



THE EFFECTIVENESS OF MINDFULNESS-BASED EMOTIONAL INTELLIGENCE TRAINING ON RESILIENCE, SELF-EFFICACY, AND WORK STRESS AMONG NURSES

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ABSTRACT

The high workload demands on nurses have an impact on increased work stress, as well as decreased resilience and self-efficacy. This condition poses a serious threat to the quality of nursing services and patient safety. Mindfulness-based Emotional Intelligence (EI) training has emerged as an innovative intervention to strengthen nurses' emotional capacity. This study aims to analyze the effectiveness of mindfulness-based Emotional Intelligence training in increasing resilience and self-efficacy and reducing work stress among nurses. The study design uses a quasi-experimental approach with a pretest-posttest with control group. The study was conducted at Hospital X (intervention group) and Hospital Y (control group) in November–December 2025 with questionnaires by Emotional Intelligence, Mindfulness, Resilience, Self-Efficacy, Work Stress. Data analysis used bivariate statistical tests and multivariate linear regression using the backward method. The majority of respondents were women (aged 25–34 years), educated at the DIII Nursing level, with Clinical Nurse (PK) II level. The results showed a significant increase in resilience (from 62.0% moderate to 60.0% high; $p=0.000$) and self-efficacy (from 70.0% moderate to 62.0% high; $p=0.000$). Work stress experienced a significant decrease in frequency distribution ($p=0.000$). Multivariate analysis confirmed that the training intervention was the most significant predictor of resilience and self-efficacy. PK level was found to be the most influential factor on nurses' work stress ($p=0.016$). Mindfulness-based Emotional Intelligence training was effective in strengthening nurses' resilience and self-efficacy, but work stress was also significantly influenced by PK level.

Keywords: emotional intelligence; mindfulness; nurse; resilience; self-efficacy; work stress

INTRODUCTION

The hospital environment is often a significant source of stress for nurses, where stress and various health issues can lead to work fatigue and decreased efficiency. When performing their duties, nurses are often faced with intense work pressure, which stems from a combination of internal and external factors. One external factor is excessive workload, where nurses are often assigned to care for many patients in a limited time, with long working hours and unpredictable shift schedules. Emotional intelligence can help nurses manage stress, increase self-awareness, and improve their ability to cope with work challenges. With high emotional intelligence, nurses can be more effective in managing emotions, increasing resilience, and providing high-quality care to each patient. (Foji, et al., 2020) (Crawford & Henry, 2023) (Hartiti & Wulandari, 2018) (Chikobvu & Harunavamwe, 2022) (Khorasani, et al., 2023)

According to Goleman (2020), emotional intelligence can help individuals manage their emotions and improve their ability to interact with others. It can also help individuals manage stress and improve their ability to face any challenges at work. A number of studies show that emotional intelligence training plays a very effective role in optimizing individuals' capacity to identify, understand, feel, and manage emotions, both their own and those of others (Suhendra & Ermanto, 2023). Experimental studies show that emotional intelligence training, which covers aspects such as emotion perception, emotion understanding, and emotion management, has a significant positive

impact on participants' psychological well-being (Wijaya, et al., 2020). Emotional intelligence-based educational interventions will improve emotional intelligence skills (Khorasani, et al., 2023). In addition, mindfulness practices are significantly positively correlated with increased emotional intelligence . (Jiménez-Picón, et al., 2021)

Mindfulness techniques, such as meditation and breathing exercises, aim to increase self-awareness and emotional management. Mindfulness-based EI training teaches individuals to be more aware and present in every situation, helping them to manage their emotions more effectively. Research by Mao, et al. (2021) found that emotional intelligence training improves resilience. Statistically, emotional intelligence has a substantial positive effect on resilience levels (Chikobvu & Harunavamwe, 2022). Resilience refers to an individual's capacity to adapt, persevere, and recover from challenging conditions or pressures. Resilience is an individual's ability to recover from or successfully cope with adverse situations (Mao, et al., 2021) (Cabrera-Aguilar, et al., 2023). Mindfulness-based programs can help nurses develop stress management skills in clinical settings and improve their well-being; strengthen focus, empathy, and full presence towards patients and families; and encourage increased job satisfaction, inner peace, reduction of unplanned overtime, and decreased work fatigue. When someone is able to regulate their emotions and responses to stress, they are more likely to feel competent in dealing with various tasks and work situations, which in turn increases their self-efficacy (Penque, 2019) (Rahmawati & Retnaningrum, 2022). Self-efficacy defines the inherent belief in one's ability to act in a certain way or engage in certain behaviors in order to achieve desired goals (Musenze, et al., 2020). Emotional intelligence training can increase self-efficacy from an average of 19.33% to 28.61% (Irman, et al., 2021).

Teaching skills to manage feelings and attention (mindfulness) helps individuals to not focus too much on pressures or worries that can increase stress, to be more efficient at work, reduce emotional tension, and create a more harmonious work environment (Al Fatihah, et al., 2023). Nurses experiencing work-related stress is a common phenomenon due to the high physical, mental, and emotional demands of their work. Registered nurses in the United States were reported to have high levels of stress (56%) in 2023 (Yardi, 2025). Research conducted by McKinsey & Co in 2023 stated that 64% of nurses felt “very stressed” . A survey of 2600 nurses and nursing students stated that 65% of nurses reported high levels of stress and work fatigue. Work stress among nurses occurs in various countries, including Indonesia. A study conducted by Azteria & Hendarti (2020) based on data from the Indonesian Ministry of Health revealed that an average of 60.6% of workers experience depression and 57.6% suffer from insomnia. Additionally, research from PPNI shows that 50.9% of nurses in Indonesia face work stress, fatigue, frequent dizziness, and lack of rest time, mainly due to the high workload during the pandemic. Emotional intelligence-based educational interventions will significantly improve students' emotional intelligence skills and reduce academic stress. (University of Tulsa, 2024) (Sciencedaily, 2025) (Sumarni & Rimba Putri, 2021)(Khorasani, et al., 2023)

