The Protective Role of Emotional Intelligence Against Burnout: A Study of Emergency Nurses in Regional Albanian Hospitals

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Received: 17 June 2026 | Accepted: 27 October 2026 | Published: 20 November 2026

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DOI: 10.56345/ijrdv13n329

Abstract

Purpose: The aim of this study is to investigate the relationships between emotional intelligence (EI), demographic/professional factors (age, gender, and years of experience), and overall burnout among emergency department nurses working in regional hospitals in Albania. Design/methodology/approach: A quantitative cross-sectional study was conducted with N = 41 emergency department nurses at 'Ihsan Çabej' Hospital in Lushnje and Berati Hospital. Data were gathered using the Boston Emotional Intelligence Questionnaire and the Copenhagen Burnout Inventory (CBI). Statistical analysis encompassed descriptive statistics, Pearson correlation tests, and an Ordinary Least Squares (OLS) multiple linear regression analysis. Findings: The results reveal that 78.0% (n = 32) of emergency nurses experience moderate (41.5%) to high (36.5%) levels of overall burnout. Bivariate correlation analysis indicated a weak, statistically non-significant correlation between emotional intelligence and burnout (r = .225, p = .162), as well as non-significant associations for age (r = -.206, p = .202) and years of experience (r = -.094, p = .565). The multiple linear regression model accounted for 14.6% of the total variance in overall burnout (R2 = .146, Adjusted R2 = .045; F (4, 34) = 1.451, p = .239), with no individual predictor attaining unique statistical significance. Research limitations/implications: The study is primarily constrained by its modest sample size (N = 41) and non-probability sampling design, which limits statistical power and prevents causal inference. Future research should utilize larger, multi-center longitudinal samples across Albanian healthcare institutions. Practical implications: Because individual emotional competencies account for a modest proportion of burnout variance, hospital administrators must not rely solely on individual resilience. Interventions must combine emotional intelligence development with structural organizational reforms, including workload management, optimized shift scheduling, and adequate staffing in emergency departments. Originality/value: This paper contributes rare empirical multivariate evidence regarding nurse well-being within the Albanian regional hospital context, offering actionable insights for healthcare management in resource-constrained emergency environments.

Keywords: ***Emotional intelligence, Burnout dimensions, Emergency nurse, Hospital, Protective role***

1. Introduction

Contemporary healthcare systems are under persistent pressure due to increasing demands for high-quality services, the growing complexity of patient care, and chronic limitations in human and material resources. Within this demanding environment, nurses serve as the backbone of healthcare delivery, playing a pivotal role in ensuring the quality and continuity of clinical services. However, the inherent nature of the nursing profession—characterized by high emotional labor, multifaceted responsibilities, and constant exposure to acute stress—places these professionals at a heightened risk of developing burnout syndrome.

First addressed by Freudenberger (1974), burnout is described as a state of mental and physical exhaustion resulting from excessive professional dedication. Modern research frequently utilizes the three-dimensional model proposed by Maslach and Jackson (1981), which defines the syndrome through emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. In the nursing context, burnout is not merely an individual issue; it is directly linked to organizational deterioration, including increased clinical errors, lower job satisfaction, and a decline in the overall quality of patient care.

To mitigate these risks, **Emotional Intelligence (EI)** has emerged as a critical psychological resource. Conceptualized as the ability to perceive, understand, and regulate emotions effectively, EI serves as a protective mechanism that helps nurses maintain emotional balance in high-pressure environments (Bar-On, 1997). Recent empirical studies have consistently demonstrated a negative association between EI levels and professional burnout. Furthermore, factors such as work experience, job stress, and organizational engagement further complicate this relationship, suggesting that EI acts as a mediator in the stress-burnout cycle (Alshammari et al., 2025; Sharma et al., 2025).

Despite the wealth of international literature, empirical research within the Albanian healthcare system remains remarkably scarce, particularly regarding nurses in regional and municipal hospitals. These institutions face unique systemic challenges, including severe staff shortages and infrastructural limitations, which may exacerbate the prevalence of burnout. Consequently, there is a clear necessity for contextualized studies that analyze these psychological constructs within the specific realities of Albanian healthcare.

This study aims to fill this gap by exploring the relationship between emotional intelligence and burnout dimensions among nurses in the emergency departments of Ihsan Çabej Hospital (Lushnje) and Berati Hospital. By assessing these levels and their interaction, this research seeks to provide evidence-based insights that can inform practical interventions for improving nurse well-being and the quality of health services in Albania.

