Emotional Intelligence and Wellness Among Employees Working in the Nursing Environment

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Emotional Intelligence and Wellness Among Employees Working in the Nursing Environment

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North-West University, Potchefstroom, South Africa

This study’s sought to establish the relationship of emotional intelligence, job characteristics and wellness within the nursing environment. A random probability sample (N=511; females =96.70%; white =77.10%) was taken from hospitals in three South African provinces. Nurses (enrolled auxiliary (20.50%), enrolled staff (12.30%), registered (49.30%)), unit managers (7.60%), process managers (0.60%) and paramedics (0.20%) were included in the study. They completed the Emotional Intelligence Scale (EIS), Maslach Burnout Inventory – Human Services Survey (MBI-HSS), Utrecht Work Engagement Scale (UWES) and Work Evaluation Scale (WES). The statistical analysis on the variables was conducted by the use of the SPSS and AMOS programs. Descriptive statistics and the Cronbach alpha coefficients for each variables were computed. Structural Equation Modelling (SEM) for the variables of emotional intelligence, job characteristics and wellness were conducted. The proposed structural model shows that there are clear paths between job demands and job resources; job demands, emotional intelligence and work wellness; job resources, emotional intelligence and work wellness. The study showed a clear indication that there is a relationship between emotional intelligence, job characteristics and work wellness within a nursing environment.

Keywords: burnout, emotional intelligence, engagement, job demands, job resources, nursing environment

In the late 1990’s the nursing environment changed considerably from being target-centred to patient care-centred because of economic and social developments (LeBlanc, Bakker, Peeters, Van Heesch, & Schaufeli, 2001; Molter, 2003), which meant a closer relationship between the patient and the nurse (Begal & Severinson, 2001). This closeness also meant that there were limited opportunities for nurses to remain untouched by the patient’s life and to have more empathy towards their patients (Sveinso et al., 2006; Tyson & Pongruengphant, 2004; Visinti & Campanini, 1996). Nurses that lose sight of their role and are distressed can turn empathy for patients into over-identification with patients (Reeves, 2005; Visintini & Campanini, 1996) which may result in negative psychological health (i.e., stress, burnout). Emotional intelligence (EI) plays a huge part to prevent these negative psychological health outcomes to materialise (Bulmer-Smith, Profeteto-McGrath, & Cummings, 2009; Botma, 2010; Neff, 2003; Oginska-Bulik, 2005).

Reflection on Emotional Intelligence

In research done by Pau, Croucher, Sohanpal, Muirhead, and Seymour (2004), it was found that persons with high levels of emotional intelligence are more likely to ‘adopt reflection and appraisal, social, organisational and time-management skills’ when they are confronted with stressor situations which can keep them from developing negative psychological health. Emotional intelligence is a concept which was made popular by Goleman (1995) with the publication of his influential book Emotional Intelligence which fuelled widespread interest in psychological research (Nikolaou & Tsaousis, 2002) and more specifically in nursing research in recent years (Bulmer-Smith et al., 2009; Kooker, Shoulzt, & Codier 2007; Landa, Lopez-Zafra, Martos, & Aguilar-Luzon, 2008; Montes-Burges & Augusto, 2007). According to Smigla and Pastoria (2000), emotional intelligence can be learned and is not genetically fixed and can increase with maturity.

