



Emotional Intelligence and Work-related Stress of Nurses in the People's Hospitals of Dali, the People's Republic of China ความฉลาดทางอารมณ์และความเครียดที่เกี่ยวข้องกับงานของพยาบาลในโรงพยาบาล แห่งประชาชนตัาหลี่ สาธารณรัฐประชาชนจีน

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าเทคัดย่อ

ระดับความเครียดในการทำงานที่เพิ่มสูงขึ้นสามารถส่งผลกระทบต่อปัญหาทางลบมากมายในระบบบริการ สุขภาพ ความฉลาดทางอารมณ์มีความสำคัญต่อพยาบาลในการลดความเครียดที่เกี่ยวข้องกับงาน การศึกษาครั้งนี้ เป็นการวิจัยเชิงพรรณนาแบบหาความสัมพันธ์ มีวัตถุประสงค์เพื่อศึกษาระดับความฉลาดทางอารมณ์และระดับ ความเครียดที่เกี่ยวข้องกับงานของพยาบาล และเพื่อศึกษาความสัมพันธ์ระหว่างความฉลาดทางอารมณ์และ ความเครียดที่เกี่ยวข้องกับงานของพยาบาลในโรงพยาบาลแห่งประชาชนต้าหลี่ สาธารณรัฐประชาชนจีน กลุ่มตัวอย่าง ประกอบด้วยพยาบาลจำนวน 273 ราย ที่ปฏิบัติงานในโรงพยาบาลแห่งประชาชน 2 แห่ง เครื่องมือที่ใช้เก็บข้อมูล คือ แบบสอบถาม ซึ่งได้แก่ แบบบันทึกข้อมูลส่วนบุคคล แบบวัดความฉลาดทางอารมณ์ของหว่องและลอว์ (Wong and Law Emotional Intelligence Scale) และเครื่องมือวัดความเครียดจากการทำงานแบบมาตรฐานของสถาบัน สุขภาพและความปลอดภัย (HSE Management Standards Work-related Stress Indicator Tool) ค่าสัมประสิทธิ์ อัลฟ่าของครอนบาคของแบบวัดความฉลาดทางอารมณ์ของหว่องและลอว์เท่ากับ 0.91 และเครื่องมือวัดความเครียดจากการทำงานแบบมาตรฐานของสถาบันสุขภาพและความปลอดภัยเท่ากับ 0.80 การวิเคราะห์ข้อมูลใช้สถิติเชิง พรรณนาและสัมประสิทธิ์สหลัมพันธ์สเปียแมน

ผลการศึกษาพบว่า

- 1. ความฉลาดทางอารมณ์โดยรวมของพยาบาลอยู่ในระดับปานกลาง (ค่าเฉลี่ยเท่ากับ 4.55 และส่วนเบี่ยงเบน มาตรฐานเท่ากับ 1.44) เมื่อพิจารณาในแต่ละด้านพบว่า การประเมินอารมณ์ของตนเองอยู่ในระดับสูง ในขณะที่การ ประเมินอารมณ์ของผู้อื่น การควบคุมอารมณ์ และการใช้อารมณ์อยู่ในระดับปานกลาง
- 2. ความเครียดที่เกี่ยวข้องกับงานของพยาบาลโดยรวมอยู่ในระดับปานกลาง (ค่าเฉลี่ยเท่ากับ 3.60 และส่วน เบี่ยงเบนมาตรฐานเท่ากับ 0.45) เมื่อพิจารณาในแต่ละด้าน พบว่า 5 จาก 7 ด้านของความเครียดที่เกี่ยวข้องกับงาน ได้แก่ ความต้องการ การควบคุม การสนับสนุนเกี่ยวกับการจัดการ ความสัมพันธ์ และการเปลี่ยนแปลงอยู่ในระดับ ปานกลาง ในขณะที่ด้านการสนับสนุนจากเพื่อนและด้านบทบาทอยู่ในระดับต่ำ
 - 3. ความฉลาดทางการมณ์ของพยาบาลมีความสัมพันธ์เชิงลบในระดับต่ำกับความเครียดที่เกี่ยวข้องกับงานอย่าง

้วันที่รับบทความ 25 ตุลาคม 2559 วันที่แก้ไขบทความ 24 เมษายน 2560 วันที่ตอบรับบทความ 22 กรกฎาคม 2560

