

CHAPTER 1

Introduction

Background and Significance of the Research Problem

The term “Stress” was introduced in psychology by Selye (1956) who considered that stress was an emotional reaction (usually negative) to various environmental stimuli. In an organizational context, it often occurs when individuals’ physical and emotional reactions do not match or cannot deal with their job demands, constraints and opportunities. Nowadays, most people suffer from stress in their work environment. These types of stress are the results of individuals not coping well with their work environment. Work environment or work itself may expose the individual to physical stress or psychological pressure. For example, in the United Kingdom [UK], 13.4 million sick days were related to stress, anxiety, and depression in 2001 with cost estimates of approximately £4 billion/year (Gray, 2000; Health and Safety Executive [HSE], 2005). Work-related stress 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, reducing workers’ satisfaction and productivity (HSE, 2009).

International concern about work-related stress has increased in the last ten years (Chartered Institute of Personnel Development [CIPD], 2008; Muchinsky, 2006). Work-related stress is one of the most common work-related health complaints among workers in the European Union [EU]. Recent findings of large European surveys are consistent with a tendency to an increasing prevalence of work-related stress risks (EU, 2012). In the UK, 40% of occupational illness resulted from work-related stress (HSE, 2013). In the United States, 78% of American adults reported that their stress level increased or stayed the same over the past five years and 69% reported that work was the main factor of stress (American Psychological Association [APA], 2014).

Palmer, Cooper, and Thomas (2004) defined work-related stress as a harmful emotional and somatic response to stimuli in his/her job when the perceived pressure exceeds the individual's perceived ability to cope. In order to support the theory and practice advocated by the UK government's health and safety division (HSE), Palmer et al. (2001) developed a simple model of work-related stress that could be used to explain the relationship between potential work-related stress hazards, individual and organizational symptoms of stress, negative outcomes, and financial costs. This model was subsequently updated and revised by Palmer et al. in 2004 following the revised HSE Management Standards (HSE, 2003). The Management Standards represented a set of psychosocial working conditions that reflected the level of health, wellbeing, and organizational performance (Mackay, Cousins, Kelly, & Lee, 2004). These working conditions were divided into six hazards: 1) *demands* refer to stressful situations that arise when employees cannot handle their job demands; 2) *control* refers to stressful situations arising when employees lose control over their pace of work; 3) *support* was divided into two sub-dimensions: including managerial support and colleague support. It refers to stressful situations due to lack of encouragement, sponsorship, and resources provided by the organization, line management, and colleagues; 4) *relationships* refers to stressful situations from the harassment and bullying of colleagues and customers; 5) *role* refers to stressful situations arise when employees cannot clearly understand their role or they have conflicting roles; 6) *change* refers to stressful situations from employees lacking opportunities to participate in workplace change.

According to the literature review, high levels of work-related stress were proved to have a crucial impact on nurses and organizations (Comber & Barriball, 2007; French, Lenton, Walters, & Eyles, 2000). For nurses, work-related stress is highly impacts on nurses' psychological distress, health hazards, job dissatisfaction, and poor 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 nurses turnover (Jenkins & Elliot, 2004). For the 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 is widely recognized

as one of the major challenges for nursing administrators to improve the quality of nursing care and organizational efficiency (Leka, Hassard, & Yanagida, 2012).

In the nursing profession, work-related stress has been studied widely in foreign countries. The level of work-related stress among nurses was assessed by the HSE Management Standards Work-related Stress Indicator Tool, which showed that nurses perceived a moderate level of work-related stress in the UK, in Iran, and in Northern Italy (Esmaeili, 2015; Gibb, Cameron, Hamilton, & Murphy, 2010; Lanfranchi, Alaimo, & Conway, 2014). However, no study has been conducted to explore the level of work-related stress among nurses using the HSE Management Standards Work-related Stress Indicator Tool in China. As China has a different society, culture, and economic institutions than the previously mentioned countries, using the HSE Management Standards Work-related Stress Indicator Tool to identify key causes of work-related stress may expand the knowledge and fill gaps regarding work-related stress in the Chinese context.

From literature review, there were various factors influencing work-related stress. 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 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 levels of emotional intelligence experienced less stress at work (Nikolaou & Tsaousis, 2002; Landa et al., 2008). Emotional intelligence significantly contributes to reducing work-related stress whereby 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 (Salovey & Mayer, 1990). Emotional intelligence is very important for nurses because nursing is a complex profession which requires nurses to contact various individuals including colleagues, clients, and families in a high-stress environment. Research studies indicate that high and low emotional intelligence has a significant differential effect on stress. Thus, nurses with high emotional intelligence will be better equipped to accurately perceive, understand,

and manage their own and other's emotions, which should result in better coping with stress (Salovey, Bedell, & Detweiller, 2000). Therefore, improving the Emotional intelligence of nurses will decrease the degree of burnout and reduce the turnover rate, so that nurses can better engage in providing high quality of nursing care.