The Neuman Systems Model (NSM) theory explains how resilience, self-efficacy, and work stress interact within an open individual system, influenced by external and internal factors (Montano, 2021). The Neuman Systems Model provides a comprehensive conceptual framework for understanding how mindfulness-based EI training can increase resilience and self-efficacy and reduce work stress (Kabat-Zinn, J., 2019). Mindfulness-based EI training serves as a primary intervention that strengthens flexible lines of defense, helping individuals recognize and manage stress early on through increased self-awareness, emotional regulation, and interpersonal understanding . Improving these abilities not only strengthens defense mechanisms against stress, but also increases resilience (adaptability) and self-efficacy (confidence in overcoming challenges), which overall contribute to reduced stress levels and improved mental well-being (Neuman, 2021). his study aims to analyze the effect of mindfulness-based emotional intelligence training on

resilience, self-efficacy, and work stress among nurses at Hospital X (intervention group) and Hospital Y (control group). (Jiménez-Picón, et al., 2021)

METHOD

This study adopts a quantitative approach with a two-group pre-test-post-test quasi-experimental design. In this design, respondents will undergo a pre-test before being given the intervention. After the intervention is carried out, they will be tested again through a post-test. This design allows researchers to test the causal relationship by manipulating one variable (training) in the intervention group, then comparing the results with the control group that did not receive the intervention. In this study, the research population consists of all nurses at Hospital X in Cigugur – Kuningan and Hospital Y in Padalarang – Bandung, with a total of 120 nurses. The research sample will consist of nurses at both hospitals (Hospital X and Hospital Y) who meet the predetermined inclusion and exclusion criteria. The research will begin in early September - November 2025. Researchers will adhere to research ethics norms throughout the study process to uphold research ethics.

Data collection instruments use questionnaires through several procedures ranging from administrative procedures, technical procedures, pre-intervention data collection, intervention through training, and post-intervention data collection. The demographic characteristics of respondents will be collected through questionnaires covering several variables, namely: Age (18–25 years, >25–35 years, >35–45 years, and >45 years), Gender (Male and Female), Education (DIII Nursing and S1 Nursing/Nursing), Career Level (PK I, PK II, PK III, and PK IV). The implementation program for mindfulness-based emotional intelligence training followed procedures that included preparation, implementation, and evaluation. The training module was a tool assisted by a resource person with expertise in mindfulness, namely Duddy Fachrudin, M.Psi., a practicing mindfulness psychologist, educator, and writer. The measurement criteria were 0 (no training conducted) and 1 (training conducted). The resilience variable was measured using the Connor and Davidson Resilience Scale, which consists of 10 statements using a Likert scale, where a score is given for positive statements, namely Strongly Disagree (1), Disagree (2), Agree (3), and Strongly Agree (4) (Simamora, 2024). The categories of the resilience variable are (low: score 10–20, medium: score 21–30, and high: score 31–40).

The General Self-Efficacy Scale is used to measure the variable of self-efficacy, which consists of 10 statements. For positive statements, the answer choices are Strongly Disagree (1), Disagree (2), Agree (3), Strongly Agree (4), with categories (low: score 10–20, medium: score 21–30, and high: score 31–40). The work stress questionnaire in this study was based on a validated and widely recognized instrument, namely Cohen's Perceived Stress Scale (PSS-10). In this study, there were 10 statements with a Likert scale measurement, which were given values for positive answer choices, namely: Never (0), Rarely (1), Sometimes (2), Quite often (3), Often (4), with categories (normal: score 10, mild stress: 11–20, moderate stress: 21–30, severe stress: 31–39, and very severe stress: 40–50). Further data were analyzed statistically through univariate, bivariate (paired t-test and chi-square) and multivariate (backward linear regression) methods. (Schwarzer & Jerusalem, 1995)(Cohen & Williamson, 1988)

RESULT

Univariate Analysis

The majority of respondents in the control group and intervention group were female. Female nurses generally have better emotional sensitivity and a tendency to build therapeutic relationships with patients and colleagues.

Table 1.
 Frequency distribution of respondents based on age, gender, education, and clinical nursing level at
 Hospitals X and Y

No	Characteristics	Intervention Group (n=60)		Control Group (n=60)	
		f	%	f	%
1.	Age				
	18 - 24 years	0	0,0	4	6.7
	25 - 34 years	27	45.0	30	50.0
	35 - 44 years	13	21.7	22	36.7
	45 - 54 years	20	33.3	4	6.7
2.	Gender				
	Male	3	55.0	8	13.3
	Female	57	95.0	52	86.7
3.	Educations				
	Bachelor of Nursing Diploma III	51	85.0	38	63.3
		9	15.0	22	36.7
4.	PK Level				
	PK I	11	18.3	25	41.7
	PK II	24	40.0	22	36.7
	PK III	25	41.7	13	21.7

Bivariate Analysis

Table 2.
 The effect of mindfulness-based emotional intelligence training on resilience, self-efficacy, and
 work stress in the intervention group and control group

		n	Min-Max	Mean	SD	t	P Value
Resilience							
Intervention	Pre Test	60	21.00-40.0	30.4167	4.44664	6.890	0,000
	Post Test		23.00-40.0	33.2667	4.42208		
Control	Pre Test	60	22.00-40.0	30.4667	3.83767	0.101	0,920
	Post Test		18.00-40.0	30.4000	4.32650		
Self-Efficacy							
Intervention	Pre Test	60	21.00-40.0	29.8500	3.85687	7.510	0.000
	Post Test		24.00-40.0	33.1167	4.20690		
Control	Pre Test	60	20.00-40.0	30.6333	3.89248	0.213	0.832
	Post Test		20.00-40.0	30.4833	4.09005		
Work Stress							
Intervention	Pre Test	60	16.00-36.00	24.9500	4.39732	6.895	0.000
	Post Test		10.00-28.00	21.1167	4.19884		
Control	Pre Test	60	11.00-31.00	22.3000	4.52226	1.028	0.308
	Post Test		13.00-33.00	21.5500	4.28804		

