

# Reducing Burnout through Emotional Intelligence: Insights into Workplace Bullying Among Nurses

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## ABSTRACT

*This study is aimed to investigate the impact of workplace bullying on job burnout among the nurses. The study also explores the role of emotional intelligence as a moderator. Study used cross sectional data. Data for the present research is collected from the 425 nurses working in different hospitals of Islamabad and Rawalpindi. Results indicate that workplace bullying has a positive impact on job burnout and emotional intelligence negatively moderates the relationship. Findings show that nurses who experience higher levels of workplace bullying have to suffer from increased job burnout. On the other hand, nurses with higher levels of emotional intelligence are better equipped to manage the adverse effects of workplace bullying and thus decreasing the overall intensity of job burnout. On the basis of the results of the study, it is suggested that hospitals may implement comprehensive anti-bullying policies, develop strong support systems and promote emotional intelligence training. This study highlights the importance of developing support systems in hospitals to cater the detrimental effects of workplace bullying.*

**Key Words:** Workplace Bullying, Job Burnout, Emotional Intelligence, Nurses

## INTRODUCTION

Bullying is considered as major workplace stressor, which has negatively affected the employees in organizations (Keashly & Harvey, 2005; Nielsen & Abildgaard, 2013; Reknes et al., 2018). A number of workers are being bullied at workplace in many organizations (Samnani & Singh, 2012). Workplace bullying is repeated aggressive, rude or insulting behavior which makes individuals or group feel saddened, threatened, humiliated, undermine the absence of self-confidence which can cause stress to them (Ren & Kim, 2017). Five categorizations of bullying at workplace are: danger to professional image, risk to self-esteem, separation, overburdened and threat to stability (Rayner & Hoel, 1997; Kivimäki et al., 2000). As per Einarsen et al. (2020), workplace bullying involves violent behavior targeted at an employee or a group of people at work including any intimidating or threatening actions that can be insulting or harmful to others or may create a hostile atmosphere at work. Workplace bullying is one of the prevailing issues across the world, characterized by continuous maltreatment of employees by either supervisors or peers. It encompasses behaviors for instance threats, ridicule or harassment which can adversely affect work performance (Hussain & Aslam, 2015).

This hostile environment forces employees to confront negative and aggressive behaviors within their workplace. Although bullying frequently arises from power imbalances, it may also occur between employees at the same hierarchical level (Matthiesen & Einarsen, 2010).

Several studies proved that bullying at the workplace have negative impact on employees' psychological and physical well-being. Poorly treated workers are at increased risk of psychological illness. Employees subject to workplace bullying face an increased risk of developing anxiety, stress, and other psychological disorders (Rosander & Salin, 2023). As a result, workplace bullying may have severe effects on people, businesses, and the economy (Mayhew et al., 2004; Schat & Frone, 2011). In addition, workplace bullying has been linked to poor health outcomes, absenteeism, attrition, reduced organizational commitment and decreased productivity (Hogh et al., 2010; Mayhew et al., 2004; Bernstein & Trimm, 2016). Bullying contributes economic problems for both, individuals as well as businesses (Galanaki & Papalexandris, 2013; Mayhew et al., 2004; Salin, 2003; Salin, 2008).

In 2020, International Labor Organization (ILO) highlighted that despite many countries having laws against workplace bullying and harassment, their enforcement is often lacking. The report emphasized the need for proactive measures like implementing policies and training programs to address this issue. Moreover, a survey was conducted by Society for Human Resource Management in 2019 that highlighted that about 29% organizations do not have any anti-bullying policy to deal with workplace bullying. Similarly, a study conducted in 2018 by the European Union in alliance with National Human Rights Commission disclosed that there are high numbers of cases of human right violation in SMEs working in Mongolia. The survey recognized numerous labor rights defilements that include non-payment of contracted amounts, discrimination at work, and pressure from management at workplace. The report also noted the prevalence of workplace harassment and discrimination in most enterprises.