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มีนัยสำคัญทางสถิติที่ระดับ 0.01 (r = -0.13)

ผู้บริหารทางการพยาบาลสามารถใช้ผลการศึกษาครั้งนี้เป็นข้อมูลพื้นฐานในการพัฒนาและเสริมสร้างความ ฉลาดทางการมณ์ ซึ่งจะช่วยลดความเครียดที่เกี่ยวข้องกับงานของพยาบาลได้

คำสำคัญ: ความเครียดในการทำงาน ความฉลาดทางอารมณ์ พยาบาล โรงพยาบาลรัฐบาล

Abstract

An increased level of work-related stress can result in many negative problems in the healthcare system. Emotional intelligence is important for nurses to decrease their work-related stress. The purpose a of this descriptive correlation research were to explore the level of emotional intelligence and work-related stress, and to investigate the relationship between emotional intelligence and work-related stress of nurses in the People's Hospitals of Dali, the People's Republic of China. The samples included 273 nurses from two People's Hospitals. The instrument used for data collection was a questionnaire including: Demographic Data Form, Wong and Law Emotional Intelligence Scale, and HSE Management Standards Work-related Stress Indicator Tool. The Cronbach's alpha coefficient of Wong and Law Emotional Intelligence Scale was 0.91 and HSE Management Standards Work-related Stress Indicator Tool was 0.80. Data were analyzed using descriptive statistics and Spearman's rank-order correlation.

The results of this study were as follows:

- 1. The overall emotional intelligence of nurses was at a moderate level ($\mathbf{\bar{X}}$ = 4.55, SD = 1.44). Regarding each dimension, self-emotion appraisal was at a high level. Others' emotion appraisal, regulation of emotion, and the use of emotion were at moderate levels.
- 2. The overall work-related stress of nurses was at a moderate level ($\mathbf{\bar{X}}$ = 3.60, SD = 0.45). Regarding each dimension, five of the seven dimensions of work-related stress including demands, control, managerial support, relationships and change were at moderate level. The other two dimensions of peer support and role were at low levels.
- 3. There was a weak negative correlation between nurses' emotional intelligence and work-related stress (r = -0.13, p < 0.01).

Nurse administrators could use the results of this study as baseline information to develop and enhance emotional intelligence to help nurses reduce work-related stress.

Keywords: Work-related stress, Emotional Intelligence, Nurse, People's Hospital

Background and Significance

Work-related stress (WRS) is also known as occupational stress, work stress, and job stress

(Muchinsky, 2006), and it is increasingly recognized as one of the most serious occupational health hazards (Health & Safety Executive [HSE],

2009). High level of work-related stress were proved to have a crucial impact on nurses and organization (French, Lenton, Walters, & Eyles, 2000). For nurses, work-related stress is highly impacted on nurses' psychological distress, health hazards, job dissatisfaction, and peer work performance (Elkins, Cook, & Dove, 2010). An extreme case of prolonged work-related stress can turn to excessive sick leave and burnout (Maslach & Goldberg, 1998), which leads to higher nurse turnover (Jenkins & Elliot, 2004). For organization, nurse burnout and higher turnover often manifests in deterioration of the quality of nursing care, which leads to organization inefficiency (Barnett, Brennan, & Gareis, 1999). Therefore, assessment, prevention and tackling of work-related stress of nurses are widely recognized as one of the major challenge for nursing administrators to improve the quality of nursing care (Leka, Hassard, & Yanagida, 2012).

Work-related stress is defined as a harmful emotional and somatic response to stimuli which are in his/her job when the perceived pressure exceeds individual's perceived ability to cope (Palmer, Cooper, & Thomas, 2004). Based on Model of Work-related Stress of Palmer et al. (2004) proposed six hazards which are 1) demands, 2) control, 3) support including managerial support and peer support, 4) relationships, 5) role, and 6) change. HSE (2004) developed the HSE Management Standards Work-related Stress Indicator Tool with seven dimensions based on these hazards.