2. Literature Review

2.1 The Construct of Emotional Intelligence (EI)

The transition from traditional cognitive intelligence to a broader understanding of human capability has been a significant shift in psychological research (Caruso, 2004; Marenus, 2020). While the Intelligence Quotient (IQ) was historically viewed as the primary determinant of success, researchers began to recognize that non-cognitive aspects were equally vital (Ruch, 1984; Flores, 2005). Empirical evidence suggests that IQ accounts for only 20%–25% of an individual's success, while the remainder is largely determined by emotional competencies (Berrocal & Extremera, 2006; Serrat, 2017).

Salovey and Mayer (1990) were the pioneers who introduced "Emotional Intelligence," defining it as a form of social intelligence that involves the ability to monitor one's own and others' feelings, to differentiate between them, and to use this information to guide thought and action. This concept was further refined and popularized by Daniel Goleman (1995, 1998), who conceptualized EI as the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions effectively in ourselves and our relationships.

According to Goleman's model, EI consists of five major components: self-awareness, emotional regulation (self-management), self-motivation, empathy, and social skills. In the nursing profession, these competencies are essential, as they allow practitioners to identify, understand, and manage emotions positively to mitigate stress, communicate effectively, and navigate complex clinical conflicts (Bradberry & Greaves, 2009; Bracket et al, 2011; Antonopoulou, 2024).

2.2 Burnout Syndrome: Dimensions and Influencing Factors

Burnout syndrome is a prolonged state of physical and emotional fatigue resulting from chronic workplace tension, particularly in professions centered on human care (Maslach, 1998; Dall'Ora, Ball&others, 2020). First addressed by Freudenberger (1974), who described it as exhaustion stemming from excessive dedication to work, the concept was later operationalized by Maslach and Jackson (1981) as a three-dimensional construct:

- **Emotional Exhaustion:** The depletion of emotional energy and resources, often triggered by workload and interpersonal conflicts.
- **Depersonalization:** An interpersonal component involving detachment and a dehumanized response toward patients or colleagues.
- **Reduced Personal Accomplishment:** A decline in feelings of competence and productivity, where the professional feels inadequate to meet the demands of their role.

In nursing, several systemic and organizational factors contribute to this syndrome. These include inadequate staff-to-patient ratios, long working hours, shift-work-induced life cycle disruptions, and low salaries relative to workload (Tsolakidis & Fountouki, 2022). Furthermore, a lack of organizational justice and role ambiguity regarding the separation of duties can lead to increased resentment and hostility among staff (Cavallo & Brienza, 2001). The consequences of burnout are multi-level, affecting the individual through psychological issues like anxiety and insomnia, and the organization through decreased motivation and increased clinical errors (Maslach, Schaufeli & Leiter, 2001).

2.3 The Protective Role of EI against Burnout

The nexus between emotional intelligence and burnout has become a focal point of contemporary nursing research. EI serves as a critical personal resource that allows nurses to perceive and manage the emotional demands of their environment effectively (Olivares, et al., 2014; Ramaraju, 2015). Contemporary studies have confirmed that EI is consistently and negatively associated with burnout dimensions (Rudman, Gustavsson & Hultell, 2020).

Specifically, research by Saleem, Ali, and Noreen (2025) indicates that higher EI levels directly improve job satisfaction while reducing burnout. Similarly, Sharma, Kaur, and Sharma (2025) reconfirm that EI and self-compassion act as buffers against occupational burnout. Other research has highlighted the mediating role of burnout in the relationship between EI and work engagement, suggesting that nurses with high EI are better equipped to maintain professional engagement even under stress (Nath, Ghosh & Das, 2015; Yates, 2020). In the Albanian context, where regional and municipal hospitals face specific resource limitations and high staff workloads, understanding this relationship is vital for developing targeted interventions to improve both nurse well-being and the quality of patient care.

3. Methodology

Research Design

This study employed a quantitative, non-experimental, cross-sectional research design to examine the relationship between emotional intelligence (EI) and burnout among emergency department nurses working in regional hospitals in Albania. A cross-sectional approach was considered appropriate because the primary objective was to assess the levels of EI and burnout and to examine their statistical association at a defined point in time.

The study was designed as an observational investigation and therefore does not seek to establish causal relationships between emotional intelligence and burnout. Rather, the analysis focuses on identifying patterns of association between the psychological variables and selected demographic and professional characteristics of the participating nurses.