It has been noted that bullying at the workplace may have both individual and structural effects. Individual or human-related effects of this encompass depression, nervousness, adverse emotions, explicit rage, insomnia, quitting job, and fatigue; organizational-level effects include absenteeism, decreased performance, reduced output, lower level of confidence in workers, decreased organizational obligation, increased turnover, decrease in organization citizenship behavior and decreased organizational commitment (Hirschi et., 2015; Bernstein & Trimm, 2016; Rajalakshmi & Naresh, 2018; Khurram et al., 2020; Amini et al., 2023).

In healthcare settings, various individuals, including nurses, physicians, caregivers, and even patients, can engage in bullying behaviors. Many researchers highlighted that workplace bullying is a common problem faced by the nurses (e.g. Ren & Kim, 2017; Hartin et al., 2018; Kim et al., 2019). Regrettably, workplace bullying in healthcare has dire consequences that compromise cooperation, integrity, and ultimately, patient safety and care quality (Ababneh & Abu Ahmadah, 2023). Nurses experiencing burnout struggle to motivate themselves and often feel depressed and unhappy (João et al., 2023). As per Safe Work Australia (2016), threatening and disrespectful behavior at work contributes to medical errors, lowers morale, increases absenteeism, and escalates turnover rates among skilled workers.

Einarsen (2000) underscores the health risks associated with workplace bullying, highlighting the developmental challenges some employees face in addressing such issues. In the nursing sector, the repercussions of bullying are particularly severe as nurses provide direct care to patients, and their role in healthcare delivery is indispensable given the complex and high-pressure environments in which they operate (Giorgi et al., 2016a; Amini et al., 2023).

Workplace Bullying has damaged the workers, and job burnout has become a problem (Singh & Mukherjee, 2013; Mukherjee, 2018; Verma, 2019). With growing interest in research on workplace bullying, its negative impact have been the focus of numerous researches (Hogh et al., 2010). Despite numerous studies on the adverse effects of workplace bullying, it remains insufficient research on its impact on job burnout. Beside this, there are very few researches explore the effects of workplace bullying among Pakistani nurses. This study also aims to highlight how emotional intelligence can play a moderating role in the relationship.

## **OPERATIONAL DEFINITIONS AND HYPOTHESIS FORMATION**

### **2.1 Workplace Bullying(WB)**

WB is defined by Fisher-Blando (2008) as a range of deliberate or unintentional actions aimed at controlling, harming, or coercing a coworker into resigning. Bullying can manifest through abuses of authority, where subordinates are targeted by their superiors. Workplace bullying is a series of hurtful behaviors aimed at an employee or a group of people at work, for instance, excluding or ignoring, making derogatory comments, spreading negative rumors, belittling someone's contributions and questioning the integrity (Giorgi et al., 2016a; Berglund et al., 2024).

### **2.2 Job Burnout (JB)**

JB is a disorder that includes emotional exhaustion, depersonalization, and reduced personal accomplishment usually seen among people at work (Maslach & Jackson, 1984). As a stress or strain reaction, burnout is characterized as a state of emotional exhaustion and distrust toward one's work in response to ongoing challenges (Jackson & Maslach, 1982). The signs include a collapse in physical, psychological, and emotional health along with unfavorable thoughts regarding one's job (Moradi et al., 2013).

### **2.3 Emotional Intelligence (EI)**

EI is the skill to recognize, direct, comprehend, and control our own and other people's emotions (Salovey & Mayer, 1990; Cabello & Fernandez, 2015). It may be defined as an individual's capacity to handle demands and challenges as well as their interpersonal and personal emotional abilities (Bar-On, 2000; Goleman, 2000). It is a technique that makes it possible for people to better control their emotions and tackle issues (Ozor & Eze, 2018). Emotional intelligence, according to Ravichandran et al. (2011), is the ability to analyze circumstances and balance one's mood and sentiments with those of others.

## **2.4 Workplace Bullying and Job Burnout**

Bullying at workplace increases the likelihood of job burnout among personnel (Yeun & Han, 2016). Bullying at the workplace have several outcomes including work pressure, job burnout, turnover intents, and mental stress (Naseer & Khan, 2015). Every company where workplace bullying occurs, there is surely some burnout. Yildiz (2015) found the positive connection between workplace bullying and burnout among professional athletes. Similarly, research on Canadian nurses revealed that leadership is crucial in revealing the connection between workplace harassment and job stress (Laschinger & Fida, 2014). Bullying at work is making nurses more likely to undergo job exhaustion (Allen et al., 2014). This research makes the case that bullying depletes resources, which results in feelings of burnout.

