Article

# Assessment of Emotional Management of Emergency Nursing Personnel in Selected Chinese Public Hospitals

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## Abstract

This paper investigated the current situation of emotion management of nurses in the emergency department of medical institutions to provide an empirical reference for nursing managers to cultivate nurses' ability to control emotions and implement emotional interventions and to make a case reference for further improving nursing work efficiency, nursing service quality and patient satisfaction. Using the purposive sampling method and the Nurse Emotion Management Scale, 150 registered nurses in the emergency department of five third-class first-class hospitals in Guangdong Province were selected for a questionnaire survey from November to December 2022. The total score of emotional management for emergency department nurses was (49.28 ± 3.17) points, emotional awareness (14.53 ± 1.69) points, emotional adjustment (12.99 ± 1.15) points, emotional use (12.51 ± 1.17) points, and emotional expression (9.25 ± 1.22) points. There were differences in emotional management scores among emergency department nurses with different nursing years, professional titles, external environment, emotional transfer, work violence, and job burnout ($P<0.05$). The emotional management ability of emergency department nurses is at a medium to high level. Nursing age, professional title, external environment, emotional transfer, work violence, and job burnout are the main factors affecting emergency department nurses' emotional management ability.

**Keywords:** emergency; nursing personnel; emotional management; China; public hospital

UNISA university of south africa PRESS
New Voices in Psychology
Volume 15 | 2025 | #16195 | 15 pages

https://doi.org/10.25159/2958-3918/16195
ISSN 2958-3918 (Online)

## Background

Emotion is an individual's physiological and psychological feelings produced by external stimuli, the emotion, its unique ideological, psychological, and physiological state, and a series of action tendencies (McRae & Gross, 2020). Emotion management is the subject of emotion for their own existing emotions or emotional changes produced by Nightingale et al. (2018), who conducted an integrative review focusing on the relationship between emotional intelligence (EI) in healthcare professionals and caring behaviour. The study indicated that developing EI in nurses could positively affect certain caring behaviours, emphasising the importance of understanding which aspects of EI are most relevant for intervention. Sattar et al. (2024) published a systematic review that explored workplace triggers of emotions within the healthcare environment. The study identified various triggers of emotion and the types of emotion experienced, suggesting that negative emotions can have negative effects on patient care and, ultimately, patient safety. Lambert (2021) reviewed the role of emotion in strategic management, identifying three themes related to how emotions influence strategic management: the nonconscious influence of emotions, emotion regulation, and collective emotions. They proposed future research areas, including the scope of emotion research in strategic management and the ethics, power, and politics of emotions in strategic management.

As the psychological conditions that enable people to achieve emotional and personal or group emotional activities, emotion management is also a psychological characteristic (Bushnell et al., 2013). Nurses, as the first line of medical work, are prone to emotional fluctuations due to the high intensity of work pressure, exposure to occupational risks and medical disputes at any time, and especially the implementation of a shift system that breaks the normal biorhythms, so in nursing, in addition to physical and mental labour, nurses also have to pay more emotional labour (Chen & Meier, 2021). Nursing professionals, while possessing the professional spirit of excellence and dedication, lofty and outstanding moral qualities, solid professional knowledge in all areas of reserves and pure clinical nursing skills, should also demonstrate the basic qualities of emotional management when contacting and communicating with patients and their families in their daily work.

The emergency department, as the first line of treatment for patients with acute and critical illnesses, has a lot of emergencies, high work intensity, and nursing tasks are complex and diverse characteristics, so the comprehensive quality of the emergency department nurses requires a higher level of not only requires a solid basic knowledge, excellent emergency nursing skills but also have to manage their own emotions emotion management capabilities, to avoid the emotional side of the rescue work is hampered by the obstacles. Emergency medicine is one of the important windows for hospitals to treat patients, undertaking the important work of first diagnosis and rescue of patients with acute and critical illnesses, and the nature of the emergency department is special: the density of patients with serious illnesses, a wide range of conditions, and the heavy

task of rescue and management. All of the above situations require emergency department nurses to make accurate judgement quickly with limited known information (Salvarani et al., 2019). In the fast-paced, high-pressure work environment, emergency department nurses are very prone to various adverse emotions such as irritability, laziness, anxiety and burnout. The emergence of adverse emotions in nursing can result in adverse consequences such as slower work efficiency, lower quality of nursing services and patient satisfaction.

