



EMOTIONAL INTELLIGENCE, RESILIENCE, WELLBEING AND SUBJECTIVE HAPPINESS AMONG NURSES IN UAE.

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Abstract:

Introduction

Nurses play a central role in nearly all healthcare systems and are essential for promoting health, preventing disease, and administering treatment. The nursing field has greatly advanced in the UAE, highlighting the crucial role of nurses in a country's healthcare system. The purpose of this study is to assess the emotional intelligence, resilience, wellbeing and subjective happiness among Nurses in UAE and to explore the relationship between each other. Nurses play a central role in nearly all healthcare systems and are essential for promoting health, preventing disease, and administering treatment.

Objectives

- 1.To assess emotional Intelligence, resilience, wellbeing and subjective happiness among nurses in UAE.
- 2.To determine the co-relation between emotional intelligence, resilience, wellbeing and subjective happiness among nurses.
- 3.To determine the association between emotional intelligence, resilience, wellbeing and subjective happiness with selected baseline variables of nurses in UAE.

Methods

A descriptive cross-sectional design was used for this study. The accessible population were 3680 nurses working in 16 EHS Hospitals in UAE. Data was collected through an online survey from 671 nurses based on calculated sample size, inclusion criteria, selected by simple random sampling. Emotional Intelligence, Resilience, Psychological Wellbeing and Subjective Happiness were assessed. Data were analyzed using descriptive & inferential statistics.

Results

The Mean $\pm$ SD emotional intelligence scores was 126.8 ± 14.3 , resilience score was 3.2 ± 0.4 , subjective happiness score was 19.6 ± 3.1 and Psychological Wellbeing score was 52.9 ± 18.2 . In relation to resilience 555 (82.7%) of nurses had normal resilience, 107 (15.9%) had low resilience and minimum had high resilience 9 (1.3%). There is a low positive correlation between subjective happiness and emotional intelligence (0.272) and resilience (0.355) significant at $P < 0.000$. There was a low correlation between emotional intelligence and resilience (0.196) which was significant, and a low correlation between resilience and psychological Wellbeing. The correlation matrix a maximum positive correlation with resilience and negative correlation with psychological wellbeing. There was a significance between Nationality and subjective happiness ($P < 0.021$). There was a significant association between emotional intelligence and designation ($P < 0.009$).

Conclusion

The study revealed that most nurses had good emotional intelligence, a moderate level of resilience, good psychological wellbeing and good subjective happiness. The study provides valuable insights in relation to the four variables which will directly impact quality patient care.

Index Terms - Emotional Intelligence, resilience, subjective happiness and wellbeing

I. INTRODUCTION

Nurses play a central role in nearly all healthcare systems and are essential for promoting health, preventing disease, and administering treatment. The nursing field has greatly advanced in the UAE, highlighting the crucial role of nurses in a country's healthcare system. The UAE leaders aims to enhance the attractiveness and sustainability of the nursing profession. In the healthcare sector, working nurses experienced increased perceptions of job stress, which may adversely impact their quality of life and caregiving practices [1].

Numerous people have claimed that the intelligence quotient (IQ), or traditional intelligence, is overly limited: certain individuals excel academically but struggle socially and interpersonally. It is understood that having a high IQ score does not guarantee success.

Emotional Intelligence (EI) is defined by self-awareness, self-regulation, social awareness, and managing relationships. Emotional intelligence, commonly assessed through an emotional intelligence quotient or EQ, is increasingly important for key work-related results like personal performance, organizational efficiency, and talent development, as its principles offer a fresh perspective on evaluating behaviors, management approaches, attitudes, social skills, and individuals' potential [2].

In his book *Emotional Intelligence*, psychologist and author Daniel Goleman proposed that EQ (or emotional intelligence quotient) could be more significant than IQ. Individuals with a strong level of emotional intelligence have a deep understanding of themselves and can also perceive the feelings of others effectively. They are friendly, tough, and hopeful. Interestingly, emotional intelligence is a fairly modern behavioral concept: the term gained prominence only after Goleman's publication of *Emotional Intelligence: Why It Can Matter More Than IQ* in 1995. Other authors suggest that EI accounts for roughly 80% of personal success, while IQ contributes about 20%. The degree of EI will rely on an individual's ability to treat themselves and others, which will influence their personal and professional achievements. [3].

Studies also demonstrates the impact of emotional intelligence on the life satisfaction of nurses. The findings suggest important considerations for nurses to improve the balance between their careers and personal lives. Nursing managers ought to create a supportive work atmosphere for nurses based on positive psychology, enhance their self-efficacy and resilience, and ultimately increase their life satisfaction [4].

Resilience is the capability to recover or manage effectively in the face of challenging situations. It is the capacity of a person to effectively cope with challenges, which can help nurses enhance their personal strengths through methods like: fostering supportive and caring professional relationships; staying positive; gaining emotional awareness; finding balance in life and spirituality; and, cultivating a more reflective mindset. Nurses face contemporary challenges that impact their capacity to stay resilient. Nursing administrators/managers must seek solutions not just for recruiting nurses, but also to understand how to support and retain them. [5]. Another study propose that nurses can engage in enhancing and building their personal resilience to lessen their susceptibility to workplace challenges, thereby improving the overall healthcare environment. It suggests that resilience development be included in nursing education and that professional support should be promoted through mentorship programs beyond nurses' direct work settings. [6].

According to Tchiki Davis, Ph.D. "Well-being is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and the ability to manage stress". The WHO advances a definition of well-being as a "state of complete physical, mental, and social well-being and not merely the absence of disease". Organizations need to enhance support for nurses' well-being and investigate how it relates to patient safety and quality results [7]. Paying attention to the health and well-being of employees in workplaces has been advocated in multiple occupations for numerous years. Nurses' health and well-being are affected by these stresses and demands of their work, and in turn, their well-being affects their work, including increasing the risk of medical errors and compromising patient safety and care (Melnyk et al., 2018).

