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Nurse Occupational Stressor Affect their Clinical Performance and a Mediating Role of Emotional Intelligence

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Abstract

This study aimed to investigate the mediating role of emotional intelligence between the relationship of occupational stressors and clinical performance among nurses. This quantitative research was completed through correlational research design. Survey was conducted as a method of data collection with the help of questionnaires. Population was consisted of nurses from the public health sector in Punjab province, Pakistan. A sample of 864 nurses were recruited using convenience sampling technique. Three research instruments were used; Nurses' Occupational Stressor Scale (Chen et al., 2020), Six Dimension Scale of Nursing Performance (Schwirian in 1978), and Emotional Intelligence Scale (Mehta & Singh, 2013). Findings of study reveal that there was negative relationship between occupational stressor and clinical performance. Moreover, emotional intelligence was negatively correlated with occupational stressor among nurses. In addition, there was a positive correlation between emotional intelligence and clinical performance among nurses. Results depict that occupational stressor are the significant negative predictors of clinical performance. Furthermore, the relationship between occupational stressor and clinical performance was partially mediated by emotional intelligence. Findings evident that nurses who were working in emergency room showed a greater level of occupational stressor as compared to nurses of intensive care unit. Similarly, the married nurses found stressful at workplace as compared to unmarried. Additionally, the nurses who were illiterate of computer skills showed a greater level of occupational stress than who have computer skills. Meanwhile, occupational stress level was greater among the nurses who were on night shift duty as compared to day shift duty. Results suggest that nurses of intensive care unit were found emotionally intelligent and their clinical performance was better as compared to emergency room nurses. The nurses who have the computer skill perform clinically better as compared to those who did not know the computer skill. Furthermore, the findings of the study reveal that the level of emotional intelligence was reported higher among those nurses who had the computer skill. In addition, there was no significant mean score difference was found on clinical performance between unmarried and married nurses. Furthermore, nurses who were unmarried and on day shift duty showed the greater level of emotional intelligence and clinical performance as compared to married and night shift duty. Findings of the study reveal that level of education and age of nurses plays an important role to determine their occupational stressor, clinical performance and emotional intelligence. Stress management training, simulation training should be provided to nurses to enhance their clinical performance in public health sector.

Keyword: Occupational Stressors, Clinical Performance, Emotional Intelligence

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Introduction

Globally, nursing is considered the backbone of the health care industry (Bibi et al., 2022). The prevalence of occupational stress among nurses varies significantly around the world. Nurses are crucial within the healthcare system as they are responsible for delivering high-quality treatment to patients and are recognized for their essential contribution to health organizations. Nursing is often considered a stressful occupation and can have negative effects on the mental, physical, family relationships, and quality of care given to patients. Nurses are the largest workforce in any healthcare institution and play a pivotal role. Several studies have identified the causes of occupational stress among nurses. Workload, lack of equipment in caring for patients dealing with the dying and death were identified as major causes of occupational stress among nurses (Baye et al., 2020; Islam et al., 2021). Also, Tesfaye (2018) identified role conflicts and low levels of cooperation from patients and their relatives as causes of occupational stress among nurses. Moreover, workplace violence, poor salaries, and lack of participation by nurses in decision-making were also the most common stressors identified by other researchers (Chatzigiann et al., 2018; Habte et al., 2020). Studies at the individual level have shown that occupational stress among nurses can result in psychological, behavioral, and physical reactions. According to a study by Sarafis et al. (2016), it was found that work-related stress can be associated with many physical health problems such as migraines, muscle pain, back pain, joint pain, long-term physical illnesses, hypertension, irritable bowel syndrome, duodenal ulcer, and immune and endocrine system illnesses. Excessive occupational stress has been found to reduce the quality of nursing care. For instance, if a nurse is stressed, it is difficult to give holistic nursing care to patients which may increase patient mortality rate (Baye et al., 2020). A study by Kim et al. (2023) on the experiences of nurses with occupational stress indicated that nurses experienced psychological distress and intense workload due to occupational stress and that these had a negative impact on clinical performance.

Today, one of the most challenging duties of nursing school is achieving clinical practice proficiency. Emotional intelligence correlates with nurses' clinical practice performance. This study confirmed that the emotional intelligence of nursing students had significantly affected their clinical performance (Belay & Kassie, 2021). EI refers to the one's capability to recognize and manage owns and others emotions effectively. It also involves possessing the capability for motivation, creativity, and the ability to perform at an optimal level to accomplish tasks (Belay & Kassie, 2021). Clinical performance is currently one of the most demanding responsibilities in nursing. There is a correlation between emotional intelligence and the clinical performance of nurses. A previous study (Belay & Kassie, 2021) demonstrated that nurses' emotional intelligence enhances their clinical performance. Research indicates that emotional intelligence (EI) significantly influences academic and clinical performance across various health disciplines (Gordon-Handler, 2018). In the field of nursing, emotional intelligence (EI) is regarded as one of the most important aspects of care competency, which has an impact not only on their professional work but also on their interaction with patients (Yang, 2015).