Influence of Emotional Intelligence and Job Characteristics on Wellness

Work stressors are found within the working conditions of the nurses, and are known as job characteristics (job demands and job resources) and are well-known as antecedents of psychological and mental health (Bakker, Demerouti, De Boer, & Schaufeli, 2003; De Lange Taris, Kompier, Houtman, & Bongers, 2004; Lambert, Lambert, & Ito., 2004). This means that job demands and job resources of nurses can help develop or break down the overall psychological and mental health of nurses. According to Demerouti, Bakker, Nachreiner, and Schaufeli (2001) job demands is ‘those physical, social, or organisational aspects of the job that require sustained physical or mental effort and are therefore associated with certain psychological (i.e., lack of energy) and psychological costs (i.e., burnout, low engagement)’ (p. 501). Job demands are usually those requirements a person has to fulfil within his/her work or the job specifications a person need to adhere to in the completion of his/her work, for instance the amount of work, intensity of the work, time restrictions for given tasks, connection with clients/patients, adapting to the organisational culture of doing things and relationships with diversified colleagues and supervisors (i.e., Demerouti et al., 2001; Rothmann, 2010). Job resources on the other hand is the physical, social or organisational factors that contribute to individuals optimal functioning in completing work tasks and management of job demands which
may diminish the experience of psychological health. Job resources are therefore those things a person needs in order to optimally complete work or be satisfied with his/her work environment/situation, namely support of family, colleagues and supervisors, financial support, flexible hours, job security, and autonomy (Demerouti et al., 2001; Rothmann, 2010).

The Job Demands-Resources (JD-R) model is the most frequently used model to predict work wellness which consists of burnout and engagement (i.e., De Braine & Roodt, 2011). The model was used in numerous studies involving health care professionals (i.e., Xanthopoulou Bakker, Demerouti, & Schaufeli, 2007), and asserts that if job demands are high, and job resources low, negative psychological outcomes like job stress or burnout might develop (Bakker, Demerouti, & Euwena, 2005; Demerouti et al., 2001). Bakker et al. (2005) specifically found that employees with job resources (i.e., social support, autonomy, good relationships with supervisor) cope better with their job demands (i.e., work overload, emotional demands, physical demands and work/life interference) which meant they had lower burnout levels than the employees that did not have those job resources available.

Within the nursing environment, stress and burnout are of the most researched negative outcomes among nurses (Bacharach, Bamberger, & Conley, 2006; Billetter-Koponen & Freden, 2005; Pinkahana & Happell, 2004). Many research studies indicate that, if stress is not dealt with over a period of time, burnout might be the final result (e.g., Gillespie & Melby, 2003; Koekemoer & Mostert, 2006). Unfortunately, the job demands that nurses come across in their line of work make them perceive their work environment more negatively and in time this can lead to burnout if it is not managed (Fletcher, 2003). On the other hand, if nurses do experience more positive things (more support from colleagues, better financial support, etc.) in regard to their work, they will be more engaged in their work. Engagement is defined as the opposite experience of burnout and their scales are negatively related (Koekemoer & Mostert, 2006; Lekutie & Nel, 2012; Schaafeli, Bakker, Hoogduin, Schaar, & Kladler, 2001). Maslach and Leiter (1997) assume that engagement is characterised by vigour, dedication and absorption, which means they consider the direct opposite of the three dimensions emotional exhaustion, mental distance and lack of professional efficacy, i.e., the three dimensions of engagement are measured by an instrument called the Utrecht Work Engagement Scale (UWES; Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002), which is widely used in wellness research (Rothmann, 2010; Schaufeli, Martinez, Marques-Pinto, Salanova, & Bakker, 2002). Vigour is characterised by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties. Dedication is characterised by a sense of significance, enthusiasm, inspiration, pride, and challenge. Absorption is characterised by being fully concentrated and deeply engrossed in one's work, whereby time passes quickly and one has difficulties with detaching from work.

Goals of the Study

From the discussion above it can be established that emotional intelligence can be a means for employees in a nursing environment to deal with the increasing changes in their work (more job demands, less job resources), to prevent burnout and to be more engaged towards their work.

From the above discussion the following research questions can be formulated:

- What is the relationship between emotional intelligence, job characteristics and wellness within a nursing environment?
- Is emotional intelligence a personal resource between job characteristics and wellness within a nursing environment?

Method

Participants and Setting

A random probability sample (N = 511) was taken from hospitals (public and private) in three provinces of South Africa, namely Gauteng, North-West and the Free State. Participants must be working in a hospital. No other inclusion criteria were set. The biographical characteristics of the participants are discussed in Table 1.

