

Emotional Intelligence as Predictor of Life Satisfaction among Nurses: Mediating Role of Spiritual Wellness

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The present study was carried out to examine the mediating role of spiritual wellness in the relationship between emotional intelligence and life satisfaction among nurses. The study also aimed at investigating the role of emotional intelligence and spiritual wellness in the prediction of life satisfaction among nurses. Hypotheses of the study included (1) emotional intelligence will positively predict life satisfaction among nurses, (2) spiritual wellness will positively predict life satisfaction among nurses, and (3) spiritual wellness will mediate between emotional intelligence and life satisfaction. Emotional Intelligence Scale, Spiritual Wellness Inventory and Life Satisfaction Ladder Scale were used to collect the information from the participants. A total of 300 nurses participated in the study. Data was collected from different hospitals of Islamabad. Purposive convenient sampling technique was used to collect the data. Multiple Regression analysis demonstrated that emotional intelligence and spiritual wellness had significant positive effect on life satisfaction. Hierarchical Regression analysis showed that spiritual wellness mediated the relationship between emotional intelligence and life satisfaction. The present study is pretty insightful in understanding the role of spiritual wellness as a mediator. The findings have numerous practical implications for health professionals in general and for female nurses in particular.

Key Words: Emotional Intelligence, Spiritual Wellness, Life Satisfaction

The main mission of a nurse is mostly oriented towards nurturing and caring those people, who suffer from various physical and psychological diseases and troubles (Duquette, Kerouac, Sandhu, & Beaudet, 1994). Thomas (1993) believes these patients are not so afraid of death, as they are of being left alone, and describes the very act of maintaining a bond with the patient in distress as an extension of 'unconditional love'. Thus, spiritual wellness gives life satisfaction to nurses and they can bestow a breathing life to the suffering patients.

Greenhaus and Beutell (1985) illustrate that hectic routines and frequent interactions with stress-laden scenarios leads to decreased life satisfaction especially when the nurses lack in spiritual wellness and emotional intelligence. When the nurses are less satisfied in their lives, it yields hurtful effects of the patients who need care and concern. Moreover, Leiter, Harvie, and Frizzell (1998) discovered that patients with emotionally exhausted nurses were less satisfied in hospitals as compared to those who were satisfied in their lives and were not suffering from emotional exhaustion. This indicates that emotionally

intelligent and unexhausted nurses can better care for the patients under their sympathetic concern. Because self and relationship management are important aspects of emotional intelligence (Goleman, 1995). Similarly, empathy, an important component of the emotional intelligence helps the nurses to understand the feelings of the patients (Bar-On, 2006). In the same vein, spiritual wellness raises a person's commitment to serve humanity (O'Brien, 2001).

Personal, social, emotional, and spiritual factors play a vital role in life satisfaction. Ferguson and Mitchell (2001) state that support networks are vanished, and nurses have started feeling themselves as neglected and hopeless, wishing to restructure a sort of community among them. Thus, nurses are more defenseless to psychological stress. Duquette, Sandhu and Beaudet (1994) have found that nurses are most badly affected by stress, as their whole career turn around caring and nurturing of people. In the absence of such social support networks, personal qualities of the nurses like spiritual wellness and emotional intelligence are very important. Bar-On (2006) illustrates that emotional intelligence plays a significant role in environmental coping, stress tolerance and impulse control.

Landa, Zafar, Antonana, and Pulido (2006) studied the relationship between perceived emotional intelligence and

life satisfaction among university teachers and reported a significant positive correlation between the two constructs. Grajales and Araya (2001) discovered a significant relationship between aspects of emotional intelligence including emotional clarity and emotional repair with life satisfaction. While investigating the role of emotional clarity, transient mood states and personality traits in the prediction of life satisfaction, Extremera and Fernandez-Berrocal (2005) found that emotional clarity was the most prominent predictor of life satisfaction as compared to personality types and transient mood states.

