Resilience, Emotional Intelligence, and Mindfulness as Predictors of Psychological Well-being among Healthcare Professionals

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Abstract

Occupational stress, emotional exhaustion, and demanding work environments are all contributing to the increasing burden on the psychological well-being of healthcare personnel. This study investigated the relationship between psychological well-being among healthcare professionals and resilience, emotional intelligence, and mindfulness. Dr. Ryff's Psychological Well-Being Scale, the Connor-Davidson Resilience Scale, the Schutte Emotional Intelligence Scale, and the Mindful Attention Awareness Scale were among the standardized instruments filled out by 180 professionals (physicians, nurses, and allied staff) from public and private hospitals in India. Psychological well-being and all three predictors showed significant positive correlations, as indicated by correlational studies. The strongest predictors were emotional intelligence and resilience, which together explained a significant amount of variance in well-being ratings, as determined by multiple regression analysis ($R^2 = .50$, $p < .001$). A smaller but still important contribution was made by mindfulness. These results highlight the value of developing one's own psychological reserves to reduce stress and improve well-being in medical environments. Designing mindfulness-based therapies, emotional skills training, and events to foster resilience in frontline medical workers is directly impacted by the study.

***Keywords**: psychological well-being, resilience, emotional intelligence, mindfulness, healthcare professionals*

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Introduction

Persistent psychological challenges might jeopardize the mental health and well-being of healthcare workers, particularly those employed in high-pressure settings (World Health Organization, 2019; Shanafelt et al., 2012). Burnout, anxiety, and mental weariness are frequently caused by extended shifts, emotional tiredness, moral quandaries, and high-stakes decision-making (Maslach & Leiter, 2016). The negative impacts of these conditions have been extensively researched, but the internal psychological resources that might mitigate these consequences have received less attention.

Healthy psychological functioning has been demonstrated to be significantly influenced by various resources, including emotional intelligence (EI), mindfulness, and resilience (Fredrickson, 2001; Luthans et al., 2007). High levels of stress are frequently reported by professionals in the Indian healthcare sector, and they are made worse by structural issues, including a lack of resources and societal expectations (Rathore et al., 2023; Chatterjee et al., 2020). The need for empirical models that assess the contribution of psychological qualities to well-being has increased as a result.

Using a correlational and regression-based approach, this study closes an existing gap by investigating resilience, emotional intelligence, and mindfulness as joint determinants of psychological well-being in Indian healthcare workers. Its distinctive feature is its quantitative and integrative methodology, which evaluates all three variables inside a single prediction model using standardized instruments. Future mental health policies and interventions

aimed at healthcare providers may benefit from these findings.

Review of literature

Ryff's (1989) multifaceted model of psychological well-being includes elements that are particularly pertinent in nurturing duties, such as autonomy, self-acceptance, personal growth, and life purpose. Given the emotional labour and decision-making stress that healthcare professionals frequently experience, it is critical to comprehend which psychological features support their well-being (Shanafelt et al., 2012).

According to Connor and Davidson (2003), resilience is the ability to adjust and bounce back from hardship. This characteristic has been evaluated extensively using the Connor-Davidson Resilience Scale (CD-RISC). Resilient people have higher work satisfaction and reduced burnout, according to studies (Jackson et al., 2007; Mealer et al., 2012). Resilience was linked to lower stress levels and improved coping strategies among nurses in Indian research (Kumar et al., 2025). It modulates the impact of long-term work-related stress on mental health on a global scale (Robertson et al., 2015).

According to Mayer and Salovey (1997), emotional intelligence is the capacity to recognize, comprehend, and control emotions. In healthcare settings, emotional intelligence (EI) enhances communication and lessens emotional weariness (Codier et al., 2010; Fernandez-Berrocal & Extremera, 2006). High EI is linked to emotional stability and work satisfaction (Sharma et al., 2023), and Indian research supports its importance in mental health and interpersonal interactions (Srivastava et al., 2021). Emotional intelligence is also a key component of stress regulation theories (Zeidner et al., 2009) and psychological capital (Luthans et al., 2007).

