

Research Paper

Emotional Intelligence, Perceived Social Support and Resilience among Female Nurses

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ABSTRACT

This study investigates the relationship between Emotional Intelligence, Perceived Social Support and Resilience among Female Nurses. Emotional intelligence is the ability to monitor, evaluate and control one's own and other's emotions. Perceived social support is the perception of an individual that they are being loved by, cared for, esteemed and valued by and involved in mutual support by family, friends and others. Resilience is the capacity of an individual to bounce back from adversity. This study explores how Emotional Intelligence and perceived social support contribute to Resilience among Nurses. A sample of 120 participants, was selected using convenience sampling from the Kozhikode district of Kerala. The Brief Emotional Intelligence scale, Multidimensional scale of Perceived social support and Brief Resilience scale were used. The results were analysed using the Pearson correlation test, Spearman correlation test and Multiple correlation coefficient test. The study concluded that there is a significant positive relationship between Emotional Intelligence, Perceived Social Support and Resilience among Female Nurses. There is no significant relationship between perceived social support and resilience in female nurses living in rural areas. There is no significant relationship between perceived social support and resilience in female nurses living in urban areas and There is a significant positive relationship between Emotional Intelligence and Perceived Social Support and Resilience Among Married and Single Female Nurses.

Keywords: *Emotional Intelligence, Perceived social support, Resilience*

In the dynamic and demanding field of healthcare, nurses assume a pivotal role as the primary caregivers, entrusted with the responsibility of ensuring the well-being and recovery of patients across various medical settings. Nurses face significant physical and emotional challenges in their roles, managing close interactions with patients and navigating complex ethical dilemmas. Resilience, shaped by emotional intelligence and perceived social support, is essential for nurses to sustain their effectiveness in demanding healthcare environments. Prioritising these factors can enhance nurses' well-being, reduce burnout, and contribute to a more resilient healthcare workforce.

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Emotional Intelligence is the capacity to effectively see, express, comprehend, and manage our emotions and the emotions of others positively and beneficially.

Emotional intelligence includes monitoring emotions and how they can influence and collaborate with traditional intelligence. Goleman's (1995) emotional intelligence comprises five parts: knowing our emotions (mindfulness), managing them, persuading ourselves, recognizing emotions in others (empathy), and taking care of relationships. Emotional Intelligence (EI) as defined by Goleman, is "the ability to, accurately understand and regulate one's own and others' emotions" (Daniel Goleman 1995). The term emotional intelligence is a multi-dimensional construct that includes other types of intelligence such as social, cultural and emotional intelligence. Mayer & Salovey et al. (1997) defined emotional intelligence (ED) in terms of four basic abilities, (1) the ability to perceive emotions in self and others; (2) the ability to assimilate the information in cognitive functioning; (3) ability to understand the role of emotions; (4) ability to use and to manage emotions in decision-making.

Models of emotional intelligence include the Ability-Based Model (Salovey and Mayer): Salovey and Mayer's model defines emotional intelligence as cognitive abilities to perceive, use, understand, and manage emotions, emphasizing intellectual processing over personality traits.

Goleman's Mixed Model: Goleman's model combines emotional intelligence with personality traits, focusing on competencies like self-awareness, self-regulation, and empathy, linking EI to personal and professional success.

Bar-On's ESI Model: Bar-On's model integrates emotional and social competencies, measured by the EQ-i assessment, highlighting the role of emotional intelligence in self-understanding, relationships, and daily coping.

Perceived social support is defined as "the perception of one person that he or she is cared for and loved by, esteemed and valued by and being involved in a network of communication and mutual support by family, friends and others (Cobb, 1976)." According to Cohen and Hoberman (1983), "Perceived availability of social support refers to a perception that various forms of support are available to the individual." These forms of support include belonging support (having people to do things with), tangible support (having someone to provide material aid), appraisal support (having someone to talk to about their problems) and self-esteem support (having a positive comparison when evaluating oneself against others). Barrera (1986) identified three types of support: social embeddedness, received support, and perceived support. Social embeddedness refers to how often an individual interacts with members of their social network. Received support involves the emotional and practical assistance provided by network members, while perceived support is an individual's belief that help will be available when needed.

The Term "Resilience" originated from the Latin word "resilire", meaning to "leap back" formed from the element "re" which indicates a backward movement, and the element "salire" to come bouncing back or jump up. Psychological resilience has been defined by the American Psychological Association as 'a process of good adaptation in the face of adversity, trauma, tragedy, threats or other significant sources of stressors such as family and relationship problems, serious health problems or financial problems.

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Models of resilience include the **Compensatory Model**: Resilience offsets risk exposure, with independent effects from risk and compensatory factors. Key traits include problem-solving, positivity, social skills, and faith.