According to Joseph and Newman 2023), there is a correlation between higher emotional intelligence and the ability of nurses to be more proficient in specific abilities that can assist them in developing a trustworthy relationship with their patients. A study in Korea identified emotional intelligence as a predictor of clinical practice performance (Kim, 2016). Findings from a study by Yang (2015) indicate that emotional intelligence

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significantly predicts clinical practice performance in nursing students. This suggests that nurses' emotional intelligence plays a significant role in predicting their effectiveness in clinical practice. Therefore, there is a dire need to research this major work force of Pakistan that has been neglected. This study was planned to examine the occupational stressors that the nurses face, emotional intelligence as mediator that nurses deploy to deal with stressors. The main objective of the study was to measure the relationship between occupational stressors and nurses' clinical performance.

Objectives of the study

1. To measure the relationship between occupational stressor and clinical performance among nurses
2. To measure the relationship between occupational stressor and emotional intelligence
3. To investigate the mediating effect of emotional intelligence on the relationship between occupational stressor and clinical performance
4. To compare the mean score difference in terms of occupational stressor, clinical performance and emotional intelligence based on demographic variables; type of nurse, computer skill, marital status, shift, education, and age

Hypotheses of the Study

1. There is statistically significant relationship between occupational stressor and clinical performance
2. There is statistically significant relationship between occupational stressor and emotional intelligence
3. Emotional intelligence is a statistically significant mediator for the relationship between occupational stressor and clinical performance
4. There is statistically significant mean score difference in terms of occupational stressor, clinical performance and emotional intelligence with respect to demographic variables; type of nurse, computer skill, marital status, shift, education, and age

Research Methodology

Research Design

The current study was conducted to investigate the mediating effect of emotional intelligence between the relationship of occupational stressor and clinical performance among nurses of public health sector. This quantitative research was completed through correlational research design. Survey was conducted as a method of data collection with the help of questionnaires. The demographic variables includes; type of nurses (intensive care unit, emergency room nurse), computer skill (yes, no), marital status (single, married), duty shift (day, night), education (Matric, Bachelor, Master, M.Phil), and age (18-30, 31-43, 44-59).

Population of the Study

The population of the study was consisted of the nurses of public health sector of Punjab, Pakistan. There are 9 divisions of Punjab; Lahore, Rawal Pindi, Gujranwala, Faislabad, Sahiwal, Sargodha, Multan, Bahawalpur, and Dera Ghazi Khan. Total population was 8641 nurses in teaching hospitals, district headquarters, and tehsils headquarters.

Sampling Technique and Sample Size

Researcher used convenient sampling technique to select the participants of the study. Sample was consisted of 864 nurses who were taken from Teaching Hospitals, District Headquarters and Tehsils Headquarters of Punjab province, Pakistan. Sample was selected 10% of the total population 8641 of nurses.

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Research Instruments

Nurses' Occupational Stressor Scale

Chen et al. (2020) developed the Nurses' Occupational Stressor Scale (NOSS) to assess the degree of occupational stress encountered by nurses. The NOSS consisted of 10 subscales: work demands, workplace violence and bullying, work-family conflict, difficulty taking leave, interpersonal relationships, organisational issues, occupational hazards, insufficient support from coworkers or carers, powerlessness, and unmet basic physiological needs. The Pearson's correlation coefficients of the 10 subscales were 0.75, 0.72, 0.74, 0.75, 0.72, 0.75, 0.71, 0.76, 0.72, and 0.61. It was determined that the whole NOSS had a test-retest reliability of 0.84. There were ten different NOSS subscales, and their respective internal consistency scores were as follows: 0.88, 0.92, 0.87, 0.86, 0.35, 0.63, 0.86, 0.78, 0.06, and 0.63. The reliability of the NOSS was evaluated by test-retest testing in order to determine its level of consistency. The range of values for the 10 factors was between 0.61 and 0.76 (Chen et al., 2020). The 4-point Likert scale; 1-strongly disagree, 2-disagree, 3-agree, 4-strongly agree

Six Dimension Scale of Nursing Performance

A six-dimensional scale of nursing performance, developed by Schwirian in 1978, has 52 nurse behaviors organized into six performance subscales: planning/evaluation (7 items), leadership (5 items), professional development (10 items), teaching/collaboration (11 items), critical care (7 items), and interpersonal relations/communications (12 items). Response format was as followed; 1-not very well, 2-satisfactorily, 3-well, 4-very well.