From literature review, there were various factors influence work-related stress. The

socio-demographic variables such as age (Landa, López-Zafra, & Martos, 2008), gender (Rauschenbach & Hertel, 2011), marital status (Marinaccio et al., 2013) and education level (Niezborala, Marquie, & Baracat, 2003), as well as the organizational variables such as job satisfaction (Flanagan & Flanagan, 2002), work empowerment (Li, Chen, & Kuo, 2008), social support (Joiner & Bartram, 2004) were found to be related to work-related stress. Furthermore, there were reports that individuals with high level of emotional intelligence experienced less stress at work (Nikolaou & Tsaousis, 2002; Landa et al., 2008). According to Salovey and Mayer (1990), emotional intelligence significantly contributes to reducing work-related stress where by a person with a high level of emotional intelligence will be better at identifying feelings of frustration and stress, then, he/she can regulate his/her emotions which will enable a more rapid recovery from psychological distress. Thus, nurses who with high emotional intelligence will be better equipped to deal with stressful events. Emotional intelligence has been defined as the ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action (Salovey & Mayer, 1990). Based on Ability Model of Emotional Intelligence, Salovey and Mayer, (1990) proposed four dimensions including 1) self-emotional appraisal; 2) others' emotional appraisal; 3) regulation of emotion; and 4) use of emotion. Wong and Law (2002) developed Wong and Law Emotional Intelligence Scale with four dimensions based on Ability Model of Emotional Intelligence of Salovey and Mayer (1990).

Yunnan province is located in the southwest of China. The nursing shortage and workload for nurses is also a big problem. At the end of 2015, the nurse to population ratio was 2.05: 1,000 which was lower than the country's standard 2.20: 1,000 (Ministry of Health of China, 2015). The turnover rate of nurse in People's Hospitals ranges from 8.3%-18% (Luo, 2011). In addition, nurses have been little involved in organizational changes in terms of hospital and department development. Nurses feel stressful and frustrated when they put forward the ideas rejected by doctors and patients. In summary, the nurses are facing some problems about emotional intelligence and work-related stress in People's Hospitals of Dali, the People's Republic of China.

There is no study was found to explore relationship between emotional intelligence and work-related stress of nurses in China. Thus, information about emotional intelligence and work-related stress as well as their relationship of nurses will not only expand knowledge about them in China but provide significant information for nurse administrators to find out the strategies to help their staff nurses to increase emotional intelligence competency and decrease work-related stress in the People's Hospitals of Dali, the Republic of China.

Objectives

The objectives of this study were to explore the emotional intelligence and work-related stress, and their relationship of nurses

in the People's Hospitals of Dali, the People's Republic of China.

Conceptual Framework

The conceptual framework of emotional Intelligence was developed by Salovey and Mayer (1990) based on Ability Model of Emotional Intelligence. Work-related stress was based on Model of Work-related Stress developed by Palmer, Cooper, and Thomas (2004). The relationship between emotional intelligence and work-related stress was tested in this study.

Methodology

A descriptive correlational research was conducted to explore the emotional intelligence and work-related stress, and their relationship of nurses in the People's Hospitals of Dali, the People's Republic of China.

Population and Sampling

The sample included 308 registered nurses who were selected from 719 nurses in two people's hospitals of Dali, the People's Republic of China. The response rate is 88.6% (273 nurses).

Research Instruments

The research instrument included three parts in Chinese language.

Part1: Demographic Data Form. It was comprised of eight questions addressing personal characteristics using multiple-choices and full-in the blank items.

Part 2: Wong and Law Emotional Intelligence Scale (Wong & Law, 2002) consists of 16 items with 7-point Likert scale measuring mean

score and 4 dimensions. The evaluation of mean score was identified by the original author of that score were from 1.00-3.00 considered as low level; from 3.01-5.00 was at a moderate level; and from 5.01-7.00 was at a high level.

Part 3: The HSE Management Standards Work-related Stress Indicator Tool (HSE, 2004) contains 35 items with a 5-point scale measuring mean score and sevens dimensions. The evaluation of mean score was identified by the original author of that score were from 3.68-5.00 considered as low level; from 2.34-3.67 was at a moderate level; and from1.00-2.33 was at a high level.

Wong and Law Emotional Intelligence Scale (WLEIS) and HSE Management Standards Work-related Stress Indicator Tool (HSE MS WRS IT) have Chinese version developed by original author. The reliabilities of the WLEIS was 0.91. The Cronbach's alpha of the HSE MS WRS IT was 0.80.

