

Hearts At Work: Emotional Intelligence As A Buffer Against Stress In Primary Health Care Nurses

*Er. P. Banu¹, Dr. S. Rani²

¹Research Scholar, Department of Business Administration Kalasalingam Academy of Research and Education, Krishnankovil, Tamilnadu-626126

²Assistant Professor Department of Commerce Kalasalingam Academy of Research and Education, Krishnankovil, Tamilnadu-626126

*Corresponding Author: p.banu@klu.ac.in

Abstract

Emotional intelligence is a critical psychological resource that enables nurses in primary health centres to manage the emotional and physical demands of their work environment effectively. This research explores the association between emotional intelligence and perceived stress levels among primary health care nurses. A cross-sectional, descriptive correlational technique and a convenience sample were used to choose 201 nurses from Virudhunagar. EI and PS were measured separately using standard self-directed questionnaires called "The Schutte Self-Report Emotional Intelligence Test and "The Perceived Stress Scale. The results indicated a notable negative relationship between the management of one's own emotions and PS, emphasizing the importance of self-regulation in alleviating stress. Conversely, managing others' emotions and perception of emotions were directly related to stress, proposing that emotional sensitivity and interpersonal emotional management may contribute to higher stress levels. Utilization of emotions exhibited no notable influence. These results emphasize the dual role of emotional intelligence—where intrapersonal regulation acts as a buffer, but excessive emotional attunement to others may increase vulnerability to stress. The study recommends structured EI training that strengthens self-regulation while mitigating emotional overload.

Keywords: Emotional intelligence, primary health care nurses, perceived stress, emotional burden, healthcare workforce

Introduction

Nurses working in primary health centre (PHC) face various stressors, including understaffing, high patient loads, and limited infrastructure. Emotional Intelligence (EI) involves the skill to understand, manage, and apply emotional responses to enhance personal and interpersonal effectiveness. It significantly influences how nurses handle challenging and high-pressure situations in their work environment. Nurses often experience severe occupational stress and burnout. This is due to the combination of high-pressure situations, complex interpersonal dynamics, and emotional demands, especially in primary health care (1). As primary health care nurses frequently act as patients' initial point of contact, addressing a wide range of medical, social, and emotional needs, they must not only have a strong clinical skill set but also exhibit remarkable interpersonal and emotional resilience (2). EI, which encompasses the skill to manage individual emotions, recognize and decode the emotional expressions of others, and apply this understanding to guide decisions and actions, is considered a key protective factor against the negative impact of stress in demanding healthcare environments (3). Due to the complexity of their work, primary health care nurses

with high EI are more equipped to build therapeutic relationships with patients, adapt to rapidly changing circumstances, and maintain a positive attitude—all of which reduce the risk of burnout and boost job satisfaction. Recent developments emphasize the significance of EI for nurses in the modern era by emphasizing its crucial role in navigating modern challenges like the effects of global crises, working in unstable environments, and the integration of artificial intelligence in healthcare settings(4) . In this regard, investigating how emotional intelligence might help primary health care nurses cope with the effects of work-related stressors is not just a theoretical endeavour but also a practical necessity that has significant ramifications for nurses' well-being, patient care quality, and the efficiency of the healthcare system as a whole.

Literature review

Emotional intelligence (EI) was categorized by Salovey and Mayer in 1990 under the more general heading of social intelligence. Before 1990, the term "emotional intelligence" was used sparingly and inconsistently, according to (5) . Goleman's popular book "Emotional Intelligence" (1995) has drawn a lot of scholarly attention to the term "emotional intelligence" (6). (7) coined the phrase "perceived stress" and introduced the Perceived Stress Scale (PSS), a popular tool for gauging perceived stress. According to (8) dynamic approach to distress and coping strategies, people use behavioural and cognitive methods to deal with stress. (9) draws attention to the high levels of stress that nurses experience at work and stresses the necessity for healthcare facilities to address the organizational and psychosocial elements that fuel this stress. According to the study, creating successful interventions to help nurses manage their stress requires an awareness of these characteristics. The framework for investigating how emotional intelligence can act as a stress-reduction strategy is established by this seminal work.