Emotional Intelligence Scale (ESI)

The Emotional Intelligence scale, created by Mehta and Singh in 2013, was specifically designed to assess the emotional intelligence of nurses. This scale was consisted of 69 items with 6 dimensions; self-motivation, self-awareness, emotion regulation, social awareness, social skills, emotional receptivity. The emotional intelligence scale makes use of a Likert scale with five points, which are as follows: (1) extremely low competence (2), low competence (3), not sure (4), high competence(5),extremely high competence.

Data Analysis

The collected data were analyzed on SPSS. Descriptive and inferential statistics was used to analyze the data. The analysis of the demographic variables of the participants was performed through descriptive statistics. Frequency and percentage of demographic characteristics were presented. Inferential statistics was used to the test hypotheses of the study. The Pearson correlation coefficient, multiple linear regression, independent samples t- Test and ANOVA were performed to test the hypotheses of the study.

Results

Table 1.1: Relationship of Occupational Stressor, Clinical Performance and Emotional Intelligence

Variables	Mean	Std. Deviation	OS	CP	EI
Occupational Stress	125.9514	15.04023	1	-.391**	-.335**
Clinical Performance	111.9479	14.15674		1	.615**
Emotional Intelligence	150.8056	19.04582			1

Table 4.1 shows the correlation of occupational stressor, clinical performance and emotional intelligence among nurses of public sector. Findings of the study reveal that

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there was negative relationship between occupational stressor (r=-.391**) and clinical performance. In addition, there was also negative correlation between emotional intelligence and occupational stressor (r=-.335**). Furthermore, positive relationship was found between emotional intelligence and clinical performance of nurses (r=.615**).

Table 4.2: Effect of Nurse Occupational Stressor on Clinical Performance

Model	Unstandardized Coefficient B	Std. Error	Standardized Coefficients Beta	t	p-value
(Constant)	149.035	3.691		40.374	.001
WD	-.699	.199	-.155	-3.505	.001
WFC	-1.154	.162	-.247	-7.136	.001
ISCC	-1.818	.168	-.390	-10.839	.001
WVB	-.058	.198	-.010	-.294	.769
OI	1.086	.178	.213	6.116	.001
OH	-.613	.163	-.133	-3.751	.001
DTL	2.758	.318	.268	8.667	.001
P	-.348	.245	-.048	-1.423	.155
IR	.219	.160	.052	1.368	.172
UBPN	-.158	.318	-.017	-.496	.620

R^2 = .335, Adjusted R^2 =.327

Note; Work Demands (WD), Work-family Conflict (WFC), Insufficient Support from Coworkers or Caregivers (ISCC), Workplace Violence and Bullying (WVB), Organizational Issues (OI), Occupational Hazards (OH), Difficulty Taking Leave (DTL), Powerlessness (P), Interpersonal Relationships (IR), Unmet Basic Physiological Needs (UBPN).

Table 4.2 shows the effect of nurse occupational stressor (work demands, work-family conflict, insufficient support from coworkers or caregivers, workplace violence and bullying, organizational issues, occupational hazards, difficulty taking leave, powerlessness, interpersonal relationships, unmet basic physiological needs as the predictors of clinical performance among nurses. Findings of the study reveal that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational issues, occupational hazards and difficulty taking leave were found the negative predictors of clinical performance among nurses. Clinical performance of nurses was not significantly predicted by workplace violence and bullying, powerlessness, interpersonal relationships, unmet basic physiological needs.

Table 4.3 Mediating effect of Emotional Intelligence between the relationship of Nurse Occupational Stressor and Clinical Performance

Independent Variable	Direct effect	Indirect effect	Total effect	Relationship	VAF	Assessment
X on Y	-.1963	-.1720	-0.3683	OC>EI>CP	46.70%	Partial mediation

Table 4.3 describes the mediating role of emotional intelligence between the relationship of occupational stressor and clinical performance. Results of the study suggest that emotional intelligence partially mediates the relationship of occupational stressor and clinical performance among nurses.