The results of the analysis show a difference in resilience between the pretest and posttest in the intervention group after being given mindfulness-based emotional intelligence intervention. The average resilience score in the intervention group increased from 30.41 ± 4.44 in the pretest to 33.26 ± 4.42 in the posttest, with the average difference indicating an increase in resilience scores. The average self-efficacy score in the intervention group increased from 29.85 ± 3.86 in the pretest to a higher score in the subsequent measurement. The analysis showed a significant change in self-efficacy in the intervention group after being given mindfulness-based emotional intelligence intervention. The average work stress score in the intervention group decreased from 24.95 ± 4.43 in the pretest to 21.11 ± 4.19 in the posttest. The results of the analysis showed a significant change in the level of work stress among nurses in the intervention group after being given mindfulness-based emotional intelligence intervention.

Table 3.

Relationship between age, gender, education, PK, and mindfulness-based emotional intelligence training with resilience, self-efficacy, and work stress among nurses in the intervention and control groups (n=120)

Interaction	Say.	Results
Age → Resilience	0,497	No significant
Gender → Resilience	0,386	No significant
Education → Resilience	0,147	No significant
PK Level → Resilience	0,335	No significant
Mindfulness-based emotional intelligence training → Resilience	0,002*	Significant
Age → Self-Efficacy	0,620	No significant
Gender → Self-Efficacy	0,676	No significant
Education → Self-Efficacy	0,173	No significant
PK Level → Self-Efficacy	0,378	No significant
Mindfulness-based emotional intelligence training → Self-Efficacy	0,000*	Significant
Age → Work Stress	0,007*	Significant
Gender → Work Stress	0,884	No significant
Education → Work Stress	0,138	No significant
PK Level → Work Stress	0,016*	Significant
Mindfulness-based emotional intelligence training → Work Stress	0,577	No significant

The results of the chi-square statistical test between the characteristics of age, education, gender, and PK level on resilience found that the p-value was >0.05 , indicating that the characteristics of age, education, gender, and PK level had no significant relationship with changes in resilience levels. The results of the chi-square statistical test between the characteristics of age, education, gender, and PK level on self-efficacy found that the p-value was >0.05 , indicating that the characteristics of age, education, gender, and PK level had no significant relationship with changes in self-efficacy levels. The results of the chi-square statistical test between mindfulness-based emotional intelligence training obtained a p-value of 0.000, which means that there is a significant relationship between mindfulness-based emotional intelligence training and nurses' self-efficacy levels.

Multivariate Analysis

Table 4.

Multiple backward linear regression multivariate analysis between confounding variables and resilience at Hospitals X and Y

	B	R Square	p-value
Step 1		0,298	
(Constant)			0,000
Education	-,780		0,417
Mindfulness-based emotional intelligence training	3,056		0,001
Step 2	2.867	0.565	0.000
Mindfulness-based emotional intelligence training			

A backward method multivariate multiple linear regression analysis between confounding variables and resilience at Hospitals X and Y found that of the two variables that met the multivariate test criteria, mindfulness-based emotional intelligence training had the most significant effect compared to other variables (p-value: 0.000). The R Square value was 0.565. This indicates that mindfulness-based emotional intelligence training contributes 56.5% to nurses' resilience, while the rest is explained by other factors outside the model. Thus, it is statistically concluded that mindfulness-based emotional intelligence training is the main factor contributing to nurses' resilience, although there are other factors that also influence it but have not been studied in this model.

Multivariate analysis of backward multiple linear regression between confounding variables and nurse self-efficacy at Hospitals X and Y found that of the two variables that met the multivariate test criteria, mindfulness-based emotional intelligence training had the most significant effect compared

to other variables (p-value: 0.000). The R Square value was 0.494. This indicates that mindfulness-based emotional intelligence training contributes 49.4% to nurses' self-efficacy, while the rest is explained by other factors outside the model. Thus, it is statistically concluded that mindfulness-based emotional intelligence training is the main factor contributing to nurses' self-efficacy, although there are other factors that also influence it but have not been studied in this model.

Table 5.

Backward method multivariate multiple linear regression analysis between confounding variables and self-efficacy at Hospitals X and Y

	B	R Square	p-value
Step 1		0,078	
(Constant)			0.000
Education	-.015		0,886
Mindfulness-based emotional intelligence training	0.397		0,000
Step 2		0.494	
Mindfulness-based emotional intelligence training	0.400		0.000

Table 6.

Backward method multivariate multiple linear regression analysis between confounding variables and work stress at Hospitals X and Y

	B	R Square	p-value
Step 1		0,090	
(Constant)			0.000
Age	-.226		0.752
Education	-.619		0.473
PK Level	-1.560		0.041
Step 2		0.108	
PK Level	-1.767		0.000

Multivariate analysis of backward multiple linear regression between confounding variables and work stress among nurses at Hospitals X and Y found that of the two variables that met the multivariate test criteria, PK Level had the most significant effect compared to other variables (p-value: 0.000). The R Square value was 0.108. This indicates that the PK level contributes 10.8% to nurses' work stress, while the rest is explained by other factors outside the model. Thus, it is statistically concluded that the PK level is the main factor contributing to nurses' work stress, although there are other factors that also influence it but have not been studied in this model. The findings of this study reveal that PK level is a dominant factor in influencing work stress, while mindfulness-based emotional intelligence training does not have an impact on reducing work stress.

