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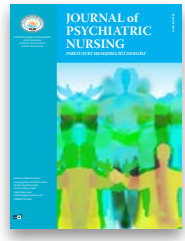

Original Article

Emotional intelligence and perceived stress among psychiatric nurses: The moderating role of mindfulness

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Abstract

Objectives: The field of psychiatric nursing is filled with daunting challenges and stress. Emotional intelligence in nurses is associated with better mental health and work performance. However, there are underlying processes that might moderate these associations. The objective of this study was to explore the moderating role of mindfulness in the relationship between emotional intelligence and perceived stress among psychiatric nurses.

Methods: The study adopted an explanatory sequential design. In Phase I, quantitative data were collected from 112 working psychiatric nurses in Maharashtra. Those with adequate educational qualifications, experience in the field, and willingness to participate were requested to provide sociodemographic details, followed by completion of questionnaires on perceived stress, mindfulness, and emotional intelligence after providing written informed consent. In Phase II, qualitative data were gathered from participants who had the highest (n=10) and lowest (n=10) levels of mindfulness in the previous phase. A semi-structured interview was used to gather data on the stressors they faced, the causes of stress, and coping strategies.

Results: The results of hierarchical regression analysis indicated that, after controlling for sociodemographic variables, emotional intelligence was negatively associated with perceived stress, and this relationship was moderated by mindfulness. Those with higher levels of mindfulness tended to use adaptive coping strategies, whereas those with lower levels of mindfulness tended to use maladaptive coping strategies.

Conclusion: This study contributes to a deeper understanding of the relationship between emotional intelligence and perceived stress and the moderating role of mindfulness. The results suggest that intervention programs focusing on mindfulness skills can be incorporated for psychiatric nurses to improve their mental health.

Keywords: Emotional intelligence; mindfulness; nurses; psychiatry; stress

The field of psychiatric nursing is distinct from other nursing specialties. It is associated with daunting physical and psychological challenges such as exposure to verbal and physical violence.[1–4] Other challenges include unpredictable behavior,[1,3] increased paperwork,[1,4,5] and a lack of managerial support.[1,5] These challenges and work-related stress reduce the professional quality of life of psychiatric nurses and lead to burnout.[2,3] Nurses who perceive their work as more stressful report lower job satisfaction.[2] The methods used by psychiatric nurses to manage stress are linked to their job satisfaction.[1] Occupational stress can negatively affect the well-being of psychiatric nurses, which can translate into poor patient care.[5] Individuals experience stress when they subjectively appraise an event as exceeding their ability to cope.[4] Most nurses reported that they needed support and further training to cope with stress in the workplace.[3]

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Emotional intelligence (EI) is a construct that plays a key role in managing stress.[6] Various studies indicate that individuals with high EI can cope better with work pressure.[7] EI is the ability to understand and manage one's own emotions and to recognize and influence the emotions of people around them.[6] It plays an important role in forming successful human relationships. EI involves perceiving emotions in oneself and others, appropriately utilizing and regulating emotions, and managing emotions in oneself and others. It helps individuals cope with frustration and develop empathy and hope. Any workplace is associated with task-related and social emotions, which can lead to stress when not managed appropriately. Psychiatric nursing is especially demanding and emotionally draining. EI plays a role in coping with these aspects of work. EI helps with task-specific and non-task-specific behaviors.[7] Professionals rely on EI to meet job demands and provide patient care.[8] EI in nurses is associated with greater engagement with patients and better interpersonal relationships with patients and colleagues, which improves their performance in the workplace.[8] EI enables individuals to cope better with the stress they experience and to report lower levels of stress. This allows them to create a healthy and stable work environment and fosters active and effective coping strategies when facing stress.[9,10] This improves their well-being[9,11] and reduces perceived job stress,[9] enhances problem-solving and perceived competence,[11] and offers protection from burnout.[10]