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Table 4.4: Mean score difference of Nurse Occupational Stressor, Clinical Performance and Emotional Intelligence between the Nurse of Intensive Care Unit and Emergency Room Nurse

Variable	TP	N	M	Std.Deviation	df	t-test	p-value
Occupational Stressor	ICU	395	119.6380	16.62388	862	-12.262	.001
	ERN	468	131.2778	11.07807			
Clinical Performance	ICU	395	115.9848	17.30672	862	7.992	.001
	ERN	468	108.5192	9.58506			
Emotional Intelligence	ICU	395	154.2101	23.58027	862	4.896	.001
	ERN	468	147.9188	13.52727			

Table 4.4 describes the mean score difference of nurse occupational stressor, nurse clinical performance and emotional intelligence. Results of the study suggest that the nurses in emergency room have the greater level of occupational stress as compared to those who perform their duty in intensive care unit. The mean score of nurse occupational stressor between the nurses of emergency room (M =131.2778, SD= 11.07807) and nurses of intensive care unit (M =119.6380, SD= 16.62388, t= -12.262, p<.001). Findings of the study reveal that the level of occupational stress was assessed higher among nurse of emergency room as compared to nurses of ICU. Furthermore, results suggest that there was statistically significant mean score difference of clinical performance between the nurses of ICU and ERN. The mean score of clinical performance among nurses of ICU (M =115.9848, SD= 17.30672) and ERN (M =108.5192, SD= 9.58506, t=7.992, p<.001). The level of clinical performance was reported greater among nurses of intensive care unit as compared emergency unit nurses. The mean score of EI was reported among nurses of ICU (M =154.2101, SD=23.58027) and ERN (M =147.9188, SD=13.52727, t=4.896, p<.001). Results suggest that there was significant mean score difference of emotional intelligence between nurses of ICU and ERN. Nurses of intensive care unit were more emotionally intelligent as compared to emergency room nurses.

Table 4.5: Mean score difference of Occupational Stressor, Clinical Performance and Emotional Intelligence among nurses with respect their Computer Skill

Variable	CS	N	M	Std.Deviation	df	t-test	p-value
Occupational Stressor	Yes	360	117.7306	15.65104	862	-15.304	. 001
	No	504	131.8234	11.41755			
Clinical Performance	Yes	360	116.0611	16.78860	862	7.442	.001
	No	504	109.0099	11.04203			
Emotional Intelligence	Yes	360	153.2417	23.38261	862	3.194	.001
	No	504	149.0655	14.99522			

Table 4.5 describes the mean score difference of nurse occupational stressor, nurse clinical performance and emotional intelligence. Results of the study suggest that the nurses who have the computer skill showed the lower level of occupational stress as compared to those who have no computer skill. The mean score of nurse occupational stressor between the nurses of having computer skill (M =117.7306, SD=15.65104) and nurses without computer skill (M=131.8234, SD =11.41755, t=-15.304, p<.001). Results depict that computer skill decreases the level of occupational stress among the nurses of public health sector. In addition there was significant mean score difference on clinical performance between the

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nurses with computer skill and nurses without knowing about computer. The mean score difference of clinical performance of nurses having computer skills (M=116.0611, SD=16.78860) and nurses without computer knowledge (M= 109.0099, SD= 11.04203, t=7.442, p<.001. The nurses who have the computer skill perform clinically better as compared to those who did not know the computer skill. Furthermore, the findings of the study reveal that the level of emotional intelligence was reported higher among those nurses who had the computer skill as compared to those who had not the computer skill. The mean value of nurses having computer knowledge or skill to use in their profession (M =153.2417, SD= 23.38261) and nurses without computer skill (M=149.0655, SD =14.99522, t=3.194, p<.001). Results show the statistically significant mean score difference of emotional intelligence among the nurses of having computer skill or not having computer knowledge.

Table 4.6: Mean score difference of Nurse Occupational Stressor, Clinical Performance and Emotional Intelligence among nurses with respect their Marital Status

Variable	MS	N	M	Std.Deviation	df	t-test	p-value
Occupational Stressor	Single	398	121.0151	16.54076	862	-9.352	.001
	Married	466	130.1674	12.14774			
Clinical Performance	Single	398	112.5000	16.84882	862	1.059	.290
	Married	466	111.4764	11.36210			
Emotional Intelligence	Single	398	154.1432	23.22743	862	4.821	.001
	Married	466	147.9549	13.96155			

Table 4.6 shows level of occupational stressor ((work demands, work-family conflict, insufficient support from coworkers or caregivers, workplace violence and bullying, organizational issues, occupational hazards, difficulty taking leave, powerlessness, interpersonal relationships, unmet basic physiological needs), clinical performance and emotional intelligence between single and married nurses of public health sector. Findings of the study depict that married nurses showed the greater level of occupational stressor as compared to those nurses who were single. In addition, there was no significant mean score difference was found on clinical performance between single and married nurses. Furthermore, nurses who were unmarried showed the greater level of emotional intelligence as compared to married.