Challenge Model: Manageable risks enhance adaptation, preparing individuals for future challenges.

Protective Factor Model: Protective factors interact with risks to reduce negative outcomes, fostering resilience despite adversity.

Need and Significance

In the ever-evolving landscape of healthcare, nurses stand as the unsung heroes, navigating the intricate web of challenges with unwavering dedication and resilience. Nurses form the pillar of healthcare institutions. Understanding the relationship between emotional intelligence (EI), perceived social support, and resilience among nurses is crucial due to the challenging work environment they face. Nurses witness severe illness, death, and patient suffering, which can profoundly impact them emotionally. Emotional intelligence enables nurses to recognize, understand, and manage their own emotions and those of others, thereby helping them navigate challenging situations with empathy and composure. While perceived social support provides a sense of belongingness, validation and encouragement, which can buffer against the negative effects of stress and adversity. However, nurses also contend with secondary roles and societal stigma, leading to feelings of undervaluation and frustration. Investigating how EI and social support interact with these challenges can inform interventions to enhance nurses' well-being and resilience in healthcare settings. The study on the "effect of emotional intelligence and perceived social support on resilience among female nurses" holds great significance as it explores the nuanced dynamics of resilience, well-being, quality of life and job satisfaction. Understanding these aspects among nurses can provide valuable insights into their emotional intelligence, perceived support from colleagues and supervisors, and their ability to bounce back from challenges. By expanding upon existing studies on emotional intelligence, perceived social support, and resilience, this study adds substantial insights to the field of psychology, potentially encouraging more investigations into the psychological dimensions of performance and creativity. There are several studies that have been conducted in this area but there is a smaller number of studies conducted among nurses. So, this study will expand the existing body of knowledge and shed light on future research on this topic. Essentially, this study can enrich our understanding of the impact of emotional intelligence and perceived social support on resilience, offering concrete advantages for personal development, improving performance, and promoting mental well-being.

Objectives

- To study the relationship between emotional intelligence, perceived social support and resilience among female nurses
- To analyse the relationship between emotional intelligence, perceived social support and resilience based on locality
- To Find the relationship between emotional intelligence, perceived social support and resilience based on marital status

Hypothesis

- H_{01} : There is no significant relationship between emotional intelligence, perceived social support and resilience among female nurses

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- H₀₂: There is no significant relationship between emotional intelligence and Resilience among female nurses
- H₀₃: There is no significant relationship between social support from significant others and resilience among female nurses
- H₀₄: There is no significant relationship between social support from family & resilience among female nurses
- H₀₅: There is no significant relationship between social support from friends and resilience among female nurses
- H₀₆: There is no significant relationship between emotional intelligence and resilience in female nurses living in rural areas.
- H₀₇: There is no significant relationship between emotional intelligence and resilience in female nurses living in urban areas.
- H₀₈: There is no significant relationship between perceived social support and resilience in female nurses living in rural areas
- H₀₉: There is no significant relationship between perceived social support and resilience in female nurses living in urban areas
- H₀₁₀: There is no significant relationship between emotional intelligence and resilience among single female nurses
- H₀₁₁: There is no significant relationship between emotional intelligence and resilience among married female nurses
- H₀₁₂: There is no significant relationship between perceived social support and resilience among single female nurses
- H₀₁₃: There is no significant relationship between perceived social support and resilience among married female nurses

METHODOLOGY

In this chapter, the method for this study is presented. The method for the research includes the methods of research adopted, the description of the population, sample and sampling techniques, data collection techniques, the tool selected validity and reliability of tool, and procedure for data collection. Scoring of data and plan for data analysis.

Research Design

This study is designed as a quantitative study aiming to understand “The relationship between emotional intelligence, perceived social support on Resilience among female nurses”.

Participants

The population of the sample for the study was female nurses. Non-random sampling technique called Convenience sampling was used to reach the sample to collect the necessary data for the study. The collected sample consisted of 120 adults who are female nurses from the Kozhikode district of Kerala.

Tools

The instruments used in the present study were:

1. Personal data sheet
2. Brief Emotional Intelligence Scale (Davies et al., 2010)
3. The Brief Resilience Scale (Smith et al.,2008)
4. Multidimensional scale of perceived social support (Zimet et al.,1988)

1. Personal data sheet

The demographic data such as name, age, locality and marital status were collected using a personal data sheet.

2. Brief emotional intelligence scale

The Brief Emotional Intelligence Scale developed by Davies et al, in 2010 is a shortened self-report measure of emotional intelligence based on Salovey and Mayer's (1990) conceptualization. It is a brief 10-item version of the 33-item Emotional Intelligence Scale (EIS; Schutte et al., 1998). The brief emotional intelligence scale is a 10-item form and rated using a 5-point Likert-type response scale (1=strongly disagree, 2= disagree, 3= neutral, 4=agree and 5=strongly agree)

Scoring: The emotional intelligence score is the sum of 1-10 items. The higher scores indicate high emotional intelligence.