Emotional intelligence is 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). Emotional intelligence is divided into four dimensions: 1) *self-emotional appraisal* refers to an ability of people to understand and express their deep emotions accurately; 2) *others' emotional appraisal* refers to an ability of people to perceive and understand the emotions of individuals around them; 3) *regulation of emotion* refers to an ability of people to regulate their emotions, facilitating their rapid and successful revival after psychological distress; 4) *use of emotion* refers to an ability of people utilize and direct their emotions towards constructive activities and personal performance (Salovey & Mayer, 1990). Emotional intelligence is considered an important topic in health care for nurses to understand patients' perspectives and engage in providing high quality of nursing care. Many researches have been conducted to evaluate nurses' emotional intelligence in various countries and in China. The results showed a high level of emotional intelligence among nurses in South Africa and in Australia (Görge-Ekermans & Brand, 2012; Karimi, Leggat, Donohue, & Farrell, 2014). In China, Tao and Song (2012) found that nurses had a high level of emotional intelligence in Hubei province. In Shanghai and in Xi'an, the results showed that nurses had a moderate level of emotional intelligence (Hu, Zhu, & Zhang, 2013; Ma, Feng, & Xin, 2016). These studies in China showed inconsistent results. Moreover, no published study has been found in Yunnan exploring the level of emotional intelligence among staff nurses. Dali is located in the Midwest of Yunnan Province which is an area with lower than standard economic and educational levels. In addition, Dali has a variety of minorities, with each minority having a different language and religion, making it prone to conflict in the complex hospital environment. In this situation, nurses face a huge challenge of multi-ethnic conflict at work. Thus, it is necessary to explore the level of emotional intelligence of nurses in Dali of Yunnan Province now.

As aforementioned, a person with high emotional intelligence will tend to manage stress well. Thus, in other countries, emotional intelligence has been found to have a negative relationship with occupational stress or job stress (Karimi et al., 2014; Landa et al., 2008; Nikolaou & Tsaousis, 2002; Oginska-Bulik, 2005; Yamani et al., 2014). According to the literature review, although work-related stress, occupational stress and job stress are based on different concepts, they have similar stressors resulting in stress at work, such as heavy workload, time pressure, interpersonal relationship issues, and management and colleague support issues (Li, 1996; Osipow, 1998; Palmer et al., 2004). However, no published study has been found to explore the relationship between emotional intelligence and work-related stress among nurses in China, especially in Dali. As stated in the previous paragraph, Dali has a different economic and cultural issues than other cities in China. Thus, nurses who are working in the People's Hospitals of Dali are facing ongoing huge challenges of a multi-ethnic cultural environment, which requires nurses have a high emotional intelligence to deal with the stressful working environment. Therefore, it is necessary to explore the relationship between emotional intelligence and work-related stress of nurses in Dali which can provide basic information to nursing administrators to find strategies to improve the emotional intelligence and decrease the work-related stress among staff nurses.

The healthcare system in China is moving towards autonomous management with a market-driven economy. This economic reform encourages multiform investments, it diversifies investments of the healthcare system from simple public ownership capital to multiform capital, which leads to severe competition between public and private hospitals (Ministry of Health of China, 1994). This continuous change within the health care system increases the competition and demands on the system to provide high quality services and to search for innovation in quality and services during a period of dynamic change. One of the strategies to face the challenge is to reduce in the length of patients' stay, which increases work-related stress for nurses, suffering more risks and facing more serious patients. Furthermore, according to the regulations of Ministry of Health in China, all hospitals must be audited by the National Hospital Assurance every four years. In order to deal with Hospital Assurance [HA], all of People's Hospitals have extended working hour regulations, such as full-week working and arranging meetings and trainings in the evening during HA preparation year. Furthermore, nurses must record

many documents other than their regular duties. The turnover rates of nurses in People's Hospitals of Yunnan province range from 8.3% to 18% (Health Bureau of Yunnan Provincial, 2008). At one People's Hospital in Kunming, which has 2066 beds, the patient's bed utilization reached to 125.6%, and the out-patient visiting were 2.12 million by the end of 2014 (Duan, 2016). Many nurses complain that they are not able to deal with high job demands and that they have lost control over the pace of their work. They may even have no time to take lunch or dinner, which leads them to they feel exhausted and stressed (Anonymous, telephone interview, July 2016). Qiao and Wang (2010) reported that nurses are often regarded as assistants of physicians and have less autonomy and control for patients' health and disease, and although nurses have their own opinion, they must follow the orders from the physicians.

Xiao (2008) reported that only 1.46% nurses get support from head nurses. Nurses lack support and get little feedback from the head nurses. Nurses are habituated to deal with problems on their own because they do not want to give an extra burden to colleagues, and they have to deal with problems individually in certain shifts without help (Fan & Yang, 2008). If nurses feel a lack of support from the organization, it might increase the stress from the work (Joiner & Bartram, 2004). In addition, nurses stated that they feel overloaded and stressed due to conflicting roles, and they have to do extra non-nursing work similar with a practical nurse's role, such as cleaning the nursing practice room, transporting patients, taking medicine from the pharmacy and clearing patient's bill for discharge (Anonymous, telephone interview, July 2016).