The research evidence concerning the role of emotional intelligence is consistent rather than arbitrary. Several studies have demonstrated that emotional intelligence plays an important role in the prediction of life satisfaction among the diverse populations (Bar-On, 1997; Charbonneau & Nicol, 2002; Ciarrochi, Deane, & Anderson, 2002; Martinez-Pons, 1999; Mayer, Caruso, & Salovey, 2000). Numerous earlier psychologists like Jung, Allport, and Maslow argue that not only emotional intelligence, but spirituality too must be considered in order to understand an individual. Emotional intelligence not only directly effects life satisfaction but it affects spiritual wellness which leads to life satisfaction among individuals (Hill et al., 2000). Even spiritual intelligence is considered an important type of intelligence while describing the theories of multiple intelligences (Bar-On, 2006). Interestingly, more people like to be labeled them as spiritual rather than religious (Gallup, 1993).

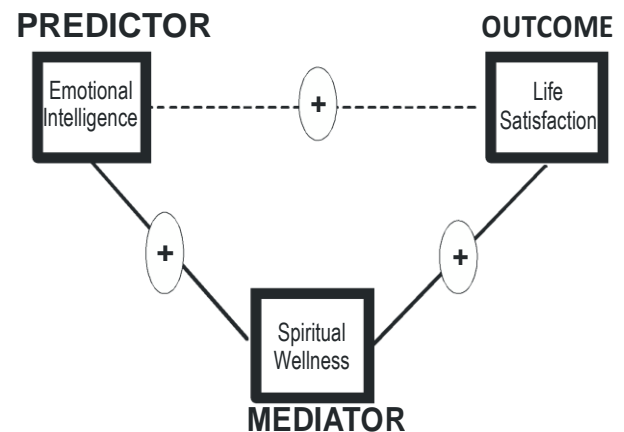
Spiritual wellness integrates spirituality and other dimensions of human life (Westgate, 1996). Spiritual wellness has been reported to be a significant positive predictor of physical, psychological, social, environmental, and overall quality of life (Batoool, 2011). Spiritual wellness maximizes the potentials among human beings. Kass, Friedman, Leserman, Zuttermeister, and Benson (1991) discovered that spiritual wellness was positively correlated with purpose in life, self-actualization and life satisfaction. Ingersoll (2001) illustrates that spiritual wellness is a binding force that develops human beings' connections with nature, life, and related resources. Spiritual wellness facilitates in raising and transcending our life scenarios (O'Brien, 2001).

Spirituality has potential application in every waking moment of human life (Ingersoll, 2000). Similarly wellness refers to the physical, emotional, intellectual, spiritual, interpersonal, social and environmental well-being (Insel & Roth, 2000). Wellness facilitates in opting a balanced and healthy life style that effects major life accomplishments (Condor, 2003). Finally, spiritual wellness results in the development of hope, optimism, confidence, respect for self and others, meaning, and purpose in life (Goldberg, 2003). Miller (1990), states that psychologists should consider spiritual aspects of life as genuine concerns of psychosocial rehabilitation. In this regard, Sullivan (1999) suggested that an evaluation of spiritual beliefs and activates should be a regular feature of helping activities. Ingersoll (2000) argues

that 95% of the work on spiritual wellness is based on negative outcomes, thus it would be more appropriate to study it with some positive outcomes. Spirituality and spiritual well-being are well researched in nursing literature, but spiritual wellness is a recent advancement. In this regard, the present study is an initiative which aims to examine the mediating role of spiritual wellness between emotional intelligence and life satisfaction among nurses.

Figure 1

Conceptual Framework: Predictor (emotional intelligence), Mediator (spiritual wellness) and Outcome (life satisfaction)



Hypotheses

Emotional intelligence will positively predict life satisfaction among nurses.

Spiritual wellness will positively predict life satisfaction among nurses.

Spiritual wellness will mediate between emotional intelligence and life satisfaction.