According to Table 1, the majority of the participants were female (96.70%), white (77.10%), have Afrikaans as their home language (74.20%) and were from the Pretoria region (35.80%). Almost half of the participants were registered nurses (49.30%) and possessed a Technical College Diploma, Technicon Diploma, University Degree or Postgraduate Degree (41.09%). The majority of the participants worked 40-49 hours per week (84.60%) and had permanent contracts (91.80%).

Procedure and Ethical Consideration

Permission was obtained from the hospitals before commencing with research. After permission was granted four measuring instruments and a biographical questionnaire (all within one booklet) were completed by random employees working in the selected hospitals. A letter was included in the booklet which provided details of the objective and contribution of the study. The participants were assured that all information will be handled with great confidentiality and that they may remain anonymous. The booklets were distributed and participants were given two to three weeks to complete the questionnaires. A total of 1,500 booklets were distributed to participants, and only 511 were returned or deemed appropriate for further analysis. Therefore the response rate was 34.07%.

Measuring Instruments

Four scales were used to measure emotional intelligence, job characteristics, burnout and engagement. A biographical questionnaire was included in order to describe the population.

Emotional intelligence was measured using the Emotional Intelligence Scale (Schutte et al., 1998). The 33-item scale measures optimism/mood regulation (example item; “I have control over my emotions”), appraisal of emotions (example item; “I am aware of my emotions as I experience them”), social skills (example item; “I like to share my emotions with others”) and utilisation of emotions (example item; “When my mood changes, I see new possibilities”) (Petrides & Furnham, 2000; Van der Merwe, 2005). A 5-point Likert Scale (1 = strongly disagree; 5 = strongly agree) was used. A validation study in South Africa indicated a five factor structure with alpha coefficients ranging from 0.58 to 0.85 (Van der Merwe, 2005).

Burnout was measured using the Maslach Burnout Inventory – Human Services Survey (MBI-HSS) (Maslach & Jackson, 1986). The MBI-HSS consists of 22 items which is scored on a seven-point frequency scale, ranging from 0 “never” to 6 “every day”. Three subscales can be identified, namely Emotional Exhaustion (EE) (nine items; e.g., “I feel emotionally drained from my work”), Depersonalisation (Dep) (five items; e.g., “I feel I treat some recipients as if they were impersonal objects”), and Personal Accomplishment (PA) (eight items; e.g., “I...
have accomplished many worthwhile things in this job"). Test-retest reliability ranging from three months to one year has been reported in the range of 0.50 to 0.82 (Leiter & Durup, 1996).

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Engagement was measured using the Utrecht Work Engagement Scale (UWES) (Schaufeli et al., 2002) was used to measure the levels of work engagement of the participants and consists of 17 items. The UWES includes three dimensions, namely vigour (“I am bursting with energy every day in my work”), dedication (“My job inspires me”) and absorption (“Time flies when I am at work”) and is scored on a seven-point frequency-rating scale, varying from 0 (“never”) to 6 (“every day”). The alpha coefficients for the three subscales varied between 0.80 and 0.91. Storm and Rothmann (2003) obtained the following alpha coefficients for the UWES in a sample of 2,396 members of the South African Police Service: Vigour: 0.78; Dedication: 0.89; Absorption: 0.78.

For job characteristics focus groups were first held to determine the specific demands and resources that affect the work of nurses. Within the focus groups, specific factors that hinder or help nurses in the execution of their work were identified. After the responses had been analysed, the major demands that nurses experienced could be classified as emotional demands, pressure, time related demands and nurse-specific demands. Resources were identified as autonomy and support (including support from colleagues and supervisors as well as financial support from the organisation). The items for pressure, job control and support were derived from existing questionnaires and measured on a 4-item scale ranging from 1 “almost never” to 4 “always”. The rest of the items were self-developed or adapted from the Job Characteristics Questionnaire. Items for Pressure were derived from the Job Content Questionnaire (seven items; e.g., “Do you have enough time to get the job done?”). Autonomy was measured by 7 items from the validated questionnaire on experience and evaluation of work (Van Veldhoven, Meijman, Broersen, & Fortuin, 1997) (e.g., “Can you take a short break if you feel that it is necessary?”), with higher scores denoting a higher level of autonomy. Colleague and supervisory support was measured with items addressing support from the