Mindfulness is another construct that has been shown to have a positive impact on nurses' levels of stress, emotional distress, burnout and job satisfaction.[12,13] Mindfulness is the process of openly attending, with awareness, to one's present-moment experience and accepting thoughts, emotions, and experiences without an evaluative stance.[14] This differs from the everyday experience of most people, in which they let their minds wander, operate on autopilot or suppress unwanted experiences.[15,16] Mindfulness promotes emotional regulation, helps manage negative emotions, and supports coping with everyday challenges.[17]

The mindfulness stress-buffering account suggests that mindfulness promotes emotional regulation, helps manage negative emotions, supports coping with everyday challenges, and protects individuals from the impact of stress.[12] Multiple studies have shown that developing mindfulness skills helps reduce stress.[14,17,18] Studies indicate that increases in self-reported mindfulness statistically mediate improvements and reduce perceived stress levels.[14,19] Mindfulness moderates the association between distressing life events and psychopathological symptoms.[20] It allows individuals to cope with daily distress by being aware, non-evaluative, and accepting of the situation. This suggests that mindfulness plays a role in improving the ability to cope with stressful events and alleviating their detrimental effects on mental health.

What is presently known on this subject?

- Emotional intelligence (EI) and mindfulness play key roles in managing and coping with stress and burnout. Most psychiatric nurses face daunting challenges in their field of work.

What does this article add to the existing knowledge?

- This article focuses on how mindfulness moderates the relationship between emotional intelligence and perceived stress in psychiatric nurses. Emotional intelligence was negatively associated with perceived stress. Those with higher levels of mindfulness tend to use adaptive coping strategies compared with those with lower levels of mindfulness, who tend to use maladaptive coping strategies.

What are the implications for practice?

- These findings indicate the need to adopt intervention programs for psychiatric nurses to teach mindfulness and emotional intelligence skills, which can help them develop adaptive coping skills and buffer work-related stress.

Systematic reviews indicate that there is a positive relationship between mindfulness and emotional intelligence among healthcare professionals, particularly in the ability to regulate one's emotions, and a negative relationship between mindfulness and emotional exhaustion.[21,22] Studies have also shown a strong negative relationship between emotional intelligence and stress among nursing professionals.[22,23]

Need for Study

In this context, the significance and importance of emotional intelligence and mindfulness among psychiatric nurses need to be recognized in the field so that management programs can be developed for professionals. Hence, this research was undertaken to shed light on the relationships among emotional intelligence, mindfulness, and perceived stress in psychiatric nurses.

Objectives

The research was undertaken with the following objectives:

- To study the relationships among mindfulness, perceived stress, and emotional intelligence in psychiatric nurses.
- To study the moderating role of mindfulness in the relationship between emotional intelligence and perceived stress in psychiatric nurses.
- To study perceived stress, causes of stress, and coping strategies in psychiatric nurses with high and low levels of mindfulness.

Materials and Method

An explanatory sequential design was employed, in which quantitative data were collected and analyzed using correlation and regression analyses in Phase 1, followed by the collection and analysis of qualitative data in Phase 2 based on the prior results. Data from both phases were integrated to understand the role of mindfulness. Data collection for both phases was completed in 2021 over a period of 6 months, and the study was completed within 1 year.

Phase 1

In the first phase, a purposive sampling method was used, whereby researchers recruited participants from various private and government psychiatric settings and tertiary healthcare settings in Maharashtra, India, after obtaining permission. The G*Power tool was used to determine the sample size for this investigation, ensuring sufficient power to identify significant effects according to predetermined alpha and effect size parameters. Data were gathered from 112 working psychiatric nurses over a period of 3 months. The inclusion criteria were at least 1 year of psychiatric nursing experience, adequate educational qualifications, and willingness to participate. A 100% response rate was obtained, as no incomplete questionnaires were received by the researcher. Data were gathered using paper-and-pencil forms completed by the participants. After providing written informed consent, participants were first asked to provide sociodemographic details, followed by completion of self-report questionnaires assessing perceived stress, mindfulness, and emotional intelligence.