(10) go into additional detail about the stress that hospital employees, especially nurses, endure and the coping mechanisms they use. According to their findings, nurses frequently employ emotional distancing, also known as "cool down reactions," as an adaptive strategy. If left unchecked, this tactic can result in burnout. This emphasizes how critical emotional intelligence is for identifying and controlling emotional reactions to work-related pressures. More recently (11) examine how self-efficacy, work engagement, and emotional intelligence interact among Peruvian healthcare professionals. According to their findings, nurses who possess greater levels of emotional intelligence are more engaged at work, which suggests that EI may help them manage stress and be more satisfied with their jobs overall. This supports the idea that emotionally intelligent people are better able to control their emotions, which lessens the negative impacts of stress. Furthermore, research on burnout among Saudi Arabian primary healthcare centres' nurses (12) shows how common stress is and how it negatively impacts nurses' mental health. In order to give nurses, the tools they need to handle stress and avoid burnout, this study supports the necessity of therapies that include emotional intelligence training.

In conclusion, research indicates that primary health care nurses' ability to manage stress is greatly aided by their emotional intelligence. In the end, greater patient care and nursing staff retention can result from increased job satisfaction and less burnout, which can be achieved by improving emotional regulation and coping mechanisms. Future studies should keep examining the ways in which emotional intelligence affects nurses' general well-being and stress management in diverse healthcare environments.

Objectives and Proposed Hypothesis

This study seeks to assess the emotional intelligence and perceived stress levels among nurses employed in Primary Health Centres and to explore the associations between various dimensions of emotional intelligence and the stress perceived by these nurses.

H1: The perception of emotions is positively related to perceived stress among PHC nurses.

H2: Managing one's own emotions is negatively associated with perceived stress among PHC nurses.

H3: Managing others' emotions shows a positive association with perceived stress among PHC nurses.

H4: The utilization of emotions is positively linked to perceived stress among PHC nurses.

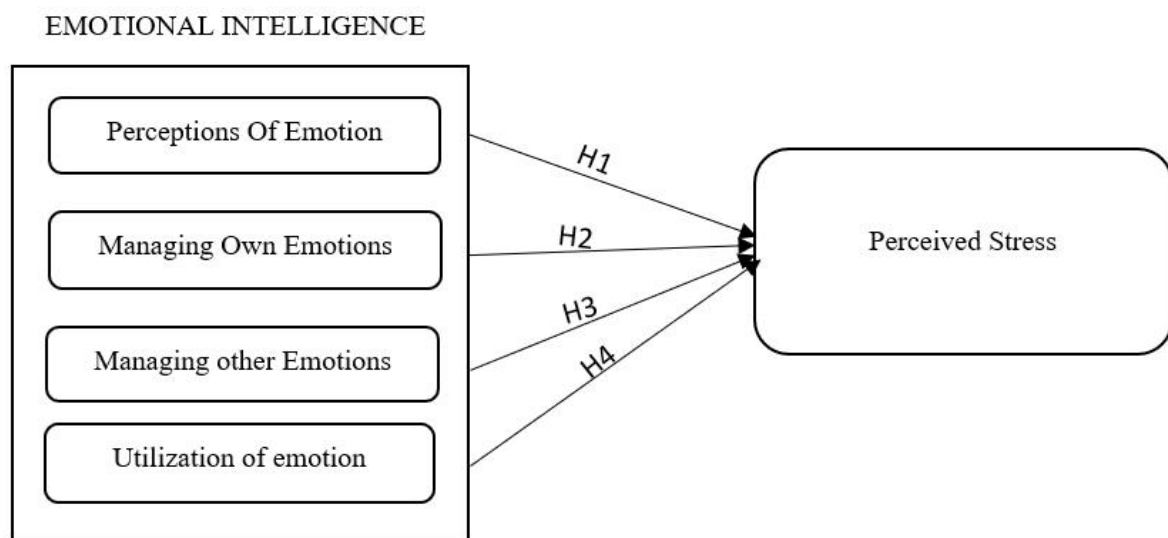


Fig 1: Proposed Conceptual Framework

Figure 1 displays the conceptual model utilized in this inquiry to scrutinize the connection shared by EI and PS. It outlines the influence of emotional intelligence (EI) on perceived stress, indicating that the stress levels experienced by PHC nurses may be shaped by their emotional intelligence. It implies that EI and perceived stress are positively correlated.

Methodology

Participants and data Collections

A cross-sectional research design was employed, utilizing a convenience sampling method to recruit participants, who were nurses working in Primary Health Centres (PHCs). 350 PHC nurses received an email from us with detailed instructions on how to complete an online survey using Google Forms. In an effort to promote involvement, the instructions also specified that we would maintain the privacy of the information gathered and utilize it only for this study. On the online form, participants checked a box to indicate that they were willing to participate. For this investigation, 201 replies in total were received and examined. The researcher gathered a total of 283 samples, of which 201 were included in the analysis, as shown in Table I. This sample size meets the recommended threshold of 200 participants for conducting Partial Least Squares Structural Equation Modelling (PLS-SEM), as suggested by (13). The remaining samples were eliminated by the researcher because they either showed indications of biased responses or repeated information. The respondents included 62 nurses