DISCUSSION

Features

Age

Table 1 shows that the respondents of the Intervention Group (45%) and the control group (50%) had the most age range of 25 - 34 years. The adolescent to early adulthood age group is a phase of working life characterized by psychological maturity, emotional stability, and relatively good adaptation capacity to job demands. In this phase, individuals generally have enough work experience to understand their professional role, but still have high energy and motivation to develop. In the context of intervention research on nurses, the dominance of productive age has implications for respondents' readiness to accept and internalize interventions, both cognitive, emotional, and behavioral, so that the potential impact of interventions can be more optimal. Previous research has shown that nurses of productive age tend to have more adaptive coping skills and a more positive response to self-development programs and psychological interventions than nurses who are very young or nearing retirement. This condition is in line with the findings of Dalky et al. (2024) and Al Fatihah, Yusnilawati, and Mawarti (2023) who show that nurses in the productive age range are the largest group in hospital services, while reflecting the potential for nursing performance and professionalism development. Productive age is also associated with a more stable level of work engagement and professional confidence, thus supporting the effectiveness of the implementation of interventions in the hospital work environment. The results showed that the majority of respondents in the control group were in the age range of 25–34 years (50.0%), while in the intervention group the most age group was also in the

range of 25–34 years (40%), although it has not reached more than 50%, which indicates that most of the respondents are in the productive age.

Gender

Table 1 shows the control group respondents and the intervention group are predominantly female. The predominance of women in the nursing profession reflects the characteristics of a job that demands empathy, thoroughness, and high interpersonal skills. Female nurses generally have better emotional sensitivity and a tendency to build therapeutic relationships with patients as well as colleagues. In the context of this study, these conditions have implications for how respondents interpret work experience, respond to psychological pressure, and receive interventions that focus on psychosocial aspects and strengthening individual capacity. These findings are in line with research (Alsufyani, et al., 2024) which states that the nursing profession is dominated by women. Research (Al Fatihah, Yusnilawati, & Mawarti, 2023) revealed that most of the nurse respondents were female. Research (Ang & Lau, 2024) confirms that education in the nursing profession is dominated by female students. Research by Busti et al. (2023) describes nursing as a field of work that is socially and culturally more filled by women, especially because the role of nursing is synonymous with aspects of care, empathy, and service. Previous studies have shown that although gender differences do not always have a significant effect on certain psychological variables, women tend to be more open to interventions that are reflective and emotional, but women's dominance is also often associated with susceptibility to emotional exhaustion, so appropriate interventions are important to maintain their psychological well-being and performance. The results showed that the majority of respondents in the intervention group were women (90%), as well as in the control group with 86.7% of respondents were female, showing consistent dominance in both groups.

Education

Table 1 shows that the majority of respondents in the intervention group and control group have a level of S1 Nurse education. The level of professional education reflects intellectual capacity, analytical skills, and understanding of science-based nursing practice. The dominance of S1 Nurses education has implications for the ability of respondents to understand the objectives, materials, and intervention mechanisms provided. Nurses with higher education generally have better cognitive readiness in self-reflection, decision-making, and the application of adaptive strategies in the workplace. Previous research findings actually show that nursing personnel in hospitals are still dominated by DIII Nursing graduates, which confirms the central role of vocational education in supporting nursing service operations. This dominance is in line with the research results of Prianti, Daeli, and Hidayatullah (2024), Metalita, Handayani, Afriani, and Rayatin (2021), and is strengthened by the findings of Busti et al. (2023) who both affirm that D3 graduates are the largest group in nursing practice. The results showed that the majority of respondents in the intervention group had S1 Nurses education (80%), while in the control group the majority of respondents also had S1 Nurse education (63.3%), which indicates the dominance of the level of professional education in both groups. Differences in the characteristics of healthcare institutions, such as hospital type, accreditation status, and HR recruitment policies, can affect the composition of the education level of nurses who work. Hospitals X and Y tend to prioritize nurses with professional education (S1 Nurses), especially to support the quality of service and evidence-based standards of practice.

Level PK

Table 1 shows that the intervention group had the most nurses with a PK III competency level (41.7%), while the control group had the most PK I competency level (41.7%). The level of clinical nurse reflects the level of competence, work experience, and level of professional responsibility. The dominance of nurses at the medium to high PK level showed that most of the respondents had sufficient clinical experience as well as more independent decision-making skills. In the context of this study, the level of PK has implications for the readiness of individuals to face work demands and to utilize interventions effectively to increase psychological and professional capacity. The distribution of nurse career paths in hospitals is generally at the intermediate to advanced competency level. The dominance of nurses at the PK I and PK III levels, as revealed by Prianti, Daeli, and Hidayatullah (2024) and Saputri and Nasus (2024), reflects that most nurses have passed the early stages of career development and have adequate clinical experience. This is in line with the framework of the career path of nurses adapted from Benner's theory and regulated in the Minister of Health Regulation Number 47 of 2017, so as to indicate the readiness of nurses in providing more independent, competent, and quality nursing services at Hospital X. Previous research stated that nurses with

a higher level of PK tend to have better professional confidence and more mature self-regulation skills. although an increase in the level of PK is also often accompanied by an increase in workload and responsibility, so organizational support and psychological intervention are important factors to maintain a balance between individual demands and capacities. The results showed that in the intervention group, the most respondents were in PK III (41.7%), while in the control group, the majority of respondents were in PK I (41.7%), which shows the difference in the distribution of clinical competency levels between the two groups. The study also found that the absence of nurses at the PK IV level in both hospitals means that the role of expert nurses or clinical consultants has not been optimally developed, thus becoming a strategic challenge in improving the quality and clinical leadership of nursing in the future

Univariate Analysis

Resilience

The results of the study showed that the interventions provided were proven to be effective in increasing group resilience. Before the intervention, the majority of respondents (62%) had moderate resilience, and 38% had high resilience. After the intervention, there was a significant shift: the proportion of moderate resilience dropped to 40%, while high resilience rose to 60%. This shows that interventions have a positive impact on improving resilience skills (Pujiyanto, Elliya, & Kusyati (2022). Thus, these interventions can be considered for wider application. High nurse resilience has implications for a stronger ability to deal with work pressures, changes in clinical situations, as well as the emotional burden inherent in the nursing profession. Nurses with high resilience tend to be able to maintain psychological balance, manage stress adaptively, and remain able to function effectively in challenging work conditions, thus supporting the continuity and quality of nursing services. Previous research has stated that a nurse with high resilience tends to be stronger, less easily sick, has a more positive mood and can cope with demands and workload by minimizing the risk of fatigue and stress-related illnesses, so that they can still provide high-quality services to patients (Aty, Making, Israfil, & Tuesday, 2022). Nurses with high resilience tend to utilize a variety of positive resources to reduce work stress and life problems that can play a positive role in improving work quality and overall happiness (Yan et al., 2022).