According to the research of Başoğul and Özgür (2016) and others, emergency department nurses have a higher probability of emotional pitfalls than general departments due to their special working environment and nature. At present, there are few studies analysing the psychological health status of nurses, but there is a lack of empirical support for studies on emotion management; therefore, this study aims to investigate the current situation of emotion management of nurses in the emergency department of medical institutions, to provide nursing managers with the ability to cultivate nurses' ability to manage their emotions, to implement emotional interventions to provide empirical references, as well as to improve further the efficiency of nursing work and the quality of nursing services and patient satisfaction, as well as to improve further the efficiency of nursing work and the quality of nursing services and patient satisfaction.

## Objects and Methods

### Subjects of the Study

A convenience sampling method was used to select 162 registered nurses in the emergency department of two tertiary hospitals in Guangdong Province from November to December 2022 to conduct the questionnaire survey. Inclusion criteria: 1) hold a certificate of nursing practice of the People's Republic of China; 2) informed consent, voluntary participation in the questionnaire completion; 3) working experience in the emergency department ≥ 1 year. Exclusion criteria: 4) further training, rotation and internship nurses; 5) nurses who went out to study or on leave during the survey period.

### Research Tools

*General Information Questionnaire for Nurses in Emergency Department*

A self-made nurses' general information questionnaire was used, including demographic information (gender, age, nursing age, title, education, marital status) and related influencing factors (emotional transfer, external environment, work violence factors and work burnout).

*Emotion Management Scale for Nurses*

The Nurses' Emotion Management Scale (NEMS) （Kelly et al., 2021） was designed for nurses in the emergency department, with a content validity index (CVI) of 0.886

and Cronbach's alpha coefficient (CAC) of 0.835. The scale consisted of 18 items, including four dimensions: emotion awareness, emotion expression, emotion adjustment, and emotion use. The questionnaire was scored on a 4-point Likert scale, with each entry being assigned a score of 1–4 (1 = very non-compliant, 2 = non-compliant, 3 = compliant, 4 = very compliant), and the total score was 18-72, with the higher the score indicating that nurses' emotion management ability was stronger. Thirty respondents were selected for the pre-survey, and Cronbach's alpha coefficients for the total scale and each dimension were greater than 0.7.

## Research Method

The researcher used the questionnaire survey method to conduct the study; the questionnaire star will be distributed to the relevant personnel for an anonymous survey of the electronic version of the questionnaire to explain in detail the purpose and significance of the study and inform the questionnaire survey for informed consent and voluntary participants can be swept through the WeChat code to participate. 162 questionnaires were distributed in this study. 157 questionnaires were recovered, excluding seven invalid questionnaires with inaccurate information and 150 valid questionnaires. The validity rate of the questionnaire was 92.59%.

### Statistical Methods

All the data were counted with the SPSS 20.0 software package, and mean, standard deviation and frequency were used for statistical description; t-test and ANOVA were used for statistical inference, and $P < 0.05$ indicated that the difference was statistically significant.

## Results

### Demographic Characteristics of Participants

150 participants were recruited for this study. As shown in Table 1, 15.3% male, 84.7% female; nursing age 1-year accounted for 56.7%, 6-year accounted for 32%, 10-year accounted for 11.3%; primary title accounted for 71.3%, intermediate title accounted for 20.7%, and senior title accounted for 8%; ward crowding accounted for 18%, and workload was heavy accounted for 54.6%.