Studies strongly indicate the association between burnout and workplace bullying (Deery et al., 2011; Giorgi et al., 2016b). Recent studies suggest that the components of burnout develop concurrently rather than sequentially as was previously believed. Emotional exhaustion is brought on by rising job demands, while resource constraints at work either lead to depersonalization or less personal success (Leiter, 1993; Demerouti et al., 2001; Lang et al., 2022). Workers that undergo abuse have a greater risk of burnout compared to those who haven't (Deery et al., 2011). Managerial mistreatment is most harmful; it increases the employees' intentions to quit their jobs by four times (Giorgi, 2016b). Ozor and Eze (2018) also found that bullying at work is frequently associated with job fatigue and plans to leave the company. More over numerous reports on the job burnout rate of servicing professionals under demoing work conditions have been published (Vaezi & Fallah, 2001). Bullying at work may have a variety of negative effects on the workplace, yet its effect on worker performance is worrying (Devonish, 2013). People who experience workplace bullying more commonly experience job burnout as a result of the high levels of stress in their interpersonal relationships and job environment (Naseer & Khan, 2015). According to Ul haq and Huo (2024), workplace bullying harms healthcare staff leading to emotional exhaustion. Naseer and Raja (2016) argue that bullying at work drains a person's energy and fuels worry and job burnout. Rousseau et al. (2014) examined the idea of bullying at workplace. As a result, they also make use of the COR theory to support the claim that job burnout results from an individual's resources being reduced as a result of workplace bullying. Following hypothesis is given rise from the above discussions:

**H1: WB positively impacts JB.**

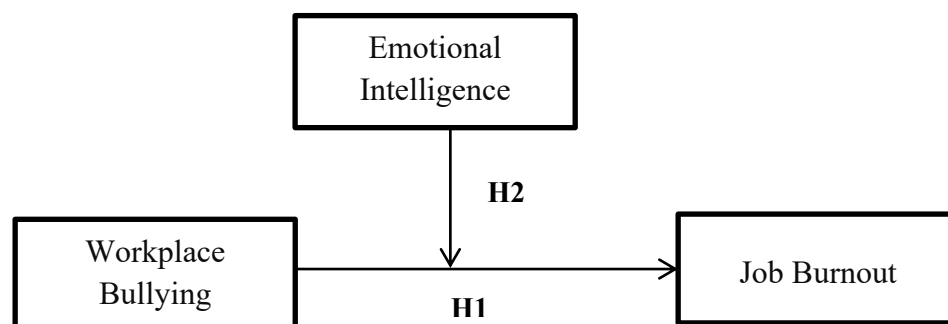
## **2.5 Emotional Intelligence as a Moderator**

EI is the skill and ability to recognize, understand, manage and effectively use emotions. EI is the individual's ability to manage environmental demands (Jordan et al., 2002). Numerous studies have been conducted to ascertain how EI affects workplace bullying, harassment and tiredness. Many previous studies has used EI as a moderator (e.g. Twumasi et al., 2025; Shariq et al., 2019). EI may act as a protective measure against burnout, according to study on university employees by Vaezi & Fallah (2011). In primary school teachers, emotional intelligence has been shown to reduce job fatigue and boost self-efficacy (Barari & Jamshidi, 2015). According to research conducted in Nigeria on married nurses, higher EI may

prevent these nurses from becoming burnt out on the job (Ozor & Eze, 2018). People who have the ability to express their emotions and heal their emotions can make expressive contributions to their achievement (Duran et al. 2004). Affective events theory argued that emotions are vital in how employees manage workplace conditions (Ul Haq & Huo, 2024). There is no question that emotions have an impact on people's actions, thoughts, and conclusions. By amplifying, minimizing, compressing, or prolonging certain emotional experiences, those with emotional control can achieve their objectives. They can accomplish this by controlling how they see their workplace and the emotional cues that come with the situation (Wong & Law, 2002). Pradhan and Jena (2018) explored role of emotional intelligence in the context of healthcare workers to determine the link between insulting management and a subordinate's choice to quit the organization. In the context of nursing, Hutchinson and Hurley (2013) discuss the moderating role of EI. The impact of emotional intelligence on Australia's teaching profession competitiveness was demonstrated by Christie et al. (2015).

