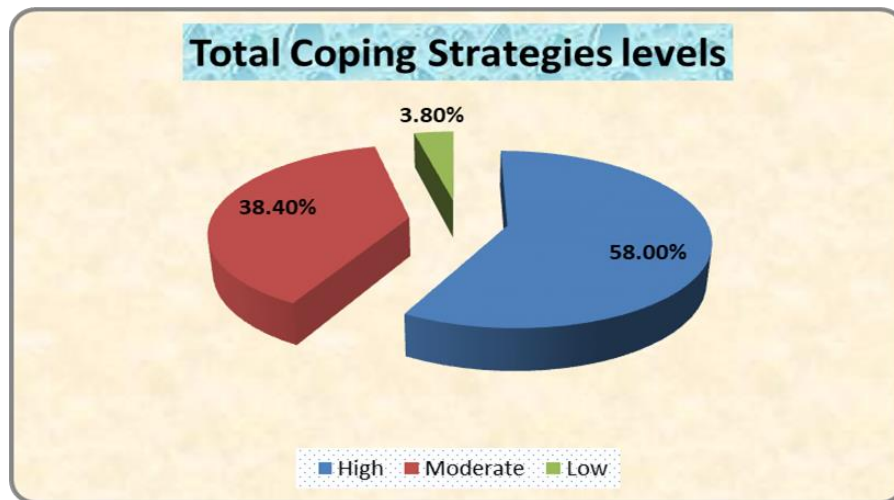

Figure (1) Percentage distribution of studied nurses regarding total emotional intelligence level

Table (2): Mean and standard deviation regarding total emotional intelligence level.

Emotional intelligence	Total score	Minimum	Maximum	M ±SD	%	Ranking
Self-awareness	21	17	21	20.53±0.95	97.76	1
Emotional self-regulation	24	12	24	21.50±2.96	89.58	6
Self-motivation	24	8	24	22.52±3.11	93.83	5
Empathy	24	17	24	23.04±1.63	96.0	3
Social awareness	27	22	27	26.30±1.26	97.40	2
Stress management	60	47	60	57.58±2.77	95.96	4
Self esteem	45	30	45	36.95±4.49	82.11	7
Total	**225**	**184**	**225**	**208.44±8.45**	**92.64%**	

Figure (2) Percentage distribution of studied nurses regarding total coping strategies levels with occupational stress.

Table (3): Mean and standard deviation regarding total coping strategies with occupational stress (n=224)

Coping processes	Total score	Minimum	Maximum	M ±SD	%	Ranking
Systematic processing	27	13.00	23.00	19.83±2.15	**73.4%**	5
Knowing and relating	30	14.00	29.00	24.26±4.28	**80.9%**	1
Physical and fixed	33	18.00	28.00	24.31±2.79	73.7%	4
Resourceful and focused	30	14.00	28.00	23.25±3.60	77.5%	2
Alert processing	21	8.00	20.00	15.64±2.26	74.5%	3
Total	**141**	**73.00**	**123.00**	**107.32±12.86**	**76.1%**	

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Table (4): Relation between total emotional intelligence level and personal characteristics of studied nurses (n=224).

Personal characteristics	Total emotional intelligence levels				X^2	p-value
	High (n=208)		Moderate (n=16)			
	No	%	No	%		
Unit						
ICU	73	35.1	7	**43.8**	4.550	0.715
CCU	23	11.1	2	12.5		
Chest care unit	13	6.3	2	12.5		
Hepatic care unit	12	5.8	1	6.2		
Pediatric care unit	34	16.3	1	6.2		
Psychiatric care unit	16	7.7	0	0.0		
Coronary care unit	10	4.8	0	0.0		
Emergency care unit	27	12.9	3	18.8		
Age (years)						
< 25	108	51.9	0	0.0	19.44	**0.000****
25 <30	76	36.6	11	**68.7**		
30 ≤35	19	9.1	5	31.3		
+35	5	2.4	0	0.0		
Gender						
Male	76	36.6	10	62.5	4.23	**0.038***
Female	132	63.4	6	37.5		
Marital status						
Married	116	55.8	6	37.5	1.99	0.125
Unmarried	92	44.2	10	62.5		
Educational qualification						
Diploma in nursing	62	29.8	0	0.0	38.70	**0.000****
Associated degree in nursing	93	44.7	0	0.0		
Baccalaureate degree in nursing	53	25.5	16	100.0		
Years of experience						
>5 year	125	60.1	11	68.7	1.94	0.684
5 <10 year	66	31.7	5	31.3		
10 ≤15 year	14	6.7	0	0.0		
> 15 year	3	1.5	0	0.0		