Reliability and Validity The scale has shown good test-retest reliability over 2 weeks, indicating that individuals' scores are consistent over time. The scale's validity was established through content validity, factorial validity, and theoretical relevance. Content validity was assessed by experts, ensuring that items accurately measure emotional intelligence. Factorial validity was confirmed using confirmatory factor analysis (CFA), which supported a 5-factor solution aligning with Salovey and Mayer's model of emotional intelligence. Additionally, the scale's items were theoretically relevant to Salovey and Mayer's model, enhancing its validity as a measure of emotional intelligence.

3. Brief resilience scale

Smith et al., in 2008 developed The Brief Resilience Scale. This scale assesses the ability to bounce back or recover from stress. It consists of six items, rated for agreement on a five-point scale. (1= strongly disagree, 2= disagree, 3= Neutral, 4= Agree and 5=Strongly agree)

Scoring: Add the values (1-5) of responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions and items 2, 4 and 6 are reverse scored. The mean score of 1.00-2.99 indicates low resilience, 3.00-4.30 indicates normal resilience and 4.31-5.00 indicates high resilience.

Reliability and Validity: The Brief resilience scale has Cronbach's alpha of $\alpha = 0.71$ showed better internal consistency. The confirmatory factor analysis (CFA) results also indicated that the BRS, with a two-factor structure, had better construct validity

4. Multidimensional scale of perceived social support

A 12-item scale called the Multidimensional scale of perceived social support developed by Zimet et al., (1988) measures a person's perception of the amount of support they receive from friends, family, and close relationships. The term "perceived social support" describes how people view their friends, family members, and other people as providers of practical, emotional, and all-around help when they are in need. Because perceived levels of caring, affection, and support may lead to satisfying experiences, the Multidimensional Scale of Perceived Social Support consists of 12 statements, on 7-point Likert scale from 1 (Very Strongly Disagree), 2 (Strongly Disagree), 3 (Mildly Disagree), 4 (Neutral), 5 (Mildly Agree), 6 (Strongly Agree) and 7 (Very Strongly Agree).

Scoring: This scale has no negative items. To calculate mean scores:

Significant Other Subscale: Sum across items 1, 2, 5, & 10, then divide by 4.

Family Subscale: Sum across items 3, 4, 8, & 11, then divide by 4.

Friends Subscale: Sum across items 6, 7, 9, & 12, then divide by 4.

Total Scale: Sum across all 12 items, then divide by 12.

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In this approach any mean scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support.

Reliability and validity: Cronbach's coefficient alpha, a measure of internal reliability, was obtained for the scale as a whole as well as for each subscale, For the Significant Other, Family, and Friends subscales, the values were .91, .87, and .85, respectively. The reliability of the total scale was .88. These values indicate good internal consistency for the scale and the three subscales. For the whole scale, the value obtained was .85. Construct Validity was demonstrated by correlations between the MSPSS subscales and the Depression and Anxiety subscales of the HSCL. Perceived support from Family was Significantly inversely related to both depression, $r = -0.24$, $p < 0.01$, and anxiety, $r = -0.18$, $p < 0.01$. Perceived support from Friends was related to depression symptoms, $r = -0.24$.

Procedure

The target population was Female nurses. Here convenience sampling technique is used to select samples. Questionnaires were used to collect the data. In direct questionnaire data collection, the participants were approached by the researcher and a good rapport was established once this was done a brief purpose of the study was explained to the participants. Confidentiality was assured to the participants about their details and responses. The researcher gave the instruction aloud and assured the participants have read and understood the scale thoroughly. The participants were emphasized for their honest response by the investigator and they were also informed that there is no right or wrong answer and is only based on how they feel and how closely each item represents their judgement and experience in their life. They were asked to read the items or statements carefully and respond to each item.

In case of any further doubts, the investigator clarified them. In the end, the scales were Collected and debriefed about this study. After completion of the scale, the participants Were thanked for their participation and monitoring.

Statistical techniques

The coding and analysis of the data were done with the help of SPSS software on a personal computer. The statistical techniques used are:

1. Shapiro Wilk test
2. Pearson Correlation
3. Spearman rank correlation
4. Multiple correlation coefficient

Shapiro Wilk Test

The Shapiro–Wilk test is essentially a goodness-of-fit test. That is, it examines How close the sample data fit to a normal distribution. It does this by ordering and standardizing the sample (standardizing refers to converting the data to a distribution with Mean $\mu = 0$ and standard deviation $\sigma = 1$). The Shapiro-Wilk test is a statistical test of the Hypothesis that the distribution of the data as a whole deviated from a comparable normal Distribution. The value of the Shapiro-Wilk test is greater than 0.05, and the data is normal. If it is Below 0.05, the data significantly deviates from normal distribution.