Method

The present 'cross-sectional survey research' was sought to examine the mediating role of spiritual wellness between emotional intelligence and life satisfaction among nurses. The study also aimed at investigating the role of emotional intelligence and spiritual wellness in the prediction of life satisfaction among nurses.

Participants

Sample of the present study consisted of 300 nurses. Data was collected from different hospitals of Islamabad including Pakistan Atomic Energy Commission (PAEC) Hospital, Islamabad, Al-Shifa International Hospital, Poly Clinic Islamabad, and Pakistan Institute of Medical Sciences (PIMS), Islamabad. Both married (n = 140, 46.7%) and unmarried (n =

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160, 53.3%) nurses were included in the sample. Purposive convenient sampling was used to collect the information from the participants. Nurses were approached in their respective hospitals and data was collected during working hours in order to increase the responsiveness. Informed consent was obtained before administering the questionnaires.

Measures

Emotional Intelligence Scale developed by Wong and Law (2002) was used to measure emotional intelligence among nurses. The scale consisted of 16 items and it is based on Likert-type 6-point rating scale. All items are positively scored. The possible score range is from 16-96 where 16 is lowest score range and 96 is maximum score range for whole scale. There is no cut off score and high scores on scale means high emotional intelligence and vice versa. Reliability of the scale in the present study is .84 indicating satisfactory internal consistency.

Results

Data was entered into Statistical Package for Social Sciences (SPSS-18) and statistical analysis was executed. Descriptive statistics, Alpha reliability coefficients, and zero-order correlations among study variables were computed.

Table 1

Descriptive statistics, Alpha reliability coefficients and zero-order correlations for all study variables (N = 300)

Study Variables	M	SD	Items	α	1	2	3
1. Emotional Intelligence	61.77	8.86	16	.84	-	.34*	.35*
2. Spiritual Wellness	178.98	11.93	65	.75		-	.34*
3. Life Satisfaction	6.92	1.63	1	-			-

* $p < .01$

Table 1 shows mean, standard deviation, score ranges, Alpha reliability coefficients, and zero-order correlations among all variables used in the study. It indicates that all the variables have high internal consistency. Emotional intelligence has a significant positive correlation with spiritual wellness ($r = .34, p < .01$) and life satisfaction ($r = .35, p < .01$). Spiritual wellness has significant positive correlation with emotional intelligence ($r = .34, p < .01$).

Table 2

Multiple Regression analysis showing the effect of emotional intelligence and spiritual wellness on the prediction of life satisfaction (N = 300)

Variables	β	ΔR^2	F
Emotional Intelligence	.27***	.172	31.97***
Spiritual Wellness	.24***		

*** $p < .001$

Multivariate Regression analysis is computed with emotional intelligence and spiritual wellness as predictor variables and life satisfaction as outcome variable. The ΔR^2 value of .17 indicates that 17.2 % variance in the dependent variable can be accounted for, by the predictors with $F(1,298) = 31.97, p < .001$. The results indicate that emotional intelligence ($\beta = .27, p < .001$) and spiritual wellness ($\beta = .24, p < .001$) has significant positive effect on life satisfaction.

Multiple Regression analysis and Hierarchical Multiple Regression analysis was applied to test the hypotheses.

Spiritual Wellness Inventory developed by Ingersoll (1998) was used to measure spiritual wellness among nurses. It comprises of 65 items. Odd items are negatively scored whereas even items are positively scored. It is based on Likert-type 4-point rating scale. The possible score range is from 65-260 where 65 is lowest score range and 260 is maximum score range for whole scale. There is no cut off score and high scores on scale means high spiritual wellness and low scores mean low spiritual wellness. Reliability of the scale in the present study is .75 indicating satisfactory internal consistency.

Life Satisfaction Ladder Scale developed by Robinson and Strauser (2002) was used to measure life satisfaction among nurses. It is just one item scale. The scale is based on nine ladders on which the respondent has to rate himself or herself according to his or her satisfaction in life. There are two dimensions of the scale including satisfied and unsatisfied. An individual can score a maximum of 9 scores and minimum of 1 score. There is no cut off score in the scale.

