AN EMPIRICAL STUDY ON IMPLICATIONS OF EMOTIONAL INTELLIGENCE TRAITS IN NURSING

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ABSTRACT

Nursing is the largest segment of healthcare workforce. Nurses provide care for patients, also render support and counselling to patients and families who are suffering. Emotions play an important role in the relationship and communication between nurses, patients and families. Emotionally intelligent persons perceive themselves as confident, better able to understand, control and manage their emotions. Emotional intelligence is the compilation of four kinds of skills: perceiving and expressing emotions, understanding emotions, using emotions, and managing emotions. Development of these emotional competency facilitates in well-being and better performance. This paper identifies the level of Emotional Intelligence (EI) experienced by nurses of private and government hospitals. It also studies the effect of demographic variables like age & years of work experience on emotional intelligence. The level of Emotional Intelligence Traits is also assessed.

INTRODUCTION

Human services include occupations as counsellors, social workers, nurses, teachers. They are also called ‘direct person-related jobs’. The primary task in these jobs is to bring change in the clients/patients either physically or psychologically and to improve their quality of life.

Nurses in particular, attend to pain, treatment, medical complications and often as counsellors address the psychological issues of patients. Human service work is evidently linked with experienced emotions. The ability to recognize people’s emotions and to regulate one’s own emotions seems to be very important in human service work. This ability, defined as ‘Emotional Intelligence’ (EI), has been introduced by renowned psychologist Peter Salovey and John Mayer. Emotional intelligence (EI) refers to the capability of individuals to recognize their own, and other people’s emotions, to discern between different feelings.
and, to use this emotional information to guide thinking and behavior, and to manage or adjust emotions to adapt to situations.

Emotional intelligence has become of widespread interest for social science and psychological research in recent years. Akerjordet and Severinsson (2007) suggested that the theoretical proposition for EI in nursing is established, and that it is now time to move toward empirical evaluation. It has been claimed that emotional intelligence is one of the important factors that determine success in life and psychological well-being (Goleman 1995).

1.1 Brief History of Emotional Intelligence

In 1990, Peter Salovey and John D. Mayer coined the term emotional intelligence. According to John Mayer and Peter Salovey - “emotional intelligence is the ability to accurately identify and understand one’s own emotional reactions and those of others. It also involves the ability to regulate one’s emotions to use them to make good decisions and to act effectively”. This model is referred to as ability model as they focus on four abilities - to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth.

Daniel Goleman, first brought the term “emotional intelligence” to a wide audience with his book an international bestseller in 1995, the mixed model introduced by Daniel Goleman focuses on EI as a wide array of competencies and skills that drive leadership performance.

Further, Reuven Bar-On model of emotional-social intelligence (ESI) (1997)- Bar-On defines emotional intelligence as being concerned with effectively understanding oneself and others, relating well to people, and adapting to and coping with the immediate surroundings to be more successful in dealing with environmental demands. British psychologist K. V. Petrides proposed the trait EI to understand personality traits. Trait Model is geared more toward emotional self-perception. Essentially, Trait EI evaluates how an individual perceives their emotional abilities. These emotional abilities, and their perception of them, then affect their behaviors and perceived cognitive and behavioral abilities.

It indicates that, for an employee to perform effectively on the job, emotional intelligence abilities are required. The employees who have the ability to manage their emotions in an effective way are more successful on the job.

1.2 Emotional Intelligence Traits in Nursing Profession

Nurses, in hospital settings, often provide care for patients and families who are suffering. Earlier research findings on ‘emotions in healthcare’ reveal that empathy is a prerequisite for nurses caring for their patients. The role of nurses is not just to address the physical but also the emotional well-being of patients. Hence, there is an underlying need for nurses to understand the patients’ emotions for better treatment outcomes. Emotional intelligence is emerging as an interesting and potentially important concept in nursing. There seems to be a number of similarities between EI and what is expected of nursing. The explicit commonalities shared between the two, include traits like, empathy, assertiveness, adaptability, self-motivation, interpersonal skills and ability to manage stress, emotions etc. On the surface, EI certainly appears to fit with the nursing paradigm.
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Human life is related to using emotions wisely, EI essentially is a form of intelligence that facilitates recognising, understanding and utilising emotions effectively in different situations. In support of emotions in healthcare, Vitello-Cicciu (2002) claimed that emotional competencies were necessary for effective performance in the dynamic and demanding field of healthcare. Due to the growing interest of EI in healthcare, it is essential to understand the impact of emotions on patient outcomes (Freshman & Rubino, 2002).