Tools

The Perceived Stress Scale (PSS), consisting of 14 items, was used to assess the appraisal of stressful situations.[24] It helps to determine the extent to which one's life is perceived as unpredictable, uncontrollable, and overwhelming using a Likert scale ranging from 0 to 4. The established cutoff scores for the total score reflect low, moderate, or high perceived stress.

The Five Facet Mindfulness Questionnaire (FFMQ-15), consisting of 15 items, was used to assess five facets of mindfulness: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience.[25] It is based on a Likert scale ranging from 1 to 5. Average scores are calculated by summing the responses and dividing by the number of items. Average scores >4 reflect a high level of mindfulness, whereas average scores <2 reflect lower levels of mindfulness.

The Schutte Self-Report Emotional Intelligence Test (SSEIT), consisting of 33 items, was used to assess four subscales of emotional intelligence, including emotion perception, utilization of emotions, management of self-relevant emotions, and management of others' emotions, using a Likert scale ranging from 1 to 5.[26] The established cutoff scores for the total score reflect low, moderate, or high levels of emotional intelligence.

Phase 2

In the second phase, 20 participants from the first phase of the study were recruited. Psychiatric nurses who had the highest (n=10) and lowest (n=10) levels of mindfulness in the previous phase were invited to participate. Interviews were conducted. At the end of the study, a basic debriefing session was conducted to orient the nurses to adaptive coping strategies that they could use to improve their well-being.

Tools

A semi-structured interview was conducted after appointments were scheduled. Participants provided consent for the interviews. Interviews were conducted for 30–45 minutes with each participant. They were asked questions regarding their understanding of stress, the areas in which they experienced stress, specific work- and family-related stressors, other stressors they faced, causes of stress, their health and well-being, the social support they used, and the strategies they employed to manage stress. The participants were divided into two groups: those with high and those with low levels of mindfulness. Their responses were recorded, and verbatim responses were documented.

Ethical Approval and Informed Consent

The study was conducted after formal approval was obtained from the Ethical Committee of the Amity Institute of Behavioral and Allied Sciences, Amity University Mumbai (Approval date: May 20, 2019; Approval no: 201900/01). The research was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained from the participants to ensure that the ethical requirements were clearly understood. Permission was obtained from the participants for audio recording during the interviews. All data were kept confidential and secure.

Statistical Analysis

The collected data were compiled for analysis. A statistical significance level of 0.05 ($p<0.05$) was adopted throughout the analysis. Descriptive statistics were calculated for sociodemographic information. Pearson correlation analysis was performed to examine the relationships among emotional intelligence, mindfulness, and perceived stress. Hierarchical multiple regression was used to assess the effect of the moderating variable, mindfulness. Moderation analysis was used to investigate the conditional influence of mindfulness on the relationship between emotional intelligence and perceived stress.

In Phase 2, Braun and Clarke's (2006) six-phase framework was used for inductive thematic analysis. The six phases were familiarization with the transcribed data and developing an overall understanding of the data, generating initial codes and identifying meaningful groups, searching for themes, reviewing themes and data extracts, defining the themes, and writing up the themes.

Results

The mean age of the participants was 33.16 years (Table 1). Most participants were female (81.25%), and most resided in Mumbai (46.42%). Their mean duration of experience was 8.53 years. Most nurses had completed a BSc degree (31.25%).

Table 2 indicates that females had higher levels of emotional intelligence (M=122.91) and mindfulness (M=36.29) compared with males, whose emotional intelligence and mindfulness scores were M=118.43 and M=38.13, respectively. Males (M=19.52) had higher levels of perceived stress than females (M=17.67). However, these differences were not statistically significant. The difference in perception of emotions between males (M=32.39) and females (M=34.70) was statistically significant (p<0.5). Among the other subscales, the mean scores for the ability to manage one's own and others' emotions, observing and describing skills, awareness, non-judging, and non-reactivity were higher in females. Utilization of emotions was higher in males. However, these differences were not statistically significant.