Happiness is a personal experience that serves as a primary objective for individuals. Happiness can be described as a state of positive thought, mental well-being, and tranquility, which is essential and important for sustaining health and can be assessed both cognitively and emotionally [8].

Positive psychology researcher Sonja Lyubomirsky describes happiness as "the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful, and worthwhile."

Happiness can greatly affect the actions and effectiveness of employers. The level of happiness is crucial in every profession, particularly in nursing, where the therapeutic application of oneself is an essential element of the job. Nurses are operating under challenging circumstances that can significantly impact their happiness and capacity to deliver care [9].

The United Arab Emirates tackles mental health issues through three legislative acts (MOHAP, 2020). These laws focus on crucial elements of mental illness; but they do not overlook factors such as Emotional Intelligence, Resilience, Wellbeing, and Subjective Happiness. Recent findings indicate that approximately 22%-32% of the nursing workforce is actively contemplating retirement, exiting the profession, or changing their current role soon. (Smiley et al., 2021; Berlin, Lapointe, Murphy, & Wexler, 2022; Nurse.com, 2022; Smiley et al., 2023).

Many Studies related a relationship between emotional intelligence with a positive patient outcome, retention, job satisfaction, Job performance, interpersonal relationship and communication, leadership among nurses [10-14]. Furthermore, Emotional Intelligence is also linked with problem-solving skills, stress and mental health with regards to nurses, as these concepts have the potential to deteriorate practitioners. These also serve as evidence demonstrating that emotional and social intelligence is a significant factor for career advancement among employees today [15]. We are trying to find out the emotional intelligence level of our nurses and its associations with wellbeing and resilience.

According to UAE National Strategy for Nursing/Midwifery, target of Nurses/Midwives Resilience Rate in Clinical and Academia Settings by End of 2026 is 80 %. Although numerous scholars have studied resilience during the COVID-19 pandemic [16-18], research exploring its relationship with emotional intelligence, subjective happiness and wellbeing is scarce.

Well-being has been examined in various settings like home and workplace, along with particular groups including intensive care nurses (Jarden, Sandham, Siegert and Koziol-McLain, 2020b), employees and healthcare professionals (Dzau et al., 2020; Ripp, 2021), older individuals (McMahon & Fleury, 2012), perinatal populations (Allan et al., 2013), adolescents (Avedissian & Alayan, 2021) and youth (Courtwright et al., 2020). [19-25]. Furthermore, a conceptual framework centered on well-being and flourishing has been created (Huppert

& So, 2013), alongside instruments to assess nurse happiness (Ozkara San, 2015), psychological flourishing, and emotions (Diener et al., 2010). [26-28]

In her 2007 book 'The How of Happiness', psychologist Sonja Lyubomirsky outlines methods for assessing subjective happiness. This is the worldwide Subjective Happiness Scale, or SHS. Based on this Subjective Happiness Scale, the 40% formula is relevant, where 50% of your possible happiness is influenced by your genetics. The remaining 50% is split into 10% and 40%; 10% of a person's happiness is connected to their life situations, while the other 40% stems from the intentional decisions they take. For instance, self-discipline can really change everything. Lyubomirsky has additionally authored a sequel that includes 12 strategies for enhancing happiness

Psychological research has demonstrated that subjective happiness can be assessed reliably and comprises both emotional and cognitive elements. Nevertheless, the neural bases of subjective happiness are still not well understood. [8].

II. LITERATURE REVIEW

Studies related to Emotional Intelligence

A descriptive correlational study was conducted in Iran among 300 patients and 100 nurses to determine the relationship between EI and quality of nursing care from the viewpoint of nurses and patients by using tools Quality Patient Care Scale (QUALPAC) and EI test by Bradberry Greaves to determine the relationship between EI and quality of nursing care from the viewpoint of nurses and patients. The result showed that the mean (SD) score of EI among nurses was 91.17 (12.33), and the mean (SD) score of nursing care quality was 184.01 (37.41) from the viewpoint of patients and 202.22 (22.31) from the viewpoint of nurses. 202.22. There was no significant difference between the two viewpoints ($p = 0.652$). However, there was a significant correlation between the nurses' EI and quality of nursing care ($r = 1.00$, $p < 0.001$). The educational level was the strongest predictor of increase in nursing care quality from the patients' viewpoint, according to the multivariate analysis ($\beta = -0.27$, $p < 0.001$). The analysis shows EI positively affects the quality of nursing care and its dimensions. Therefore, it is recommended that nursing policymakers consider educational programs to strengthen the nurses' EI and enhance the quality of nursing care [29].

A recent cross-sectional study from Saudi Arabia aimed to investigate the relationships between emotional intelligence and nurses' work performance and work engagement. A quantitative, descriptive, correlational design was used to evaluate the relationships between the study variables. Data were gathered from 150 nurses working at Madinah Cardiac Center, Saudi Arabia by using Emotional Intelligence Scale, Job Performance Scale, and Utrecht Work Engagement Scale in addition to demographics and results showed that emotional intelligence has a total mean of 3.77 (SD = 0.598), nurses' performance 3.65 (SD = 0.503), and work engagement 4.29 (SD = 1.04). The results also showed that there is a positive and significant relationship between emotional intelligence and nurses' work performance ($R^2 = 0.657$, $p < 0.001$). Also, it was found that emotional intelligence has a positive and significant relationship with nurses' work engagement ($R^2 = 0.621$, $p < 0.001$). Nurses need to enhance their emotional intelligence skills by attending workshops. Nurse leaders also have a role in that by building a culture for nurses that is driven by applying emotional intelligence in the workplace [30].