Table 4.7: Mean score difference of Nurse Occupational Stressor, Clinical Performance and Emotional Intelligence among nurses with respect nurse Shift Duty.

Variable	SD	N	M	Std.Deviation	df	t-test	p-value
Occupational Stressor	Day	472	125.0148	15.27601	862	-2.012	.045
	Night	392	127.0791	14.69159			
Clinical Performance	Day	472	112.8856	15.79808	862	2.141	.033
	Night	392	110.8189	11.80512			
Emotional Intelligence	Day	472	152.4746	21.51530	862	2.838	.005
	Night	392	148.7959	15.34927			

Table 4.7 describes the mean score difference of occupational stressor, clinical performance and emotional intelligence with respect to shift of nurses. Job related stress level was

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greater among the nurses who were on night shift duty as compared to day shift duty. Clinical performance was reported better among nurses of day shift duty than night shift duty. Similarly, nurses on day shift duty were found with greater tendency of emotional intelligence as compared to the nurses on night shift duty.

Table 4.8: Analysis of variance (one way) showing the differences of Nurse Occupational Stressor, Clinical Performance and Emotional Intelligence among nurses with respect to their education

Variables	SS	df	MS	F-test	p-value
OS Between Groups	23429.536	2	11714.768	58.714	.001
Within Groups	171788.422	861	199.522		
Total	195217.958	863			
CP Between Groups	4464.949	2	2232.474	11.408	.001
Within Groups	168491.708	861	195.693		
Total	172956.656	863			
EI Between Groups	21999.806	2	10999.903	32.541	.001
Within Groups	291047.527	861	338.034		
Total	313047.333	863			

Table 4.8 shows the mean score difference of nurse occupational stress, clinical performance and emotional intelligence with respect to the nurses' group of their education. Findings of study reveal that there was significant mean score difference of nurses' occupational stress among nurses according their level of education (Matric, Intermediate, Bachelor, Master, and M.Phil). Results depict that nurses who have matric, intermediate, bachelor, master, and M.Phil education reported the different level of their occupational stress. Moreover, there was significant mean score difference on clinical performance with respect nurses' level of education. It means the nurses who have matric, intermediate, bachelor, master, and M.Phil education have different level of their clinical performance in hospital. Similarly, nurses were examined with different mean score of emotional intelligence with respect to their education. Findings of the study reveal that level of education of nurses plays an important role to determine their occupational stress, clinical performance and emotional intelligence.

Table 4.9: Analysis of variance (one way) showing the differences of Nurse Occupational Stressor, Clinical Performance and Emotional Intelligence among nurses with respect to their age

Variables	SS	df	MS	F-test	p-value
OS Between Groups	19640.619	2	9820.310	48.175	.001
Within Groups	175577.339	861	203.923		
Total	195217.958	863			
CP Between Groups	2015.593	2	1007.797	5.076	.006
Within Groups	170941.063	861	198.538		
Total	172956.656	863			
EI Between Groups	42043.396	2	21021.698	66.788	.001
Within Groups	271003.937	861	314.755		
Total	313047.333	863			

Table 4.9 shows the significant mean score difference of nurse occupational stressor, clinical performance and emotional intelligence among the age groups (18-30, 31-43, 44-60). Results suggest that each age group of nurses has different mean score of occupational

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stress, clinical performance and emotional intelligence as compared to other age groups. Findings of the study report that age of nurses plays an important role in the level of occupational stress, clinical performance and emotional intelligence at working place. The p-values of the mean scores of the variables are less than 0.05 which indicate that there was significant difference of occupational stress, clinical performance and emotional intelligence among the age groups of nurses 18-30 years, 31-43 years, and 44-60 years.

Discussion

Globally, nursing is considered the backbone of the health care industry (Bibi et al., 2022). In all health care systems, nurses serve as the primary line of defense. Nurses are crucial within the healthcare system as they are responsible for delivering high-quality treatment to patients and are recognized for their essential contribution to health organizations. Additionally, stress not only impacts how well someone does their job, but it also has negative impacts on their physical and mental health. It is well recognized that the nursing profession is a demanding occupation that significantly impacts the standard of healthcare provision and the safety of patients. Within the nursing profession, the primary causes of stress among nurses include occupational stress, which includes workload and organizational aspects such as leadership (Arif et al., 2020). Occupational stress experienced by nurses varies greatly from one region of the world to another. The profession of nursing is frequently regarded as a stressful one, and it has the potential to have adverse consequences on the mental and physical health of nurses, as well as on the quality of care that they provide to patients. Nurses are central to any healthcare organization as the largest workforce. The factors that contribute to occupational stress among nurses have been the subject of a number of research.