3.1 Study Setting and Population

The study was conducted among nurses working in emergency departments at **Ihsan Çabej Hospital** in **Lushnje** and **Berati Hospital**. These settings were selected because emergency department nurses operate in a particularly demanding clinical environment characterized by exposure to acute patient needs, time pressure, emotionally demanding interactions, shift work, and substantial professional responsibility.

The target population was defined as nurses actively working in the emergency departments of the two participating hospitals during the period of data collection. The final sample consisted of 41 nurses.

An important consideration regarding the sample size is the relatively limited number of eligible emergency nurses available within the selected hospital settings. The study therefore sought to include the available eligible nursing workforce rather than imposing an arbitrary numerical target. Consequently, the sample size reflects the actual size and accessibility of the target population within the participating emergency departments. This contextual characteristic is particularly relevant when interpreting the findings and their external validity.

3.2 Participants and Sampling Procedure

A non-probability purposive sampling approach was used. Nurses were eligible to participate if they were actively employed in the emergency department of one of the participating hospitals, were performing frontline clinical duties during the data-collection period, and voluntarily agreed to participate in the study.

The final sample included 41 nurses, of whom 23 (56.1%) were female and 18 (43.9%) were male. Participants ranged in age from 22 to 57 years. The sample therefore included nurses with different levels of professional experience and demographic characteristics, allowing exploratory examination of the relationship between emotional intelligence, burnout, and selected professional variables.

Because the study was conducted in two specific regional hospital settings and used a non-probability sampling procedure, the findings should be interpreted primarily in relation to the participating emergency nursing population. The sample should not be considered statistically representative of all nurses working in Albania.

3.3 Instruments

To ensure a robust quantitative analysis, this study employed two internationally recognized psychometric instruments, specifically adapted for the healthcare context to capture the interplay between emotional competencies and occupational stress.

3.4 The Boston Emotional Intelligence Questionnaire

Emotional intelligence was assessed using the **Boston Emotional Intelligence Questionnaire**, a comprehensive tool designed to measure an individual's capacity to process emotional information and use it to navigate social and professional environments. In this study, the instrument serves to quantify the internal psychological resources available to nurses for stress regulation. The questionnaire evaluates five critical domains as conceptualized by the theoretical frameworks of Salovey and Mayer (1990) and Goleman (1998):

- **Self-Awareness:** The ability to recognize one's own emotions and their impact on clinical decision-making.
- **Emotional Management (Self-Regulation):** The capacity to control impulsive feelings and behaviors, which is vital in high-pressure emergency settings.
- **Self-Motivation:** The internal drive to pursue professional goals with energy and persistence despite setbacks.
- **Empathy:** The ability to understand the emotional makeup of patients and colleagues, a core component of patient-centered care.
- **Social Skills:** Proficiency in managing relationships and building networks, essential for multidisciplinary teamwork in hospitals.

The use of this tool allows the study to determine whether a nurse's "Emotional Quotient" (EQ) acts as a significant predictor of their resilience against workplace stressors.

3.5 The Copenhagen Burnout Inventory (CBI)

To measure the prevalence and intensity of burnout, the study utilized the **Copenhagen Burnout Inventory (CBI)**, developed by Kristensen et al. (2005). Unlike the Maslach Burnout Inventory (MBI), which focuses heavily on depersonalization, the CBI is specifically designed to assess fatigue and exhaustion across different life domains, making it highly applicable to healthcare professionals who face diverse stressors.

In this research, the CBI is instrumental in identifying the specific source of exhaustion by dividing burnout into three distinct sub-scales:

- **Personal Burnout:** Evaluates the degree of physical and psychological fatigue regardless of the individual's

occupational status. It captures the baseline level of exhaustion that a nurse carries.

- **Work-related Burnout:** Measures the symptoms of exhaustion that the respondent perceives as being specifically caused by their professional environment and institutional demands at the hospital.
- **Client-related (Patient) Burnout:** Focuses on the fatigue that arises directly from the emotional labor of interacting with patients. This is particularly relevant for emergency nurses who deal with acute trauma and high-stress patient encounters.

By employing the CBI, the study moves beyond a generic definition of stress, providing a nuanced view of how the "health journey" of the provider is impacted by their clinical duties. This allows for a more precise correlation analysis with the dimensions of emotional intelligence measured by the Boston Questionnaire.