Previous research studies on emotions and healthcare, by Rittman, Paige, Rivera, Sutphin, and Godown (1997) reveal in a sample of six oncology patients, they found that a significant impact on patient outcomes resulted from nurses understanding of the disease process in the individual and preserving hope, easing the struggle, and providing privacy for the patient.

The significance of the present study is to establish relationship between nurse’s ability to assess patient needs and level of emotional understanding.

1.3 Review of Literature

There are few studies of nurses and emotional intelligence. This review of the literature is limited to studies that included nurses.

Dennis, O’Rourke, Lewis, Sharpe, & Warlow (1998), conducted a study of 231 caregivers attending to stroke patients, depression was found to positively correlate with the quality of care provided by caregivers taking care of dependent patients, older caregivers, women caregivers, and caregivers of patients with previous strokes.

Krishnasamy (1999), stated in order for nurses to function effectively, they needed to explore how emotions affected moral decision-making and how emotions contribute to what they care about. Making a connection with patients helped nurses to provide appropriate care and led to earlier identification of patients’ problems.

Heffernan M, Quinn Griffin MT, McNulty SR, Fitzpatrick (2010) examine the relationship between self-compassion and emotional intelligence. Self-compassion is the ability to be compassionate to oneself, without this ability nurses might not be prepared to be compassionate to patients. The setting for this study was a health system with hospitals located in Queens, Nassau and Suffolk counties of New York, USA. 135 nurses participated in the study. Results indicated a positive correlation between self-compassion and emotional intelligence \( r = 0.55 \).

METHODOLOGY

2.1 Objectives

- To measure the overall Emotional Intelligence of nurses in Government and Private hospitals
- To evaluate the levels of Emotional Intelligence traits among nurses
- To analyse the influence of Age on Emotional Intelligence of nurses
- To analyse the influence of Years of work experience on Emotional Intelligence of nurses
2.2 Hypothesis

- **(H0):** There is no significant association between Demographic Variables (Age & Work Experience) and Emotional Intelligence
- **(H1):** There is significant association between Demographic Variables (Age & Work Experience) and Emotional Intelligence.

2.3 Data Collection

Chennai city has been termed India's health capital. The population for the study consisted of nurses working at government and private hospitals in Chennai city. Random and stratified sampling method was adopted to collect the primary data. Data was collected from 13 hospitals using a structured questionnaire, which includes 6 government hospitals and 7 private hospitals. The respondents for the purpose of the study were selected randomly. 250 questionnaires were distributed (125 government nurses and 125 private nurses) of which 211 completed questionnaires were received. 110 government nurses and 101 private nurses responded to the study.

2.4 Measures

The Trait Emotional Intelligence Questionnaire - Short Form (TEIQue-SF) was selected as the most appropriate instrument for this concept based on a review of the literature and a review of the instruments available to measure emotional intelligence. This questionnaire is a 30-item instrument designed to assess the ability to identify and manage one's own emotions and the emotions of others. This short form scale was developed by Petrides and Furnham in 2006. Trait emotional intelligence regards the construct as self-perceptions and qualities that are at the lower level of the Big Five personality traits.

The TEIQue is composed of fifteen facets/trait: adaptability, assertiveness, emotion appraisal (self and others), emotion expression, emotion management (others), emotion regulation, impulsiveness (low), relationship skills, self-esteem, self-motivation, social competence, stress management, trait empathy, trait happiness, and trait optimism. These fifteen traits were used to provide scores on four broader factors: well-being, self-control, emotionality, and sociability (Petrides, 2001).