Ethical Consideration

The study was approved by the Research Ethics Review Committee in Faculty of Nursing, Chiang Mai University, Thailand. Permission to collect data was obtained from directors of two hospitals. Furthermore, all subjects were required to sign research consent form before collecting data. Moreover, this study followed the principle of voluntariness and strict confidentiality.

Data collection

After getting the permissions from directors of nursing department of hospitals, the researcher selected one coordinator from each hospital to distribute the questionnaires to the subjects. After two weeks, the researcher received 273

(88.6%) were completed for analysis of data.

Data Analysis

Data were analyzed in accordance with the purposes of the study using statistical software. Descriptive statistics was used analyze frequency, percentage, mean and standard deviations. Moreover, Spearman's rank-order correlation was applied to examine the relationship between emotional intelligence and work-related stress of nurses in People's Hospitals of Dali, the People's Republic of China.

Results

Demographic Data

The finding showed that all the samples were female with the average age of 30.37 years old, and 66.67% of the samples were between 21-30 years old. The major samples were married (63.74%) and approximately 54.58% of samples held the associate degree and 23.44% held the bachelor degree. Regarding the training program about emotional intelligence, 9.16% of samples were trained only once while 86.45% of samples never been trained.

Emotional Intelligence

Table 1 showed that the overall emotional intelligence of nurses was at a moderate level ($\mathbf{\bar{X}} = 4.55$, SD = 1.44). Regarding each dimension, self-emotion appraisal was at a high level ($\mathbf{\bar{X}} = 5.10$, SD = 1.60). Others' emotion appraisal, regulation of emotion, and use of emotion were at a moderate level ($\mathbf{\bar{X}} = 4.36$, 4.27, 4.46; SD = 1.53, 1.59, 1.56 respectively).

Table 1 Mean, Standard Deviation and the Level of Emotional Intelligence in Overall and Dimensions of the samples (n=273)

Emotional Intelligence (range = 1-7)	x	SD	Level
Self-emotional appraisal	5.10	1.60	High
Others' emotional appraisal	4.36	1.53	Moderate
Regulation of emotion in the self	4.27	1.59	Moderate
Use of emotional to facilitate performance	4.46	1.56	Moderate
Overall	4.55	1.44	Moderate

Work-related Stress

Table 2 showed that the overall work-related stress of nurses was at a moderate level ($\mathbf{\bar{X}}=3.60$, SD = 0.45). Regarding each dimension, five dimensions of demands, control, managerial support, relationships and change

were at a moderate level ($\overline{\mathbf{X}}$ = 3.00, 3.29, 3.46, 3.67, 3.64; SD = 0.94, 0.97, 0.87, 1.08, 0.89 respectively). The dimensions of peer support and role were at a low level ($\overline{\mathbf{X}}$ = 3.91, 4.30; SD = 0.83, 0.82 respectively).

Table 2 Mean, Standard Deviation, and the Level of Work-related Stress in Overall and Dimensions of the samples (n = 273)

of the samples (ii 213)			
Work-related Stress (range = 1-5)	X	SD	Level
Demands	3.00	0.94	Moderate
Control	3.29	0.97	Moderate
Managerial support	3.46	0.87	Moderate
Peer support	3.91	0.83	Low
Relationship	3.67	1.08	Moderate
Role	4.30	0.82	Low
Change	3.64	0.89	Moderate
Overall	3.60	0.45	Moderate

Relationship between Emotional Intelligence and Work-related Stress

Table 3 showed that overall emotional

intelligence and overall work-related stress of nurses were weak negatively correlated (r = -0.13, p < 0.01).

Table 3 Relationship between Emotional Intelligence and Work-related Stress of the samples (n = 273)

The relationship	Work-related stress	
Emotional intelligence	- 0.13**	

^{**} p< 0.01

Discussion

Emotional Intelligence

The results of this study indicated that emotional intelligence of nurses was at a moderate level. The finding could be explained in regard to the demographic characteristics of the samples. Among the samples, all of the nurses were female. Rauschenbach and Hertel (2011) showed that women generally have higher scores in emotional intelligence than men. In terms of age, Nikolaou and Tsaousis, (2002) stated that older individuals score higher on emotional intelligence than younger ones. However, in this research, the results showed that 66.67% of the samples were 21 to 30 years. In addition, educational level can affect people's emotional intelligence. Yuan (2007) stated that people with high educational level may have more chance to contact courses which can enhance confidence and improve the emotional intelligence. However, in this research, 54.58% of samples held associate degree, and just 23.44% of samples held bachelor degree. Furthermore, as high as 86.45% of the nurses have never attended a training program for improving emotional intelligence. As mentioned previously, emotional intelligence can be learned and improved, but nurses lack chances to participate in training programs. Therefore, this may all be reasons why nurses have a moderate level of emotional intelligence.