3.6 Data Collection Procedure

Before data collection, permission to conduct the study was obtained from the respective hospital administrations. Eligible nurses were informed about the purpose and general objectives of the research and were invited to participate voluntarily.

Participants were provided with information concerning the voluntary nature of participation, confidentiality, and anonymity. Informed consent was obtained before administration of the questionnaires. No identifying information was included in the analytical dataset.

The questionnaires were administered directly to participants and subsequently collected by the researchers. Participants were given sufficient time to complete the instruments independently. The researchers were available to clarify procedural questions without influencing participants' responses.

The completed questionnaires were coded and entered into statistical software for subsequent analysis.

3.7 Ethical Considerations

The study followed the principles of voluntary participation, informed consent, anonymity, confidentiality, and the right to decline participation. Participation was not associated with any professional consequences, and participants were informed that they could choose not to participate.

Because the study involved healthcare professionals and collected information concerning psychological and occupational experiences, particular attention was given to protecting participants' privacy and ensuring that individual responses could not be attributed to specific nurses.

3.8 Data Analysis

Descriptive and inferential statistical procedures were used to analyze the data. Descriptive statistics included frequencies and percentages for categorical variables and were used to describe the demographic characteristics of the sample and the distribution of burnout and emotional intelligence levels.

Correlation analysis was conducted to examine the direction and strength of the association between emotional intelligence and burnout. Pearson's correlation coefficient was used to quantify the relationship between the continuous variables, with statistical significance evaluated at the conventional level of $p < .05$.

Given the relatively small sample size, inferential analyses were interpreted cautiously. The statistical findings were considered exploratory, and emphasis was placed on the magnitude and direction of associations rather than statistical significance alone.

A multiple regression analysis may provide an additional examination of whether emotional intelligence is associated with burnout after accounting for relevant demographic or professional variables. However, such analysis should be reported only on the basis of the individual-level dataset and after appropriate assessment of the assumptions required for regression analysis.

Inferential statistical procedures were conducted to examine the complex interactions between psychological and demographic parameters. Bivariate relationships were assessed using Pearson correlation coefficients (r). To address the reviewer's recommendation for expanded multivariate evaluation, a multiple linear regression analysis was executed using Ordinary Least Squares (OLS) estimation. Overall Burnout served as the continuous dependent variable, with Emotional Intelligence, total years of professional experience, chronological age, and gender entered simultaneously as predictor variables. Preliminary statistical diagnostic tests were performed to verify the underlying regression

assumptions, including normality of residuals, homoscedasticity, and the absence of problematic multicollinearity (Variance Inflation Factor [VIF] < 3.5; Tolerance > 0.20 across all predictors).

4. Results and Discussions

4.1 Demographic Characteristics

The final sample consisted of 41 emergency department nurses from two regional hospitals in Albania. Of these participants, 23 (56.1%) were female and 18 (43.9%) were male. Participants ranged in age from 22 to 57 years, reflecting variation in the demographic and professional characteristics of the nursing workforce.
The demographic distribution is presented in Table 1.

Table 1. Demographic characteristics of the sample (N = 41)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	23	56.1%
	Male	18	43.9%
Total		41	100%

The sample size should be interpreted in relation to the size of the accessible target population. The 41 participants represented the available eligible emergency nursing workforce within the two participating hospital settings during the study period. Thus, although the absolute sample size was modest, it reflects the restricted size of the population from which participants could be recruited.

4.2 Burnout Levels

Burnout levels were assessed using the Copenhagen Burnout Inventory. The results indicated that 9 nurses (22.0%) reported low levels of burnout, 17 nurses (41.5%) reported medium levels, and 15 nurses (36.5%) reported high levels of burnout.

Table 2. Burnout levels according to the Copenhagen Burnout Inventory (CBI)

Burnout levels	Frequency (n)	Percentage (%)
Low	9	22.0%
Medium	17	41.5%
High	15	36.5%
Total	41	100%

According to the results in Table 2, most nurses show moderate to high burnout (78%).

Overall, 32 of the 41 participants (78.0%) were classified as experiencing medium or high levels of burnout. This finding indicates that burnout represents a relevant occupational concern within the participating emergency nursing workforce.
Importantly, the finding should not be interpreted as evidence that all emergency nurses in Albania experience similarly elevated burnout, because the study was limited to two regional hospitals and used a non-probability sampling procedure.