Table 3 shows the Pearson correlations among emotional intelligence, mindfulness, and perceived stress at the 0.01 and 0.05 levels of significance. Mindfulness was negatively correlated with perceived stress (r=-0.357) and positively correlated with emotional intelligence (r=0.44) at the 0.01 level of significance. Perceived stress was negatively correlated with mindfulness (r=-0.357) and emotional intelligence (r=-0.253) at the 0.01 level of significance.

At the 0.01 level of significance, perception of emotions was positively correlated with mindfulness (r=0.462), while managing one's own emotions and others' emotions was positively correlated with mindfulness (r=0.335 and r=0.365, respectively) and negatively correlated with perceived stress (r=-0.314 and r=-0.197, respectively). At the 0.05 level of significance, utilization of emotions was positively correlated with mindfulness (r=0.235). At the 0.01 level of significance, perception of emotions was positively correlated with describing (r=0.353), awareness (r=0.301), and non-judging (r=0.363). At the 0.01 level of significance, management of one's own emotions was positively correlated with describing (r=0.346) and awareness (r=0.337); management of others' emotions was positively correlated with describing (r=0.251), awareness (r=0.335), and non-judging (r=0.336); and utilization of emotions was positively correlated with the awareness subscale of mindfulness (r=0.255). At the 0.01 level of significance, describing was negatively correlated with perceived stress (r=-0.359), and awareness was negatively correlated with perceived stress (r=-0.537). At the 0.05 level of significance, non-judging was negatively correlated with perceived stress (r=-0.217), whereas non-reactivity was positively correlated with perceived stress (r=0.206). At the 0.01 level of significance, describing was positively correlated with EI (r=-0.341), awareness was positively correlated with EI (r=-0.382), and non-judging was positively correlated with EI (r=-0.295).

Table 1. Frequency distribution and percentage based on sociodemographic variables (n=112)

		Percentage	Frequency
Gender	Males	81.25	91
	Females	18.75	21
Age	20–29	33.03	37
	30–39	51.78	58
	40–49	10.71	12
	50–59	4.46	5
Locality	Mumbai	46.42	52
	Pune	21.42	24
	Nashik	22.32	25
	Other cities	8.92	10
Educational qualification	12th	8.92	10
	ANM	11.60	13
	GNM	25.89	29
	DPN	11.60	13
	BSc	31.25	35
	MSc	10.71	12
Years of experience	1–9	75	84
	10–19	16.07	18
	20–29	6.25	7
	30–39	2.67	3

ANM: Auxiliary nurse midwife, BSc: Bachelor of science, DPN: Diploma in psychiatric nursing, GNM: General nursing and midwifery, MSc: Master of science, n: Number of participants.

Hierarchical multiple regression (Table 4) was used to assess the effects of the moderating variable, mindfulness. The moderating effect was assessed through the interaction between mindfulness and emotional intelligence in predicting perceived stress. It was assumed that the relationship between emotional intelligence and perceived stress would change as the value of mindfulness changed. In the first block (Table 5), emotional intelligence predicted perceived stress. Emotional intelligence accounted for a significant amount of variance, R^2=0.064. In Block 2, the interaction between emotional intelligence and mindfulness showed an R^2 change=0.139, indicating a potentially significant moderating effect of mindfulness on the relationship between emotional intelligence and perceived stress. The model summary (Table 5) shows that emotional intelligence (5.6%) and mindfulness (12.3%) played a role in changes in perceived stress levels.