Physical discomfort accounted for 4%, conflict with colleagues accounted for 4.7%; pressure for promotion and many appraisals accounted for 18.7%; having had emotional transference accounted for 3.3%, not having had emotional transference accounted for 66%; possibly having had emotional transference accounted for 30.7%, having encountered violence at work accounted for 65.3%, not having encountered violence at work accounted for 34.7%, in the job burnout module, feeling oppressed accounted for 5.3%, very valuable 18%, becoming numb 50%, no sense of achievement 24.7%, and nothing special 2%.

**Table 1:** Participants' demographic characteristics (N=150)

| **Demographic information** | **Subgroups** | **Frequency** | **Composition ratio (%)** |
|---|---|---|---|
| Sex | Male | 23 | 15.3 |
| | Female | 127 | 84.7 |
| Age | 18~ | 68 | 45.3 |
| | 26~ | 55 | 36.7 |
| | 31~ | 22 | 14.7 |
| | 41~ | 5 | 3.3 |
| Nursing age | 1~ | 85 | 56.7 |
| | 6~ | 48 | 32 |
| | 10~ | 17 | 11.3 |
| Academic qualifications | Secondary School | 5 | 3.3 |
| | College | 76 | 50.7 |
| | Undergraduate | 65 | 43.3 |
| | Postgraduate | 4 | 2.7 |
| Title | Junior title | 107 | 71.3 |
| | Intermediate title | 31 | 20.7 |
| | Senior Title | 12 | 8 |

| | | | |
|---|---|---|---|
| External Environment | Crowded Ward | 27 | 18 |
| | High workload | 82 | 54.6 |
| | Physical discomfort | 6 | 4 |
| | Conflicts with colleagues | 7 | 4.7 |
| | Pressure for promotion and appraisal | 28 | 18.7 |
| Marital status | Married | 54 | 36 |
| | Unmarried | 96 | 64 |
| Emotional transfer | Ever | 5 | 3.3 |
| | Never | 99 | 66 |
| | May have been | 46 | 30.7 |
| Violence at work | Experienced | 98 | 65.3 |
| | Not experienced | 52 | 34.7 |
| Burnout | Feeling depressed | 8 | 5.3 |
| | Valuable | 27 | 18 |
| | Numb | 75 | 50 |
| | No sense of accomplishment | 37 | 24.7 |
| | Nothing special | 3 | 2 |

## Emotion Management Score of Nurses in the Emergency Department

**Table 2:** Scores and mean scores for each dimension of emergency department nurses' emotion management skills

| **Dimension** | **Score** | **Average Score** |
|---|---|---|
| Emotional Awareness | 14.53±1.69 | 2.91±0.34 |
| Emotional Adjustment | 12.99±1.15 | 3.25±0.29 |
| Emotional Use | 12.51±1.17 | 3.13±0.29 |
| Emotional Expression | 9.25±1.22 | 1.85±0.24 |
| Total Score | 49.28±3.17 | - |

## Univariate Analysis of Emotion Management of Emergency Department Nurses

**Table 3:** Univariate analysis of the emotional management status of nurses in the emergency department

| Project | Subgroups | Number | Emotional Management Score | t／F | P |
|---|---|---|---|---|---|
| Sex | | | | 0.622 | 0.509 |
| | Male | 23 | 51.75±1.11 | | |
| | female | 127 | 48.81±3.21 | | |
| Age | | | | 0.437 | 0.602 |
| | 18~ | 68 | 47.59±3.46 | | |
| | 26~ | 55 | 50.07±2.06 | | |
| | 31~ | 22 | 51.91±1.38 | | |
| | 41~ | 5 | 52.0±1.00 | | |
| Nursing experience | | | | 5.174 | 0.024 |
| | 1~ | 85 | 48.42±3.54 | | |
| | 6~ | 48 | 49.75±2.07 | | |
| | 10~ | 17 | 52.24±1.09 | | |
| Academic qualifications | | | | 1.405 | 0.243 |
| | Secondary school | 5 | 51.80±1.64 | | |
| | College | 76 | 50.50±1.98 | | |
| | Undergraduate | 65 | 47.51±3.57 | | |
| | Postgraduate | 4 | 51.75±0.50 | | |
| Title | | | | 4.670 | 0.011 |
| | Junior Title | 107 | 48.53±3.24 | | |
| | Intermediate title | 31 | 50.88±2.31 | | |
| | Senior Title | 12 | 51.83±0.83 | | |
| Marital status | | | | 0.130 | 0.091 |
| | Married | 54 | 48.60±3.41 | | |
| | Unmarried | 96 | 50.48±2.24 | | |