EI can counterbalance the negative effects of organizational bias in a work environment (Shkoler & Tziner, 2017). Shkoler and Tziner (2017) used EI as a moderating factor in the relationship between work related strain and job burnout in their study conducted on South African nurses (Gorgens-Ekermans & Brand, 2012). Their research concluded that EI can reduce the level of job burnout. Giorgi (2013) documented that developing workers' EI might enable them handle the harmful effects of workplace bullying. Consequently, people's EI may help to lessen the negative consequences of distressing working atmospheres, unfairness at workplace, and workplace bullying on work output or other negative outcomes like burnout. The following hypothesis is given rise from the above discussion:

**H2: EI moderates the connection between WB and JB.**



**Figure 2.1:** Model of the study

## 2.6 Theoretical Underpinning

In the context of JD-R model, that states that unwarranted job demand can deter employees' mental health. This study posits workplace buying as a job demand among the nurses that depletes their mental health leading to increased job burnout. As per this model, when job demands overshadows the job resources, it results in adverse job outcome such as

job burnout. JD-R also supports that supportive resources like emotional intelligence, as used in this study, help to prevent job burnout.

## METHODOLOGY

### 3.1 *Participants and Procedure*

Current study's data collection is done from nurses working at hospitals within Islamabad and Rawalpindi. To reduce common technique bias, the current data is gathered in two stages as recommended by Podsakoff et al. (2003). Nurses working in hospitals often have irregular shifts and time constraints; therefore randomized sample is difficult to collect. Consequently, convenience sampling is used to collect the data. Surveys pertaining to demographic information of nurses and the predictor variable (WB) were distributed in the first phase while information for the dependent variable (JB) and the moderating variable (EI) is gathered in the proceeding round of data collection. In first round 500 questionnaires were distributed and 480 were received. Response rate in first round was 96%. In round two, 500 questionnaires were distributed to the same respondents, 474 were received back. 49 invalid responses were excluded in the analysis. As a result, 425 responses after the completion of the survey's two sections were determined to be eligible for the final analysis. The demographic statistics of the respondents is given in the Table 3.1 as follows:

**Table 3.1: Demographic Statistics of Respondents**

Demographics	Categories	Frequency	Percentage
<b>Age</b>	20 to 30 years	124	29.18
	30 to 40 years	230	54.12
	40 to 50 years	69	16.23
	50 to 60 years	2	0.47
<b>Marital Status</b>	Unmarried	166	39.06
	Married	259	60.94
<b>Experience</b>	< 5 years	151	35.53
	> 5 years < 10 years	179	42.12
	> 10 years < 15 years	59	13.88
	> 15 years < 20 years	28	6.59
	> 20 years	8	1.88

Out of the total 425 nurses, 124 are aged between 20 years and 30 years making up 29.18% of the total respondents. 230 nurses ranged between 31 years of age to 40 years which 54.12% of the total respondents. The majority of respondents fall within this age group. 16.23% nurses are between 40 to 50 years of age. While only 2 respondents representing 0.47% are between 50 to 60 years of age. From the total of 425 nurses who responded the survey, 166 are unmarried and 259 are married. In general it can be said that most respondents are married. When it comes of experience, 151 respondents comprising 35.53% of the total respondents

have less than five years of experience. 179 respondents (42.12%) have experience between 5 to 10 years. 59 nurses have 10 to 15 years of work experience. 6.59% respondents have 15 to 20 years of experience. Only 8 (1.88%) respondents have more than 20 years of experience.