Research by Ardilla, Dwijayanto, and Kusumaningtyas (2022) is that most nurses have resilience at a moderate level, which shows that the ability to adapt to work pressure has been formed, but not yet optimal. This condition illustrates that nurses are able to survive in challenging work situations, but still need to strengthen psychological capacity so that resilience in the face of stress and emotional demands can be more stable and sustainable. These results show that interventions with *mindfulness-based* emotional intelligence *training* play an effective role in increasing the resilience level of respondents, which is reflected in the shift from moderate to high resilience categories in the intervention group. This increase indicates that interventions are able to strengthen an individual's ability to adapt, manage stress, and maintain performance in the midst of job demands. In contrast, in the control group, the absence of significant positive changes confirmed that increased resilience did not occur naturally within the same observation time, thus reinforcing the argument that the changes in the intervention group were a direct impact of the given intervention. The researcher is of the opinion that the interventions provided are a significant factor that affects the increase in respondents' resilience, thus allowing for the improvement of individual abilities to adapt, manage stress, and maintain performance in the midst of work demands. This opinion is based on the results of studies that show a significant shift from moderate to high resilience in the intervention group, while the control group did not experience significant positive changes.

Self-Efficacy

The results showed that the intervention given was effective in increasing *Self-Efficacy* in the intervention group, with a moderate proportion of *Self-Efficacy* of 70% in the pretest. In contrast, the control group showed a relatively stable pattern and was less likely to experience a positive increase, with *moderate Self-Efficacy* of 68% on the pretest increasing to 75% on the posttest. This indicates that interventions have a significant impact on increasing respondents' self-confidence in facing job demands. With a person's high self-efficacy, they can bring out the best in themselves, thereby reducing stress and depression tendencies (Prestiana et al., 2012). This finding is not in line with research (Rahmawati & Retnaningrum, 2022), self-efficacy is dominated by a low level of 53%. The results showed that interventions through *mindfulness-based* emotional intelligence *training* were effective in increasing *respondents' Self-Efficacy*, which was reflected in a strong shift from the medium to high category in the intervention group. This increase in *Self-*

Efficacy indicates that the intervention is able to strengthen the individual's confidence in his or her ability to complete tasks, overcome challenges, and deal with work pressure. Conversely, the absence of an increase in the control group confirmed that positive changes in the intervention group did not occur naturally, but were a direct impact of the intervention given. Based on the researcher's opinion, the intervention given was a significant factor that affected the increase in the *respondents' Self-Efficacy*, while the control group did not experience significant changes because they did not receive the intervention. This opinion is based on the theory that Self-Efficacy can be improved through appropriate interventions, thus allowing for the improvement of respondents' ability to cope with work demands.

Work Stress

The results of this study show that *Mindfulness-based Emotional intelligence interventions* are effective in reducing the level of work stress in the intervention group, with the proportion of low work stress increasing from 13% to 40% and the elimination of the high work stress category. In contrast, the control group showed relatively small and insignificant changes, with mild work stress increasing from 28% to 37%, moderate work stress decreasing from 70% to 62%, and high work stress remaining 2%. These results indicate that the intervention has a positive impact on reducing work stress. This result is in line with the research of Soep (2012) which states that work stress is the most in the medium category, but the work stress of nurses is the least in the high category. Then research (Al Fatihah, Yusnilawati, & Mawarti, 2023) shows that work stress levels in nurses tend to be relatively high, suggesting that work stress is a real phenomenon and experienced by most nurses. This condition reflects the intense demands of work, both physically and psychologically, so that work stress is an important issue that needs attention in the management of nursing human resources. These results showed that interventions through *mindfulness-based* emotional intelligence training were effective in reducing respondents' work stress levels, which was reflected in the increase in the low-stress category and the loss of the high-stress category in the intervention group. This reduction in work stress indicates that interventions are able to help respondents manage work pressure, improve coping skills, and create more adaptive psychological conditions. In contrast, minimal changes in the control group confirmed that the significant reduction in work stress in the intervention group was a direct effect of the intervention given, rather than simply the result of natural changes or external factors. The researcher is of the opinion that *Mindfulness-based* emotional intelligence *interventions* are a significant factor that affects the reduction of respondents' work stress levels, by allowing an increase in emotional regulation and self-awareness skills, thereby reducing the negative impact of work stress. This opinion is supported by the theory that *mindfulness* can increase an individual's resilience and coping mechanism in dealing with stress.