Studies Related to Resilience

In USA, a study was performed to examine demographic and work characteristics of interdisciplinary healthcare professionals associated with higher burnout and to examine whether the four domains of moral resilience contribute to burnout over and above work and demographic variables. A Cross-sectional descriptive design was used for the study. Healthcare professionals in the eastern USA were recruited weekly via email for 3 weeks in this cross-sectional study. Online questionnaires were used to conduct the study. The STROBE checklist was used to report. They found moral resilience explained 6% ($\Delta R^2 = .06$, $p = .001$) of the variability in TI ($p < .001$) over and above the demographic and work characteristics. On average, for every additional point on the Responses to Moral Adversity subscale TI decreased 0.55 points ($\beta = -.55$, $p < .001$). The subscales Personal Integrity, Relational Integrity and Moral Efficacy were not significantly related to TI after controlling for all other variables in the model. This indicates Higher moral resilience is related to lower burnout and turnover intentions, with multiple work demographic correlates allowing for potential areas of intervention to deal with an increase in morally distressing situations occurring at the bedside. Additionally, patterns of significant and non-significant relationships between the moral resilience subscales and burnout subscales indicate that these subscales represent unique constructs [31].

A cross-sectional descriptive survey was conducted in China to measure the prevalence of compassion fatigue among Chinese clinical nurses and to examine the effects of resilience and self-efficacy on compassion fatigue in accordance with the STROBE guidelines. Participants were recruited from three tertiary hospitals in central China from October 3 to December 15, 2019, using convenience sampling. Clinical nurses ($n = 992$) from different nursing departments completed the General Information Questionnaire, Professional Quality of Life Scale, Connor-Davidson Resilience Scale, and General Perceived Self-Efficacy Scale. Descriptive statistics, t-tests, one-way analysis of variance, Pearson or Spearman's correlation analyses, and multiple linear regression models were used. Resilience and self-efficacy were significantly negatively correlated with burnout but not with secondary traumatic stress. Linear regression analysis showed that resilience, self-efficacy, exercise, and physical conditions were the main predictors of burnout. Only physical conditions and marital status significantly predicted secondary traumatic stress [32].

Studies Related to Wellbeing

A descriptive correlational study using convenience sampling was conducted among 498 nurses working in mental health roles or settings in Victoria Australia via an online cross-sectional survey. Key findings included weak to strong ($r = 0.301$ to $r = 0.750$) positive relationships between workplace resilience with psychological well-being across all stressor categories (consumer/carer; colleague; organizational role; and organizational service). Psychological well-being was moderately high, but lower for nurses indicating consumer/carer; related stressors as their most stressful challenge. There were weak to moderate ($r = 0.306$ to $r = 0.549$) positive relationships between workplace resilience and psychological well-being, and no relationship between resilience and caring behaviors. Workplace resilience was lower ($P < 0.05$) for less experienced nurses compared with those with >5 years' experience, and lower for younger nurses compared with those aged ≥ 40 years. The study concluded that to improve their resilience and prevent psychological

distress, there is prime opportunity to support nursing students with well-being and resilience-building strategies during their undergraduate education, and to support new graduates with similar programs when they enter the workforce [33].

A systematic review done in Finland to find relationships between nurse leaders' leadership styles and nurses' work-related well-being. Following Cochrane Collaboration procedures, the PRISMA statement and PRISMA checklist, relevant quantitative studies published between 1 January 2012 and 31 December 2020 were retrieved from the CINAHL, Scopus, PubMed and Medici databases and then systematically reviewed. Seventeen cross-sectional and follow-up studies with surveys were retained for inclusion and evaluated with the Critical Appraisal of a Survey instrument. The data were summarized narratively. This systematic review of quantitative studies showed that nurse leaders' leadership styles significantly affected nurses' work-related well-being. The results were consistent although the studies had been carried out in eight culturally diverse countries. The review also showed that leadership styles can influence diverse other important variables, such as nurses' job satisfaction, incivility, empowerment, turnover, early career burnout, affective commitment, psychological, detachment from work, work climate, work life and the development of trustful relationships. Organizations should concentrate on creating structurally empowering work environments trusting relationships and positive workplace environment when developing leadership styles of their leaders. When these factors are developed in the interventions together with leadership styles, we can assume that the interactivity of the factors produces positive comprehensive effects on the work-related well-being. [34].

Studies Related to Subjective happiness

A descriptive cross-sectional survey was conducted to evaluate the perception of happiness among health care providers in United Arab Emirates working in a selected hospital in Ras Al Khaimah, using convenience-sampling techniques. Data was collected using Oxford happiness questionnaire online due to the pandemic and A total of 130 health care providers with Mean $\pm$ SD of the participants' age of 36.56 ± 7.9 years with years of experience 12.40 ± 7.39 . There was no correlation between happiness score and psychological wellbeing sub scale of health care providers, there was significant relationship between happiness and some socio demographic variables, however there was association between doctors and nurses' happiness level. There was substantial link between happiness and marital status, age, gender, designation and work experience, it also revealed that happiness of health care providers was majorly "rather happy" that's important to ensure better delivery of quality of care. Important factors of human happiness are good and cordial relations with others, including family and colleagues. The research has given a beneficial thrust in order to do more research on happiness among health care providers in another setting [35].

As a cross-sectional survey was done in 2016 on hospital nurses who worked in five teaching hospitals affiliated to Kashan University of Medical Sciences, Kashan, Iran which aimed to assess happiness and its predictors among a group of Iranian hospital nurses. Among 620 recruited nurses, 422 returned their questionnaires completely filled. The mean of their happiness was 123.4 ± 18.4 in the possible score range of 29-174. The significant predictors of happiness were satisfaction with mental health, monthly salary, satisfaction with salary, quality of life, current hospital ward, the length of working in the current ward, work shift, age, job satisfaction, and satisfaction with physicians' conduct and performance. These variables explained 50.3% of the total variance of happiness. Satisfaction with mental health had the greatest proportion in explaining the variance of happiness. They concluded as nurses in teaching hospitals in Kashan, Iran, have moderate happiness. Their happiness is affected by different factors, particularly by satisfaction with their mental health. Health policy-makers and authorities, in developing workforce-related plans and programs, need to pay special attention to nurses' happiness and its contributing factors [36].