### **3.2 Measures**

The research utilizes a five-point Likert scale, with responses spanning from 'strongly disagree (1)' to 'strongly agree (5)'. The details of the measures employed to collect data are given as follows:

#### **3.2.1 Workplace Bullying**

To measure WB, scale developed by Einarsen (2001) which has 22 questions is utilized. Sample item include "Being humiliated or ridiculed in connection with your work"

#### **3.2.2 Job Burnout**

Maslach Burnout Inventory (1981), which includes 22 statements, is used to quantify the degree of job burnout among the respondents of current study. It included statements like "I'm not particularly interested in what is going on with many of my colleagues."

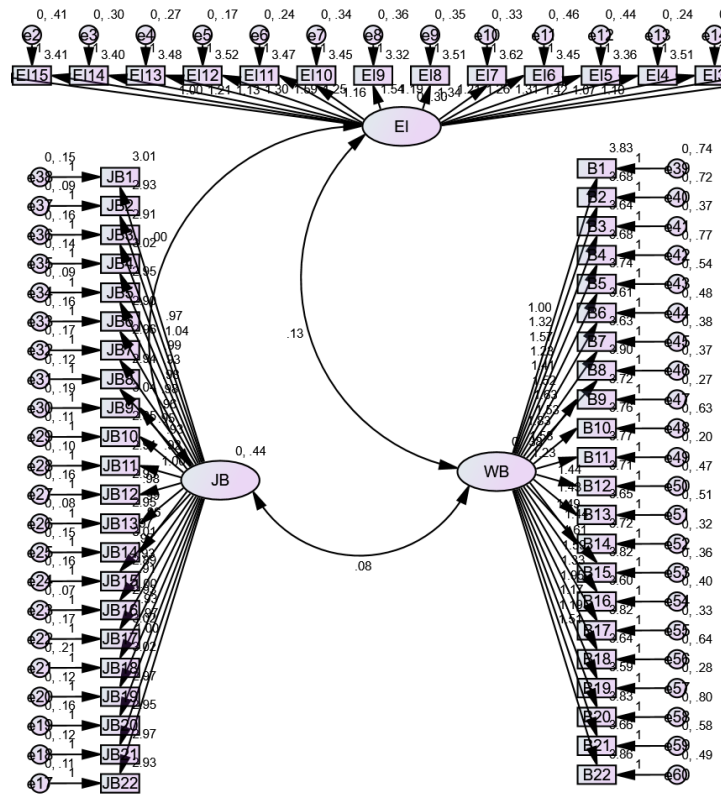
#### **3.2.3 Emotional Intelligence**

To capture EI, measure created by Wong and Law (2002) has been employed. This is a 16-item scale that was specifically designed for organizational research. It included statements like "I constantly make objectives for myself and try my best to attain them".

## **RESULTS**

### **4.1 Confirmatory Factor Analysis**

CFA is used to capture how well the observed variables represent the underlying constructs. In this study, CFA examines the constructs of WB, EI, and JB. AMOS 24 is employed to analyze the adequacy and suitability of the measurement model based on the provided dataset.



**Figure 4.1:** Confirmatory Factor Analysis

#### 4.2 Reliability, Validity of Constructs and Model Fitness

Cronbach's Alpha is engaged to compute scale reliabilities. Additionally, Composite Reliability is considered to further confirm the consistency of the constructs. All variables revealed reliability values exceeding the 0.7 threshold recommended by Nunnally and Bernstein (1994) This indicates that reliability of the scales is satisfactory. Likewise, Average Variance Extracted (AVE) score is calculated. Convergent validity is proven when the AVE value surpasses 0.5 indicating a robust convergent relationship. In the current study, all variables displayed AVE values exceeding 0.5 affirming the convergent validity. Discriminant validity is determined by matching the AVE value with the Mean Variance Shared (MSV) score. Discriminant validity is confirmed when the AVE value surpasses its corresponding MSV score for any construct. The outcomes specified that the AVE values for all constructs surpassed their particular MSV scores upholding discriminant validity. The Table 4.1 as under depicts the reliability and validity scores of all the constructs of this study:

