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Emotional Resilience and Behavioral Flexibility: The Predictive Influence of Trait Emotional Intelligence on Adaptive Performance

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Abstract

Background: The modern multispecaility hospital setting requires high levels of adaptable performance (AP) from nursing staff due to its rapid organizational change, extreme volatility, and complicated patient requirements. It is believed that emotional intelligence (EI) is a crucial psychological antecedent that permits behavioural flexibility under stressful situations.

Methods: A cross-sectional, quantitative design was used to investigate the connection between AP and trait EI. (N=214) registered nurses employed in multispeciality hospital settings were chosen as a convenience sample. The Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF) and the multidimensional Adaptive Performance Scale (APS), which is based on Pulakos's eight dimensions were, used to gather data. Using Hierarchical Multiple Regression (HMR), the distinctive prediction ability of EI was evaluated.

Results: There was a substantial positive correlation ($r = 0.45$, $p < 0.001$) between trait EI and overall AP. Trait EI was found to be a significant predictor of AP, accounting for an extra 18% of the variance ($R^2 = 0.18$, $p < 0.001$) above control factors (age and experience), according to HMR analysis. Handling Work Stress and Crisis Management were the AP dimensions with the strongest predictive power.

Conclusion: In extremely complicated clinical roles, high trait EI is a significant predictor of adaptability. These results highlight how crucial emotional competence is to nurse's ability to remain calm, creative, and focused in the face of erratic work environments and pressing expectations.

Implications: To support professional growth, strengthen organizational resilience, and ultimately improve patient safety outcomes, health systems should incorporate EI evaluation and training.

Key Words: Emotional Resilience, Behavioural Flexibility, Trait EI, Adaptive Performance.

1.INTRODUCTION

Globalization, advances in technology, and a wide range of patient needs are all contributing to the growing complexity of the healthcare industry. As a result, workplaces become dynamic, erratic, and ever-changing. As front-line caregivers, nurses deal directly with these issues, particularly in multispeciality hospitals where they have to concurrently handle acute emergencies, staff shortages, and specialized patient care (1**).** It is no longer sufficient to rely only on technical abilities in the fast-paced healthcare environment of today. Employees' capacity to adjust, improvise, and perform under pressure when standard procedures fail is now essential to providing effective treatment. This emphasizes the significance of personal characteristics that foster adaptability and resilience (2).

A crucial component of employee effectiveness is adaptive performance (AP), which is defined as a person's capacity to modify their behaviour in response to novel or evolving demands. AP entails proactive behavioural

modifications that enable workers to perform well in intricate and quickly evolving contexts, as opposed to merely complying with regulations (3). The behaviours that nurses exhibit under uncertain circumstances, such as making prompt judgments in emergency situations, staying focused under pressure, and coming up with innovative solutions when normal methods are insufficient, are indicative of adaptive performance. The particular behaviours can be identified by using multidimensional models, such as the framework put forth by Pulakos et al., (2002), which highlights that adaptive performance involves not just theoretical knowledge but also the actual capacity to behave effectively and flexibly when necessary (4).

The ability to recognize, comprehend, express, and control one's own emotions as well as those of others is known as emotional intelligence (EI). EI become crucial for successful adaption in high-stress nursing settings because controlling one's own emotions and recognizing the emotional needs of patients and co-workers promotes rational thought and prompt response in emergency situations (5). This study investigates the relationship between a person's behavioural flexibility (Adaptive Performance) and their self-perceived emotional competence (Trait EI). High emotional intelligence (EI) enables nurses to better handle occupational stress and sustain high-quality performance even in difficult or quickly evolving work environments (6).

This research aimed to quantify the influence of Trait EI on AP among a specialized population of multispeciality hospital nurses. Specifically, the objectives were:

1. To examine the correlation between overall Trait EI and overall AP.
2. To determine the incremental predictive contribution of Trait EI on overall AP after accounting for demographic controls.
3. To explore the differential predictive influence of Trait EI across the specific, crisis-related dimensions of AP (Handling Work Stress, Handling Emergencies/Crises).

The significance of these findings lies in their ability to guide evidence-based organizational interventions. By identifying EI as a measurable predictor of adaptive capacity in nurses, healthcare systems can better manage performance, strengthen resilience to disruptions, and build a more competent and responsive workforce (7).