Bivariate Analysis

The Effect of *Mindfulness-Based Emotional Intelligence Training on Resilience*

The results of the analysis showed that there was a difference *in resilience* between pretest and posttest in the intervention group after being given *mindfulness-based* emotional intelligence *intervention*. The mean resilience value in the intervention group increased from 30.41 ± 4.44 in the pretest to 33.26 ± 4.42 in the posttest, with the mean difference showing an increase in the resilience score. The results of the statistical test resulted in a value of $t = 6.890$ with a $p\text{-value} = 0.000 (< 0.05)$, which indicates that the increase in resilience in the intervention group was statistically significant. These findings show that the interventions provided have a real influence on improving the resilience of respondents. The implication of this increase in resilience is that nurses become better able to cope with work pressure, manage emotions adaptively, and maintain stable psychological function in challenging work situations. Increased resilience is also related to the ability of nurses to stay focused, make decisions more calmly, and maintain the quality of interaction with patients. Practically, increasing resilience has implications for strengthening the personal capacity of nurses in preventing work fatigue and prolonged stress, which ultimately supports the sustainability of nursing performance and service quality. These findings are in line with previous research showing that mindfulness interventions and emotional intelligence development contribute to increased resilience, psychological well-being, as well as reduced risk of burnout in nurses (Guillaumie et al., 2017; Pérez-Fuentes et al., 2019).

In contrast, in the control group, the relative average value of resilience did not experience any significant changes between pretest and posttest. The average resilience score in the pretest was 30.47 ± 3.84 , while in the posttest it was 30.46 ± 4.33 , which shows a very small difference in average. The results of the statistical test in the control group resulted in a value of $t = 0.101$ with a $p\text{ value} = 0.920 (p > 0.05)$, which means that

there was no significant difference in resilience between before and after the measurement. This suggests that in the absence of interventions, respondents' resilience levels tend to remain constant or not significantly increase in the control group. These findings are in line with research (Irman, Wijayanti, & Rangga, 2021) which showed a difference in the average value of *resilience* between before and after emotional intelligence training, while in the control group there was no significant difference. Overall, the results of this analysis indicate that *mindfulness-based* emotional intelligence has a significant effect on increasing resilience in the intervention group compared to the control group. The significant increase in resilience scores in the intervention group, as well as the absence of meaningful changes in the control group, reinforced the conclusion that the changes that occurred were a direct impact of the intervention given, rather than the result of mere chance or natural changes.

In the opinion of the researcher, the results of this study show that *mindfulness-based* emotional intelligence training makes a real contribution to increasing nurse resilience in the intervention group, which is reflected in a significant increase in the average resilience score between pre test and post test. The increase is assumed to occur because this training helps nurses develop self-awareness, emotional regulation skills, and acceptance of work pressure, so that they are better able to adapt and bounce back when facing challenging work situations. In contrast, the absence of significant differences in the control group indicated that without a structured training intervention, nurses' resilience tended to be stable and did not experience significant changes in the study time period. In addition, the researcher also assumes that the similarity of the initial characteristics of the respondents in the two groups also strengthens that the increase in resilience in the intervention group is mainly influenced by the effectiveness of *mindfulness-based* emotional intelligence training, not by other external factors.

Impact of Training *Emotional intelligence* Based *Mindfulness* against *Self-Efficacy*

The results of the analysis showed a significant change in *Self-Efficacy* in the intervention group after being given *mindfulness-based* emotional intelligence interventions. The mean value of *Self-Efficacy* in the intervention group increased from 29.85 ± 3.86 in the pretest to a higher value in the next measurement, which is reflected in the value of $t = 7.510$ with $p \text{ value} = 0.000$ ($p < 0.05$). These results showed that there was a statistically significant difference between the *Self-Efficacy* score before and after the intervention, so it can be concluded that the intervention given had a significant effect on increasing the respondents' confidence in their own abilities. The *mindfulness-based* emotional intelligence intervention provided has a real influence on improving the *self-efficacy* of respondents. The implication of this increase in *self-efficacy* is an increase in nurses' confidence in their ability to cope with work demands, complete tasks effectively, and manage challenging work situations more adaptively. Practically, increasing *self-efficacy* has implications for strengthening work motivation, perseverance in facing obstacles, and nurses' readiness to make clinical decisions with more confidence. The literature shows that high *self-efficacy* plays an important role in improving performance, work engagement, and coping ability against stress in nurses, while lowering the risk of work fatigue (Bandura, 1997; Llorens et al., 2007). Thus, *mindfulness-based emotional intelligence* interventions have strategic implications as an approach to developing nurses' psychological capacity to support the quality of sustainable nursing services.

In the control group, the results of the analysis showed that the change in *Self-Efficacy* between the pretest and the next measurement was not significant. The average value of *Self-Efficacy* in the pretest was 30.63 ± 3.89 , with the results of the statistical test showing $t = -0.213$ and $p \text{ value} = 0.832$ ($p > 0.05$). These findings indicate that there was no significant difference in the level of *Self-Efficacy* of respondents in the control group, so it can be concluded that in the absence of intervention, *Self-Efficacy* is unlikely to experience a significant increase. The emotional intelligence of nurses after being given a gradual emotional intelligence test showed an increase or difference (Siregar, Girsang, Nasution, & Ginting, 2021). Overall, the results of this analysis show that *mindfulness-based* emotional intelligence has a significant effect on increasing *Self-Efficacy* in the intervention group compared to the control group. The significant increase in *Self-Efficacy* in the intervention group, as well as the absence of significant changes in the control group, reinforced the conclusion that the intervention was effective in improving the self-confidence and adaptive ability of the respondents in dealing with work demands.

In the opinion of the researchers, the results of this study show that *mindfulness-based* emotional intelligence training has a significant influence on improving nurses' self-efficacy in the intervention group, which is

shown by the increase in the average Self-Efficacy score that Meaning between pre test and post test. The increase is assumed to occur because this training is able to strengthen self-awareness, emotion management, and nurses' confidence in their ability to face work demands and challenges, thus having a positive impact on increasing *Self-Efficacy*. Conversely, the absence of significant changes in the control group indicated that in the absence of structured training interventions, nurses' *self-efficacy levels* were less likely to experience a significant increase in the study period. In addition, the researcher assumes that the similarity of the initial characteristics of the respondents in both groups also confirms that the increase in *Self-Efficacy* in the intervention group is mainly influenced by the effectiveness of *mindfulness-based* emotional intelligence *training*, not by other factors outside the research intervention.