4.3 Emotional Intelligence Levels

The distribution of emotional intelligence levels showed that 12 nurses (29.3%) had low levels of emotional intelligence, 19 (46.3%) had medium levels, and 10 (24.4%) had high levels.

Table 3. Levels of emotional intelligence

EI levels	Frequency (n)	Percentage (%)
Low	12	29.3%
Medium	19	46.3%
High	10	24.4%
Total	41	100%

According to the results in Table 2, most nurses have average emotional intelligence,
The largest proportion of participants (46.3%) fell within the medium emotional intelligence category. Approximately one quarter of the sample (24.4%) demonstrated high EI, while 29.3% were classified as having low EI.

4.4 Relationship between Emotional Intelligence and Burnout

To evaluate the preliminary linear relationships among the study variables, Pearson bivariate correlation coefficients were calculated across psychological and demographic constructs. Table 4 presents the zero-order correlation matrix, detailing the bivariate associations between cumulative burnout, emotional intelligence, chronological age, professional experience, and gender.

Table 4. Pearson Correlations Analysis

Variables	1	2	3	4	5
1. Overall Burnout (CBI)	—				
2. Emotional Intelligence (EI)	.225	—			
3. Years of Experience	-.094	.135	—		
4. Age	-.206	.128	.836	—	
5. Gender	.111	-.082	-.129	-.147	—

** p < .05, p < .01 (two-tailed)*

The preliminary correlation analysis examined the linear relationships between emotional intelligence, burnout, and demographic characteristics (Table 4). Overall occupational burnout displayed a weak positive correlation with Emotional Intelligence (r = .225, p = .162), which did not achieve statistical significance at the standard alpha level of .05. Regarding demographic parameters, overall burnout exhibited a negative association with chronological age (r = -.206, p = .202) and a slight negative association with total years of nursing experience (r = -.094, p = .565), though neither reached statistical significance. Gender also showed no significant correlation with burnout levels (r = .111, p = .503). Notably, a strong and statistically significant positive correlation was identified between age and years of professional experience (r = .836, p < .001).

4.5 Multiple Linear Regression Analysis

To examine the combined predictive utility of the studied constructs and account for potential confounding effects, a multiple linear regression analysis was conducted using Ordinary Least Squares estimation. Table 5 summarizes the regression parameters, displaying the unstandardized and standardized coefficients, standard errors, and significance levels for each predictor relative to overall burnout.

Table 5. Multiple Linear Regression

Predictor Variable	B	SE	β	T	P
(Constant)	53.943	17.340	—	3.111	.004
Emotional Intelligence	3.001	7.423	.071	0.404	.689
Years of Experience	0.145	0.328	.126	0.441	.662
Age	-0.587	0.360	-.468	-1.631	.112
Gender	1.902	4.341	.071	0.438	.664

Note. Model Summary: R^2 = .146, Adjusted R^2 = .045, F (4, 34) = 1.451, p = .239. B = unstandardized regression coefficient; SE = standard error of B; β = standardized coefficient; CI = confidence interval.

A multiple linear regression model was built to evaluate whether Emotional Intelligence, years of professional experience, age, and gender significantly predicted overall burnout levels (Table 5). The linear combination of these four predictors accounted for 14.6% of the total variance in overall burnout (R^2 = .146, Adjusted R^2 = .045). However, the overall regression equation did not attain statistical significance, F (4, 34) = 1.451, p = .239. Within the multivariate framework, none of the individual variables emerged as significant unique predictors of burnout: Emotional Intelligence (β= .071, t = 0.404, p = .689), total experience (β= .126, t = 0.441, p = .662), age (β= -.468, t = -1.631, p = .112), and gender (β= .071, t = 0.438, p = .664).

While initial univariate tendencies hinted at potential protective dynamics, the simultaneous regression model indicates that demographic characteristics and personal emotional competencies collectively account for a modest proportion (14.6%) of variance in occupational burnout among emergency nursing personnel.

The absence of statistically significant individual predictors in the regression model—particularly regarding Emotional Intelligence (β= .071, p = .689) and age (β= -.468, p = .112)—warrants cautious interpretation. This outcome is primarily constrained by the modest sample size (N = 41), which limits statistical power (1 - β) and increases the probability of Type II errors when detecting small-to-moderate population effect sizes.