Pearson's Correlation

Pearson's correlation coefficient denoted as r , measures the strength and direction of a linear relationship between two variables. It ranges from -1 to +1. It is used when the data is Normal.

Spearman Rank Correlation

Spearman's rank correlation measures the strength and direction of association Between two ranked variables. It gives the measure of monotonicity of the Relation between two variables i.e. how well the relationship between two variables could be represented using a monotonic function. The coefficient of the correlation indicates the extended direction of the relation between the two variables. It ranges from -1 to +1. It is used as an alternative of Pearson's correlation coefficient.

Multiple Correlation Coefficient

The multiple correlation coefficient, often denoted as R , measures the strength and direction of the linear relationship between a dependent variable and multiple independent variables in a multiple regression model. It represents how well the independent variables, taken together, explain the variability in the dependent variable. The value of the multiple correlation coefficient ranges from 0 to 1, where 0 indicates no linear relationship and 1 indicates a perfect linear relationship. A higher R -value suggests a stronger collective predictive power of the independent variables on the dependent variable. This coefficient is crucial in determining the effectiveness of the regression model in capturing the underlying patterns within the data.

RESULTS

The different statistical analysis carried out in the study can bring some definite results Preliminary analysis is to get a general view of the collected data and its distribution.

Table 1 Descriptive statistics of the variable under study

Variables	N	Means	SD
Emotional intelligence	120	35.07	9.521
Perceived social support	120	4.64	1.478
Support from a significant other	120	4.44	1.734
Support from family	120	4.67	1.617
Support from friends	120	4.75	1.632
Resilience	120	3.73	1.037

Table 1 shows the descriptive statistics regarding variables Emotional intelligence, perceived social support, support from significant other, support from family, support from friends and resilience. The mean and standard deviation obtained for Emotional intelligence is 35.07 and 9.521. In the case of perceived social support, the participant obtained a mean of 4.64 and a standard deviation of 1.478. Support from a significant other has a mean of 4.44 and a standard deviation of 1.734.

The mean and standard deviation obtained for support from family is 4.67 and 1.617. The mean and standard deviation obtained for support from friends is 4.75 and 1.632 and the Mean and the standard deviation obtained for Resilience is 3.73 and 1.037.

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Table 2 *The Shapiro Wilk test for Emotional intelligence, perceived social support, support from significant other, support from family, support from friends and resilience*

Variables	Statistic	df.	P value
Emotional intelligence	0.916	28	0.028
Perceived social support	0.914	28	0.024
Support from a significant other	0.922	28	0.038
Support from family	0.929	28	0.060
Support from friends	0.871	28	0.003
Resilience	0.932	28	0.070

Table 2 shows the Shapiro-Wilk test to check the normality of the sample. The statistic and df for emotional intelligence are 0.916 and 28, for perceived social support are 0.914 and 28, for support from family are 0.922 and 28, for support from family are 0.929 and 28, for support from friends are 0.871 and 28 and for resilience 0.932 and 28 respectively. Test of the Shapiro Wilk shows that the p- p-values of Emotional intelligence, perceived social support, support from significant other, support from family, support from friends and resilience are 0.028, 0.024, 0.038, 0.060, 0.003 and 0.070 respectively. The test statistic is taken as normal when the p-value is greater than 0.05. Here the p-value of Emotional intelligence, perceived social support, support from significant others and support from friends are less than 0.05 hence the test statistic for these variables is not normal. The p-value of support from family and resilience is greater than 0.05. Hence the test statistics for these variables are normal. Since more than one variable is not normal non-parametric test should be employed.

Table 3 *The Shapiro Wilk for Emotional intelligence perceived social support and resilience based on locality*

Variable		Statistic	df.	P value
Emotional intelligence	Rural	0.839	28	0.001
	Urban	0.981	28	0.878
Perceived social support	Rural	0.959	28	0.321
	Urban	0.945	28	0.153
Resilience	Rural	0.811	28	0.000
	Urban	0.901	28	0.012