| | | | | | |
|---|---|---|---|---|---|
| External Environment | | | | 2.739 | 0.030 |
| | Crowded Ward | 27 | 48.41±4.12 | | |
| | High workload | 82 | 50.22±2.31 | | |
| | Physical discomfort | 6 | 52.17±1.17 | | |
| | Conflicts with colleagues | 7 | 50.43±1.62 | | |
| | Pressure for promotion and appraisal | 28 | 46.46±2.89 | | |
| Emotional displacement | | | | 6.858 | 0.001 |
| | Ever | 5 | 49.60±2.51 | | |
| | Never | 99 | 50.39±2.59 | | |
| | May have been | 46 | 46.85±3.05 | | |
| Violence at work | | | | 4.271 | 0.039 |
| | Experienced | 98 | 49.33±4.05 | | |
| | Not experienced | 52 | 49.87±5.57 | | |
| Job burnout | | | | 4.569 | 0.001 |
| | Feeling depressed | 8 | 47.63±4.96 | | |
| | Valuable | 27 | 49.70±3.36 | | |
| | Numb | 75 | 49.13±2.97 | | |
| | No sense of accomplishment | 37 | 49.51±3.02 | | |
| | Nothing special | 3 | 50.67±2.31 | | |

# Discussion

### Analysis of the Current Situation of Emotion Management of Emergency Department Nurses

Table 2 shows that the total score of emotion management of emergency department nurses is (49.28±3.17), which indicates that the level of emotion management of emergency department nurses is in the middle to upper level. The results of this study are similar to the results of the study conducted by Wang et al. (2018). The scores of three dimensions, namely, emotion adjustment, emotion application, and emotion awareness, are in the top three of the four dimensions of the Emergency Department NEMS, which suggests that nurses can adjust, use, and detect their own emotions and those of others well during their daily nursing work or life. This phenomenon suggests that nurses in the emergency department are able to use, perceive, and adjust their own and others' emotions well in their daily nursing work or life. As the proportion of female emergency department nurses is larger than that of male emergency department nurses, and women's emotions are rich, sensitive and delicate, the emergence of the above phenomenon may be related to this. The emotion expression dimension is located in the last place of the four dimensions, which suggests that there is a lot of room for improvement in the emergency department nurses' ability to express their own emotions

and to guide others to express their emotions. In an empirical study on the influence of emotions on individual conflict management strategy selection, DeJesus et al. (2014) proposed the theory of "emotional information", which suggests that positive emotions can lead to an alliance, while negative emotions can lead to a hostile relationship. In emergency nursing work, nurses need to communicate and cooperate with patients and their families in order to complete the nursing work better, and if the nurses' own negative emotions are not properly expressed and properly managed, it will lead to individual conflicts, resulting in the growth of negative emotions, which is unfavourable to the nursing work; therefore, nursing managers should take appropriate methods to enhance the intensity of the nurses' positive emotions, so that they can better complete the clinical nursing work in the emergency department.