**Table 4.1: Reliability and Validity**

Variables	Cronbach's Alpha	CR	AVE	MSV	MaxR(H)
<b>WB</b>	0.972	0.973	0.623	0.144	0.978
<b>EI</b>	0.957	0.958	0.588	0.144	0.963
<b>JB</b>	0.985	0.985	0.753	0.041	0.986

**Notes:** WB = Workplace Bullying; EI = Emotional Intelligence  
JB = Job Burnout



Adhering to the benchmark advocated by Henseler et al. (2015), HTMT (Heterotrait-Monotrait) ratios are computed to ensure there is no overlap between the latent variables and a threshold value of less than 0.85 is used. All the ratios calculated for the constructs are below 0.85 confirming the nonexistence of substantial similarity between them. The HTMT ratios for each construct are detailed in the Table 4.2 for easy reference:

**Table 4.2: HTMT Ratios**

Variables	EI	JB	WB
<b>EI</b>	<b>0.767</b>		
<b>JB</b>	0.011	<b>0.868</b>	
<b>WB</b>	0.343	0.194	<b>0.789</b>

The CFI value is 0.910, which is within the acceptable range, with values closer to 1 indicating a good fit. The CMIN/DF value for this model is 3.982, also within the acceptable range, as lower values suggest a better fit, and values below 5 are typically considered acceptable. The SRMR value of 0.092 indicates that model is acceptable, with lower values suggesting a better fit and values below 0.08 often deemed acceptable. The RMSEA value of 0.078 also falls within the acceptable range. The entire model fit indices fall within the acceptable range. Detailed values for the Model Fitness Indices are provided in Table 4.3 for reference.

**Table 4.3: Model Fitness**

Measure	Estimate	Interpretation
CFI	0.910	Acceptable
CMIN/DF	3.982	Acceptable
SRMR	0.092	Acceptable
RMSEA	0.078	Acceptable

### 4.3 Descriptive Statistics and Correlation

The primary measure of relationships among variables is the correlation between them. The descriptive statistics and the correlation values between variables are typically presented as follows:

**Table No. 4.4: Descriptive Statistics and Correlation**

Variable	Mean	SD	Age	MS	EXP	WB	JB	EI
<b>Age</b>	2.88	0.678	<b>1</b>					
<b>MS</b>	1.61	0.488	.741**	<b>1</b>				
<b>Experience</b>	1.73	1.05	.609**	.366**	<b>1</b>			
<b>WB</b>	3.72	0.91	.114*	.129**	.405**	<b>1</b>		
<b>JB</b>	2.96	0.65	-.188**	-.210**	0.11	.192**	<b>1</b>	
<b>EI</b>	3.48	0.7	.267**	.308**	.288**	.339**	0.14	<b>1</b>

**Notes:** N = 425, \*p < 0.05, \*\*p < 0.01

*Here, MS = Marital Status; EXP = Experience WB = Workplace Bullying; JB = Job Burnout; EI = Emotional Intelligence; SD = Standard Deviation*

The mean values and SD are provided for each variable. WB has a mean of 3.72 and a SD of 0.91, JB has a mean of 2.96 and a SD of 0.65, and EI has a mean of 3.48 and a SD of 0.7. Significant correlations are observed between Age and MS (0.741\*\*), Age and Experience (0.609\*\*), and Age and EI (0.267\*\*). MS also correlates significantly with Experience (0.366\*\*), WB (0.129\*\*), and EI (0.308\*\*). Experience shows significant correlations with WB (0.405\*\*) and EI (0.288\*\*) but correlation with JB is not significant. WB has significant correlations with JB (0.192\*\*) and EI (0.339\*\*). JB shows a negative correlation with Age (-0.188\*\*) and MS (-0.210\*\*), but a non-significant correlation with Experience (0.11) and EI (0.14). EI positively correlates with all other variables significantly. None of the reported correlation value is above 0.9 that implies there is no multicollinearity in the data. However, to confirm that multicollinearity does not exist in the data, VIF and Tolerance level is report in the Table 4.5 as follows:

**Table No. 4.5: Multicollinearity Diagnostics**

Variables	Tolerance	VIF
Workplace Bullying	.885	1.130
Emotional Intelligence	.885	1.13.