In the First People's Hospital of Dali, the hospital administrators considered about the safety of workers by setting the safety policy and assigning a Security Station. The Security Station takes some actions to prevent medical staff from violence, being attacked, and bullying from patients and their families. Some teams of armed guards were sent to serious departments to be on duty in shifts, such as the emergency department, pediatric department and outpatient department. At the same time, a fixed team of armed guards patrol in the hospital 24 hours a day. This is the one way to decrease the stress of medical staff and prevent violence and bullying.

The People's Hospitals of Dali formulate an orientation process for new nurses (1st PHDL, 2015; 2nd PHDL, 2015). After orientation, the new nurses will learn the vision

and mission of the hospital, and the function of each department. New nurses, before beginning to work independently, should be under the supervision of senior nurses for three months. Moreover, nurses working in one shift are divided into two teams in daily work. As there are senior nurses and new nurses working together in each team, the senior nurses can guide the new nurses in their work and give more information knowledge and help. Therefore, new nurses will be familiar with the nursing work of each department and they will know what their responsibilities are.

Nurses have been little involved in organizational changes in terms of hospital and department development. In the view of many hospital managers, physicians can attract more patients which can increase profit. However, nurses only performing injections, delivering medicine and basic nursing care, so the hospitals do not provide many chances for nurses to participate in organizational changes such as hospital decision making and policy formulation. A study showed that lack of continuing education opportunities and promotion opportunities were the main cause of stress (Zhao, Li, Zhang, & Yin, 2006). Owing to the reasons above, the nurses suffer a lot of work-related stress in China, as well as in Dali, Yunnan province.

Dali is well-known for having a variety of minority areas, with each minority having a different language, religion, belief and living habits. The population of Dali is 3.569 million, and the minority population is 1.837 million, accounting for 51.48% of the total population. There are 24 minorities living in Dali with different languages and religions, such as Buddhism, Taoism, Islam, Christianity and Catholicism (Dali Prefecture Bureau of Statistics, 2010). Therefore, different languages and beliefs in the complex hospital environment means that it is more prone to cultural conflict. Patients complained that nurses lacked tolerance to understand the emotions and beliefs of patients when the nurses asked the patients follow the rules of the hospital, thus seemingly ignoring patients' special circumstances (Anonymous, personal interview, July 2016).

In the People's Hospitals of Dali, the majority of physicians hold a master degree, and some hold PhD. However, 76.51% of nurses hold a nursing diploma, 23.49% hold a bachelor degree, and none hold a master degree (Health Bureau of Dali, 2016). Influenced by Chinese history and culture, doctors usually represent a superior social status and are respected by people, while nurses are perceived only service personnel.

Nurses usually do not receive enough respect from the patients and physicians. Nurses feel stressed and frustrated when they put forward ideas and plans only to be rejected by doctors and patients. Therefore, nurses seldom express their emotions.

As noted above, nurses who are working in the People's Hospitals of Dali are facing a huge ongoing challenge of multi-ethnic culture conflict where it is difficult for them to use positive emotions to cope with stress from the complex working environment. Thus, information about emotional intelligence and work-related stress as well as their relationship among nurses will not only expand knowledge about them in China but provide significant information for nurse administrators to discover strategies to help their staff nurses increase emotional intelligence competency and decrease work-related stress. As a result, nurses will manage their nursing care work and provide high quality of nursing care. For these reasons, this study was conducted to identify levels of emotional intelligence and work-related stress as well as the relationship between them.

Research Objectives

1. To explore the emotional intelligence of nurses in the People's Hospitals of Dali, the People's Republic of China.
2. To explore the work-related stress of nurses in the People's Hospitals of Dali, the People's Republic of China.
3. 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.

Research Questions

1. What is the level of emotional intelligence of nurses in the People's Hospitals of Dali, the People's Republic of China?
2. What is the level of work-related stress of nurses in the People's Hospitals of Dali, the People's Republic of China?
3. Is there any relationship between emotional intelligence and work-related stress of nurses in the People's Hospitals of Dali, the People's Republic of China?

Definition of Terms

Emotional intelligence is 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). It includes four dimensions which are 1) self-emotional appraisal, 2) others' emotional appraisal, 3) regulation of emotion, and 4) use of emotion (Salovey & Mayer, 1990). It was measured by the Chinese version Emotional Intelligence Scale (Wong & Law, 2002).

Work-related stress refers to a harmful emotional and somatic response to stimuli which are in his/her job when the perceived pressure exceeds the nurse's perceived ability to cope (Palmer et al., 2004). It was measured by the Chinese version of the HSE Management Standards Work-related Stress Indicator Tool which consists of 7 dimensions, including demands, control, managerial support, peer support, relationships, role and change (HSE, 2004).

Nurse refers to a person who graduated with a certificate from an approved nursing education institution, and holds a registered nurse (RN) license granted by the Ministry of Health, the People's Republic of China.

The People's Hospitals of Dali are two secondary hospitals, specifically, the First People's Hospital of Dali and the Second People's Hospital of Dali, which are run by the government and have received the certification of upper second-class hospital from the Ministry of Health, the People's Republic of China. They provide services of medical, surgical, pediatric, obstetrics and gynecology, as well as teaching, clinical practice, and scientific research.