Being mindful is being aware of the current moment while accepting it without passing judgment (Brown & Ryan, 2003). A common tool for measuring it is the Mindful Attention Awareness Scale. Healthcare workers who practise mindfulness report better emotional control and less burnout (Irving et al., 2009; Fortney et al., 2013). Mindfulness training has been shown to reduce work-related stress in Indian healthcare settings (Sabir et al., 2018), and there is evidence that it may be incorporated into wellness programs (Goyal et al., 2014).

Most of the research looks at resilience, emotional intelligence, and mindfulness separately or in relation to intervention frameworks, even though each has been connected to psychological well-being. Few have used statistical approaches to model them all together to predict well-being, especially in the Indian setting, where systemic healthcare difficulties are particularly difficult (Rathore et al., 2023; Chatterjee et al., 2020).

Statement of the Problem

Finding internal psychological resources that support well-being is crucial, given the enormous psychological demands made on healthcare workers. While it has been shown that mindfulness, emotional intelligence, and resilience all promote mental health, their combined predictive power is still not fully understood in Indian healthcare settings. The purpose of this research is to ascertain how well psychological well-being is predicted by these three factors, which will inform occupational health psychology theory and practice.

Objectives

1. To examine the levels of resilience, emotional intelligence, mindfulness, and psychological well-being among healthcare professionals.
2. To assess the relationship between resilience, emotional intelligence, mindfulness, and psychological well-being.
3. To determine the predictive value of resilience, emotional intelligence, and mindfulness on psychological well-being.

Hypothesis

1. There will be a significant positive correlation between resilience and psychological well-being.
2. Emotional intelligence will be significantly positively correlated with psychological well-being.
3. Mindfulness will be significantly positively correlated with psychological well-being.
4. Resilience, emotional intelligence, and mindfulness will significantly predict psychological well-being among healthcare professionals.

Method

Research Design

A quantitative, cross-sectional correlational design with a multiple regression analysis predictive component was used in this investigation. For evaluating the associations between variables at a certain moment in time, a cross-sectional technique proved suitable. Regression analysis assessed how effectively resilience, emotional intelligence, and mindfulness predicted psychological well-being, whereas correlational analysis looked at the direction and intensity of correlations. In psychology research, this approach is frequently employed to evaluate prediction models using standardized self-report measures (Cohen et al., 2003).

Participants

To guarantee applicability to occupational stress situations, 180 healthcare professionals (physicians, nurses, and related personnel) from public and private hospitals in Bhubaneswar, Odisha, were chosen using purposive sampling. Participants had to be between the ages of 25 and 55, have at least a year of clinical experience, and be actively working in clinical settings to meet the inclusion requirements. Students, interns, and those on extended leave were all excluded. With 52% of the population being female and 48% being male, the mean age was M = 37.4 years (SD = 8.3). Seventy-two percent had more than five years of experience, the majority had graduate-level education, and over 60% worked in government hospitals, and forty percent in private ones.

Measures

1. Psychological Well-Being Scale (Ryff, 1989, 42-item version)

This tool assesses six aspects of well-being: self-acceptance, positive relations with others, personal growth, autonomy, environmental mastery, and purpose in life. A six-point Likert scale is used to score the responses (1 being strongly disagree and 6 being strongly agree). The entire scale's Cronbach's alpha in this study was $\alpha = .87$, showing strong internal consistency.

2. Connor-Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003)

This 25-item measure evaluates resilience, which is defined as the capacity to handle stress and hardship. On a 5-point rating system, 0 represents not true at all, and 4 represents true nearly all the time. Numerous healthcare populations have validated the instrument. This sample's reliability was $\alpha = .89$.