Work-related Stress

The results of this study showed that work-related stress of nurses was at a moderate level. The findings could be explained in regards to the demographic characteristics of the

samples. Marinaccio et al. (2013) stated that married workers of both sexes perceived higher work demands which was likely to reflect the higher burden of family responsibilities on married workers compared to unmarried ones. Among the samples, 63.74% of them were married. In terms of gender, Rauschenbanch and Hertel, (2011) found that women suffered more stress than men. In this research, all of the samples were female, so they suffered higher levels of stress. In addition, Niezborala et al. (2003) stated that low educational levels were associated with higher job stress risk in a large sample of French workers. In this study, 54.58% of samples held an associate degree, and just 23.44% of samples held a bachelor degree. Therefore, all the above may be reasons why nurses have a moderate level of emotional intelligence.

Relationship between Emotional Intelligence and Work-related Stress

The result of this study found a weak negative correlation between emotional intelligence and work-related stress of nurses (r = -0.13, p < 0.01) (Table 3). This means that nurses who reported themselves with high emotional intelligence had low work-related stress.

The result of a negative relationship between emotional intelligence and work-related stress confirms that emotional intelligence significantly contributes to reducing work-related stress whereby a person with high emotional intelligence will be better at identifying feelings of frustration and stress, then he or she can regulate his or her emotions,

which will enable a more rapid recovery from psychosocial distress (Salovey & Mayer, 1990). Moreover, nurses who have higher emotional intelligence will have higher ability in problem solving and decision making (Salovey & Mayer, 1990), which helps them to deal with difficult work and feel lower stress in their work. The result of this study revealed a significant but weak negative correlation between emotional intelligence and work-related stress (r = -0.13, p < 0.01) (Table 3). The result of this study is similar to that of Oginska-Bulik (2005) which found that emotional intelligence was negatively related to occupational stress (r = -0.23, p < 0.001). The result of this study is also supported by the study of Yamani et al. (2014) which found an inverse relationship between emotional intelligence and job stress (r = -0.235, p < 0.032). However, the result of weak relationship between emotional intelligence and work-related stress can be, because there are many factors influencing work-related stress, such as marital status (Marinaccio et al., 2013), gender (Rauschenbanch & Hertel, 2011), and educational level (Niezborala et al., 2003). Thus, the relationship of emotional intelligence and work-related stress in this study was not strong.

In conclusion, the overall emotional intelligence of nurses was at a moderate level. The overall work-related stress of nurses was at a moderate level. There was a negative correlation between emotional intelligence and work-related stress of nurses in People's Hospitals of Dali, the People's Republic of China.

Implications

The results of this study provide information about emotional intelligence and work-related stress of nurses in the People's Hospitals of Dali, the People's Republic of China. The implications of this study for nursing administrators as follow:

- 1. Nurse administrators could use the results of this study as baseline information to develop and conduct training program of emotional intelligence to enhance nurses' emotional intelligence that help nurses reduce work-related stress in the nursing organization.
- 2. Nursing administrators could use the results of this study as baseline information to provide more managerial support and encourage nurses participant in hospital's organization change, which could help nurses decrease work-related stress.

Recommendations

The recommendations for further research are as follows:

- 1. Nurses' work-related stress needs to be studied with related factors, such as age, gender, and educational level in the further research.
- 2. Conduct the study to identify if emotional intelligence can be a predicting factor of work-related stress among nurses.