<table>
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<td>Process manager</td>
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Note. N=511
JCQ (e.g. "Can you count on your colleague when you come across difficulties in your work? ", "My supervisor is helpful in getting the job done"), and financial support from the self-developed items (e.g. "Does your job offer you the possibility to progress financially?"). The other demands and resources were measured using self-developed items: emotional demands (nine items; e.g. "Are you confronted in your work with things that affect you emotionally?"); time-specific demands (five items; e.g. "Do you have to work irregular hours?"); nurse-specific demands (six items; e.g. "Do you experience insults from patients or their family?"); role clarity (nine items; e.g. "Do you know exactly what patients expect of you in your work?"). All items are scaled on a 4-point scale, ranging from 1 (never) to 4 (always).

A biographical questionnaire was developed to gather information about the characteristics of the participants. Information gathered included age, gender, race, home language, education, marital status and years employed in current position.

Data Analysis

The statistical analysis was carried out with the help of the SPSS-programme and the Amos-programme (Arbuckle, 1999). The SPSS-programme (version 16) was used to carry out statistical analysis; namely exploratory factor analysis of the instruments, descriptive statistics (including Cronbach alpha coefficients), and correlation coefficients. The Amos-programme was used to conduct structural equation modelling.

Prior to principal factor extraction, principal component extraction was done to estimate the number of factors, the presence of outliers and the factorability of the correlation matrices. Descriptive statistics (means, standard deviations, skewness and kurtosis) were used to describe the data. Cronbach alpha coefficients and inter-item correlations were used to determine the internal consistency, homogeneity and unidimensionality of the measuring instruments (Clarke & Watson, 1985).

Covariance analysis or structural equation modelling (SEM) methods, as implemented by AMOS (Arbuckle, 1997), was used to construct and test the model of work wellness. Hypothesised relationships were tested empirically for goodness-of-fit with the sample data. The $\chi^2$ and several other goodness-of-fit indices summarise the degree of correspondence between the implied and observed covariance matrices. However, because the $\chi^2$ statistic equals $(N-1)F_{min}$ this value tends to be substantial when the model does not hold and the sample size is large (Byrne, 2001). Researchers addressed the $\chi^2$ limitation by developing goodness-of-fit indices that take a more pragmatic approach to the evaluation process.

A value <2 for $\chi^2$/degrees of freedom ratio (CMIN/df) (Wheaton, Muthén, Alwin, & Summers, 1977) indicates acceptable fit (Tabachnick & Fidell, 2001). The Goodness-of-Fit Index (GFI) indicates the relative amount of variance and co-variance in the sample predicted by the estimates of the population. It usually varies between 0 and 1, and a result of 0.90 or above indicates a good model fit. The Adjusted Goodness-of-Fit Index (AGFI) was a measure of the relative amount of variance accounted for by the model, corrected for the degrees of freedom in the model relative to the number of variables. Both these values were classified as absolute values, because they compare the hypothesised model with no model at all (Hu & Bentler, 1995). Although both indices vary between 0 and 1, the distribution of the AGFI is unknown, and consequently no critical value can be obtained (Jöreskog & Sörbom, 1986). The Parsimony Goodness-of-Fit Index (PGFI) addresses the issue of parsimony in SEM (Mulaik et al., 1989). Although this index generally demonstrates lower levels in comparison to the other fit indices at the 0.50 level in comparison to values higher than 0.90, values > 0.80 are considered to be more appropriate (Byrne, 2001).