3. Schutte Self-Report Emotional Intelligence Test (SSEIT; Schutte et al., 1998)

This scale, which has 33 items, assesses the capacity to comprehend, communicate, control, and make use of emotions. A 5-point rating system from 1 (strongly disagree) to 5 (strongly agree) is used for responses. In the current investigation, the scale showed high reliability ($\alpha = .85$).

4. Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003)

The frequency of open, present-centered awareness is measured by 15 items in the MAAS. On a six-point Likert scale, 1 represents almost always and 6 represents almost never. With $\alpha = .82$, it demonstrated good reliability in this study.

Procedure

Hospital managers were asked for permission to conduct the study either on-site or virtually after receiving ethical

approval from the institutional ethics review board. The goal of the study was explained to the eligible volunteers, who were also given assurances about their anonymity and voluntary involvement. Informed consent was acquired in writing. Over the course of six weeks, data were gathered using both paper-pencil questionnaires (given during staff meetings or shifts) and online Google Forms (for convenience during non-working hours). It took about 25 to 30 minutes on average to finish the survey. In order to preserve voluntariness, no compensation was made. Every response was kept private and anonymous. A final sample of 180 legitimate cases was obtained after 12 incomplete or inconsistent replies were eliminated before analysis.

Statistical Analysis

The IBM SPSS Statistics Version 26 was used to analyze the data. Means, standard deviations, and ranges were calculated for each of the important variables. To investigate the bivariate correlations between resilience, emotional intelligence, mindfulness, and psychological well-being, Pearson's correlation coefficients were employed. To determine how much diversity in psychological well-being could be accounted for by each of the three variables alone and jointly, a multiple linear regression analysis was performed. Every regression assumption, including normality, linearity, multicollinearity, and homoscedasticity, was examined and shown to be true.

Results

This study set out to investigate the connections between psychological well-being, emotional intelligence, mindfulness, and resilience, as well as to evaluate the predictive potential of these factors taken together in a sample of medical professionals. First, all data were examined for missing values, outliers, and normalcy. The data satisfied the requirements for multiple regression analysis, which include homoscedasticity, multicollinearity (VIF < 2), linearity, and a normal distribution of residuals.

Descriptive Statistics

The means and standard deviations for the main variables are presented in Table 1.

Table 1: Descriptive Statistics (N = 180)

Variable	Mean (M)	Standard Deviation (SD)
Resilience (CD-RISC)	71.45	12.31
Emotional Intelligence (EI)	118.87	14.52
Mindfulness (MAAS)	59.22	9.74
Psychological Well-Being	201.36	26.87
Note: N=180		

All variables were positively skewed in the expected direction, suggesting that most participants reported moderate to high levels of the measured constructs.

Correlational Analysis

Pearson's correlation coefficients indicated significant positive relationships among all variables (Table 2).

Table 2: Correlation Matrix

Variables	1	2	3	4
1.Resilience	___			

2.Emotional Intelligence (EI)	.47**	___	
3.Mindfulness (MAAS)	.41**	.44**	___
4.Psychological Well-Being	.59**	.54**	.46** ___
*Note: N=180. **p < .01*			

These correlations suggest that higher levels of resilience, emotional intelligence, and mindfulness are significantly associated with higher psychological well-being among healthcare professionals.

Multiple Regression Analysis

Table 3: Multiple Regression Predicting Psychological Well-Being

Predictor	B	SE B	B	t	p
Resilience	0.78	0.12	.43	6.54	<.001
Emotional Intelligence	0.49	0.15	.28	3.27	.001
Mindfulness	0.32	0.14	.17	2.29	.023
Note: R^2 = .500, F(3, 176) = 58.63, p < .001. N = 180.					

Discussion

This study's main objective was to investigate how resilience, emotional intelligence, and mindfulness influence psychological well-being among Indian healthcare workers. The findings empirically demonstrate the considerable and positive relationship between psychological well-being and these internal psychological qualities. When taken as a whole, they explained 50% of the variation, highlighting their applicability in demanding work settings.