This study is to assess Emotional intelligence, Resilience, Wellbeing and Subjective happiness among nurses in, UAE.

Objectives of the study

1. To assess emotional Intelligence, resilience, wellbeing and subjective happiness among nurses in UAE.
2. To determine the co-relation between emotional intelligence, resilience, wellbeing and subjective happiness among nurses.
3. To determine the association between emotional intelligence, resilience, wellbeing and subjective happiness with selected baseline variables of nurses in UAE.

III. Research Methodology

3.1 Population and Sample

The research population are nurses working in 16 EHS Hospitals. The accessible population was 3680 nurses. The calculated sample size was 671 nurses. The Sample size calculation was based on the study Muddsar Hameed et al assessed Emotional intelligence among nurses using Schutte Self Report Emotional Intelligence Test (SSEIT) and reported the mean score is 116 ± 16.6 . Hence to study the Emotional intelligence, assuming the expected population standard deviation to be 16.6 for SSEIT and to estimate a mean with 95% confidence interval Keeping relative precision at 1% and corrected for finite population of 3680, the required minimum sample size is 648 nurses. The nurses were selected by simple random sampling using an online random number generator selected from 16 different hospitals in UAE based on inclusion criteria.

3.2 Data and Sources of Data

The tools used were the Schutte's Emotional Intelligence Questionnaire, Brief Resilience Scale, Psychological Wellbeing Scale and the Subjective Happiness Scale SHS. After approval from EHS and permission from respective hospitals, participants were identified based on the inclusion criteria. Consent was obtained. Demographic variables, Emotional Intelligence, Resilience, Wellbeing & Subjective happiness were assessed through an online Google Survey. Participations got 20-25 minutes to answer the survey. Data analysis was analyzed using the descriptive and inferential statistics

Ethical considerations Strict adherence to ethical guidelines, including obtaining informed consent from participants, ensuring their anonymity and privacy, and limitation.

IV.RESULTS AND DISCUSSION

Table 1a: Frequency and percentage distribution of Subjects from Different Hospitals in UAE

Facility	Freq (%) N=671
Al Dhaid Hospital	44 (6.6%)
Abdullah Bin Omran Hospital	17 (2.5%)
Al Amal Hospital	56 (8.3%)
Al Kuwait Hospital, Dubai	23 (3.4%)
Al Qassimi Hospital, Sharjah	92 (13.7%)
Al Qassimi Women & Children Hospital (AQWCH), Sharjah	50 (7.5%)
Dibba Hospital	31 (4.6%)
Fujairah Hospital	42 (6.3%)
Umm Al Quwain Hospital	67 (10.0%)
Ibrahim bin Hamad Obaidullah Hospital	37 (5.5%)
Kalba Hospital	35 (5.2%)
Khorfakkan Hospital	57 (8.5%)
Sharjah Kuwait Hospital	58 (8.6%)
Masafi Hospital	18 (2.7%)
Saqr Hospital	33 (4.9%)
Shaam Hospital	11 (1.6%)

Table 1 a show that majority 92 (13.7%) were from Al Qassimi Hospital, Sharjah and minority 11 (1.6%) were from Shaam Hospital.

Table 1b: Frequency and percentage distribution selected demographic variable

Demographic Factors	Freq (%) N=671
Nationality	
Middle East	120 (17.9%)
Indian/Pak (2)/SL (1)	451 (67.2%)
Filipino	60 (8.9%)
African	32 (4.8%)
Indonesian	8 (1.2%)
Gender	
Male	87 (13.0%)
Female	584 (87.0%)
Age (years)	
21-30	70 (10.4%)
31-40	327 (48.7%)
41-50	206 (30.7%)
51-60	68 (10.1%)

Marital status

Married	592 (88.2%)
Unmarried	79 (11.8%)

Area of Work

Outpatient Department (OPD)	57 (8.5%)
Inpatient Units	269 (40.1%)
Operation Theater (OT)	72 (10.7%)
Critical care Areas	195 (29.1%)
Others	78 (11.6%)

Designation

Staff Nurse	531 (79.1%)
Charge nurse	94 (14.0%)
Unit Manager	46 (6.9%)

Total years of experience

0-10	249 (37.1%)
11-20	293 (43.7%)
21-30	116 (17.3%)
31-40	13 (1.9%)

Table 1b shows that under nationality majority were from India 451(67%), under gender 584 (87%) were female and 87(13%) were male, for age distribution majority 327(48.7%) were of 31 -40 years of age and 68(10.1%) were of the 51-60 years of age, in relation to marital status 592 (88.2%) were married and 79 (11.8%) were unmarried, under area of work 269 (40.1%) were working in inpatient units, 195 (29.1%) in critical care units and 57 (8.5%) in other units. For designation 531 (79.1%) were staff nurses and 46 (6.9%) were unit managers, under years of experience 293 (43.7%) had 11-20 years of experience and 13 (1.9%) had 31-40 years of experience.