## Single-Factor Analysis of Emotion Management of Emergency Department Nurses

Nursing age affects the emotional management of emergency department nurses. As can be seen from Table 3, the higher the nursing age, the higher the emotion management score of emergency department nurses and the lower the nursing age, the lower the emotion management score of emergency department nurses. This may be related to the fact that nurses with higher nursing age have a deeper understanding of the significance of their work and can find areas in their own work that benefit them, resulting in greater professional satisfaction and lower job burnout than nurses with lower nursing age. Related research (Brown & Wood, 2009) shows that emotion management is related to psychological factors; the higher the level of mental health, the stronger the ability to manage emotions and mental health is affected by social support and subjective well-being. The level of social support for emergency department nurses with a high level of nursing age is relatively high, and most of them have set up a warm family with a high degree of subjective well-being and emergency department nurses of a high level of nursing age have a high level of social support due to their age, their own experience, and their work experience. The social and interpersonal skills of emergency nurses of high nursing age are higher than those of emergency nurses of low nursing age, and they are able to cope with emergencies, have a higher sense of self-achievement, and have a lower level of impaired mental health than those of emergency nurses with low-nursing-age, and have a higher ability to manage their emotions than those of emergency nurses with low-nursing-age. Emergency department nurses with low nursing age are mostly young nurses who have fewer families and less social support, lower social communication ability, less work experience, and lower ability to cope with emergencies than emergency department nurses with high nursing age, lower sense of self-achievement, higher level of impaired mental health, and lower emotion management ability. Therefore, emergency department nurses should adjust their own emotional needs according to their own situation. Low-nursing-age nurses ask high-nursing-age nurses for experience, high-nursing-age nurses share more experience, and nursing managers should satisfy their sense of achievement according to the self-needs of emergency department nurses of different nursing ages, enhance their subjective

sense of well-being, improve the level of social support, and promote the development of mental health to improve emotional management ability.

### Job Title Affects Emergency Department Nurses' Emotion Management

As seen from Table 3, the emotion management ability of emergency department nurses with senior titles is higher than that of emergency department nurses with intermediate titles and higher than that of emergency department nurses with lower titles. The Regulations on the Titles and Promotions of Health Personnel stipulate that the titles of nurses are divided into levels, from senior to junior, as a chief nurse, deputy chief nurse, chief nurse, nurse, nurse and nurse, with a total of five title levels, which signify that nursing personnel, as professional and technical personnel, have academic and technical levels, workability and work achievements. Technical level, workability, and work achievement are both the main ways for nurses to advance in rank and also affect the development of a nursing career. In general, the higher the title, the longer the age of emergency department nurses, the more nursing experience working in the emergency department, more contact with patients and their families, and more experience in communication. High-title emergency nurses are basically married, need to take care of their families and elders, and have strong social skills; most of them are engaged in administrative work, have strong self-regulation ability, and have higher social support, while nurses with low titles have short nursing experience, are more independent in dealing with problems, lack work experience, have a certain limitation in their social circle, and have lower social support. Therefore, emergency department nurses with low titles should actively improve their self-regulation ability, expand their social circles, improve social support, and enhance their emotion management ability. Emergency department nurses with high titles should further improve their emotion management ability according to their own needs. As the main force of the emergency department nurses group is young nurses, their working time is shorter, and their titles are lower. They have to face a lot of clinical nursing work in the future and the test of title promotion. Hence, they are prone to burnout, which makes young nurses' emotional management ability lower than that of the nurses with a long working time and a higher title, so the young nurses should endeavour to ask for the experience of the nurses with a higher level of seniority. Therefore, senior nurses should share their experiences with young nurses to enhance their sense of achievement and motivation. Nursing managers can reasonably arrange shifts according to the marital status and social ability of different titles of ED nurses, such as organising friendships to enhance the possibility of unmarried nurses forming families and reasonably arranging incentives for low-title nurses to be promoted to improve their work motivation.