The Normed Fit Index (NFI) was used to measure global model fit. The NFI represents the point at which the model being evaluated falls on a scale running from a null model to perfect fit. This index was normed to fall on a 0 to 1 continuum and tends to overestimate fit in smaller samples. The Comparative Fit Index (CFI) also compared the hypothesised and independent models, but took sample size into account. The Tucker-Lewis Index (TLI) was a relative measure of covariation explained by the hypothesised model, which had been specifically designed for the assessment of factor models (Tucker & Lewis, 1973). Critical values for good model fit had been recommended for the NFI, CFI and TLI to be acceptable above the 0.90 level (Bentler, 1992), although recently Hu and Bentler (1999) recommended a cut-off value of 0.95. The Root Mean Square Error of Approximation (RMSEA) estimated the overall amount of error; it was a function of the fitting function value relative to the degrees of freedom (Brown & Cudeck, 1993). Hu and Bentler (1999) suggested a value of 0.06 to indicate acceptable fit, whereas MacCallum, Browne and Sugawara (1996) recently suggested that values between 0.08 and 1.0 indicate mediocre fit and values above 1.0 poor fit.

Results

Results of this research will be reported in this section.

Descriptive Statistics

Table 2 indicate that only the scores on the MBI-HSS are distributed normally. As can be seen from Table 2, positive emotions and own emotions (EIS dimensions), job security (WES dimension), and absorption (dimension from UWES) were outside the guideline of 1 and -1. The Cronbach alpha coefficients of all the measuring instruments are considered to be acceptable compared to the guidelines of $a > 0.70$ (Nunnally & Bernstein, 1994) except for the alpha coefficients of the following scales: negative emotions, other’s emotions, and absorption, which are below the accepted 0.70 guideline. Negative emotions was excluded from any further analysis, except for other’s emotions ($\alpha = 0.67$) and absorption ($\alpha = 0.69$) since Black and Porter (1996) declared that an alpha coefficient of 0.60 and higher is considered adequate when making conclusions.

Structural Model of Emotional Intelligence, Job Characteristics and Work Wellness

A model based on the work wellness model, as well as consensus of findings based on a review of the literature on emotional intelligence, job characteristics and work wellness with specific bearing on the nursing environment was tested with SEM analysis. Results indicated that the model did not fit the data adequately. Inspection of the modification indices (MI) revealed that the fit between the model and the data could be further improved if correlation was allowed between the measurement errors of emotional intelligence and errors of job characteristics. This means that the fit of the proposed model can be improved if the measurement errors of the EIS between E1 (own emotions) and E5 (emotional management) (MI = 10.09), and of the WES between JD5 (overtime) and JD2 (work environment) (MI = 21.44), JD3 (emotional labour) and JD2 (work environment) (MI = 10.07), JD2 (work environment) and
EMOTIONAL INTELLIGENCE AND WELLNESS OF EMPLOYEES IN A NURSING ENVIRONMENT