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References

- Barnett, R. C., Brennan, R. T., & Gareis, K. C. (1999). A closer look at the measurement of burnout. Journal of Applied Biobehavioural Research, 4, 65-78.
- Elkins, G., Cook, T., & Dove, J. (2010). Perceived stress among nurses and administration staff related accreditation. *Clinical Nursing Research*, *19*(4), 376-386.
- Flanagan, N. A., & Flanagan, T. J. (2002). An analysis of the relationship between job satisfaction and job stress in correctional nurses. *Research in nursing & health*, *25*(4), 282-294.
- French, S., Lenton, R., Walters, V., & Eyles, J. (2000). An empirical evaluation of an expanded nursing stress scale. *Journal of Nursing Measurement*, 8(2), 161-178.
- Health and Safety Executive. (2004). *Psychosocial working conditions in Great Britain in 2004*. Retrieved from http://www.hse.gov.uk/statistics/
- Health and Safety Executive. (2009). *Stress-related and psychological disorders*. Retrieved from http://www.hse.gov.uk/statistics/causdis/stress.
- Jenkins, R., & Elliot, P. (2004). Stressors, Burnout and social support: nurses in acute mental health settings. *Journal of Advanced Nursing*, 48(6), 622-631.
- Joiner, T. A., & Bartram, T. (2004). How empowerment and social support affect Australian nurses' work stressors. *Australian Health Review*, *28*(1), 56-64.
- Landa, J. A., López-Zafra, E., & Martos, M. B. (2008). The relationship between emotional intelligence, occupational stress and health in nurses: A questionnaire survey. *International Journal of Nursing Studies, 45*(6), 888-901.
- Leka, S., Hassard, J., & Yanagida, A. (2012). Investigating the impact of psychosocial risks and occupational stress on psychiatric hospital nurses' mental well-being in Japan. *Journal of psychiatric and Menatal Health Nursing*, 19, 123-131.
- Li, I., Chen, Y. C., & Kuo, H. T. (2008). The relationship between work empowerment and work stress perceived by nurses at long term care facilities in Taipei city. *Journal of Clinical Nursing*, 17(22), 3050-3058.
- Luo, Y. F. (2011). Conflict management and burnout among nurses in university hospitals, Yunnan province, the People's Republic of China (Master's thesis, Chiangmai University).
- Marinaccio, A., Ferrante, P., Corfiati, M., Di Tecco, C., Rondinone, B. M., Bonafede, M., & Iavicoli, S. (2013). The relevance of socio-demographic and occupational variables for the assessment of work-related stress risk. *BMC Public Health, 13,* 11-57. doi:10.1186/1471-2458-13-1157.
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: new perspectives. *Applied and Preventative Psychology*, 7, 63-74.
- Ministry of Health of China. (2015). *The health care organization statistic in China* [in Chinese]. Beijing: the Ministry of Health of China.

- Muchinsky, P. (2006). Psychology applied to work. Belmont, CA: Thompson Wadsworth.
- Niezborala, M., Marquie, J. C., & Baracat, B. (2003). Job stress and occupational status in a French cohort. *Rev Epidemiol Sante Publique*, *6*, 607-616.
- Nikolaou, I., & Tsaousis, I. (2002). Emotional intelligence in the workplace: Exploring its effects on occupational stress and organizational commitment. *International Journal of Organizational Analysis*, 10(4), 327-342.
- Oginska-Bulik, N. (2005). Emotional intelligence in the workplace: Exploring its effects on occupational stress and health outcomes in human service workers. *International Journal of Occupational Medicine and Environmental Health*, 18(2), 167-175.
- Palmer, S., Cooper, C., & Thomas, K. (2004). A model of work stress to underpin the Health and Safety Executive advice for tackling work-related stress and stress risk assessments.

 Counselling at Work, Winter, 2-5.
- Rauschenbach, C., & Hertel, G. 2011). Age differences in strain and emotional reactivity to stressors in professional careers. *Stress Health*, (27), 48-60.
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *Imagination, Cognition and Personality,* 9(3), 185-211.
- Wong, C. S., & Law, K. S. (2002). The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. *Leadership Quarterly, 13,* 243-274.
- Yamani, N., Shahabi, M., & Haghani, F. (2014). The relationship between emotional intelligence and job stress in the faculty of medicine in Isfahan University of Medical Sciences.

 Journal of Advances in Medical Education and Professionalism, 2(1), 20.
- Yuan, X. (2007). The influence of "Nursing aesthetics" for emotional intelligence of bachelor degree students [in Chinese]. Shanxi: Shanxi Medical University.