Emotional Intelligence, Resilience, Subjective Happiness and Psychological Wellbeing Score

Table 2 a: Mean and Standard Deviation of Emotional Intelligence, Resilience, Subjective Happiness and Psychological Wellbeing Score

Parameters	Mean ± SD
	N=671
Emotional Intelligence score	126.8±14.3
Resilience	3.2±0.4
Subjective Happiness score	19.6±3.1
Psychological Wellbeing Score	52.9±18.2

Table 2a reveals the Mean ± SD emotional intelligence scores was 126.8±14.3, resilience score was 3.2±0.4, subjective happiness score was 19.6±3.1 and Psychological Wellbeing score was 52.9±18.2

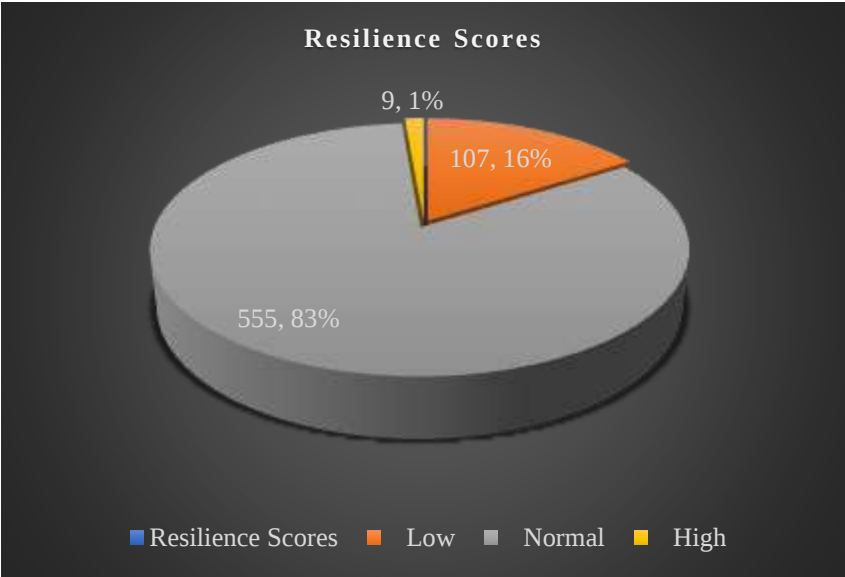


Figure 1a shows maximum number 555 (82.7%) of nurses had normal resilience, 107 (15.9%) had low resilience and minimum had high resilience 9 (1.3%).

Table 2b Mean and SD of Resilience domains

Domains	Mean ± SD
N=671	
Resilience	
Autonomy Score	7.7±3.7
Environmental Mastery	8.6±3.5
Personal Growth	7.6±3.6
Positive Relations	10.6±3.8
Purpose in Life	9.7±3.7
Self-Acceptance	8.7±3.6

Table 2b show that the Mean ± SD domains of resilience parameters reveal that autonomy score was 7.7±3.7, environmental mastery was 8.6±3.5, personal growth was 7.6±3.6, positive relations was 10.6±3.8, purpose in life was 9.7±3.7 and self-acceptance was 8.7±3.6

Correlation between Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores

Table 2 c Correlation between Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores

Variables	Subjective Happiness score	Emotional Intelligence score	Resilience score	Psychological Wellbeing score
Subjective Happiness	1.000			
Emotional Intelligence	0.272 (0.000)	1.000		
Resilience	0.355	0.196	1.000	

	(0.000)	(0.000)		
	-0.074	0.030	0.063	1.000
Psychological Wellbeing	(0.056)	(0.441)	(0.101)	

P-value is given in parenthesis

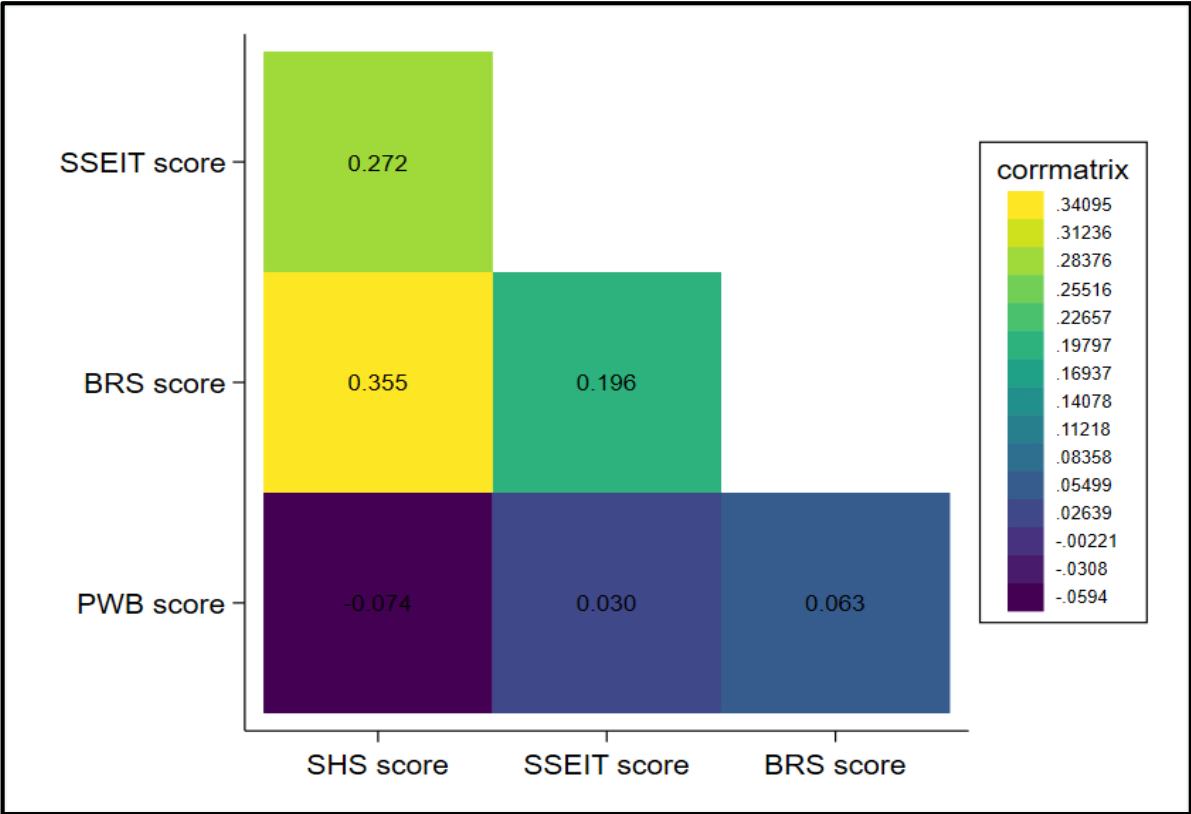


Table 2c shows that there was a low positive correlation between subjective happiness and emotional intelligence (0.272), subjective happiness and resilience (0.355) significant at $P<0.000$, and a negative correlation of subjective happiness and psychological wellbeing (0.074) which is not significant. There was a low correlation between emotional intelligence and resilience (0.196) which is significant, emotional intelligence and psychological wellbeing (0.030) which is not significant. There was a low correlation between resilience and psychological Wellbeing.