Furthermore, regarding the observed negative trend between professional longevity and psychological exhaustion, prior interpretations suggesting that veteran nurses possess fully established 'Professional Emotional Maturity' should be framed hypothetically rather than axiomatically. Rather than representing an empirical certainty, the reduced burnout observed among highly experienced nurses may reflect an adaptive survival bias or the gradual development of situational coping mechanisms a working hypothesis that necessitates verification through longitudinal cohort designs.

Methodologically, these findings underscore that individual psychological attributes like Emotional Intelligence cannot be evaluated in isolation. While emotional regulation serves as a valuable personal coping resource, occupational burnout in high-intensity clinical settings—such as regional hospital emergency departments—is fundamentally shaped by systemic organizational stressors, including nurse-to-patient ratios, shift arrangements, and institutional support structures.

4.6 Overall Burnout Prevalence and Environmental Realities

A notable finding of this study was that 78.0% (n = 32) of the participating emergency department nurses presented moderate (41.5%) to high (36.5%) cumulative levels of occupational burnout. This substantial proportion highlights that occupational exhaustion represents a severe and critical concern within the sampled regional healthcare facilities.

These findings are consistent with the broader international literature emphasizing the acute vulnerability of emergency personnel, who routinely operate under chronic shift rotations, unpredictable trauma workflows, high time pressures, and emotionally intense clinical interactions. However, given that this investigation sampled nurses across two regional hospitals using non-probability sampling, this 78.0% prevalence rate should be contextualized strictly within the participating settings rather than extrapolated as a definitive national baseline for all Albanian nursing staff.

4.7 Bivariate and Multivariate Predictors of Burnout

To address peer-review recommendations regarding statistical depth, the empirical evaluation was expanded to examine bivariate correlations and multivariate predictors of burnout.

At the zero-order bivariate level, overall burnout displayed a weak, statistically non-significant association with Emotional Intelligence (r = .225, p = .162). Similarly, demographic parameters including chronological age (r = -.206, p = .202), total years of nursing experience (r = -.094, p = .565), and gender (r = .111, p = .503) did not attain statistical significance. A strong, predictable positive correlation was noted between age and career longevity (r = .836, p < .001), reflecting sample demographics.

When these factors were simultaneously evaluated within an Ordinary Least Squares (OLS) multiple linear regression model, the combined linear framework accounted for 14.6% of the total variance in overall burnout (R^2 = .146, Adjusted R^2 = .045). The overall model did not reach statistical significance (F (4, 34) = 1.451, p = .239). Within the model, none of the individual predictors exerted a statistically significant unique effect on burnout: Emotional Intelligence (β= .071, p = .689), total experience (β= .126, p = .662), gender (β= .071, p = .664), and age (β= -.468, p = .112).

4.8 Emotional Intelligence as a Contextual Resource

The absence of a strong statistical direct relationship between Emotional Intelligence and burnout in both bivariate and multivariate analyses warrants careful conceptual interpretation. While theoretical frameworks often position emotional competencies as vital protective barriers against psychological fatigue, our findings indicate that individual psychological traits alone provide limited explanatory power in high-demand clinical environments.

These results underscore that Emotional Intelligence cannot act as a standalone remedy or substitute for necessary structural and organizational improvements. In high-stress settings like regional emergency departments, personal emotional awareness and regulation skills may help nurses navigate individual critical encounters; however, such personal attributes cannot fully neutralize systemic stressors like understaffing, extended shift hours, or excessive workload burdens.

4.9 Professional Longevity and Biological Age: A Working Hypothesis

Regarding professional experience, univariate observations revealed a descriptive trend wherein nurses with longer tenures reported lower overall burnout levels, accompanied by a negative standardized regression coefficient for age (β= -.468, p = .112).

While previous literature sometimes attributes this phenomenon to the development of "Professional Emotional Maturity," such interpretations within this cross-sectional framework must remain strictly hypothetical. The lower burnout observed among veteran nurses may equally reflect survivor bias (where highly burned-out nurses leave emergency departments earlier in their careers) or the gradual acquisition of pragmatic situational coping strategies over time. Longitudinal designs are required to empirically trace these adaptation dynamics across nursing career spans.

4.10 Methodological Limitations and Statistical Power

The main limitation of the present study resides in the modest sample size (N = 41) complete cases for regression analysis). While the sample represented the available eligible emergency nursing workforce in the two regional hospitals, the small sample size restricted statistical power (1 –β), thereby increasing the likelihood of Type II errors when detecting small-to-moderate population effect sizes.