### External Environment Affects the Emotional Management of Emergency Department Nurses

As shown in Table 3, among the factors affecting their own emotions at work, emergency department nurses who chose different factors scored differently in terms of emotion management, from high to low scores: ill health, conflicts with colleagues,

heavy workload, crowded wards, pressure for promotion, and many assessments. This result may be related to the emergency department nurses' own situation and psychology. Due to the increase in age and the fast pace of work of the emergency department nurses, the three-shift system disrupts the normal rhythm of life, resulting in a gradual decline in the physical fitness of nurses as they age, while older nurses have a strong ability to regulate their own ability to manage their own emotions, and social skills, and conflicts with co-workers with their own social experience can be adjusted and reconciled in their own way. Emergency department's fast pace of work, heavy workload, crowded work environment, emergency department's workload is large, for new recruits or nursing age shorter title lower nurses own work experience is lacking cannot quickly and correctly cope with the work task or work in the emergency situation, make emergency department nurses own sense of achievement is reduced, and the need to face a lot of clinical skills assessment and title promotion, the pressure is greater, their mental toughness in the face of adversity, trauma, and the work of the nurses. Resilience in the face of adversity, trauma, tragedy, threats or other stressful events when the ability of psychological resistance (Matos et al., 2010) is poor, which makes the ability to manage emotions lower. Therefore, nursing managers can carry out experience sharing sessions to improve the mental toughness of young nurses with low titles and rationalise shifts.

## Emotional Transfer Affects Emotion Management of Emergency Department Nurses

As shown in Table 3, the emotion management ability of emergency department nurses who have not had emotion transfer is higher than the emotion management scores of emergency department nurses who have had or may have had emotion transfer. Emotion transfer is a psychological defence mechanism, specifically the transfer of emotions from one individual to another, and people often use this mechanism to satisfy their own emotional needs, thereby relieving psychological stress (Garcia-Dia et al., 2013). The stronger the emotion management ability, the less emotion transfer occurs; the two show a negative correlation: the working environment of the emergency department nurses is more crowded compared to the general ward, the disease is relatively critical to face a variety of emergencies as well as the need to care for different conditions of the patient, plus due to the general condition of the emergency department patients are more critical, the patient's family members are prone to emotional fluctuations, and sometimes will be hostile to the nurses, the nurse blamed the nurse for the measures taken to express their understanding of the nurse. Nurses do not understand the measures taken by the nurse at this time; if the emotional management is not appropriate, it is very easy to produce negative emotions, and may even be transferred to the patient or the patient's family members, which leads to the patient's nursing progress has been affected, affecting the patient's condition of the cure and even the patient's family harmony. Xu Ruifeng et al. proposed an individual mechanism based on "stimulus cognition - reflex output", which mainly believes that if the negative emotions generated by an individual are not expressed correctly and on time or correctly differentiated and managed, then individual conflicts will arise. Therefore, emergency department nurses from their own

level should improve their own emotion management ability, positively adjust their own mentality, effectively respond to sudden violence at work, avoid conflicts with patients or patients' families, exacerbate their own negative emotions, make themselves more angry, increase the negative emotions infected to patients or other caregivers resulting in obstacles to the nursing work, the recovery of the patient's condition cannot be guaranteed. Guarantee.