Influence Emotional intelligence Based Mindfulness on Nurse Work Stress

The results of the analysis showed a significant change in nurses' work stress levels in the intervention group after being given *mindfulness-based emotional intelligence* interventions. The mean value of work stress in the intervention group decreased from 24.95 ± 4.43 in the pretest to 21.11 ± 4.19 in the posttest. The results of the statistical test showed a value of $t = 6.895$ with a p value = 0.000 ($p < 0.05$), which indicated that the reduction in work stress in the intervention group was statistically significant. A negative t -value confirms the direction of change in the form of a decrease in work stress levels after the intervention is given. The mindfulness-based emotional intelligence intervention provided has a real influence on reducing nurses' stress. The implication of this stress reduction is the creation of a more stable psychological condition for nurses in dealing with work demands, so that nurses are able to manage emotional stress and workload more adaptively in daily nursing practice. Organizationally, reducing stress has implications for a decrease in the risk of work fatigue, errors in service, and disturbances in the psychological well-being of nurses. The literature supports that mindfulness interventions and strengthening emotional intelligence contribute to reduced stress, improved psychological well-being, as well as the quality of nurses' performance in hospital settings (Shapiro et al., 2005; Ruotsalainen et al., 2015). Thus, this intervention has practical implications as a preventive and promotive strategy in nursing stress management.

In the control group, the change in work stress levels between pretest and posttest was relatively small and insignificant. The average value of work stress in the pretest was 22.30 ± 4.52 , then decreased slightly to 21.55 ± 4.29 in the posttest. The results of the statistical test showed a value of $Z = -1.183$ with a p value = 0.308 ($p > 0.05$), which means that there was no statistically significant difference in work stress in the control group. These findings suggest that in the absence of intervention, the reduction in work stress that occurs tends to be natural or influenced by other factors outside of the study treatment. Overall, the results of this analysis show that mindfulness-based emotional intelligence has a significant effect on reducing nurses' work stress in the intervention group compared to the control group. The significant reduction in work stress in the intervention group, as well as the absence of meaningful changes in the control group, reinforced the conclusion that the interventions provided were effective in helping nurses manage work stress, improve emotional regulation, and create more adaptive psychological conditions in the work environment. These findings are in line with the research of Khorasani, et al. (2023) which provides evidence that emotional intelligence-based educational interventions will significantly improve students' emotional intelligence skills and reduce their academic stress and reactions to stressors. Emotional intelligence shows a significant negative association with stress (Mao, Huang, & Chen, 2021), meaning that increasing nurses' emotional intelligence can significantly lower nurses' work stress.

In the opinion of the researcher, the results of this study show that *mindfulness-based* emotional intelligence *training* plays a significant role in reducing the level of work stress of nurses in the intervention group, which is reflected in the decrease in the mean average work stress score between pre test and post test. The decrease is assumed to occur because this training helps nurses improve self-awareness, emotion regulation skills, and acceptance of work pressure, so that nurses are better able to manage stress adaptively and maintain psychological stability in carrying out their professional duties. In contrast, the absence of significant changes in the control group indicated that without a structured training intervention, nurses' work stress levels were less likely to experience a significant decrease in the study period. In addition, the researchers assumed that the similarity of the initial conditions of the respondents in the two groups reinforced the hypothesis that the reduction in work stress in the intervention group was mainly influenced by the effectiveness of *mindfulness-based* emotional intelligence *training*, rather than by other external factors.

Multivariate Analysis

Influence of Age, Gender, Education, PK and Training Emotional intelligence Based Mindfulness Jointly Against Resilience

The results of statistical tests on age, gender, education, PK and *mindfulness-based* emotional intelligence training with nurse resilience levels were found that the variables that had a p-value of <0.250 were education (p-value: 0.147) and *mindfulness-based* emotional intelligence training (p-value: 0.002) It is concluded that the education and training variables are suitable to be continued in multivariate analysis. The results of multivariate analysis with multiple linear regression method are backward method between confounding variables to resilience as follows.

Table 4 multivariate analysis of multiple linear regression backward method between *confounding variables* to resilience in RS X and Y found that from two variables that met the multivariate test criteria, *mindfulness-based* emotional intelligence training was obtained has the most significant influence compared to other variables (pvalue: 0.000) The R Square value is 0.56 This shows that *mindfulness-based* emotional intelligence training contributes 56.5% to nurse resilience, while the rest is explained by other factors outside the model. Thus, it is statistically concluded that *mindfulness-based* emotional intelligence training is the main factor contributing to nurse resilience, although there are other factors that also influence but have not been studied in this model.

The results of this study are in line with the research of Wu, Jing, Liu, Wang, & Yang (2022) which revealed that *emotional intelligence* has a positive and significant effect on resilience. Emotional intelligence has a statistically significant effect on resilience (Chikobvu & Harunavamwe, 2022). *Emotional intelligence* has a positive relationship with resilience (Mao, Huang, & Chen, 2021). Meanwhile, Ang & Lau (2024) revealed that the emotional intelligence *dimension*, which includes *emotionality* and *well-being*, has a significant influence on resilience, but the *sociability and self-control* dimensions do not have a significant influence on *resilience*.

In the researchers' opinion, *mindfulness-based* emotional intelligence training and education are the main factors that contribute to nurse resilience because both play an important role in shaping an individual's ability to survive, adapt, and bounce back when faced with high work pressure in a healthcare environment. *Mindfulness-based* emotional intelligence training is assumed to be able to improve self-awareness, emotion regulation, and acceptance of stressful situations, so that nurses are better able to manage negative emotions, maintain psychological balance, and respond to work challenges more adaptively. Meanwhile, gender differences are assumed to affect coping styles, emotional sensitivity, and the way individuals interpret and respond to work stress, which is formed through biological factors and social constructions, thus contributing to variations in the level of resilience of nurses. Thus, strengthening emotional capacity through *mindfulness* training and gender characteristics is a relatively more dominant factor in increasing nurse resilience than other demographic factors.