The second phase included more females (n=14) than males (n=6). Based on the participants' responses, various codes were generated and grouped into themes. The themes of

Table 2. Comparison of means of emotional intelligence, mindfulness, perceived stress and their subscales across genders (n=112)

	Gender	Mean	SD	SE mean	t- test for equality of means	df	Significance (2- tailed)
Emotional intelligence	M	118.43	14.045	3.065	-1.382	110	0.17
	F	122.91	13.25	1.389			
Mindfulness	M	36.29	6.72	1.467	-1.051	110	0.296
	F	38.13	7.37	0.773			
Perceived stress	M	19.52	7.195	1.57	1.077	110	0.284
	F	17.37	7.088	0.743			
Perception of emotion	M	32.39	5.283	1.153	-2.291	110	0.024*
	F	34.70	4.124	0.432	-1.963		
Managing own emotions	M	35.14	4.328	0.944	-0.625	110	0.533
	F	35.87	4.893	0.513	-0.675		
Managing others' emotions	M	26.81	4.654	1.016	-1.702	110	0.092
	F	28.54	4.086	0.428	-1.569		
Utilization of emotions	M	24.19	3.108	0.678	0.521	110	0.603
	F	23.80	3.070	0.322	0.517		
Observing	M	7.48	2.442	0.533	-0.457	110	0.649
	F	7.75	2.452	0.257	-0.458		
Describing	M	7.76	2.682	0.585	-1.067	110	0.288
	F	8.45	2.664	0.279	-1.062		
Awareness	M	7.57	2.158	0.471	-0.409	110	0.683
	F	7.84	2.762	0.290	-0.477		
Non-judging	M	7.14	2.632	0.574	-0.569	110	0.571
	F	7.52	2.730	0.286	-0.582		
Non-reactivity	M	6.33	1.983	0.433	-0.405	110	0.686
	F	6.58	2.650	0.278	-0.484		

*: Level of Significance at <0.05 level. SD: Standard deviation, SE: Standard error, df: Degrees of freedom.

work, family, understanding of stress, health, social factors, and strategies for dealing with stress were reviewed. (Table 6) Among participants in the low-mindfulness group, 80% reported using maladaptive strategies that may be helpful initially but create more stress in the long term. These included procrastination, eating comfort food, daydreaming, and similar behaviors. In contrast, 80% of participants in the high-mindfulness group reported using adaptive strategies, such as seeking support from their partner or family members, being assertive, validating their emotions, engaging in some form of exercise or meditation, and maintaining positive relationships with colleagues.

Some common problems reported by participants in the low-mindfulness group included feeling stressed because of their superiors, difficulties managing work pressure and family responsibilities, experiencing interference with daily functioning because of stress, physical symptoms related to stress, and a lack of social support. Some common problems reported by participants in the high-mindfulness group included work pressure, family responsibilities, and a lack of "me time."

Discussion

The purpose of the present study was to investigate the pivotal role of mindfulness in the relationship between emotional intelligence (EI) and perceived stress in psychiatric nurses and to understand the differences between individuals with high and low levels of mindfulness. It provides several new insights at both theoretical and practical levels. Phase 1 of the study indicated a positive correlation between emotional intelligence and mindfulness, a negative correlation between emotional intelligence and perceived stress, and a negative correlation between mindfulness and perceived stress. These findings are consistent with previous research.[18,21–23] The subscales of mindfulness and EI also showed positive correlations. A strong relationship exists between the facets of mindfulness and EI. Regression analysis with perceived stress as the dependent variable indicated that both mindfulness and emotional intelligence predicted stress. After controlling for the effects of emotional intelligence and demographic variables on perceived stress, the present research confirmed that higher levels of mindfulness were as-

Table 3. Correlation among emotional intelligence, mindfulness and perceived stress and among their subscales in mental health nursing staff (n=112)