**Work Violence Affects Emergency Department Nurses' Emotional Management**

As can be seen from Table 3, during their careers working in the emergency department, emergency department nurses who had suffered violence had slightly lower emotional management scores than those who had not suffered violence. Due to the working environment and atmosphere in the emergency department, many studies have shown that there is a high incidence of violence in the emergency department (Middleton et al., 2022). WHO has conducted a survey of workplace violence (WPV) in hospitals. WPV is defined by the WHO as a situation in which a health practitioner is verbally abused, threatened, or assaulted in his or her workplace, resulting in an explicit or implicit challenge to his or her safety, well-being, and health. The condition of patients in the emergency department is complex and changing rapidly, and the family members of patients are very prone to negative emotions due to the changes in the patient's condition, thus venting them on the emergency department nurses in the form of violence such as verbal violence, physical violence, and other forms of violence. Nurses' ability to detect the occurrence of violence at work has a certain impact on the incidence of violence at work, and the results of a previous study by Avilés (2022) showed that verbal violence is the most common form of violence at work and is the basis of physical violence. The carrier of communication is language; the work rhythm of the emergency department is intense, and nurses are prone to ignore communication with patients or patients' families or express ambiguous communication language. Nurses should pay attention to improving their language expression ability and communication skills, and the hospital management level can also increase some training courses on communication or related organisations, such as spiritual workshops. According to the results of the study, the emotional supporters of the nurses who suffered from violence at work were mostly the roles that they often came into contact with, such as their colleagues, family members and friends. Only a small proportion of nurses were able to receive attention and support from hospital leaders after experiencing violence. This phenomenon may be related to the fact that hospital administrators' management of nursing workers tends to emphasise the training of clinical nurses' nursing skills, ignoring the nurses' emotional support needs and the implementation of measures to manage work violence; therefore, hospital administrators should pay more attention to the nurses' rights and interests, actively understand the nurses' own needs, and take measures to reduce the incidence of work violence such as adding security personnel.

## Job Burnout Affects the Emotional Management of Emergency Department Nurses

Table 3 shows that the scores of feeling depressed, becoming numb, and having no sense of achievement are low, which may be related to the differences between the expectations of emergency department nurses for their own careers and the realities and working environments of clinical emergency departments. According to the survey results, young people are the main force of the nursing team in the emergency department, with 45.3% of the population under 25 years old. Due to the short clinical years and lack of work experience, these young nurses have difficulties making correct judgements quickly in unexpected situations (Thomas, 2003). Burnout thus arises as a result of individuals being under intense work and emotional stress for a long time, which often leads to emotional exhaustion, dehumanisation of work attitudes, and a reduced sense of achievement in personal work behaviour. Job burnout and emergency department nurses work stressor there is a positive correlation, domestic scholars research shows that: emergency department nurses have a higher level of job burnout, emergency department nurses produce burnout will affect their own career development, and even affect the patient's life safety (Shanley, 2007), job burnout produces lead to the work positivity is suppressed, began to find the gap between the self-role expectations and the reality, making the initial young nurses who enter the clinic with good ideals can easily become indifferent to patients, the emergency department work rhythm is intense, the working environment is crowded, and young nurses also face a lot of initial clinical skills assessment as well as the subsequent promotion of the title of the assessment and test, at the same time, according to the results of the study data found that the emergency department nurses with a longer nursing experience, deeper seniority, and higher levels of emotional management scores are higher than those with a shorter nursing experience. The results of this study are similar to the results of Jin Tao and other studies, which may be related to the length of clinical nursing work in the emergency department, the different clinical experience, with years of accumulated experience, more skilful nursing skills and the ability to make correct judgements quickly, which can make the nurses in the tense working environment of the emergency department in time to positively adjust their emotions. Most of the administrative duties in the emergency department are taken care of by nurses with high titles, who have strong interpersonal skills, strong personal work execution and high self-control ability, and can get a higher sense of achievement than young nurses with short working practice, so the probability of nurses with deep seniority and high titles experiencing work burnout is lower. Young nurses should actively adjust their mentality, face pressure positively, overcome the fear of the future, endeavour to improve their clinical nursing ability, actively learn the theoretical basics, and humbly ask for advice from seniors in the nursing industry, ask for experience, and earnestly feel. Senior nurses should share their experiences with young nurses to drive them to actively complete their clinical nursing work, improve their work motivation, effectively improve work efficiency, and protect the patient's condition care process.

## Conclusion

According to the results of this study, the emotion management ability of emergency department nurses is in the middle to upper level. There is still a lot of room for improvement in nursing age, title, external environment, emotional transfer, work violence, and burnout, which are the main factors affecting the emotion management ability of emergency department nurses. Nursing managers should adopt appropriate management measures according to the characteristics of different emergency department nurses to improve the emotional management ability of emergency department nurses.

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