Table 2

Descriptive Statistics, Alpha Coefficients of the EQS, WES, MBI-HSS and UWES

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<th>SD</th>
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<td>0.85</td>
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<tr>
<td>Own Emotions</td>
<td>40.99</td>
<td>7.36</td>
<td>-1.15</td>
<td>2.44</td>
<td>0.82</td>
</tr>
<tr>
<td>Negative Emotions</td>
<td>7.51</td>
<td>3.80</td>
<td>0.13</td>
<td>-0.62</td>
<td>0.58</td>
</tr>
<tr>
<td>Emotions: Other</td>
<td>17.18</td>
<td>3.41</td>
<td>-0.39</td>
<td>0.15</td>
<td>0.67</td>
</tr>
<tr>
<td>Emotional Management</td>
<td>29.74</td>
<td>6.05</td>
<td>-0.52</td>
<td>0.39</td>
<td>0.79</td>
</tr>
<tr>
<td><strong>Work Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workload</td>
<td>29.35</td>
<td>5.17</td>
<td>0.16</td>
<td>-0.28</td>
<td>0.76</td>
</tr>
<tr>
<td>Task Freedom</td>
<td>20.34</td>
<td>4.83</td>
<td>0.16</td>
<td>-0.39</td>
<td>0.82</td>
</tr>
<tr>
<td>Payment</td>
<td>19.21</td>
<td>4.60</td>
<td>-0.31</td>
<td>-0.23</td>
<td>0.81</td>
</tr>
<tr>
<td>Job Security</td>
<td>8.35</td>
<td>3.20</td>
<td>0.51</td>
<td>-1.01</td>
<td>0.79</td>
</tr>
<tr>
<td>Emotional Labour</td>
<td>21.26</td>
<td>5.01</td>
<td>0.26</td>
<td>-0.05</td>
<td>0.84</td>
</tr>
<tr>
<td>Overtime</td>
<td>10.79</td>
<td>3.58</td>
<td>0.54</td>
<td>-0.14</td>
<td>0.78</td>
</tr>
<tr>
<td>Staff Support</td>
<td>18.92</td>
<td>5.67</td>
<td>0.49</td>
<td>0.30</td>
<td>0.86</td>
</tr>
<tr>
<td>Work Environment</td>
<td>22.30</td>
<td>4.62</td>
<td>0.13</td>
<td>0.09</td>
<td>0.75</td>
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<td>Communication Demands</td>
<td>11.23</td>
<td>2.66</td>
<td>0.59</td>
<td>0.78</td>
<td>0.71</td>
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<tr>
<td><strong>MBI-HSS</strong></td>
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<td></td>
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<tr>
<td>Emotional Exhaustion</td>
<td>15.24</td>
<td>7.21</td>
<td>0.04</td>
<td>-0.69</td>
<td>0.86</td>
</tr>
<tr>
<td>Mental Distance</td>
<td>13.59</td>
<td>9.26</td>
<td>-0.89</td>
<td>0.28</td>
<td>0.81</td>
</tr>
<tr>
<td><strong>UWES</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absorption</td>
<td>17.26</td>
<td>3.52</td>
<td>-0.31</td>
<td>3.70</td>
<td>0.69</td>
</tr>
<tr>
<td>Vigour/Dedication</td>
<td>48.29</td>
<td>11.24</td>
<td>-0.52</td>
<td>0.11</td>
<td>0.80</td>
</tr>
</tbody>
</table>

Note. N=511

JR1 (task freedom) (MI = 14.41), and between JD2 (work environment) and JD6 (workload) (MI = 15.97) are allowed to correlate. The modification indices of the default model indicating a good fit were $\chi^2 = 322.48$, GFI = 0.93, CFI = 0.91, IFI = 0.91, TLI = 0.89, and GFI = 0.93. The final model is given in Figure 1.

As can be seen in Figure 1, Emotional Intelligence comprises of own emotions; positive emotions; emotional management; and other’s emotions. Work Wellness consists of Burnout (emotional exhaustion and mental distance) and Engagement (vigour/dedication and absorption). Job Characteristics consists of Job Demands (overtime; workload, work environment; communication demands; and emotional labour) and Job Resources (payment, job security, task freedom and staff support).

The path from Job Demands towards Emotional Intelligence and Emotional Intelligence towards Work Wellness is significant, which means that if a person is not Emotionally Intelligent, they will not be able to cope with their Job Demands and will be more prone to develop Burnout and Low engagement, which will ultimately affect Work Wellness. The same path can be seen from Job Resources to Emotional Intelligence and from Emotional Intelligence to Work Wellness. The more Emotionally Intelligent people are, the more will they use their Job Resources to cope with Job Demands, which will ultimately lead to better Work Wellness. The path coefficient between Job Demands and Job Resources is also significant, which leads to the assumption the more the Job Demands are, the more Job Resources are needed to cope with it.

**Discussion**

The aim of this study was to establish if a wellness model with emotional intelligence, job characteristics and wellness will be significant within the nursing environment. The significance of the path from job demands to emotional intelligence and emotional intelligence to work wellness, is that if employees in a nursing environment are unable to understand or manage their or others’ emotions, they will not be able to cope with their various job demands. Employees will then be more prone to emotional exhaustion and mental distance, and lower vigour and dedication. Rodriguez (2004) however, states that employees with emotional intelligence will be able to manage their job demands better, and therefore burnout can be prevented. Meier, Back, and Morrison (2001) further state that lower engagement, burnout and dissatisfaction with work are consequences of unexamined emotions, so therefore, emotional intelligence can be vital for employees to be better engaged to their work. In past studies, it was evident that engaged employees have a sense of energetic and effective connection with their work activities and they see themselves as able to deal with the demands of the job completely (Schaufeli, Salanova et al., 2001).