	Mindfulness	Perceived stress	Emotional intelligence	Observing	Describing	Awareness	Nonjudging	Nonreactivity	Perception of emotions	Managing own emotions	Managing others emotions	Utilization of emotions
Mindfulness	1	-	-	-	-	-	-	--	-	-	-	-
Perceived Stress	-0.357**	1	-	--	-	-	-	-	-	-	-	-
Emotional intelligence	0.44**	-0.253**	1	-	-	-	-	-	-	-	-	-
Observing	0.52**	-0.06	0.166	1	-	-	-	-	-	-	-	-
Describing	0.727**	-0.359**	0.341**	0.193*	1	-	-	-	-	-	-	-
Awareness	0.608**	-0.537**	0.382**	0.5	0.39**	1	-	-	-	-	-	-
Nonjudging	0.631**	-0.217*	0.295**	0	0.482**	0.376**	1	-	-	-	--	-
Nonreactivity	0.29**	0.206*	0.026	0.27**	-0.079	-0.165	-0.162	1	-	-	-	-
Perception of emotions	0.462**	-0.186	0.768**	0.177	0.353**	0.301**	0.363**	0.078	1	-	-	-
Managing own emotions	0.335**	-0.314**	0.87**	0.72	0.346**	0.337**	0.18	-0.021	0.491**	1	-	-
Managing others emotions	0.365**	-0.197*	0.872**	0.185	0.251**	0.335**	0.336**	-0.104	0.593**	0.685**	1	-
Utilization of emotions	0.235*	-0.081	0.716**	0.104	0.101	0.255**	0.022	0.176	0.339**	0.6**	0.518**	1
Mean	37.79	18.02	122.07	7.7	8.32	7.79	7.45	6.54	34.25	35.73	28.21	23.88
SD	7.26	7.11	13.45	2.44	2.66	2.65	2.7	2.53	4.44	4.78	4.23	3.06

*: Correlation is significant at the 0.05 level (2-tailed), **: Correlation is significant at the 0.01 level (2-tailed). M: Mindfulness subscale; EI: Emotional intelligence subscale.

sociated with lower levels of perceived stress. These findings are consistent with the existing literature indicating that higher levels of mindfulness serve as a buffer against negative stress responses.[17,27]

Among the facets, the strongest correlations were found between perception of emotions (EI subscale) and describing (mindfulness subscale), and between perception of emotions (EI subscale) and non-judging (mindfulness subscale). Perception of emotions was strongly correlated with mindfulness. Perception of emotions is most strongly associated with the ability to respond empathically to others.[6] The inability to perceive emotions is associated with poor coping with daily stress and difficulties in social relationships.[28] Greater describing ability is necessary for effective communication and self-control which helps individuals seek social support and facilitates successful task completion, thereby promoting positive affect and personal success.[27] Non-judging is the ability to refrain from judging one's own cognitions, emotions, and bodily sensations and is an important facet of mindfulness that protects individuals from stress and negative affect.[29] Overall, mindfulness functions by helping individuals develop greater awareness of present-moment experiences, which enhances the quality and vividness of everyday experiences. Observation, awareness, a non-evaluative stance, the ability to describe and communicate effectively, and non-reactivity to inner experiences act as stress buffers, allowing emotional regulation to occur, cushioning against negative emotions, and helping individuals cope with everyday challenges.[17]

Phase 2 of the study indicated that nurses with lower levels of mindfulness tended to use maladaptive coping strategies. This is consistent with previous research suggesting that individuals with higher levels of mindfulness use adaptive coping strategies.[18] A study among university students indicated that lower levels of mindfulness are associated with lower resilience, reduced use of adaptive coping, and greater psychological distress.[30]

This research demonstrates how mindfulness exerts its influence and serves as an important moderator between emotional intelligence and perceived stress. If an individual is emotionally intelligent and experiences perceived stress, cultivating mindfulness may act as a buffer against stress. In other words, EI improves the ability to engage one's emotions and rational thinking simultaneously.[6,7] This results in a more controlled reaction to stress, better coping, and reduced perceived stress.[6,7,10] Individuals with high EI take the initiative to put things into perspective, are less likely to catastrophize or blame themselves, use problem-focused coping strategies, have the potential to evaluate themselves honestly, can self-regulate, and can

Table 4. Hierarchical multiple regression for predictive analysis for mindfulness and emotional intelligence (n=112)

Model		Unstandardised co-efficients		Standardised coefficient	t	Significance
		B	SE	Beta		
1	(Constant)	34.358	5.989	-0.253	5.737	0.000
	Emotional intelligence	-0.134	0.049		-2.745	0.007
2	(Constant)	36.991	5.833		6.342	0.000
	Emotional intelligence	-0.063	0.052	-0.119	-1.204	0.231
	Mindfulness	-0.299	0.097	-0.305	-3.082	0.003

B: Unstandardized regression coefficient; SE: Standard error.