*Statistically significant at p ≤ 0.05   ** Highly statistically significant ≤ 0.001

Table (5): Relation between total nurses' coping strategies level with occupational stress and their personal characteristics (n=224)

Personal characteristics	High (n=130)		Moderate (n=86)		Low (n=8)		X^2	p-value
	No	%	No	%	No	%		
Unit								
ICU	47	36.2	30	34.9	3	37.5	9.82	0.775
CCU	15	11.5	8	9.3	2	25.0		
Chest care unit	6	4.6	8	9.3	1	12.5		
Hepatic care unit	7	5.4	6	7.0	0	0.0		
Pediatric care unit	21	16.2	13	15.1	1	12.5		
Psychiatric care unit	9	6.9	7	8.1	0	0.0		
Coronary care unit	9	6.9	1	1.2	0	0.0		
Emergency care unit	16	12.3	13	15.1	1	12.5		
Age (years)								
< 25	74	56.9	34	39.5	0	0.0	20.35	0.002**
25 <30	43	33.1	36	41.9	8	100.0		
30 ≤35	11	8.5	13	15.1	0	0.0		
+35	2	1.5	3	3.5	0	0.0		
Gender								
Male	54	41.5	24	27.9	8	100.0	17.37	0.000**
Female	76	58.5	62	72.1	0	0.0		
Marital status								
Married	64	49.2	58	67.4	0	0.0	16.84	0.000**
Unmarried	66	50.8	28	32.6	8	100.0		
Educational qualification								
Diploma in nursing	50	38.5	12	13.9	0	0.0	20.30	0.000**
Associated degree in nursing	42	32.3	46	53.5	5	62.5		
Baccalaureate degree in nursing	38	29.2	28	32.6	3	37.5		
Years of experience								
>5 year	93	71.6	40	46.5	3	37.5	18.07	0.006**
5 <10 year	29	22.3	37	43.0	5	62.5		
10 ≤15 year	6	4.6	8	9.3	0	0.0		
>15 year	2	1.5	1	1.2	0	0.0		

** Highly statistically significant ≤ 0.001

Table (4): Correlation between total score of nurses' emotional intelligence and total score of coping strategies with occupational stress.

Total level of emotional intelligence	Total level of coping strategies	
	R	p-value
	0.818	0.016*

*Statistically significant at p ≤ 0.05

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Discussion:

The finding of the present study illustrated that the majority of studied staff nurses had high level of emotional intelligence. From researchers point of view, this result might be due to that hospital provides nurses with supportive work environment for nurses especially those who work in critical care units, which help nurses to communicate effectively with patients, families, and colleagues. Also, might be due to nurses were acknowledged of strength and weakness points and accept criticism from other and this increase their ability to adapt to work pressure, and therefore affect on quality of nursing care.

This result is in agreement with **Allameh et al., (2016), Atta et al., (2016), Ishii & Horikawa, (2019)** they found that most of staff nurses had high levels of emotional intelligence. Also, **Al abdulbaqi, Banjar, felemban, (2019)** they reported that studied nurses scored high in EI. Also, **Devi&Rani,(2020)** illustrated that the majority of nurses experience high level of EI.

Regarding total emotional intelligence level as reported by nurses, the finding of current study revealed that the minority of nurses had moderate level of emotional intelligence. This could be due to nurses working in Critical Care Units were exposed to workload, sever stress, and might be due to dealing with critically ill patient may affect thiei emotion. This finding was supported with **Mordian et al., (2022)** they reported that nurses had a moderate score in EI.

While this result is in disagreement with **Burcak, Ayse, Canan, (2017), Daniel& Ahmed, (2019)** they found that the total score of emotional intelligence of studied nurses were low level. In addition, **Abdelaal, Elnakeeb, Lachine (2020)** they revealed that the majority of nurses had low level of emotional intelligence.