Findings of the study reveal that there was negative relationship between occupational stressor (r=-.391**) and clinical performance**.** Previous study reveal that there is negative relationship between occupational stress and job performance among nurses (Bibi et al., 2022). In addition, occupational stressor were negatively correlated with the emotional intelligence of nurses at workplace**.** Previous study reveal that nurses need to possess emotional intelligence to cope with occupational stress effectively at their working place. Moreover results depict that emotional intelligence enhances the clinical performance of nurses (Tung & Rong, 2022). Several scholars have recognized emotional intelligence as a significant factor in reducing the impact of work-related stress (El-Sayed et al., 2014). Furthermore, positive relationship was found between emotional intelligence and clinical performance of nurses (r=.615**). Achieving clinical performance is currently one of the most difficult responsibility of nurses. Findings of the current study are associated with the results of previous study that evident that there was positive correlation between emotional intelligence and clinical performance of nurses (Belay & Kassie, 2021). Research suggests that emotional intelligence improves the clinical practice performance of health professionals in several health disciplines (Gordon-Handler, 2018). In the field of nursing, emotional intelligence is regarded as one of the most important aspects of care competency, which has an impact not only on their professional work but also on their interaction with patients (Yang, 2015). Previous study concluded that emotional intelligence as a crucial attribute of nurses that is strongly associated with their clinical performance (Campbell et al., 2015). Prior research has demonstrated a direct relationship between emotional intelligence and the clinical performance of nurses (Marvos & Hale, 2015). Other studies also demonstrated that there was a positive association between the

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emotional intelligence of nursing students and their performance in clinical practice (Kim, 2016). Nurses that employ emotional intelligence have increased resilience and adaptability in managing stressors within their work environment (Tih & Hamid, 2021). There exists a positive correlation between nursing students' clinical practice performance and their emotional intelligence. The results of a previous study (Belay & Kassie, 2021) demonstrated that the emotional intelligence of nursing students had positive effect on their clinical performance.

Findings of the study reveal that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational issues, occupational hazards and difficulty taking leave were found the negative predictors of clinical performance among nurses. Findings of the previous study suggest that primary factors contributing to occupational stress among nurses were identified as workload, inadequate equipment in patient care, and the challenges associated with dying and death (Baye et al., 2020; Islam et al., 2021). Moreover another study evidence that occupational stress among nurses might be attributed to role conflicts and insufficient collaboration from patients and their relatives (Tesfaye (2018). Furthermore, the most common stressors discovered by other studies were workplace violence, low pay, and a lack of engagement by nurses in decision-making (Chatzigiann et al., 2018; Habte et al., 2020). These factors were shown to be the most common sources of stress for nurses. Specifically, when a nurse experiences stress, it becomes challenging to provide comprehensive nursing care to patients, perhaps leading to an elevated patient death rate (Baye et al., 2020). The occupational stress that is prevalent all over the world is considered to be a significant health issue for health care professionals, particularly nurses. It is said to have an impact on their job satisfaction and job performance (Cerna & Pavliushchenko, 2015). According to Hoboubi et al. (2017), there are seven components that contribute to stress at work. These components are role conflict, duty, physical environment, role inadequacy, role barrier, and role overload. Nurses face a significant risk of occupational stress due to the high job demands they face. Occupational stress is a clinical burden that predicts clinical performance of nurses in negative perspective (Rafiq et al., 2022).

Results of the study suggest that emotional intelligence partially mediates the relationship of occupational stressor and clinical performance among nurses. Kim et al. (2023) conducted a study that demonstrated that emotional intelligence (EI) among nurses employed in hospitals improves their job performance and the quality of care they provided to patients. Conflict with coworkers, bosses, or the families of patients is a source of additional stress for nurses (Almalki et al., 2020). Bullying behaviors, poor cooperation, and communication breakdowns negatively impact job satisfaction and increase the likelihood of employees considering leaving their current position (Choi et al., 2022).