aged 20–30 years (30.8%), 90 nurses aged 31–40 years (44.8%), and 49 nurses aged 41 years and above (24.4%). In terms of qualifications, 97 nurses (48.3%) held a GNM degree, 58 (28.9%) were ANMs, and 46 (22.9%) had a B.Sc. Nursing qualification. With respect to experience, 88 nurses (43.8%) had 5–10 years of experience, 58 (28.9%) had more than 10 years, and 55 (27.4%) had less than 5 years of experience. SPSS was employed to clean the data, while SmartPLS was utilized to evaluate the hypotheses. Table 1 presents the demographic characteristics of the respondents.

Table 1: Demographic Overview of the Respondents (N = 201)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age	20-30 years	62	30.8%
	31-40 years	90	44.8%
	41 years and above	49	24.4%
Qualification	ANM	58	28.9%
	GNM	97	48.3%
	B.Sc. Nursing	46	22.9%
Experience	Less than 5 years	55	27.4%
	5–10 years	88	43.8%
	More than 10 years	58	28.9%

The descriptive statistics indicate that the average Emotional Intelligence (EI) score among PHC nurses is 130.4 (SD = 11.2), with scores ranging from 97 to 158. The mean Perceived Stress (PS) score is 20.1 (SD = 5.8), with a range of 7 to 37. This suggests that, on average, nurses reported relatively high EI levels and moderate levels of perceived stress. The descriptive Statistics of EI and PS are displayed in Table 2.

Table 2: Descriptive Statistics of EI and PS

Variable	Mean	Standard Deviation	Minimum	Maximum
Emotional Intelligence (EI)	130.4	11.2	97	158
Perceived Stress (PS)	20.1	5.8	7	37

Measures

The 33-question Schutte Self-Report Emotional Intelligence Test (SSEIT) was created by (14) to measure emotional intelligence. The survey comprises four subscales: "utilisation of emotion," "perception of emotion," "management of one's own emotions," and "management of others' emotions." On a five-point rating system, respondents assess themselves on each topic. The scale has a range of 33 to 165, where higher values indicate higher EI. The SEIT exhibits high internal consistency, with a Cronbach's alpha of 0.90, and demonstrates good test-retest reliability (0.78) over a two-week interval. Developed by (7) Cohen et al. (1983), the Perceived Stress Scale (PSS-14) consists of two subscales: the negative perception subscale (items 1, 2, 3, 8, 11, 12, and 14) and the positive perception subscale (items 4, 5, 6, 7, 9, 10, and 13). Higher PSS scores are associated with higher perceived stress levels; values

range from 0 to 56. The PSS demonstrates robust reliability over time (0.85) and internal coherence (Cronbach's $\alpha = 0.85$) when measured over a two-day period. The SSEIT and the PSS have been used in earlier studies on the South Indian population (15) & (16)

Data analysis

The conceptual framework for this study was evaluated using SmartPLS 4 (version 4.0.8.9). Given the challenges of using CB-SEM to estimate complex models with multiple latent variables, PLS-SEM was used (17). PLS models are generally analysed in two steps: first, the measurement model is evaluated for validity and reliability, and then the structural model is examined to test the research hypotheses (17).

Results

Evaluation of the Measurement model

The interdependencies among the variables can be found using the SEM, which begins by supplying the indicator (outer) loading and verifying the validity and reliability of the factors. Table 3 presents the psychometric properties of the instrument. The measurement model's reliability and validity were assessed using SmartPLS. All constructs exhibited high internal consistency, with Cronbach's reliability indices ranging from 0.854 to 0.896, well above the established benchmark of 0.7 (18). Composite reliability scores (0.901 to 0.922) and AVE values (above 0.5) further confirmed the robustness and convergent validity of the constructs. Discriminant validity was established by adopting the Fornell-Larcker criterion, ensuring that each construct was distinct from the others. These findings confirm the measurement model's overall reliability and validity.