Concerning mean and standard deviation of emotional intelligence, the findings of this study indicated that the highest mean score was self-awareness domain. This result may be due to adequate ability of nurses to recognize their own emotions, to differentiate between them and to be aware of their feeling, behaviors, and abilities that allow them to make more adaptive decisions. This indicated that nurses understanding their emotions, learn from past experience, know their strength and weakness, and they have self confidence

This result was confirmed by **Samanta& Arfara (2017), Mohammed& Fekry (2018), Moradian et al., (2022)** they reported that self-awareness was the highest domain. On the other side, this result is in disagreement with **Allameh et al., (2016).** They found that nurses had lower EI level regarding self-awareness. Also, **Salem, Safan, Nassar, (2018)** they reported that motivation was the highest domain. In addition, **khademi et al., (2021)** they revealed that self-awareness occupies third place.

Concerning mean and standard deviation of emotional intelligence, the findings of this study the lowest mean score was self-esteem domain as result to nurses viewed them negatively, and feeling that other people didn't respect them.

Regarding total level of coping strategies with occupational stress as reported by nurses, the study finding revealed that more than half of nurses had high level of coping strategies with occupational stress. This result might be due to nurses had high level of emotional intelligence which helps regulate their feelings and actions. Furthermore, it increases their adaptation to the stressful situations that disturbed the balance effectively and choose the best strategies for dealing with it.

The study findings were similar to **Morsi**

&Ebraheem (2020), demonstrated that about two third of nurses had high level of coping strategies. Also, **Cui et al., (2021)** they revealed that more than one third of nurses had high level of coping strategies.

Concerning mean and standard deviation of coping strategies with occupational stress, the findings of this study revealed that the highest mean score was for Knowing and relating. While the lowest mean score was for systematic processing. This result might be due to nurses concentrate on self, memory, and imagination on solving problem and not use physical strategies to handle the stress

This result is in disagreement **with Qiao &Hu, (2017)** reported that systematic processing is the highest domain. Also**, Morsi &Ebraheem (2020)** reported that alert processing was the highest dimension.

As regarding to the relation between studied nurses' personal characteristics and emotional intelligence, the findings of the current study revealed that there were highly statistical significant relation between total nurses' emotional intelligence level and their age and educational qualifications. From my point of view, this may be attributed to that emotional intelligence not a mere talent, but rather learned abilities that must be developed through learning and training.

This result is consistent with **Alshammari et al., (2020)** they reported that there was significant relation between emotional intelligence and age. Also, **Wang et al., (2022)** reported that there was significant relation between emotional intelligence, age, educational qualification, and gender.

While, this result opposed with **Ahmed, Hassan, El- Sayed (2017)** they revealed that there were no statically significant relation between staff nurses emotional intelligence level with their qualification.

As regarding to the relation between studied nurses' personal characteristics and emotional intelligence, the findings of the current study revealed that there was statistical significant relation with gender. This result explained by **Bar on, (2016)** who clarified that female are more aware of emotion, demonstrated more empathy, relate better interpersonally and more socially responsible then men while men appear to have better self-regard, cope better with stress and solving problem.

The study finding was in agreement with **Tomar, (2016)** who reported that; there was statistically significant between emotional intelligence level and staff nurses' gender.

On the other side **Khandan et al., (2015)** they reported that there is no significant relationship between gender and age with emotional intelligence. Also, **Abd elmoneam, Hassan, Mostafa, (2017)** who reported that there is no relation between emotional intelligence and gender, age.

As regarding the relation between studied nurses' personal characteristics and coping strategies with occupational stress, the study result revealed that there were highly statistical significant relation between coping strategies with occupational stress and age, gender, marital status, education qualification and year of experience. On the other side, there wasn't statistical significant relation between coping strategies with occupational stress and their working units.

This result might be due to that personal perception of stress changes with age, workload, acquired occupational experience, and other coexisting problems and may be that the more stable the marriage life, this helps her to cope with stress. One of the potential explanation is that married persons face different life situations and responsibilities in their lives, teaching them how to cope with life stressors and experienced nurse may have develop their own coping strategies with stressors or may have higher stress threshold.