Figure 1b shows the correlation matrix a maximum positive correlation with resilience and negative correlation with psychological wellbeing.

Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with demographic variables

Table 3a - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with Nationality

Parameters	Nationality					P-value
	Middle East N=120	Indian/Pak (2)/SL (1) N=451	Filipino N=60	African N=32	Indonesian N=8	
Subjective Happiness	19.6±3.9	19.4±2.8	20.6±3.0	20.2±3.1	21.3±5.2	0.021*
Emotional Intelligence	127.7±13.7	126.4±14.8	125.9±11.0	130.0±13.7	125.9±17.0	0.60
Resilience						
Low	20 (16.7%)	80 (17.7%)	4 (6.7%)	3 (9.4%)	0 (0.0%)	0.002*
Moderate	99 (82.5%)	367 (81.4%)	55 (91.7%)	26 (81.3%)	8 (100.0%)	
High	1 (0.8%)	4 (0.9%)	1 (1.7%)	3 (9.4%)	0 (0.0%)	
Autonomy Score	8.2±3.9	7.4±3.7	8.7±2.7	8.5±4.5	8.3±2.5	0.024*
Environmental Mastery	8.9±3.9	8.5±3.5	8.5±2.4	9.3±4.2	9.8±3.5	0.52
Personal Growth	8.3±4.0	7.2±3.6	8.2±2.4	8.5±4.0	8.8±2.4	0.004*
Positive Relations	10.7±4.0	10.4±3.9	12.1±3.0	10.8±4.3	11.1±2.9	0.023*
Purpose in Life	10.0±3.7	9.5±3.7	10.2±3.2	10.2±4.8	11.5±3.0	0.27
Self-Acceptance	9.5±3.6	8.4±3.6	9.0±2.5	9.9±4.6	8.8±2.9	0.011*
PWB Score	55.5±19.8	51.4±17.9	56.7±11.7	57.3±23.6	58.1±15.3	0.028*

Table 3a shows significance between Nationality and subjective happiness ($P<0.021$) with Indonesians having the highest subjective happiness. There is also significance between resilience and nationality ($P<0.002$), majority of nurses had moderate resilience among all nationalities. There was also significance between Autonomy and nationality (0.024), personal growth and nationality ($P<0.004$), positive relations and nationality ($P<0.023$), life self-acceptance and nationality ($P<0.011$), psychological wellbeing and nationality ($P<0.028$)

Table 3b - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with Gender

Parameters	Gender		P-value
	Male N=87	Female N=584	
Subjective Happiness	19.7±3.6	19.6±3.0	0.70
Emotional Intelligence	127.2±15.3	126.7±14.1	0.78
Resilience			
Low	11 (12.6%)	96 (16.4%)	0.13
Normal	73 (83.9%)	482 (82.5%)	
High	3 (3.4%)	6 (1.0%)	
Autonomy Score	8.2±3.7	7.6±3.7	0.20

Environmental Mastery	8.9±3.7	8.6±3.5	0.39
Personal Growth	8.3±3.5	7.4±3.6	0.037*
Positive Relations	10.9±3.7	10.6±3.9	0.57
Purpose in Life	10.3±3.9	9.6±3.7	0.11
Self-Acceptance	8.8±3.6	8.7±3.6	0.80
PWB Score	55.4±19.1	52.6±18.0	0.18

Table 3b shows significant association between personal growth and gender($P<0.037$) Males had better scores

Table 3c - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with age

Parameters	Age (years)				P-value
	21-30	31 – 40	41 - 50	51 - 60	
	N=70	N=327	N=206	N=68	
Subjective Happiness	19.2±3.5	19.4±3.0	20.0±3.1	19.9±3.0	0.11
Emotional Intelligence	124.5±13.8	126.8±15.2	126.6±13.5	129.1±11.8	0.32
Resilience					
Low	10 (14.3%)	55 (16.8%)	31 (15.0%)	11 (16.2%)	0.95
Normal	60 (85.7%)	267 (81.7%)	172 (83.5%)	56 (82.4%)	
High	0 (0.0%)	5 (1.5%)	3 (1.5%)	1 (1.5%)	
Autonomy Score	8.0±3.7	7.7±3.7	7.7±3.8	7.4±3.7	0.85
Environmental Mastery	8.9±3.3	8.5±3.4	8.8±3.8	8.5±3.3	0.80
Personal Growth	7.9±3.5	7.5±3.5	7.6±3.8	7.4±3.6	0.89
Positive Relations	10.5±3.8	10.7±3.9	10.6±3.8	10.7±3.9	0.98
Purpose in Life	9.8±3.7	9.6±3.6	9.9±3.9	9.5±3.6	0.73
Self-Acceptance	9.2±3.1	8.5±3.4	9.0±3.7	8.7±4.2	0.27
PWB Score	54.2±17.6	52.5±17.8	53.5±19.1	52.2±17.8	0.84

Table 3c shows that there is no significant association between any of the variables and age

Table 3d- Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with Marital status