2.LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The two main conceptualizations of emotional intelligence are ability EI and trait EI. Based on Mayer and Salovey's (1990) cognitive paradigm, ability EI represents real emotional skills like feeling, comprehending, controlling, and utilizing emotions. Like conventional IQ exams, it is usually evaluated using maximum-performance assessments (8). In contrast, Trait EI, as described by Petrides and Furnham (2000), refers to a set of personality-based dispositions and self-perceived emotional skills that influence how individuals experience, express, and understand emotions. It is typically measured through self-report instruments. This model, often viewed through the lens of personality theory, is particularly relevant when examining resilience and consistent behavioural responses under pressure (9). Research indicates the Ability EI and Trait EI influence outcomes in different ways, especially in coping. Ability EI supports the cognitive process of selecting appropriate coping strategies, while Trait EI affects how effectively these strategies are carried out by shaping motivation, emotional control, and persistence. In roles that require continuous emotional labor, such as multispeciality nursing, Trait EI is considered essential because it provides the psychological resources needed to maintain adaptive behaviours under stress (10). Adaptive performance was frequently viewed as a single concept in early perspectives on job performance, but organizational research has increasingly highlighted its multifaceted nature, particularly in complicated work situations. This concept was furthered by Pulakos et al., (2000), who proposed an eight-dimension taxonomy that offers a useful, behaviour- oriented framework that can be applied to a variety of job categories (11).

The adaptive performance aspects put out by Pulakos et al. (2000) are particularly pertinent to multipseciality nursing, because a variety of behavioural reactions are needed in complex scenarios. When routines don't work, nurses need to think outside the box, remain calm under pressure, and act quickly in emergency situations. They

must also be able to adapt to cultural and interpersonal variations, acquire new procedures and technology, and perform efficiently in unanticipated scenarios. Since nursing frequently entails intense and fast-paced clinical work, physical adaptability is also crucial (12). Trait EI is expected to have the biggest impact on aspects like managing emergencies and handling work stress since behavioural flexibility is most difficult in acute care settings during times of crisis. Because it directly links emotional characteristics to the most important demands made on nurses, concentrating on these particular behaviours offers a deeper understanding that depending solely on a global adaptive performance score. Since nurses must modify their behaviour to meet the demands of varied patient populations and co-workers, interpersonal and cultural adaptation are particularly crucial**.** The role of emotional self-regulation and coping establishes the theoretical connection between EI and AP. When combined with individual characteristics such as Trait EI, emotion information processing improves performance outcomes. High EI people are more adept at controlling their emotions, which is essential for avoiding cognitive interference. For example, a person with high trait EI is better able to block out negative inputs, which lessens the negative impact of internal distress (such as anxiety or neuroticism) on task performance and adaptive decision-making (13).

Research Hypotheses

Based on the preceding framework, the following hypotheses were developed:

H1 (Correlation): Trait Emotional Intelligence will be significantly and positively correlated with nurses' overall Adaptive Performance.

H2 (Prediction): Trait Emotional Intelligence will significantly predict incremental variance in nurses' overall Adaptive Performance, beyond the influence of demographic control variable (age and experience)

H3 (Dimensional Prediction): Trait Emotional Intelligence will demonstrate the strongest predictive influence on the specific Adaptive Performance dimensions of Handling work stress and Handling Emergencies.

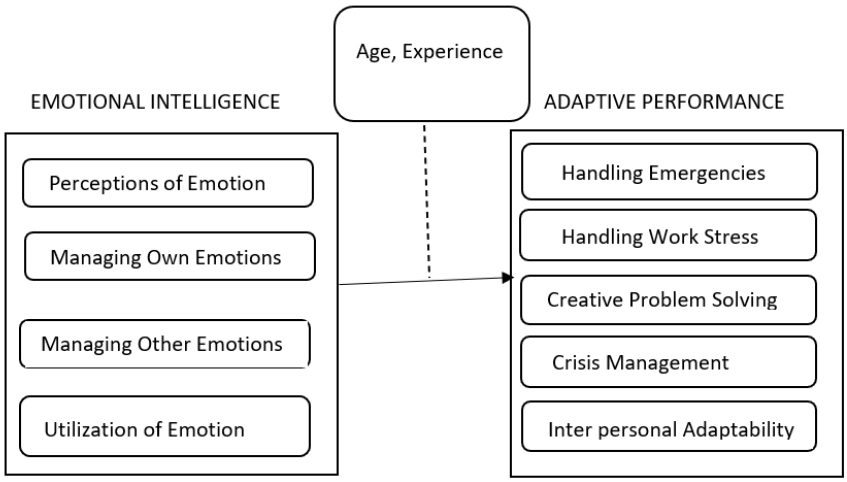

Fig 1: Proposed Conceptual Model

3.METHODOLOGY

A quantitative, cross-sectional correlational approach was employed in the study to investigate the predictive link between adaptive performance and emotional intelligence at a particular moment in time. It was carried out in a sizable multispeciality hospital, which was selected due to its intricate and unpredictable workplace that

necessitates a high degree of staff adaptability. After providing informed consent, a convenience sample of 214 registered nurses who directly cared for patients took part. After receiving ethical permission, anonymous self-report surveys were used to gather data, and they were distributed either online or on paper. Before being analyzed, all answers were checked for accuracy and completeness.