2.5 Tools for Analysis

The level of emotional intelligence traits among nurses of government and private hospitals was analysed using comparative means. The influence of demographic variables on emotional intelligence of nurses was tested using ANOVA and General Linear Model.

**ANALYSIS AND INTERPRETATION**

Analyses of data were conducted using SPSS software. Descriptive statistics shows comparison of EI levels between nurses of government and private hospitals; it also indicates the level of emotional intelligence traits among nurses. Influence of demographic variables like – age and years of work experience on emotional intelligence is tested using One-way ANOVA. General Linear Model (GLM) helps to understand the interaction effect of two independent variables (age and work experience) on dependent variable (emotional intelligence).
3.1 Demographic Characteristics

The nurses were primarily female (99%), majority were staff nurses (82%), followed by nurse managers and nursing superintendents (18%). The average age of nurses in private hospitals was 28 years and average of nurses in government hospitals was 35 years.

The level of education of the nurses was as follows: Diploma (68%), Bachelors of Science (26%) and Masters (6%). The average work experience varied between government nurses and private nurses. 52% of private nurses had work experience of < 5 years and 19% had 5 – 10 years of experience. Majority of government nurses (52%) had experience between 5 – 10 years and 16% had > 20 years of experience.

Table 1: Emotional Intelligence of Nurses Based on Type of Organisation using Comparative Means

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Hospital</td>
<td>110</td>
<td>3.52</td>
<td>.606</td>
</tr>
<tr>
<td>Private Hospital</td>
<td>101</td>
<td>3.29</td>
<td>.625</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>3.41</td>
<td>.624</td>
</tr>
</tbody>
</table>

Table 1. Shows the mean score of Emotional intelligence of nurses in government and private hospitals. The study reveals that EI levels of government nurses (mean value = 3.52) are higher than EI levels of private nurses (mean value = 3.29). It could be assumed that EI of nurses improves with experience. As average work experience of government nurses is higher than private nurses, hence EI levels of government nurses are higher than private nurses.

Table 2: Perception of Nurses on Emotional Intelligence Traits

<table>
<thead>
<tr>
<th>Emotional Intelligence (EI) Sub-factors</th>
<th>Nurses (N = 211) Mean Value</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Being</td>
<td>3.64</td>
<td>.473</td>
</tr>
<tr>
<td>Self-Control</td>
<td>3.24</td>
<td>.498</td>
</tr>
<tr>
<td>Emotionality</td>
<td>3.27</td>
<td>.036</td>
</tr>
<tr>
<td>Sociability</td>
<td>3.02</td>
<td>.034</td>
</tr>
<tr>
<td>Global Trait</td>
<td>3.41</td>
<td>.042</td>
</tr>
</tbody>
</table>

Among the various factors contributing to Emotional Intelligence traits, table 2 reveals a high well-being score (Mean value= 3.64), this indicates an overall sense of well-being among nurses. Traits such as self-esteem, trait happiness and trait optimism leads to well-being. People with these characteristics perceive themselves to be confident, cheerful and satisfied.

Table shows that nurses are perceive to be self-motivated, self-driven also flexible and adaptable to new conditions, as their Global Trait EI score show a mean score of 3.41. The Global Trait EI represents two ‘stand-alone’ personality traits namely adaptability and self-motivation which are high amongst nurses.

The mean values of Emotionality (3.27) and Self Control (3.24) were moderate among nurses. Emotionality factor includes a wide array of emotion-related skills/traits: recognizing internal emotions, perceiving emotions, and expressing emotions. These skills
are helpful to form and nurture close relationships with family and friends. Self-control factor refers to one’s degree of control over their urges and desires. Self-control score shows the ability to manage and regulate external pressures. A moderate score on self-control indicates that nurses may tend to display impulsive behaviors and unable to properly manage stress at times.

The mean scores for Sociability (3.02) is least among nurses. The sociability factor focuses on one’s social relationships and social influence. Sociability traits differ from emotionality traits. Sociability refers to one’s influence in a variety of social contexts, whereas emotionality represents personal relationships with family and friends. A low score on sociability factor shows individuals are not as effective at social interaction. They appear unsure of themselves in social interactions and are unable to affect others’ emotions (Petrides, 2001).