Table 3 shows the Shapiro-Wilk test to check the normality of samples. The statistic and df for emotional intelligence in rural are 0.839 and 28 and in urban are 0.981 and 28. Perceived social support in rural areas is 0.959 and 28 and in urban are 0.945 and 28. Resilience in rural areas is 0.811 and 28 for urban areas is 0.901 and 28. the test of Shapiro Wilk shows that the p- p-values of Emotional intelligence, perceived social support and resilience from rural areas are 0.001, 0.321 and 0.000 and the test of the Shapiro Wilk shows that the p- p-p-values of Emotional intelligence, perceived social support and resilience from urban areas are 0.878, 0.152 and 0.012. The test statistic is taken as normal when the p-value is greater than 0.05. Here the p-value of Emotional intelligence and resilience in rural are less than 0.05 hence the test statistic for these variables is not normal. The p-value of perceived social support in rural is greater than 0.05. Hence the test statistics for perceived social support are normal. Here the p-value of Emotional intelligence and perceived social support are greater than 0.05 which shows that these variables are not normal and resilience in urban is greater than 0.05 which shows that resilience in urban is normal. Since more than one variable is not normal non parametric test should be employed.

Table 4 *The Shapiro wilk for Emotional intelligence perceived social support and resilience based on marital status.*

Variable		Statistic	df.	P value
Emotional intelligence	Married	0.861	28	0.002
	Single	0.887	28	0.006
Perceived social support	Married	0.958	28	0.317
	Single	0.931	28	0.065
Resilience	Married	0.827	28	0.000
	Single	0.876	28	0.003

Table 4 shows the Shapiro-Wilk test to check the normality of samples. The statistic and df for emotional intelligence in married are 0.861 and 28 and in single are 0.887 and 28. for perceived social support in married are 0.958 and 28 and in single are 0.931 and 28. For resilience in married are 0.827 and 28 for single are 0.876 and 28. the test of Shapiro Wilk shows that the p- p-values of Emotional intelligence, perceived social support and resilience in married female nurses are 0.002, 0.317 and 0.000 and the test of the Shapiro Wilk shows that the p- p-values of Emotional intelligence, perceived social support and resilience in single female nurses are 0.006, 0.065 and 0.003. The test statistic is taken as normal when the p-value is greater than 0.05. Here the p-value of Emotional intelligence and resilience in married are less than 0.05 hence the test statistic for these variables is not normal. The p-value of perceived social support in marriage is greater than 0.05. Hence the test statistics for perceived social support are normal. Here the p-value of Emotional intelligence and resilience are less than 0.05 in singles, which shows that these variables are not normal and perceived social support in singles is greater than 0.05 which shows that perceived social support is normal. Since more than one variable is not normal parametric test should be employed.

Table 5 *Correlation coefficient of Emotional intelligence, resilience, support from significant other, support from family, support from friends and resilience*

Variables	Emotional intelligence	Resilience	Support from a Significant other	Support from family	Support from friends
Emotional intelligence		0.504 0.000			
Resilience			0.173 0.002	0.260 0.004	0.264 0.004
Support from a Significant other					
Support from family					
Support from friends					

Table 5 presents the correlation coefficients and p-values between emotional intelligence, support from significant others, support from family, support from friends, and resilience among female nurses.

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The correlation coefficient and p-value between emotional intelligence and resilience were found to be 0.504 and 0.000, respectively. Given that the p-value is below 0.05, the null hypothesis is rejected, indicating a statistically significant relationship between emotional intelligence and resilience. This finding suggests that resilience is positively correlated with emotional intelligence, meaning that higher levels of emotional intelligence are associated with greater resilience, while lower levels of emotional intelligence correspond to lower resilience. This result is consistent with the findings of Aljarboa et al. (2022) in their study "Resilience and Emotional Intelligence of Staff Nurses During the COVID-19 Pandemic." Their research also identified a positive correlation between emotional intelligence and resilience, highlighting the critical role emotional intelligence plays in enhancing an individual's ability to cope with and adapt to stressful and adverse situations. The present study's findings underscore the importance of emotional intelligence as a key factor in fostering resilience among female nurses. Emotional intelligence encompasses the ability to perceive, understand, manage, and regulate emotions, which can significantly impact an individual's capacity to handle stress and recover from challenges. Female nurses with higher emotional intelligence are better equipped to navigate emotional turbulence and maintain psychological well-being, thereby exhibiting higher resilience.