Measures

The Trait Emotional Intelligence Questionnaire Short Form (TEIQUE-SF), a 30-item scale that uses self-report ratings on a Likert scale to capture the broad aspects of Trait EI, was used to test emotional intelligence. This test was selected due to its high psychometric qualities, conciseness, and emphasis on personality-based emotional traits that affect coping and behaviour in the actual world (14). The multidimensional Adaptive Performance Scale, which was created based on the Pulakos et al. (2002) taxonomy, was used to evaluate adaptive performance. Its items were rated on a Likert scale and allowed for detailed measurement across areas like handling emergencies, managing work stress, creative problem solving, and interpersonal adaptability (13).

4.RESULTS

Analyse of the N=214 multispeciality hospital nurses in the sample yielded important conclusions on the conceptual relationship between emotional intelligence and adaptive performance.

A) Descriptive Statistics and Internal Consistency

Internal consistency analysis showed that both scales were highly reliable, with Cronbach's alpha values of 0.89 for Trait EI and 0.91 for Adaptive Performance. The mean scores indicated that nurses generally viewed themselves as having moderately high Trait EI and a comparable level of adaptive capability. Table 1 presents the descriptive statistics, reliability results, and zero-order correlations for the key study variables.

Table 1: Descriptive Statistics, Reliability, and Intercorrelations of Study Variables (N=214)

Variable	N	Mean (SD)	Alpha (α)	1	2	3	4	5
Trait EI (Overall)	214	5.32 (0.75)	0.89	1.00				
AP (Overall)	214	4.11 (0.81)	0.91	0.45	1.00			
AP Crisis management	214	4.25 (0.90)	0.85	0.38	0.78	1.00		
AP Handling Work stress	214	3.89 (0.71)	0.82	0.51	0.65	0.49	1.00	
Age (control)	214	35.1 (8.9)	-	0.51	0.19	0.12	0.08	1.00

Strong internal reliability was shown by both Adaptive Performance (α= 0.91) and Trait EI (α= 0.89), as Table 1 indicates. The total Adaptive Performance and trait EI had a modest correlation (r =0.45), suggesting that improved adaptive functioning is linked to higher emotional intelligence. Additionally, trait EI shown significant relationships with handling work stress (r = 0.51) and crisis management (r = 0.38), indicating that emotional competence is especially important in high-stress situations. Strong inter correlations between the AP subdimensions were observed, which is in line with their shared construct. Age had fewer correlations with AP factors but a moderate correlation with Trait EI (r = 0.51). Overall, the association pattern offers statistical evidence that trait EI and adaptive performance are related.

B) Correlation Analysis

A significant moderately positive association ($r = 0.45$, $p < 0.001$) between trait EI and overall adaptive performance supported hypothesis 1. Trait EI was most highly correlated with managing work stress ($r = 0.51$, $p < 0.001$) at the dimensional level, followed by Crisis Management ($r = 0.38$, $p < 0.001$). These findings suggest that emotional intelligence is especially important for success in demanding and uncertain nursing settings.

C) Hierarchical Regression Analysis

The distinct predictive impact of Trait EI to total AP was evaluated using Hierarchical Multiple Regression (H2). Table 2 presents the findings. A modest but substantial amount of the variance in AP was explained by the control variable (Age and Experience) in Step 1 ($R^2 = 0.04$, $F(2,211) = 4.38$, $p < 0.05$). In particular, Age had a small but statistically significant favourable influence ($\beta = 0.12$, $p = 0.035$).

The model fit was much enhanced in Step 2 by adding the Trait EI Total score, which explained an extra 18% of the variance in overall AP ($R^2 = 0.18$, $F_{change}(1,210) = 42.90$, $p < 0.001$). With $R^2 = 0.22$, $F(3,210) = 19.87$, $p < 0.001$, the entire model was very significant. A significant standardized beta coefficient ($\beta = 0.43$, $p < 0.001$) indicated that trait EI was the best individual predictor of AP.