**Notes:** VIF = Variance Inflation Factor

All VIF values are well below the commonly accepted threshold of 5, and tolerance values are well above 0.2, we conclude that there is no evidence of multicollinearity among the independent variables. Therefore, we can move further for the regression analysis.

#### 4.4 Testing of Hypothesis

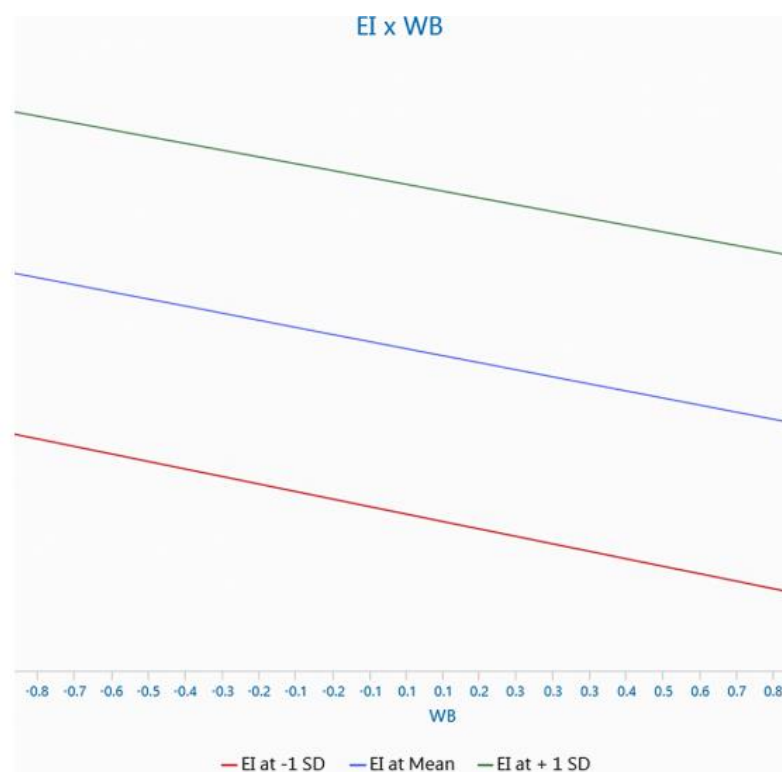
Hierarchical regression analysis is used to examine predictors of Job Burnout. In step 1, demographic variables are regressed against job burnout. In step 2, the workplace bullying and emotional intelligence are added in the model to obtain direct effect. In step 3, interaction term in added to capture the moderating effect of emotional intelligence. Table 4.6 given below is showing the results of hierarchical regression:

**Table No. 4.6: Hierarchical Regression**

Variable	Job Burnout ( $\beta$ )
<b>Step – 1</b>	
Age	-0.198*
Marital Status	-0.164
Experience	0.113**
R <sup>2</sup>	0.259
<b>Step – 2</b>	
Workplace Bullying (WB)	0.139**
Emotional Intelligence (EI)	0.14
$\Delta R^2$	0.055
<b>Step – 3</b>	
WB x EI (Interaction)	-0.184**
$\Delta R^2$	0.0376

**Notes:** N = 425, \*p < 0.05, \*\*p < 0.01

In Step 1, Age, Marital Status, and Experience are regressed with job burnout. Age showing a significant negative effect ( $\beta = -0.198, p < 0.05$ ) which implies that level of age brings maturity, calmness and acceptance in difficult working conditions and hence level of burnout is reduced with age. Marital Status showing a non-significant effect ( $\beta = -0.164$ ). This suggests that marital status is not affecting level of job burnout among nurses. On the other hand, experience showing a significant positive effect ( $\beta = 0.113, p < 0.01$ ). It is can deduced from this result that more experienced nurses have prolonged exposure to stress factor at hospital and often they are given additional responsibilities that can lead to more burnout (Fan et al., 2023). This step explains 25.9% of the variance in Job Burnout ( $R^2 = 0.259$ ). In Step 2, adding Workplace Bullying (WB) and Emotional Intelligence (EI) increases the explained variance by 5.5% ( $\Delta R^2 = 0.055$ ), with WB having a significant positive effect ( $\beta = 0.139, p < 0.01$ ) and EI having an insignificant direct effect. More bullying at workplace undermines the confidence of nurses at workplace and ultimately increased feeling of job burnout. Moreover, emotional intelligence does not have a direct impact on job burnout among nurses. In high-stress atmospheres, EI often do not directly reduce job burnout rather its influences interacting with stressors.