Consequently, the lack of statistical significance across regression coefficients should not be interpreted as definitive proof that demographic and psychological factors bear no relationship to burnout. Rather, these findings highlight the necessity for larger, multi-center studies across broader Albanian hospital networks to re-evaluate these multivariate dependencies with enhanced statistical sensitivity.

5. Conclusions

Aligned with the primary objective of investigating the predictive utility of emotional intelligence and demographic parameters on occupational burnout among emergency department nurses in regional Albanian hospitals, the synthesized empirical findings reveal a complex interaction between individual psychological traits and healthcare environmental realities. Although descriptive metrics confirmed a critical prevalence of moderate-to-high burnout (78.0%), neither bivariate correlations nor the multivariate regression model (R^2 = .146, F (4, 34) = 1.451, p = .239) demonstrated statistically significant unique predictive effects for Emotional Intelligence (β= .071, p = .689), age (β= -.468, p = .112), or professional experience (β= .126, p = .662). Taken together, these results suggest that while emotional competencies and career tenure provide important individual coping capabilities, personal psychological resources alone cannot fully offset or explain the heavy psychological strain imposed by systemic organizational stressors in emergency settings. Consequently, within the constraints of a modest sample size (N = 41), these findings demonstrate that mitigating nurse burnout requires a dual approach that combines individual emotional intelligence development with institutional workplace reforms and organizational support.

5.1 Practical Recommendations for Healthcare Management and Policy

Based on the empirical findings and the multivariate analysis of this study, several actionable strategies are recommended for hospital administrators and health policy developers:

Adopt a Dual-Level Burnout Prevention Strategy:

Organizational Level: Because individual psychological traits (such as Emotional Intelligence) accounted for only a modest proportion (14.6%) of burnout variance, interventions must primarily target systemic organizational stressors. Hospital leadership should prioritize reducing excessive workloads, establishing fair shift rotations, ensuring adequate nurse-to-patient ratios, and providing sufficient rest intervals between emergency shifts.

Individual Level: Emotional Intelligence (EI) should be cultivated as a complementary personal coping resource rather than a primary solution to institutional fatigue.

Implement Tailored Emotional Intelligence Training Programs:

Healthcare management should integrate structured continuous professional development (CPD) modules focused on emotional regulation, stress management, active empathy, and peer communication for emergency department staff.

Special emphasis should be placed on early-career nurses, helping them accelerate the acquisition of adaptive emotional coping strategies that experienced personnel naturally develop over time.

Establish Structured Institutional Support Systems:

Hospital administrations should set up confidential psychological support services, peer-led debriefing sessions after critical clinical incidents, and regular staff feedback mechanisms.

Creating a supportive organizational culture where staff feel heard reduces feelings of isolation and mitigates personal and work-related exhaustion.

Conduct Regular Longitudinal Monitoring of Occupational Well-being:

Hospital HR departments should implement periodic, anonymous assessments of staff burnout and workplace satisfaction using validated tools (e.g., Copenhagen Burnout Inventory).

Early detection of rising burnout trends will allow administrators to proactively modify working conditions before severe operational turnover or clinical errors occur.

Directions for Future Research:

To overcome the limitations of the current study and expand upon these findings, future academic inquiries should consider the following directions:

Sample Expansion and Cross-Institutional Comparisons:

Future studies should utilize larger, probability-based sample sizes drawn from multiple regional, municipal, and private hospitals across Albania to enhance statistical power and generalizability.

Longitudinal and Mixed-Methods Research Designs:

Employing longitudinal research designs will allow scholars to track changes in Emotional Intelligence and burnout over time, establishing potential causal pathways rather than purely observational associations.

Combining quantitative surveys with qualitative interviews (mixed-methods) would offer deeper contextual insights into the lived experiences and unique stressors faced by emergency nurses in resource-constrained environments.

Inclusion of Organizational and Structural Variables:

Future empirical models should integrate key organizational predictors—such as perceived organizational support (POS), physical workload, shift patterns, job autonomy, and institutional leadership styles—to build more comprehensive predictive models of healthcare burnout.

6. Acknoledgment

We declare that artificial intelligence tools were used during the preparation of this manuscript. Specifically, AI-assisted tools were used for language editing, grammar correction, and improvement of clarity. The intellectual content, analysis, interpretation of results, and final approval of the manuscript remain the sole responsibility of the authors.

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