Table 5. Model summary

Model	R	R square	Adjusted R square	SE of estimation
1	0.253[a]	0.064	0.056	6.912
2	0.373[b]	0.139	0.123	6.66

[a]: Predictors: (Constant), Emotional Intelligence, [b]: Predictors: (Constant), Emotional Intelligence, Mindfulness. SE: Standard error.

manage conflict and social difficulties.[6] However, EI alone is not sufficient. Psychiatric nurses work in stressful and demanding environments. Mindfulness strengthens the inverse relationship between EI and perceived stress. The presence of mindfulness enhances the effect of EI on perceived stress. Mindfulness improves the ability to cope adaptively with stressful situations by bringing one's awareness to the present moment rather than operating on autopilot and by accepting the unpleasantness of aversive situations.[14–16] This allows individuals to use their EI to cope with the detrimental effects of stress.

This study provides a basis for establishing the importance of EI and mindfulness among psychiatric nurses and may stimulate further research. Hospital management should conduct intervention programs to cultivate both emotional intelligence and mindfulness among psychiatric nursing professionals. This may help develop adaptive coping strategies, protect nurses from stress, and lead to better outcomes. The significance of these aspects also needs to be recognized in nursing education.

Table 6. Categories and subcategories for high and low mindful group (n=20)

Sr. no	Categories	Subcategories	High mindful group		Low mindful group	
			Percentage	Frequency	Percentage	Frequency
1.	Work	1. Superiors	20	2	50	5
		2. Own responsibilities	30	3	20	2
		3. Pressure of work	50	5	40	4
2.	Family	1. Responsibility	40	4	10	1
		2. Management	20	2	50	5
		3. Children	40	4	40	4
3.	Understanding of stress	1.Uncertainty, uncontrollability	40	4	30	3
		2. Hinderance in daily functioning	40	4	40	4
		3. External stress	10	1	10	1
		4. Internal stress	10	1	10	2
4.	Health	1. Physical symptoms	30	3	40	4
		2. Behavioral changes	30	3	30	3
		3. No 'me time'	40	4	30	3
5.	Social factors	1. Absence of partner	40	4	40	4
		2. Lack of social network	20	2	40	4
		3. Family members	40	4	20	2
6.	Strategies to deal with stress	1. Adaptive strategies	80	8	20	2
		2. Maladaptive strategies	20	2	80	8

Limitations

The study was limited to one geographical region and can be expanded to other regions. The sample included a limited number of male nurses. A larger sample with more male nurses may shed further light on gender differences in the variables. Intervention studies for psychiatric nurses based on mindfulness and emotional intelligence can be conducted to examine their impact on perceived stress and other variables such as well-being and coping.

Conclusion

The current research revealed the moderating effect of mindfulness on the relationship between emotional intelligence and perceived stress in psychiatric nurses. It also indicated that higher levels of mindfulness foster adaptive coping and reduce perceived stress. The field of psychiatric nursing involves unique challenges such as violence and unpredictable behavior, which can reduce professional quality of life and increase work-related stress among nurses. Researchers can develop stress management programs by considering the predictive value of each of the variables analyzed. Intervention programs for psychiatric nurses that aim to improve both emotional intelligence and mindfulness may be beneficial for coping with stress.

Ethics Committee Approval: The study was approved by the Amity Institute of Behavioral and Allied Sciences, Amity University Mumbai Ethics Committee (no: 201900/01, date: 20/05/2019).

Informed Consent: Written informed consent was obtained from the participants to ensure that the ethical requirements were clearly understood. Permission was obtained from the participants for audio recording during the interviews. All data were kept confidential and secure.

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