Table 3

Hierarchical Multiple Regression analysis showing the effect of emotional intelligence and spiritual wellness on the prediction of life satisfaction (N = 300)

Model		β	ΔR^2	ΔF
1	Emotional Intelligence	.35***	.122	42.37***
2	Emotional Intelligence	.27***	.053	19.00***
	Spiritual Wellness	.24***		

*** $p < .001$

Hierarchical Multiple Regression analysis is computed with emotional intelligence and spiritual wellness as predictor variables and life satisfaction as outcome variable. Model 1 shows that emotional intelligence is the best predictor of life satisfaction. The R^2 value of .122 indicates that 12.2 % variance in the dependent variable can be accounted for, by the predictor with $F(1,298) = 42.37, p < .001$. The results indicate that emotional intelligence ($\beta = .35, p < .001$) has significant positive effect on life satisfaction. Model 2 indicates that spiritual wellness is the second important predictor. The R^2 value of .053 indicates that spiritual wellness make significant unique contribution of 5.3% to the variance of the life satisfaction with F Change = 19.00, $p < .001$. Results indicate that emotional intelligence ($\beta = .27, p < .001$) and spiritual wellness ($\beta = .24, p < .001$) has significant positive effect on life satisfaction.

Mediation has some considerations: (1) When Regression is applied IV should significantly predict DV, (2) When Regression is applied IV should significantly predict Mediator, (3) When Multiple Regression is applied and both IV and Moderator are entered in the box of IV, Mediator should significantly predict DV when we control the IV, (4) When Multiple Regression is applied, if the mediator is a complete mediator of the relationship between IV and DV, the effect of IV on DV will be zero or non-significant when the effect of mediator will be controlled. If the effect of IV on DV just is not eliminated and just reduces to some extent, the mediator will be known as partial mediator. In order to compute the amount of mediation, Regression analysis is computed with (a) Emotional Intelligence as Predictor variable and Life Satisfaction as outcome variable, (b) Emotional Intelligence as Predictor variable and Spiritual Wellness as outcome variable, (3) Emotional Intelligence and Spiritual Wellness as Predictor variables and Life Satisfaction as outcome variable.

Figure 2

Model Summary for the Mediator Regression Analysis: Predictor, Mediator and Outcome

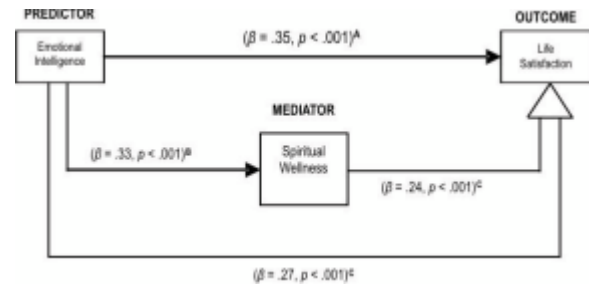


Figure 2(A) shows, emotional intelligence (IV) significantly predicts life satisfaction (DV) with ($\beta = .35, p < .001$), (B) emotional intelligence (IV) significantly predicts spiritual wellness (Mediator) with ($\beta = .33, p < .001$), (C) spiritual wellness (Mediator) significantly predicts Life Satisfaction (DV) with ($\beta = .24, p < .001$) while controlling the effect of emotional intelligence (IV). But when we control the effect of spiritual wellness (mediator), the effect of emotional intelligence (IV) on life satisfaction (DV) does not become zero or non-significant ($\beta = .27, p < .001$). It indicates that spiritual wellness is not a complete mediator instead it is a partial mediator between emotional intelligence and life satisfaction.