In examining the relationship between perceived support from family and resilience, the correlation coefficient (r) was found to be 0.260, with a corresponding p-value of 0.004. Since the p-value is below 0.05, the null hypothesis is rejected, indicating a statistically significant positive relationship between these variables. This suggests that higher levels of perceived family support are associated with greater resilience. This finding aligns with existing literature, including a study by Pejičić et al. (2018), which explored "The mediating effect of cognitive emotion regulation strategies in the relationship between perceived social support and resilience in post-war youth." Their research demonstrated that perceived social support, encompassing family support, significantly contributes to the resilience of individuals, particularly in challenging post-war contexts. The present study's results reinforce the critical role of family support in enhancing resilience. This can be attributed to the emotional and practical resources that family members provide, which bolster an individual's ability to cope with adversity and recover from stress. The positive correlation suggests that interventions aimed at strengthening family support systems could be beneficial in resilience-building efforts. The present study's results highlight the significant role of family support in enhancing resilience among female nurses. Female nurses often face high-stress environments, long hours, and emotionally demanding situations, which can take a toll on their mental and emotional well-being. The emotional and practical resources provided by family members are crucial for these nurses, as they help them manage the pressures of their profession more effectively. The positive correlation between family support and resilience indicates that female nurses with strong family backing are better equipped to cope with adversity and recover from stress. This finding underscores the importance of fostering strong family support systems as part of resilience-building interventions for female nurses. By strengthening these support networks, healthcare institutions can help their nursing staff maintain their well-being and continue to provide high-quality care to patients.

The correlation coefficient ρ and p-value social support from significant other and resilience is 0.173 and 0.002 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. So, there is a significant positive correlation between perceived support from significant others and resilience among female nurses. This shows that nurses who perceive higher levels of support from their significant others tend to exhibit greater

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resilience. Female nurses often face high levels of occupational stress due to the demanding nature of their work, which includes long hours, emotional labour, and the need to provide high-quality patient care. In such a context, the support of a significant other can play a crucial role in providing emotional stability and practical assistance, thereby bolstering the nurse's ability to cope with and recover from stress. The current findings align with those of Uygun et al. (2020) in their study on “psychological resilience in bipolar disorder: a cross-sectional study” which also found that support from significant others is a critical factor in enhancing resilience. Although the populations studied differ, the underlying principle that personal support networks are integral to resilience is consistent. For female nurses, having a supportive significant other can mean having someone to share their daily challenges with, receive encouragement from, and rely on for help with household responsibilities. This emotional and practical support can mitigate the effects of workplace stress and contribute to better mental health outcomes.

The correlation coefficient rho and p-value between social support from friends and resilience is 0.264 and 0.004 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. This indicates that there is a significant positive correlation between perceived support from friends and resilience in female nurses. The findings suggest that female nurses who perceive higher levels of support from their friends tend to exhibit greater resilience. This significant correlation underscores the vital role that friendships play in enhancing the ability of nurses to cope with and recover from occupational stress. Female nurses often face challenging work environments characterized by high stress, long hours, and emotional demands also along with all these issues they have a family and strive for work-life balance all of these can contribute to problems in mental health. In this context, the support provided by friends can be a critical factor in fostering resilience. Friends can offer emotional support, a sense of camaraderie, and practical assistance, which can help nurses manage the pressures of their profession more effectively. The findings of this study are consistent with those of Permatasari et al. (2021), who found that perceived social support from peers, family, and teachers contributes significantly to academic resilience during the COVID-19 pandemic. While the populations studied differ, the underlying principle that social support is integral to resilience remains consistent. For female nurses, having a strong network of friends can provide a valuable outlet for sharing experiences, receiving encouragement, and gaining perspective, all of which contribute to greater emotional strength and resilience

Table 6 The correlation coefficient of Emotional intelligence perceived social support and resilience based on locality

Variable	Emotional intelligence	Perceived social support	Resilience
Emotional intelligence	Rural		0.430
	Urban		0.022
Perceived social support	Rural		0.398
	Urban		0.001
Resilience	Rural	0.191	
	Urban	0.330	
		0.209	
		0.094	

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Table 6 shows the correlation coefficient and p-value between emotional intelligence perceived social support and resilience based on locality. The correlation coefficient rho and p-value between emotional intelligence and resilience in rural is 0.430 and 0.022 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. It shows that there is a significant positive relationship between emotional intelligence and resilience in female nurses living in rural areas. The findings indicate that higher levels of emotional intelligence are associated with greater resilience among these nurses. This significant correlation suggests that emotional intelligence is a crucial factor in helping female nurses in rural areas manage and recover from the challenges they encounter in their profession. Female nurses in rural settings often face unique stressors, such as limited resources, professional isolation, and the need to provide comprehensive care with fewer colleagues and support systems. Emotional intelligence, which encompasses the ability to recognize, understand, and manage one's own emotions as well as the emotions of others, can be particularly valuable in these environments. High emotional intelligence enables nurses to navigate stressful situations more effectively, maintain positive interpersonal relationships, and implement adaptive coping strategies. The positive correlation found in this study underscores the importance of fostering emotional intelligence to enhance resilience among rural nurses. Training programs that focus on developing emotional intelligence skills, such as emotional regulation, empathy, and interpersonal communication, can be beneficial. Such programs can help nurses improve their emotional well-being and professional performance, thereby enhancing their resilience in the face of adversity.