Parameters	Marital Status		P-value
	Married	Unmarried	
	N=592	N=79	
Subjective Happiness	19.7±3.0	19.0±3.9	0.070
Emotional Intelligence	126.8±14.5	126.2±12.5	0.69
Resilience			
Low	96 (16.2%)	11 (13.9%)	0.55
Normal	489 (82.6%)	66 (83.5%)	
High	7 (1.2%)	2 (2.5%)	
Autonomy Score	7.6±3.7	8.8±3.8	0.004*
Environmental Mastery	8.6±3.5	9.1±3.4	0.18
Personal Growth	7.4±3.5	8.6±4.0	0.006*
Positive Relations	10.6±3.9	11.1±3.6	0.25
Purpose in Life	9.6±3.7	10.6±3.6	0.023*
Self-Acceptance	8.6±3.5	9.8±3.5	0.004*
PWB Score	52.3±18.1	58.1±18.4	0.008*

Table 3d shows significant association between marital status and autonomy ($P<0.004$), personal growth ($P<0.006$), purpose in life ($P<0.023$), self-acceptance($P<0.004$) and with psychological wellbeing($P<0.008$)

Table 3e - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with area of work

Parameters	Area of Work					P-value
	Outpatient Department (OPD)	Inpatient Units	Operation Theater (OT)	Critical Areas	care Others	
	N=57	N=269	N=72	N=195	N=78	
Subjective Happiness	19.9±2.9	19.3±3.2	20.3±3.0	19.5±2.9	19.8±3.5	0.096
Emotional Intelligence	131.3±12.6	124.4±16.1	129.1±14.6	126.8±10.4	129.1±15.3	0.002*
Resilience						
Low	10 (17.5%)	46 (17.1%)	9 (12.5%)	34 (17.4%)	8 (10.3%)	0.30
Normal	46 (80.7%)	223 (82.9%)	61 (84.7%)	157 (80.5%)	68 (87.2%)	
High	1 (1.8%)	0 (0.0%)	2 (2.8%)	4 (2.1%)	2 (2.6%)	
Autonomy Score	8.6±4.8	8.0±3.5	6.1±3.4	7.7±3.6	7.6±3.6	0.001*
Environmental Mastery	9.3±4.9	8.7±3.4	8.0±3.1	8.5±3.3	8.7±3.6	0.29
Personal Growth	8.2±5.0	7.7±3.3	6.9±3.6	7.3±3.5	7.6±3.6	0.23
Positive Relations	11.6±4.8	10.5±3.7	10.2±3.8	10.9±3.8	10.1±3.8	0.12
Purpose in Life	10.9±4.6	9.8±3.5	8.8±3.5	9.6±3.7	9.6±3.7	0.032*
Self-Acceptance	9.6±4.7	8.9±3.6	8.0±3.3	8.4±3.4	8.8±3.2	0.054*

PWB Score	58.3±25.7	53.7±17.1	48.1±17.0	52.5±17.0	52.3±18.3	0.029*
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Table 3e shows significant association between emotional intelligence and area of work ($P<0.002$), autonomy ($P<0.001$), purpose in life ($P<0.032$), self-acceptance ($P<0.054$) and psychological wellbeing ($P<0.029$)

Table 3f - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with designation

Parameters	Designation			P-value
	Staff Nurse	Charge nurse	Unit Manager	
	N=531	N=94	N=46	
Subjective Happiness	19.5±3.1	20.1±2.7	20.0±3.5	0.12
Emotional Intelligence	126.0±13.6	128.4±17.8	132.2±12.1	0.009*
Resilience				
Low	87 (16.4%)	15 (16.0%)	5 (10.9%)	0.022
Normal	438 (82.5%)	79 (84.0%)	38 (82.6%)	
High	6 (1.1%)	0 (0.0%)	3 (6.5%)	
Autonomy Score	7.7±3.7	7.4±3.7	7.7±3.5	0.76
Environmental Mastery	8.7±3.5	8.1±3.4	8.4±3.3	0.25
Personal Growth	7.6±3.7	7.4±3.3	7.7±3.7	0.86
Positive Relations	10.6±3.8	10.7±3.9	10.9±3.9	0.85
Purpose in Life	9.7±3.7	9.6±3.7	10.2±3.9	0.63
Self-Acceptance	8.8±3.6	8.1±3.3	9.0±3.5	0.20
PWB Score	53.1±18.4	51.4±17.7	53.9±16.2	0.65

Table 3f shows a significant association between emotional intelligence and designation ($P<0.009$). Unit managers had better emotional intelligence

Table 3g - Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with years of experience

Parameters	Years of Experience				P-value
	0-10 N=249	11-20 N=293	21-30 N=116	31-40 N=13	
Subjective Happiness	19.3±3.0	19.8±3.0	19.9±3.4	18.9±2.3	0.13
Emotional Intelligence	125.9±14.5	126.9±15.1	127.7±11.6	132.5±10.7	0.32
Resilience					
Low	40 (16.1%)	48 (16.4%)	17 (14.7%)	2 (15.4%)	0.40
Normal	207 (83.1%)	242 (82.6%)	96 (82.8%)	10 (76.9%)	
High	2 (0.8%)	3 (1.0%)	3 (2.6%)	1 (7.7%)	
Autonomy Score	8.2±4.0	7.5±3.4	7.6±3.9	5.5±2.5	0.020*
Environmental Mastery	8.9±3.6	8.5±3.4	8.4±3.5	8.8±2.9	0.37
Personal Growth	7.8±3.8	7.4±3.4	7.6±3.8	6.2±3.2	0.30
Positive Relations	10.7±3.9	10.7±3.8	10.5±3.8	10.6±3.8	0.99
Purpose in Life	9.8±3.8	9.6±3.5	9.8±4.0	9.5±3.9	0.93
Self-Acceptance	9.0±3.6	8.5±3.4	8.6±3.7	9.8±4.7	0.24
PWB Score	54.3±19.4	52.1±17.1	52.5±18.5	50.5±14.9	0.48

Table 3g shows a significant association between autonomy and years of experience ($P<0.020$), those between 0-10 years of experience had greater resilience and autonomy

V.DISCUSSION

Description of selected Demographic Variables

Majority 92 (13.7%) were from Al Qassimi Hospital, Sharjah and minority 11 (1.6%) were from Shaam Hospital. In relation to nationality majority were from India 451(67%), under gender 584 (87%) were female and 87(13%) were male, for age distribution majority 327(48.7%) were of 31 -40 years of age and 68(10.1%) were of the 51-60 years of age, in relation to marital status 592 (88.2%) were married and 79 (11.8%) were unmarried, under area of work 269 (40.1%) were working in inpatient units, 195 (29.1%) in critical care units and 57 (8.5%) in other units. For designation 531 (79.1%) were staff nurses and 46 (6.9%) were unit managers, under years of experience 293 (43.7%) had 11-20 years of experience and 13 (1.9%) had 31-40 years of experience.