Discussion

The present study was carried out to examine the mediating role of spiritual wellness between emotional intelligence and life satisfaction among nurses. The study also aimed at investigating the role of emotional intelligence and spiritual wellness in the prediction of life satisfaction among nurses. Most of the hypotheses were supported in the present research.

The 1st hypothesis “emotional intelligence will positively predict life satisfaction among nurses” was supported in the present study. The current findings are consistent with the prior findings (Bar-On, 1997; Charbonneau&Nicol, 2002; Ciarrochi, Chan,&Caputi, 2000; Ciarrochi, Deane, & Anderson, 2002; Martinez-Pons, 1999; Mayer et al., 2000), indicating that emotional intelligence is a significant positive predictor of life satisfaction among nurses.

The 2nd hypothesis “spiritual wellness will positively predict life satisfaction among nurses” was supported in the present study. These findings are in line with Kass et al., (1991) stating that spiritual wellness is positively related to life satisfaction. In conservative religious societies like Pakistan, spirituality holds great meanings and applied significance. Especially in stress-laden human care professions like nursing, spirituality can be

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beneficent not only for the nurses but also for the patients under their direct care and concern (Greenhaus&Beutell, 1985; Leiter, Harvie, &Frizzell, 1998). Helminiak (1996) illustrates that spiritual wellness is positive and healthy state which helps in adopting change.

The 3rd hypothesis "Spiritual wellness will mediate between emotional intelligence and life satisfaction" was supported in the current research. The findings indicate that spiritual wellness partially mediated the relationship between emotional intelligence and life satisfaction among nurses. The findings are in line with the past research. Hill et al., (2000) found that the emotional intelligence not only directly effects life satisfaction but is also effects life satisfaction via spiritual wellness. Emotional intelligence increases spiritual wellness that leads to life satisfaction.

Practical Implications

The present study is pretty insightful in understanding the spiritual wellness, emotional intelligence and life satisfaction among the nurses. While making selection of the nurses in the hospital, their spiritual wellness and emotional intelligence must be assessed.Hamner (1991) argues that spiritual needs of nurses are not taken into consideration in the assessment and selection processes in the human care professions. During the last two decades, spirituality gained grounds in counseling (Ingersoll, 1994) and medicine (Richards & Bergin, 1997).The current research has many practical implications. First, in conservative religious societies like Pakistan, religious practices dominate the culture. On the basis of these findings, by promoting spirituality and by increasing the emotional intelligence among nurses, life satisfaction can be enhanced. Secondly, during the selection of the nurses, emotional intelligence and spiritual wellness should be considered.

Limitations and Suggestions

Along with theses practical implications, the current research carries some potential limitations. First, in the present study, emotional intelligence, spiritual wellness, and life satisfaction were measured through self-report measures which may result in single source bias. It would be more appropriate in the future research to cross-rate the scales by the peers, teachers, and parents of the adolescents. Second, only scales were used to collect the information from the participants. It would be more appropriate in the future research to collect the data from some other qualitative sources i.e. making the triangulation possible. Similarly, the presents study was limited to nurses, in the future research, others paramedics should also be included so that a comprehensive picture could be obtained. Only female nurses were the part of the research, it would be much better to include male nurses in the future research. Finally, the cross-sectional survey research design is vulnerable for the issues of social desirability and internal validity.

Conclusion

The present study aimed at investigating the mediating role of spiritual wellness between emotional intelligence and life satisfaction among nurses. The study also aimed at investigating the role of emotional intelligence and spiritual wellness in the prediction of life satisfaction among nurses. The findings were in line with the prior research. Multiple Regression analysis demonstrated that emotional intelligence and spiritual wellness had significant positive effect on life satisfaction. Hierarchal Multiple Regression analysis showed that spiritual wellness mediated between emotional intelligence and life satisfaction among nurses. A good deal of research on spirituality among nursing is conducted but spiritual wellness is a recent invention in the nursing literature. Thus the present study was a pretty initiative to investigate the role of spiritual wellness and emotional intelligence among nurses working in different hospitals.

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