The correlation coefficient rho and p-value between perceived social support and resilience in rural areas are 0.191 and 0.330 respectively. Since the p-value is greater than 0.05 the null hypothesis is accepted. The results indicate that there is no significant relationship between perceived social support and resilience in female nurses living in rural areas.

The correlation coefficient rho and p-value between emotional intelligence and resilience in urban areas are 0.398 and 0.001 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. So there is a significant positive relationship between emotional intelligence and resilience in nurses living in urban areas. This finding is particularly relevant given the unique challenges faced by urban nurses. Urban healthcare settings are often characterized by high patient volumes, diverse patient populations, and a fast-paced work environment, all of which can contribute to increased stress and burnout. Emotional intelligence, which involves the ability to perceive, understand, manage, and regulate emotions, becomes a vital skill in navigating these demanding conditions. Nurses with higher emotional intelligence are better equipped to handle the emotional complexities of patient care, maintain emotional balance, and utilize effective coping strategies, all of which enhance their resilience. Furthermore, urban nurses may be exposed to a wider variety of clinical cases and cultural interactions, requiring a heightened level of emotional sensitivity and adaptability. The ability to manage one's emotions and understand others' emotional states is crucial in providing compassionate and effective care, thereby reducing work-related stress and enhancing job satisfaction. This emotional adeptness helps nurses to remain resilient in the face of daily challenges and pressures. Moreover, the urban context provides unique social and professional support structures that may further enhance the interplay between emotional intelligence and resilience. Urban areas often have more resources, such as professional development programs, support networks, and mental health services, which can aid in the development and application of emotional intelligence skills. These resources can help urban nurses to build resilience through continuous learning, peer support, and access to mental health care. By fostering emotional intelligence, it is possible

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to enhance resilience, ultimately leading to improved well-being for nurses and better outcomes for patients.

The correlation coefficient rho and p-value between perceived social support and resilience in urban is 0.209 and 0.094 respectively. Since the p-value is greater than 0.05 the null hypothesis is accepted. The results show that there is no significant relationship between perceived social support and resilience in female nurses living in rural areas.

Table 7 *The correlation coefficient for Emotional intelligence, perceived social support and resilience based on locality*

Variable	Emotional intelligence	Perceived social support	Resilience
Emotional intelligence	Married		0.467 0.011
	Single		0.461 0.002
Perceived social support	Married		
	Single		
Resilience	Married	0.178 0.033	
	Single	0.313 0.038	

Table 7 shows the correlation coefficient and p-value between emotional intelligence perceived social support and resilience based on marital status. The correlation coefficient rho and p value between emotional intelligence and resilience in married is 0.467 and 0.011 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. This indicates that there is a positive correlation between emotional intelligence and resilience among married female nurses. This finding is especially relevant for married female nurses, who often juggle demanding professional responsibilities with familial and personal obligations. Emotional intelligence serves as a protective factor for married female nurses, enhancing their ability to manage stress and recover from adversity. These demographics face unique challenges, such as balancing the emotional and physical demands of nursing with the responsibilities of maintaining a household and nurturing relationships. Higher emotional intelligence enables married female nurses to perceive, understand, manage, and regulate their emotions more effectively. This emotional adeptness helps them navigate the complexities of their dual roles, maintain emotional stability, and employ effective coping strategies, thereby bolstering their resilience. For married female nurses, emotional intelligence is not just a professional asset but also a personal one. It aids in achieving a better work-life balance, reducing stress, and enhancing resilience, which are critical for their overall well-being and job satisfaction.

The correlation coefficient rho and p-value between perceived social support and resilience in married is 0.178 and 0.033 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. The finding suggests that there is a significant positive relationship

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between perceived social support and resilience in married female nurses. This finding underscores the value of social support systems in fostering resilience among married female nurses, who often face the dual pressures of demanding professional roles and familial responsibilities. Perceived social support—whether from family, friends, or colleagues—provides married female nurses with emotional and practical resources that help them manage stress and navigate challenges more effectively. The availability of social support can alleviate feelings of isolation, offer encouragement, and provide practical assistance, all of which contribute to greater resilience. For married female nurses, having a strong support network is particularly crucial as it helps balance the emotional and physical demands of nursing with the responsibilities of home and family life.

The correlation coefficient rho and p-value between emotional intelligence and resilience in single is 0.461 and 0.002 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. The finding of the present study shows that there is a positive correlation between emotional intelligence and resilience among single female nurses. This finding is especially pertinent for single female nurses, who often navigate the professional challenges of nursing without the consistent personal support that married counterparts might have.

The correlation coefficient rho and p-value between perceived social support and resilience is 0.313 and 0.038 respectively. Since the p-value is below 0.05 the null hypothesis is rejected. The results show that there is a positive correlation between perceived social support and resilience among single female nurses.