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This finding is consistent with **Hasan, (2017)** who reported that there was statistically significant differences were found between coping strategies and marital status and years of experience. Also**, Hussein, Mostafa, Hassan, (2022)** they reported that there was significant relation between coping strategies and gender.

Conversely, **Abu shousha, Eid & Abd Allah, (2018)** they revealed that there was no statistical significant difference between coping level and personal characteristics of nurses. Also, **McTiernan and McDonald, (2021)** inconsistent with the current study results, they revealed that there was no significant influence of demographic variables as age, gender and coping strategies.

The current study result revealed that there was a positive statistical significant relation between total levels of emotional intelligence and coping strategies levels with occupational stress. From researchers point of view this result might be due to that nurse that have high level of Emotional Intelligence that help nurses to cope with occupational stress, and they had ability to deal with own and others emotion and manage occupational stress more constructively.

This finding was in agreement with **Asturias, (2019)** who stated that the analysis showed statistically significant positive association between EI and coping strategies. Moreover, **Wang et al., (2022)** they reported that emotional intelligence is positively correlated with coping strategies.

Conclusion

Majority of studied nurses working in critical care units at Benha University hospital had high level of emotional intelligence. Also, more than half of study subjects had high level of coping strategies with occupational stress. Moreover, there was statistically significant positive correlation between total score of emotional intelligence and total score of coping strategies with occupational stress.

Recommendations

I- Recommendations for hospital administrators:

1. Hospital managers have to conduct workshops for nurses related to stress management aim at teaching nurses how to deal with work stressors and enhance nurses' abilities regarding coping strategies with stress.

2. Nursing managers have to encourage continuing education courses related to nursing, interpersonal communication skills, negative emotion management, and stress coping skills, and participate in group training projects.

3. Head nurses have to engage nurses in problem solving and keep nurses informed about decision related to their working.

Opportunities for further research:

1. Further studies are necessary to identify and clarify the specific coping strategies used by nurses, and to increase understanding regarding the relationship between the experience of stress and the effect of stress.

2. Teach intern students as professional health care provider about EI skills, meaning of hope, and how to assume an active role in asserting hope because they are in a position to either enhance or diminish it in their patient.

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العلاقة بين الذ كاء الوجدانى واستراتيجيات التكيف للضغط المهنى بين الممرضين

صفاء على محمود – محضية مرسى الشحات - زينب ابراهيم اسماعيل

الذكاء الوجدانى هو مهارة اجتماعية تتحكم في التوتر وتؤثر على قدرة الممرضين على التعامل مع المتطلبات والضغوط البيئية ويمكن أن يعزز المهارات المهنية في مقدمي الرعاية الصحية. **الهدف من الدراسة:** تقييم العلاقة بين الذكاء الوجدانى واستراتيجيات التكيف للضغط المهني بين الممرضين. **تصميم الدراسة:** تم استخدام تصميمارتباط وصفي في هذه الدراسة. **مكان البحث:** أجريت الدراسة في وحدات الرعاية الحرجة بمستشفى بنها الجامعى. **عينة البحث:** عينة ملائمة مكونة من (224) ممرضاً ممن لديهم خبرة سنة على الأقل وقت الدراسة. **ادوات جمع البيانات:** تم استخدام أداتين: 1) استبيان الذكاء الوجدانى. 2) مقياس معالجة التاقلم والتكيف. **النتائج:** كانت غالبية الممرضين المشاركين بالدراسة (92.9٪) يتمتعن بمستوى عالٍ من الذكاء الوجدانى وأكثر من نصف الممرضين (58٪) لديهن مستوى عالٍ من استراتيجيات التأقلم مع الضغط المهني. الاستنتاج: توجد علاقة ارتباط ايجابى ذات دلالة إحصائية بين المستوى الكلي للذكاء الوجدانى ومستوى استراتيجيات التكيف مع الضغوط المهنية. **وأوصت الدراسة بما يلي:** برامج التدريب والتعليم حسب الحاجة للممرضين بشكل دوري لزيادة قدراتهم في الذكاء الوجدانى واستخدام استراتيجيات التكيف بشكل عاجل لإدارة الضغط المهني.