Resilience was shown to be the most powerful predictor, supporting previous research showing that it acts as a psychological buffer against emotional exhaustion, burnout, and persistent professional stress (Mealer et al., 2012; Arrogante & Aparicio-Zaldivar, 2017; Jackson et al., 2007). Stronger coping strategies and flexibility are frequently exhibited by resilient people, and these traits are essential for negotiating the challenges of healthcare settings.

The second most potent predictor identified was emotional intelligence. This is consistent with the body of research showing how it enhances interpersonal dynamics, communication, and emotional regulation—all of which are elements that lead to well-being (Codier et al., 2010; Por et al., 2011). Emotional intelligence (EI) promotes empathy, harmony, and collaboration, especially in healthcare environments where emotional labour is prevalent. According to Indian research, having a higher EI improves one's personal and professional well-being (Srivastava et al., 2021).

Despite being the weakest predictor, mindfulness was nonetheless statistically significant. In order to handle stress and cognitive overload, mindfulness cultivates emotional regulation and present-moment awareness (Brown & Ryan, 2003; Fortney et al., 2013). The lack of formal training among participants may be the reason for its lower predictive value, although even dispositional mindfulness seems to have psychological advantages. Studies have connected mindfulness to improved resilience, decreased burnout, and improved patient care outcomes (Chesak et al., 2019).

Crucially, the study differs from other studies that concentrated on these variables separately due to its integrated methodology. A comprehensive psychological profile for healthcare well-being is presented by the results, which were tested within a single prediction model. Its contribution is further strengthened using standardized

instruments and a robust sample (N = 180), especially in the setting of Indian healthcare, which has received little attention (Regy & Ramesh, 2023; Kathwal et al., 2025).

Implication

The results have significant ramifications for policymakers and medical practitioners. Burnout can be lessened by resilience-building strategies like peer support groups or cognitive-behavioral training. Self-awareness, stress management, and collaboration may all be improved by incorporating emotional intelligence training into medical and nursing curricula. Furthermore, programs for mindfulness-based stress reduction (MBSR), which have shown success in Western contexts, can be culturally modified for use in Indian healthcare settings (Rao et al., 2024).

The findings emphasize the necessity of institutional investment in psychological capital from a policy perspective. Improving these characteristics can minimize healthcare error rate, lower absenteeism, and increase staff retention. In addition to being morally right, promoting the mental health of healthcare professionals is crucial to the long-term viability of healthcare institutions.

Limitations and Future Directions

Future research should use longitudinal designs to examine the development and long-term effects of these psychological qualities, particularly in Indian cultures, where there are few studies of this kind. Its cross-sectional design limits the interpretation of causality (Creswell & Creswell, 2018).

Subsequent studies might use objective instruments or multi-source data (such as peer or supervisor evaluations) for triangulation, as the use of self-report measures may have introduced social desirability bias. Generalizability is limited by the sample's exclusive Bhubaneswar origins. It is advised to do more extensive sampling across various geographic areas and healthcare systems, such as tier-2 and rural hospitals (Jha et al., 2024).

Mobile-based treatment methods are becoming a more accessible way to improve emotional intelligence and mindfulness as healthcare becomes more digitally connected (Morrison Wylde et al., 2017). Future studies might also look at models of mediation or moderation, such as whether work position moderates the effect of resilience or if mindfulness mediates the association between EI and well-being.

Conclusion

In conclusion, this study demonstrates that among Indian healthcare workers, psychological well-being is strongly predicted by resilience, emotional intelligence, and mindfulness. The best predictor was resilience, which was followed by emotional intelligence and mindfulness. The significance of bolstering internal psychological resources to promote well-being in high-stress work settings is underscored by these findings. Institutions and governments should strategically prioritize improving these attributes as healthcare needs rise, especially in emerging nations.

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