Table 3: Testing of internal consistency and construct validity

Construct	Items	Item loadings	Cronbach's alpha	Composite reliability	AVE
Managing Own Emotions	MOE1	0.801	0.854	0.901	0.699
	MOE2	0.828			
	MOE3	0.845			
	MOE4	0.816			
Managing other Emotions	MORE2	0.859	0.871	0.918	0.789
	MORE5	0.931			
	MORE7	0.894			
Perceived Stress	PS10	0.832	0.894	0.917	0.631
	PS11	0.792			
	PS4	0.741			
	PS5	0.804			
	PS6	0.712			
	PS8	0.828			
	PS9	0.781			
Perceptions of Emotion	EI10	0.741	0.896	0.922	0.712
	EI6	0.878			
	EI7	0.834			
	EI8	0.882			
	EI9	0.841			

Utilization of Emotions	UOE1	0.826	0.868	0.905	0.704
	UOE2	0.838			
	UOE3	0.849			
	UOE4	0.825			

To validate discriminant validity, the Fornell-Larker criterion technique was used. To estimate the correlation between the constructs, the Fornell-Larker criterion technique is used, which is comparable to the construct score correlation after correction. Fornell-Larker criterion technique is considered to be well suited for models that are reflectively measured. The Fornell-Larcker criterion values of less than 0.85 are considered to indicate that discriminant validity has been achieved, according to (19) . Table 4 demonstrates that every result is less than 0.85, indicating that discriminant validity has been attained.

Table 4: Discriminant Validity

Constructs	Managing Own Emotions	Managing Other Emotions	Perceived Stress	Perceptions of Emotion	Utilization of emotions
Managing Own Emotions	0.834				
Managing Other Emotions	0.548	0.879			
Perceived Stress	0.561	0.812	0.793		
Perceptions of Emotion	0.523	0.621	0.924	0.842	
Utilization of Emotions	0.629	0.742	0.695	0.587	0.838

Structural model assessment

The relationship's strength and significance are shown in Table 5 (t-statistics). This table illustrates the results of a statistical analysis examining the relationship between various aspects of emotional intelligence (independent variable) and perceived stress (dependent variable). Each hypothesis (H1 through H4) explores a specific dimension of this relationship. The table includes beta coefficients (β), mean scores (M), standard deviations, t-values, and corresponding p-values for each hypothesis. The findings revealed that the competence to regulate one's own emotional responses was significantly and negatively related to PS ($\beta = -0.165$; $t = 2.426$; $p < 0.05$). In contrast, managing others' emotions reflected a substantial positive correlation with PS ($\beta = 0.312$; $t = 4.160$; $p < 0.05$). Likewise, emotional perception was positively and significantly associated with stress levels ($\beta = 0.458$; $t = 6.107$; $p < 0.05$). However, the use of emotions ($\beta = 0.028$; $t = 0.368$; $p = 0.713$) had minimal impact and showed no significant statistical relationship with perceived stress.

Table 5: Direct effect analysis in the structural model post-bootstrap

	Hypothesis	Original sample	Sample mean (M)	Standard deviation	t-statistics	P values
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Managing Own Emotion -> Perceived Stress	H1	-0.165	-0.168	0.068	2.426	0.016
Managing Other Emotion -> Perceived Stress	H2	0.312	0.315	0.075	4.160	0.000
Perceptions Of Emotion -> Perceived Stress	H3	0.458	0.462	0.075	6.107	0.000
Utilization Of Emotion -> Perceived Stress	H4	0.028	0.027	0.076	0.368	0.713

Discussion

Our study found that PHC nurses who manage their own emotions experience lower stress. This supports earlier emotional intelligence theories (20), (5) which say that self-regulation helps nurses stay strong under pressure. Nurses who are proficient in managing their internal emotional responses can better navigate high-pressure situations without succumbing to stress. Conversely, the management of others' emotions was observed to have a strong positive association with stress levels ($\beta = 0.312$, $p < 0.001$). This outcome supports the concept of emotional labour (21), suggesting that while managing others' emotional states is integral to nursing care, it may also heighten stress due to continuous empathic engagement and emotional burden. Nurses in PHCs often serve as both clinical caregivers and emotional support providers, leading to increased emotional demands and a greater risk of emotional exhaustion. Likewise, the perception of emotions demonstrated a significant positive correlation with stress ($\beta = 0.458$, $p < 0.001$). Although emotional perception is a key element of emotional intelligence, being highly attuned to emotional cues—especially in a high-stress environment like PHCs—can result in emotional overexcitability and heightened stress responses (Piechowski, 1997). This suggests that enhanced emotional perception, without adequate coping strategies, may overwhelm nurses. In contrast, the utilization of emotions exhibited no notable correlation with stress ($\beta = 0.028$, $p = 0.712$). This implies that the ability to channel emotions into constructive outcomes does not have a direct impact on stress levels in this context, possibly due to the practical, procedural nature of work in PHCs, where emotion-based decision-making may be limited. The constructs demonstrated strong reliability, as evidenced by Cronbach's alpha and composite reliability values, which reflect excellent internal consistency. This statistical soundness reinforces confidence in the results. Furthermore, the Fornell-Larcker criterion confirmed discriminant validity, affirming that each dimension of emotional intelligence made a distinct contribution to the model. Broadly, this study affirms that different dimensions of EI have varied impacts on stress. While managing one's own emotions serves as a stress buffer, the cognitive and emotional load involved in managing others and perceiving emotions appears to elevate stress. These findings emphasize the need for tailored interventions that enhance personal emotional