A descriptive cross-sectional survey conducted to evaluate the perception of happiness among health care in a selected hospital in Ras Al Khaimah among 130 health care providers, the Mean $\pm$ SD of the participants' age of 36.56 ± 7.9 years with years of experience 12.40 ± 7.39 . [35].

Emotional Intelligence, Resilience, Subjective Happiness and Psychological Wellbeing Score

The Mean $\pm$ SD emotional intelligence scores is 126.8 ± 14.3 , resilience score is 3.2 ± 0.4 , subjective happiness score is 19.6 ± 3.1 and Psychological Wellbeing score is 52.9 ± 18.2 . Majority of the nurses 555 (82.7%) had moderate resilience, 107 (15.9%) had low resilience and minimum had high resilience 9 (1.3%). The Mean and SD of Resilience parameters, autonomy score was 7.7 ± 3.7 , environmental mastery was 8.6 ± 3.5 , personal growth was 7.6 ± 3.6 , the positive relations is 10.6 ± 3.8 , purpose in life is 9.7 ± 3.7 and self-acceptance is 8.7 ± 3.6 .

A descriptive correlational study was conducted in Iran among 100 nurses. The result showed that the mean (SD) score of EI among nurses was 91.17 (12.33). The analysis showed that EI positively affects the quality of nursing care and its dimensions. Therefore, it is recommended that nursing policymakers consider educational programs to strengthen the nurses' EI and enhance the quality of nursing care [29]

Correlation between Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores

There is a low positive correlation between subjective happiness and emotional intelligence (0.272) and resilience (0.355) significant at $P<0.000$. and a negative correlation with Psychological Wellbeing (0.074) which is not significant. There is a low correlation between emotional intelligence and resilience (0.196) which is significant and Psychological Wellbeing (0.030) which is not significant. And a low correlation between resilience and psychological Wellbeing, The correlation matrix a maximum positive correlation with resilience and negative correlation with psychological wellbeing.

A recent cross-sectional study from Saudi Arabia aimed to investigate the relationships between emotional intelligence and nurses' work performance and work engagement. The results showed that there was a positive and significant relationship between emotional intelligence and nurses' work performance ($R^2 = 0.657$, $p < 0.001$). Nurses need to enhance their emotional intelligence skills by attending workshops. Nurse leaders also have a role in that by building a culture for nurses that is driven by applying emotional intelligence in the workplace [30].

A descriptive correlational study among 498 nurses working in mental health roles or settings in Victoria Australia revealed a weak to strong ($r = 0.301$ to $r = 0.750$) positive relationships between workplace resilience with psychological well-being across all stressor categories. Psychological well-being was moderately high, but lower for nurses indicating consumer/carer; related stressors as their most stressful challenge. There were weak to moderate ($r = 0.306$ to $r = 0.549$) positive relationships between workplace resilience and psychological well-being, and no relationship between resilience and caring behaviors. The study concluded that to improve their resilience and prevent psychological distress, there is prime opportunity to support nursing students with well-being and resilience-building strategies during their undergraduate education, and to support new graduates with similar programs when they enter the workforce [33].

A descriptive cross-sectional survey conducted in Ras Al Khaimah among 130 health care providers, there was no correlation between happiness score and psychological wellbeing sub scale of health care providers. there was significant relationship between happiness and some socio demographic variables. [35].

Association of Subjective Happiness, Emotional Intelligence, Resilience and Psychological Wellbeing scores with demographic variables

There was a significance association between Nationality and subjective happiness ($P < 0.021$) with Indonesians having the best subjective happiness, moderate resilience and nationality ($P < 0.002$), Autonomy and nationality ($P < 0.024$), personal growth and nationality ($P < 0.004$), positive relations and nationality ($P < 0.023$) and life self-acceptance and nationality ($P < 0.011$) and psychological wellbeing and nationality ($P < 0.028$). There was a significant association between personal growth and gender ($P < 0.037$) Males had better scores. There is no significant association between any of the variables and age. There was a significant association between marital status and autonomy ($P < 0.004$), personal growth ($P < 0.006$), purpose in life ($P < 0.023$), self-acceptance ($P < 0.004$) and with psychological wellbeing ($P < 0.008$). There was a significant association between emotional intelligence and area of work ($P < 0.002$), autonomy ($P < 0.001$), purpose in life ($P < 0.032$), self-acceptance ($P < 0.054$) and psychological wellbeing ($P < 0.029$). There was a significant association between emotional intelligence and designation ($P < 0.009$). Unit managers had better emotional intelligence. There was a significant association between autonomy and years of experience ($P < 0.020$), those between 0-10 years of experience had greater resilience and autonomy.

A descriptive cross-sectional survey conducted in Ras Al Khaimah among 130 health care providers, there was significant relationship between happiness and some socio demographic variables, there was substantial link between happiness and marital status, age, gender, designation and work experience. Important factors of human happiness are good and cordial relations with others, including family and colleagues. The research has given a beneficial thrust in order to do more research on happiness among health care providers in another setting [35].

VI.CONCLUSION

The study revealed that most nurses had good emotional intelligence, a moderate level of resilience, good psychological wellbeing and good subjective happiness. The study provides valuable insights in relation to the four variables which will directly impact quality patient care.

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