Table 8 Multiple correlation coefficient of Emotional intelligence perceived social support and resilience

R	P value
0.491a	0.00b

Table 8 shows the Multiple correlation coefficient of Emotional intelligence, perceived social support and resilience. The Multiple correlation coefficient and p-value of Emotional intelligence perceived social support and resilience are 0.491a and 0.00b respectively. Since the p-value is below 0.05 the null hypothesis is rejected. The result shows that there is a positive relationship between emotional intelligence, perceived social support and resilience among female nurses. A study conducted by Kim & Park (2019) on the “Effect of emotional intelligence and social support on the resilience of student nurses” supports the findings of the present study. The robust positive correlation observed among emotional intelligence (EI), perceived social support (PSS), and resilience among female nurses underscores their interconnected roles in enhancing psychological well-being within healthcare contexts. Nurses with higher emotional intelligence are likely more adept at understanding and managing their emotions, which facilitates effective coping strategies in response to occupational stressors. Concurrently, strong perceptions of social support from colleagues and supervisors provide emotional validation and practical assistance, buffering against burnout and bolstering resilience. This symbiotic relationship suggests that interventions targeting the enhancement of EI and PSS could yield substantial benefits in fostering resilience among female nurses.

DISCUSSIONS

This study aimed to investigate the relationship between emotional intelligence, perceived social support and resilience among female nurses. Single female nurses face unique stresses, including the pressures of their demanding roles and the necessity of managing

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their lives independently. Higher emotional intelligence equips these nurses with the skills to perceive, understand, manage, and regulate their emotions effectively. This emotional adeptness is crucial for handling the high-stress environments typical of nursing, maintaining emotional balance, and employing effective coping strategies. Emotional intelligence allows single female nurses to navigate interpersonal relationships at work more smoothly, manage conflicts, and sustain a positive work environment, all of which contribute to enhanced resilience.

For single female nurses, emotional intelligence serves as a vital resource in the absence of a partner's support. It enables them to build strong professional networks and seek support from colleagues and friends, thereby creating a robust support system that can buffer against the stress and challenges of their profession. The ability to manage one's emotions and understand the emotional states of others is crucial in providing compassionate and effective care, reducing work-related stress, and enhancing job satisfaction. These capabilities are particularly valuable for single nurses who must rely on their emotional skills to cope with the multifaceted demands of their roles. For single female nurses, social support is an essential factor in managing the challenges of their profession. Unlike their married counterparts, single nurses may not have a partner to provide consistent emotional and practical support. As a result, they rely more heavily on external sources of support, such as friends, family, and colleagues. The positive correlation indicates that when single female nurses perceive a high level of support from these external sources, they are better able to cope with stress and adversity, thereby enhancing their resilience. Social support provides single female nurses with emotional resources that help buffer against the stressors of their demanding roles. This support can come in various forms, including emotional encouragement, practical assistance, and professional advice. Having a strong network of support allows single nurses to feel valued and understood, which can significantly reduce feelings of isolation and burnout. Moreover, social support can enhance their confidence and problem-solving abilities, further contributing to their resilience. The moderate strength of the correlation suggests that while perceived social support is important for resilience, it is one of several factors that contribute to it. Single female nurses might also draw on other resources such as professional skills, personal coping strategies, and emotional intelligence to build resilience. However, the presence of a supportive network remains a key component in their ability to manage work-related stress and maintain overall well-being.

CONCLUSION

The present study aimed to investigate the relationship between emotional intelligence, perceived social support and resilience among female nurses. The study concluded that there is a significant relationship between emotional intelligence and perceived social support on resilience among female nurses. There is a positive relationship between emotional intelligence and resilience. A positive relationship exists between perceived support from significant other, family and friends and resilience. There is a positive relationship between emotional intelligence and resilience based on locality. There is no relationship between perceived social support and resilience based on locality. There is a positive relationship between emotional intelligence, perceived social support and resilience based on marital status.

The findings indicate that nurses with elevated levels of emotional intelligence are better equipped to manage their own emotions and those of their patients, which can lead to enhanced patient care and satisfaction. Furthermore, the perception of strong social support can significantly mitigate job-related stress, thereby reducing burnout and fostering a more

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supportive and collaborative work environment. Additionally, resilience among nurses enables them to effectively handle the high demands and pressures of their profession, ensuring the maintenance of high standards of patient care. These results underscore the importance of implementing targeted interventions aimed at enhancing emotional intelligence, social support, and resilience among nursing professionals to improve both their well-being and the overall quality of healthcare services.

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Conflict of Interest

The author(s) declared no conflict of interest.

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