Results of the study suggest that the nurses in emergency room have the greater level of occupational stress as compared to those who perform their duty in intensive care unit. Findings of the study reveal that the level of occupational stress was assessed higher among nurse of emergency room as compared to nurses of ICU. Furthermore, results suggest that there was statistically significant mean score difference of clinical performance between the nurses of ICU and ERN. The level of clinical performance was reported greater among nurses of intensive care unit as compared emergency unit nurses. Results suggest that there was significant mean score difference of emotional intelligence between nurses of ICU and ERN. Nurses of intensive care unit were more emotionally intelligent as

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compared to emergency room nurses. Results of the study suggest that the nurses who have the computer skill showed the lower level of occupational stress as compared to those who have no computer skill. Results depict that computer skill decreases the level of occupational stress among the nurses of public health sector. In addition there was significant mean score difference on clinical performance between the nurses with computer skill and nurses without knowing about computer. The nurses who have the computer skill perform clinically better as compared to those who did not know the computer skill. Furthermore, the findings of the study reveal that the level of emotional intelligence was reported higher among those nurses who had the computer skill as compared to those who had not the computer skill. Results show the statistically significant mean score difference of emotional intelligence among the nurses of having computer skill or not having computer knowledge.

Table 4.6 shows level of occupational stressor ((work demands, work-family conflict, insufficient support from coworkers or caregivers, workplace violence and bullying, organizational issues, occupational hazards, difficulty taking leave, powerlessness, interpersonal relationships, unmet basic physiological needs), clinical performance and emotional intelligence between single and married nurses of public health sector. Findings of the study depict that married nurses showed the greater level of occupational stressor as compared to those nurses who were single. In addition, there was no significant mean score difference was found on clinical performance between single and married nurses. Furthermore, nurses who were unmarried showed the greater level of emotional intelligence as compared to married. Table 4.7 describes the mean score difference of occupational stressor, clinical performance and emotional intelligence with respect to shift of nurses. Job related stress level was greater among the nurses who were on night shift duty as compared to day shift duty. Clinical performance was reported better among nurses of day shift duty than night shift duty. Similarly, nurses on day shift duty were found with greater tendency of emotional intelligence as compared to the nurses on night shift duty. Table 4.8 shows the mean score difference of nurse occupational stress, clinical performance and emotional intelligence with respect to the nurses' group of their education. Findings of study reveal that there was significant mean score difference of nurses' occupational stress among nurses according their level of education (Matric, Intermediate, Bachelor, Master, and M.Phil). Results depict that nurses who have matric, intermediate, bachelor, master, and M.Phil education reported the different level of their occupational stress. Moreover, there was significant mean score difference on clinical performance with respect nurses' level of education. It means the nurses who have matric, intermediate, bachelor, master, and M.Phil education have different level of their clinical performance in hospital. Similarly, nurses were examined with different mean score of emotional intelligence with respect to their education. Findings of the study reveal that level of education of nurses plays an important role to determine their occupational stress, clinical performance and emotional intelligence. Table 4.9 shows the significant mean score difference of nurse occupational stressor, clinical performance and emotional intelligence among the age groups (18-30, 31-43, 44-60). Results suggest that each age group of nurses has different mean score of occupational stress, clinical performance and emotional intelligence as compared to other age groups. Findings of the study report that age of nurses plays an important role in the level of occupational stress, clinical performance and emotional intelligence at working place. The p-values of the mean scores

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of the variables are less than 0.05 which indicate that there was significant difference of occupational stress, clinical performance and emotional intelligence among the age groups of nurses 18-30 years, 31-43 years, and 44-60 years.

Conclusion

Findings of the study reveal that there was negative relationship between occupational stressor and clinical performance. In addition, there was also negative correlation between emotional intelligence and occupational stressor. Furthermore, positive relationship was found between emotional intelligence and clinical performance of nurses. Findings of the study reveal that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational issues, occupational hazards and difficulty taking leave were found the negative predictors of clinical performance among nurses. Clinical performance of nurses was not significantly predicted by workplace violence and bullying, powerlessness, interpersonal relationships, unmet basic physiological needs. Results of the study suggest that emotional intelligence partially mediates the relationship of occupational stressor and clinical performance among nurses. Results of the study suggest that the nurses in emergency room have the greater level of occupational stressor as compared to those who perform their duty in intensive care unit. Findings of the reveal that the level of occupational stress is higher among nurse of emergency room as compared to nurses of ICU. The level of clinical performance was reported greater among nurses of intensive care unit as compared emergency unit nurses. Results suggest that there was significant mean score difference of emotional intelligence between nurses of ICU and ERN. Nurses of intensive care unit were more emotionally intelligent as compared to emergency room nurses. Results of the study suggest that the nurses who have the computer skill showed the lower level of occupational stress as compared to those who have no computer skill. Results depict that computer skill decreases the level of occupational stress among the nurses of public health sector. In addition there was significant mean score difference on clinical performance between the nurses with computer skill and nurses without knowing about computer. The nurses who have the computer skill perform clinically better as compared to those who did not know the computer skill. Furthermore, the findings of the study reveal that the level of emotional intelligence was reported higher among those nurses who had the computer skill as compared to those who had not the computer skill. Findings of the study depict that married nurses showed the greater level of occupational stressor as compared to those nurses who were single. In addition, there was no significant mean score difference was found on clinical performance between single and married nurses. Furthermore, nurses who were unmarried showed the greater level of emotional intelligence as compared to married. Job related stress level was greater among the nurses who were on night shift duty as compared to day shift duty. Clinical performance was reported better among nurses of day shift duty than night shift duty. Similarly, nurses on day shift duty were found with greater tendency of emotional intelligence as compared to the nurses on night shift duty. Findings of the study reveal that level of education of nurses plays an important role to determine their occupational stress, clinical performance and emotional intelligence. Findings of the study report that age of nurses plays an important role in the level of occupational stress, clinical performance and emotional intelligence at working place.