Table 2: Hierarchical Multiple Regression Analysis Predicting Overall Adaptive Performance (N = 214)

Predictor Variable	B	SEB	β	t	p	R^2
Step 1: Control Variables						0.04
Age	0.03	0.01	0.12	2.11	0.035	
Experience (years)	0.01	0.01	0.05	0.88	0.380	
Step 2: Trait EI						0.18
Trait EI (Overall Score)	0.52	0.08	0.43	6.55	0.001	

D) Predictive Influence on Specific AP Dimensions

The specific characteristics of AP (Crisis Management and Handling Work Stress) were tested using different HMR models in order to evaluate Hypothesis 3. As expected, the psychological coping components were where trait EI had the greatest predictive usefulness.

Trait EI predicted 25% of the unique variance ($R^2 = 0.25$, $p < 0.001$) for the Handling work stress dimension. Trait EI predicted 15% of the unique variance for handling emergencies or crises ($R^2 = 0.15$, $p < 0.001$). These finding support H3, showing that the emotional competency measured by Trait EI is most important in facilitating the precise behavioural responses needed when nurses encounter life-threatening situation, ambiguity, or high psychological demands typical of a multi-speciality hospital setting.

5.DISCUSSION

All three hypotheses receive substantial empirical support from the results. A somewhat favourable association ($r = 0.45$) was found between trait EI and overall adaptive performance, which is in line with earlier studies showing a strong relationship between emotional competence and efficacy in demanding roles. Beyond age and experience, trait EI also significantly increased the explained variance ($R^2 = 0.18$), demonstrating its strength and

independence as a predictor of adaptive behaviour. This emphasizes emotional intelligence (EI) as a crucial personal trait that enables nurses to perform well in challenging job settings. The crisis-related performance, indicating that its main benefit is in promoting behavioural stability and resilience in dire circumstances (15).

The strong link between Trait EI and adaptive performance, especially in stress-related areas, helps explain how emotional traits translate into flexible behaviour. High Trait EI involves effective emotional regulation, which prevents negative emotions from disrupting the cognitive processes needed for problem-solving. When nurses face crises such as a deteriorating patient or staffing shortages, their ability too remain composed and focused reflects this emotional self-regulation, supported by accurate perception of emotion. Without this stability, performance becomes more vulnerable to cognitive overload and reduced effectiveness. Trait EI also supports key interpersonal behaviours by enabling nurses to understand and respond appropriately to others' emotions, which is essential for teamwork, culturally sensitive care, and coordinated crisis response in multispeciality hospital environments (16).

The findings demonstrate that EI serves as the basis for the ongoing behavioural flexibility required by the dynamic environment of multispecialty institutions. Because emotionally skilled nurses are less likely to burn out and more likely to stay committed, its protective function is highlighted by its prominent role in crisis management. When confronted with novel issues, this ongoing interaction maintains the drive and mental capacity required to pick up new skills and find innovative solutions. At the organizational level, improving frontline staff's emotional competency increases overall resilience, allowing nursing teams to react more skilfully to changing patient needs and resource limitations (17).

RESEARCH BOUNDARIES AND DIRECTIONS FOR FURTHER STUDY

Despite their statistical strength, the results should be interpreted with caution because of methodological constraints. Since all variables were measured simultaneously due to the cross-sectional design of the study, a clear cause-and-effect link between trait EI and adaptive performance could not be established. Additionally, there may be a reciprocal association between effective adaptive experiences and nurses' assessments of their emotional intelligence. The use of self-report measures for both EI and AP is another drawback that could lead to shared method variance and inflated correlations. Furthermore, the results' generalizability is restricted by the use of convenience sampling and the concentration on nurses at a single multispecialty hospital.

Future research should address these limitations by employing longitudinal designs to establish temporal precedence, using multi-source assessments such as supervisor or peer ratings to reduce self-report bias, and conducting intervention studies to determine whether EI training directly improves adaptive behaviour. Further research should also examine mediating variables, such as burnout or work engagement, to better understand the mechanisms through which EI enhances adaptive performance.

6.Conclusion

This study confirms that Trait Emotional Intelligence, comprising key elements of emotion perception, management, and utilization, is a significant and powerful psychological resource that predicts adaptive performance among nurses working in highly demanding, volatile multispecialty hospital settings (N=214). High EI functions particularly strongly as a predictor of a nurse's ability to remain effective under psychological duress (stress and crisis). The results establish EI not merely as a beneficial attribute, but as a critical competency for professional nursing practice in the modern, complex healthcare system.

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