**Figure 4.1:** Moderation Effect of EI in the association between WB and JB

In Step 3, the interaction term between WB and EI (WB x EI) is added, significantly contributing to the model ( $\beta = -0.184, p < 0.01$ ) and explaining an additional 3.76% of the variance ( $\Delta R^2 = 0.0376$ ). This suggests that while WB increases Job Burnout, its impact is moderated by EI, with higher EI reducing the effect of WB on Job Burnout.

## CONCLUSION

The findings of this research underscore the significant positive impact of workplace bullying on job burnout among nurses in Pakistan, highlighting a pressing issue within healthcare settings. It is revealed by the results of this study that nurses who experience higher levels of workplace bullying have to suffer from increased job burnout. The results are consistent with previous researches (Livne & Goussinsky, 2018; Srivastava & Dey, 2020; Lang et al., 2022; Amini et al., 2023; Ren & Kim, 2023). This indicates that the damaging effects of a hostile work environment on level of burnout. On the other hand, the study also exhibits the fundamental role of emotional intelligence as a moderating factor. Nurses with higher levels of EI are better equipped to manage the adverse effects of workplace bullying and thus decreasing the overall intensity of job burnout. This advocates that enhancing emotional intelligence among nurses can be a key strategy in alleviating the adverse impacts of workplace bullying. By developing a caring and emotionally intelligent work atmosphere, healthcare organizations can improve well-being of nurses, lessen job burnout and eventually boost the quality of patient care.

On the basis of the results of the study, it is suggested that hospitals may implement comprehensive anti-bullying policies, develop strong support systems and promote emotional intelligence training. Moreover, periodic assessments should be conducted to observe the prevalence of bullying and burnout at hospitals. Trainings must be initiated to equip nurse managers with the expertise to effectively handle bullying incidents. In addition, encouraging open communication and can further raise a positive work environment.

### 5.1 *Theoretical Implications*

The findings of this research have certain theoretical implications. Primarily, the study emphasizes the JD-R model by underlining workplace bullying as a crucial job demand that diminishes nurses' emotional and physical resources leading to increased job burnout. The applicability of the model is extended to the nursing profession in a developing country context. Secondly, the study highlights the significance of emotional intelligence as a personal resource that can buffer the negative effects of job demands, like workplace bullying. The moderating role of EI proposes that personal resources can mitigate the adverse impact of workplace stressors and hence contributing to resilience.

### 5.2 *Practical Implications*

The results underscore the critical requirement for hospitals in Pakistan. Additionally, this research also emphasize on the necessity for the hospitals to develop training programs that can help developing the emotional intelligence of nurses. Moreover, importance of developing support systems in hospitals is highlighted to cater the detrimental effects of workplace bullying. Also, implementing systemic modifications in organizational culture is necessary to address the root causes of workplace bullying. EI training programs can be embedded in hospitals' orientation programs, continuing education and stress management workshops. Techniques like mindfulness, cognitive reappraisal, and stress-reduction exercises (e.g., breathing techniques) can be taught.

### 5.3 Limitations and Future Research Direction

The study has certain limitations. The study uses cross sectional data which limits to study the long term cause and effect relationship. This research opens several paths for future researchers. Upcoming researches can be longitudinal studies conducted to evaluate change over time in the associations between workplace bullying, emotional intelligence and job burnout and identify potential causal pathways. Moreover, current study used quantitative data only, future researchers can conduct qualitative researches, such as interviews or focus groups to provide understanding of the lived experiences of nurses and identify strategies for managing the job burnout. Furthermore, data has been gathered from the nurses directly that often has a limitation of having self-reported bias. Last but not the least, further researches can focus on exploring how organizational factors like organizational climate or leadership styles and organizational climate effects workplace bullying.

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