Influence of Age, Gender, Education, PK and Training Emotional intelligence Based Mindfulness Jointly Against Self-Efficacy

Multivariate analysis of multiple linear regression backward method between *confounding variables* on *nurses' self-efficacy* in Hospitals X and Y found that from two variables that met the multivariate test criteria, *mindfulness-based* emotional intelligence training was obtained has the most significant influence compared to other variables (pvalue: 0.000) The R Square value is 0.494. This shows that *mindfulness-based* emotional intelligence training contributes 49.4% to *nurses' self-efficacy*, while the rest is explained by other factors outside the model. Thus, it is statistically concluded that *mindfulness-based* emotional intelligence training is the main factor contributing to

nurses' self-efficacy, although there are other factors that also influence but have not been studied in this model.

The results of this study are in line with the research of Wu, Jing, Liu, Wang, & Yang (2022) which revealed that *emotional intelligence* has a positive and significant effect on resilience and ultimately increases *regulatory emotional Self-Efficacy*. Emotional intelligence training can increase self-efficacy (Irman, Wijayanti, & Rangga, 2021). Research by Siallagan, Setiadi, & Lindasari, (2024) revealed that the higher the emotional intelligence of nursing students, the more *Self-Efficacy* will increase. According to Yunalia & Ethics (2020), providing interventions for adolescents to further maximize the development of emotional intelligence and the achievement of self-efficacy in adolescents so that adolescents can manage negative emotions and have confidence in their own abilities, in the end adolescents can overcome negative emotions that arise due to stressors.

According to the researchers, *mindfulness and gender-based emotional intelligence* training are the main factors that contribute to nurse *self-efficacy* because both are directly related to the individual's ability to recognize, manage, and regulate emotions when faced with the demands of complex and stressful nursing work. *Mindfulness-based* emotional intelligence training is specifically assumed to be able to increase self-awareness, emotional control, and nurses' confidence in their own ability to complete clinical tasks and deal with challenging work situations, thus having a positive impact on increasing *Self-Efficacy*. Meanwhile, gender differences are assumed to influence emotional response patterns, coping strategies, as well as the way individuals build confidence in the context of nursing work, where social and psychological differences formed through gender experiences and roles can affect nurses' confidence levels in their professional abilities. Thus, the combination of strengthening emotional capacity through *mindfulness* training and gender characteristics is the dominant factor in forming *Self-Efficacy*.

Influence of Age, Gender, Education, PK and Training Emotional intelligence Based Mindfulness Together Against Work Stress

Multivariate analysis of multiple linear regression backward method between *confounding variables* on nurses' work stress in Hospitals X and Y found that of the two variables that met the multivariate test criteria, it was found that the PK Level had the most significant influence compared to the other variables (pvalue: 0.000) The R Square value was 0.108. This shows that PK levels contribute 10.8% to nurses' work stress, while the rest is explained by factors outside the model. Thus, it is statistically concluded that PK levels are the main factors contributing to nurses' work stress, although there are other factors that also affect but have not been studied in this model.

The findings of this study reveal that PK level is the dominant factor in influencing work stress, while *mindfulness-based* emotional intelligence *training* does not have an impact on reducing work stress. These findings are not in line with the research of Khorasani, *et al.* (2023) that emotional intelligence-based educational interventions will significantly improve students' emotional intelligence skills and reduce academic stress and their reactions to stressors. *Emotional intelligence* has a negative relationship with work stress (Mao, Huang, & Chen, 2021). There is a negative and significant influence between emotional intelligence on nurses' work stress (Alsufyani, *et al.*, 2024). *Emotional intelligence* has a negative relationship with academic stress (Novianty, Utami, Ahmad, & Pusparini, 2022)

In the opinion of the researchers, the results of this study show that demographic characteristics such as age, gender, and education level, as well as *mindfulness-based* emotional intelligence *training* interventions, are not necessarily the main determinants in influencing work stress levels, especially when structural factors in work are more dominant. In addition, the limitation of sample size and variation in the characteristics of respondents in this study can also be one of the factors that explain the insignificance of the influence of these variables. However, researchers assume that

the level of PK is an important predictor in explaining work stress, even becoming the most dominant factor, because the difference in the level of PK is closely related to the variation in the burden of responsibility, role demands, and the level of work control that individuals have, so that the higher the level of PK, the lower the level of work stress felt.

CONCLUSION

The paired t-test showed that mindfulness-based emotional intelligence training had a significant effect on the resilience, self-efficacy, and work stress of nurses at Hospital X. Characteristics (age, gender, education, PK) were not related to resilience levels, but the variable of mindfulness-based emotional intelligence training was significantly related to resilience levels. The analysis also showed that there was no relationship between characteristics (age, gender, education, PK) and self-efficacy, but the mindfulness-based emotional intelligence training variable had a significant relationship with self-efficacy. Age and PK level had a significant relationship with nurses' work stress, but gender, education, and mindfulness-based emotional intelligence training characteristics were not related to work stress.

The results of multivariate analysis of backward multiple linear regression between confounding variables and resilience at Hospitals X and Y show that of the two variables that meet the multivariate test criteria, mindfulness-based emotional intelligence training has the most significant effect compared to other variables (p-value: 0.000). The R Square value is 0.565. This shows that mindfulness-based emotional intelligence training contributes 56.5% to nurses' resilience. In addition, mindfulness-based emotional intelligence training has the most significant effect compared to other variables (p-value: 0.000). The R Square value is 0.494, which shows that mindfulness-based emotional intelligence training contributes 49.4% to nurses' self-efficacy. The analysis also found that the PK level has the most significant influence compared to other variables (p-value: 0.000). The R Square value is 0.108. This indicates that the PK level contributes 10.8% to nurses' work stress.

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