regulation while equipping nurses with strategies to manage emotional labor effectively. From a practical standpoint, healthcare institutions and training programs should incorporate EI development with a focus on self-regulation, emotional boundary-setting, and resilience training. Interventions such as mindfulness programs, peer support groups, and counselling services can strengthen coping capacities. Structured EI workshops can help nurses navigate their emotional responsibilities more effectively and improve overall occupational well-being.

Practical Implications

In addition to the emotional factors associated with stress, PHC nurses face a range of practical, workplace-specific stressors that directly influence their psychological well-being and perceived stress levels. These stressors can act as external variables that either amplify or moderate the effects of emotional intelligence on stress outcomes. For instance, the emotional labor involved in managing others' emotions (which showed a significant positive correlation with stress in this study) may become even more burdensome in the presence of resource constraints, long working hours, or unclear job responsibilities. Table 6 outlines several key practical stressors commonly experienced by PHC nurses, supported by recent literature.

Table 6: Practical Stressors Faced by PHC Nurses

Practical Stressor	Description	References
High Patient Load	Excessive patient inflow with minimal staffing causes physical and mental strain.	Shahin et al., 2020; Abad & Beikmoradi, 2020
Emotional Labor	Continuous empathic interactions with patients and families leading to exhaustion.	Hochschild, 2012; Coronado-Maldonado et al., 2023
Limited Resources and Infrastructure	Inadequate medical supplies, poor facilities, and lack of administrative support.	Pikó, 1999; Cabana-Mamani et al., 2024
Role Conflict and Ambiguity	Unclear job roles and having to perform multiple duties outside core nursing work.	Xu, 2019; Tolani et al., 2024
Work-Life Imbalance	Long hours and shift duties interfere with personal and family life.	Saini et al., 2020; Shahin et al., 2020
Lack of Recognition and Career Growth Opportunities	Minimal motivation and rewards lead to frustration and burnout.	Bussing et al., 2017; Enns et al., 2018
Exposure to Critical Illness and Death	Dealing with trauma and patient loss without adequate psychological support.	Leung et al., 2010; Mitchell et al., 2008

These stressors collectively contribute to the psychological burden faced by PHC nurses. Addressing these practical challenges alongside emotional intelligence development could offer a comprehensive strategy for mitigating stress and improving nurse well-being.

Research Boundaries and Directions for Further Study

Although this study offers valuable insights, it is not without its limitations. First, it focused solely on the direct association between EI and PS without examining the influence of external factors such as workload, organizational culture, patient-nurse ratio, and access to support systems. Future research should consider these mediating or moderating variables to understand the broader determinants of stress among PHC nurses.

Furthermore, the capacity to establish causal links is limited by the cross-sectional design. To assess the enduring effects of EI on stress management, conducting a longitudinal study could be beneficial. The research primarily depended on self-reported data, which may be influenced by response biases. To improve accuracy, incorporating peer evaluations or observational assessments could be considered. Furthermore, the use of convenience sampling could limit the broader utility of the results.

To further examine the emotional coping mechanisms and life experiences of PHC nurses, future research may also take into account employing qualitative techniques like focus groups or interviews. Furthermore, intervention-based studies exploring the impact of EI training on stress reduction could offer practical solutions for improving nurse emotional well-being and patient care outcomes in PHC settings.

Conclusion

This study highlights the complex association between EI and PS among PHC nurses. While regulating one's own emotions contributes to lower stress levels, affective engagement with others and heightened emotional perception can increase psychological strain. The findings emphasize the need for embedding EI development—particularly self-regulation—into nurse training and well-being programs. By implementing targeted EI interventions, healthcare administrators can empower nurses with essential coping skills, reduce emotional fatigue, and foster a more resilient workforce. Future research should broaden the contextual framework by incorporating environmental stressors and examining diverse healthcare settings, thereby promoting a comprehensive approach to supporting nurses in emotionally demanding roles. Embedding emotional intelligence training into nurse development programs is not optional but essential for building a resilient healthcare workforce.

Abbreviation

EI: Emotional Intelligence

PS: Perceived Stress

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Author Contributions

All authors contributed equally

Conflicts of Interest

The authors declared no potential conflicts of interest associated with this research

Ethics Approval

Not Applicable

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