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Recommendations

- Nurse should be equipped nurses with the tools necessary to effectively cope with occupational stressors by providing training in techniques for stress management, skills for building resilience, and communication strategies.
- Educational programs that focus on self-care and emotional regulation are beneficial to the well-being of nursing staff and help prevent burnout. The cultivation of supportive leadership styles that are defined by empathy, communication, and recognition of the contributions made by nurses helps to establish a healthy work environment and reduces levels of stress.
- Mindfulness-based stress reduction, cognitive-behavioral therapy, and relaxation techniques, can effectively reduce stress and enhance the psychological well-being of nurses.
- Providing access to counseling services to encounter stressful situations
- The enhancement of nurses' clinical skills and competence should be a top priority for healthcare institutions, and they should prioritize investments in ongoing education and training programs for nurses.
- Making simulation training and continuing education courses available to individuals can make it easier for them to acquire and become proficient in a particular skill.
- Management should strive to create a supportive work environment that prioritizes and values the well-being of nurses.
- Addressing challenges such as nurses' staffing shortages, developing a culture of respect and collaboration, and promoting teamwork are all factors that can contribute to enhanced clinical performance.
- The implementation of recognition and reward systems that show appreciation for the contributions and accomplishments of nurses has the potential to promote morale and motivation, which ultimately results in improved clinical performance.
- Providing nurses with opportunities for professional advancement and publicly recognizing outstanding performance can serve as an incentive for nurses to perform exceptionally.
- There is an urgent need for useful therapies that can alleviate the stress that nurses experience in their jobs and improve their overall health and well-being.
- Supportive and positive organisational cultures have the potential to alleviate stress and improve the well-being of employees.
- Enhancing the physical environment of the workplace led to a considerable reduction in stress and an increase in employee satisfaction.
- The use of evidence-based staffing recommendations and tools for workload management can assist in ensuring that nurses have to deal with workloads that are both safe and manageable.
- It is possible to equip nurses with the tools necessary to effectively cope with occupational stressors by providing training in techniques for stress management, skills for building resilience, and communication strategies.
- Educational programs that focus on self-care and emotional regulation are beneficial to the well-being of nursing staff and help prevent burnout.

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- The cultivation of supportive leadership styles that are defined by empathy, communication, and recognition of the contributions made by nurses helps to establish a healthy work environment and reduces levels of stress.
- Certain interventions, like mindfulness-based stress reduction, cognitive-behavioral therapy, and relaxation techniques, can effectively reduce stress and enhance the psychological well-being of nurses.
- Providing access to counseling services and peer support networks can also be an effective means of providing essential emotional support.
- The enhancement of nurses' clinical skills and competence should be a top priority for healthcare institutions, and they should prioritize investments in ongoing education and training programs for nurses.
- Making simulation training and continuing education courses available to individuals can make it easier for them to acquire and become proficient in a particular skill.
- Organizations should strive to create a supportive work environment that prioritizes and values the well-being of nurses.
- Addressing challenges such as nurse staffing shortages, developing a culture of respect and collaboration, and promoting teamwork are all factors that can contribute to enhanced clinical performance.
- The implementation of recognition and reward systems that show appreciation for the contributions and accomplishments of nurses has the potential to promote morale and motivation, which ultimately results in improved clinical performance.
- Providing nurses with opportunities for professional advancement and publicly recognizing outstanding performance can serve as an incentive for nurses to perform exceptionally well in their positions.

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