What is evident is that the same path can be seen from job resources to emotional intelligence and from emotional intellige-
gence to work wellness. Employees that are able to understand and manage their own and others’ emotions, will be more capable to use their job resources. This will ultimately lead towards achieving work wellness (lower burnout and higher engagement). These results are similar to what was found by Altun (2002) who found people with emotional intelligence are more prone to use their job resources effectively which ultimately lead to lower levels of exhaustion and cynicism, and higher levels of energy and enthusiasm.

The coefficient between job demands and job resources is also significant. It can be assumed that increased workload, emotional demanding work, working hours, communication demands and work environment difficulties, the more support and rewards must be implemented. If an employee feels that the work he/she is doing is not worthwhile, he/she may be unable to handle work pressures adequately, which may in the end lead to burnout, and lower engagement.

Implications for Practise and Recommendations for Future Research

Employees working in a nursing environment play a vital role in the caring of the patients worldwide. It will be difficult for patients to recover from their illnesses without these employees to take care of them. Emotional intelligence interventions directed towards the increase of emotional well-being must also be recommended to hospitals. This intervention must help employees in developing an understanding of their own and other’s emotions and the skills to manage it, and learning how to develop and use emotional skills to manage stress levels as well as coping with emotional demands. Emotional support can be
given by using the services of psychologist in hospitals and clin-
ics where employees can talk and offload some of the stress
and strain associated with their line of work. Work overload is an
important factor that needs attention because it can result in exa-
hustion. The job demands and job resources must therefore
be reconsidered in order to ensure that burnout and low en-
gagement can be excluded.

The nursing profession is an important and vital link to soci-
ety and to ensure the well-being of employees in a nursing envi-
ronment, future research must focus more on the determinants
that cause burnout. Generating results of emotional intelligence,
job characteristics, burnout and engagement among employees in a nursing environment to other occupations can be done if a longitude study is conducted and all levels of em-
ployees are part of the research. A larger sample can be used to
eable generalisation of the findings in similar groups. The com-
plicated intensity and relationship between the variables can be re-
searched.

Limitations of the Study

This study also has some limitations that must be consid-
ered. With the use of the cross-sectional design causal infer-
ces could not be drawn, so the causal relationships between the variables were interpreted rather than established. It made it
difficult to examine the more complex relationships between the variables. A further limitation of the cross-sectional design was the short period needed to gather information. The study was
also conducted on employees in a nursing environment and the results obtained can therefore not be generated to the whole
public or other health professions (i.e., medical doctors, physio-
therapists, psychologists, etc.). Another hazard is that the ques-
tionnaires were only in English so the language gap could also
have influenced the results.

Conclusion

In conclusion it is evident that if employees in a nursing envi-
ronment do not use their job resources, they will not be able to
cope with their job demands constructively, which may in the
lead to burnout and lower engagement. Results obtained from Bakker, Demerouti and Verbeke (2004) show that there is a
positive correlation between burnout and lower engagement.
However, it can also be concluded that employees with emo-
tional intelligence are more capable of understanding and man-
aging their own and other’s emotions, which may make dealing
with the complex nursing environment easier (high job de-
mands, low job resources) and being more engaged and less burnout. The more engaged and less burnout workers are, the more involved and effective they are in conducting their daily re-
sponsibilities, and the better they can handle their job demands
and use their job resources.

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nursing burnout among nursing staff in accident and emerg-


**Author Notes**

JAN collected the data, conducted the data analysis and wrote the final manuscript draft. CSJ supervised the study, and conducted the data analysis, and provided insight into the article. TR provided professional insight regarding the nursing environment, and made comments to the final draft.