**Table 3: Influence of Age on Emotional Intelligence of Nurses**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>68.210</td>
<td>37</td>
<td>1.844</td>
<td>1.710</td>
<td>.012</td>
</tr>
<tr>
<td>Within Groups</td>
<td>186.539</td>
<td>173</td>
<td>1.078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>254.749</td>
<td>210</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The age of nurses is considered as an independent variable, which consists of four categories – 20 – 30 years, 30 – 40 years, 40 – 50 years and above 50 years. The dependent variable comprises of emotional intelligence traits. The association between Age and Emotional intelligence of nurses was analysed using one-way ANOVA. The results of one-way ANOVA show when F value = 1.710, p value = .012 Since p value is < 0.05 the result is statistically significant and Ho is rejected. Hence it is inferred that there is significant association between Age and Emotional Intelligence of nurses. The ability of nurses to perceive, analyse, express and regulate their emotions increases with age.

**Table 4: Influence of Years of Work Experience on Emotional Intelligence of Nurses**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3.697</td>
<td>4</td>
<td>.924</td>
<td>2.441</td>
<td>.048</td>
</tr>
<tr>
<td>Within Groups</td>
<td>77.984</td>
<td>206</td>
<td>.379</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>81.681</td>
<td>210</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One-way ANOVA was conducted to find out, if there is any difference in Years of Experience and Emotional Intelligence. The ANOVA results shows that at F = 2.441, p value = .048 Since p value is < 0.05 the result is significant. Ho is rejected. It could be inferred that there is association between years of work experience and emotional intelligence of nurses. Emotional competence is higher amongst experienced nurses. The results support experience as a unique predictor of Emotional Intelligence.
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Table 5: Wilks’ Lambda Values – Multivariate Tests

<table>
<thead>
<tr>
<th></th>
<th>Wilks’ Lambda</th>
<th>F</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.925</td>
<td>3.222</td>
<td>10.000</td>
<td>.000</td>
</tr>
<tr>
<td>Years of work experience</td>
<td>.925</td>
<td>3.222</td>
<td>10.000</td>
<td>.000</td>
</tr>
<tr>
<td>Age * Years of work experience</td>
<td>.924</td>
<td>1.072</td>
<td>30.000</td>
<td>.362</td>
</tr>
</tbody>
</table>

We can see in table 5, there is statistically significant difference in emotional intelligence traits of nurses of different age groups, $F$ value $= 3.222$, $p < 0.05$; Wilk’s $\Lambda = 0.925$.

Wilks lambda showing, $F$ value $= 3.222$, $p < 0.05$; Wilk’s $\Lambda = 0.925$, indicates that there exists statistically significant difference in emotional intelligence traits of nurses based on their years of experience. In other words, emotional intelligence of nurses varies with experience. The combined effect of age and years of work experience, $F$ value $= 1.072$, $p > 0.05$; Wilk’s $\Lambda = 0.924$, shows significant result. The interaction effect of two demographic variables indicates that the ability to recognise, regulate, manage and utilise emotions increases with age and experience.

IMPLICATIONS AND SUMMARY

Trait emotional intelligence is a self-report which measures one’s own perceptions and dispositions. Emotional intelligence is assessed based on fifteen personality traits categorised under four sub factors. The four factors that are important to emotional intelligence are well-being, self-control, emotionality and sociability, additionally a stand-alone factor Global Trait EI.

The first of the four factors, well-being, comprises of self-esteem, trait happiness and trait optimism, which are characteristics of people who perceive themselves to be confident, cheerful and satisfied. The study reveals an overall sense of well-being among nurses. The factor self-control contains the components of emotion regulation, stress management and low impulsiveness. Nurses perceive that they are capable of controlling their emotions and handling stress to a moderate extent.

Emotionality, another of the four factors, includes emotional perception of self and of others, emotion expression, relationship skills and empathy. Nurses perceive that, they are moderate performers in emotionality; only up to a certain extent they are aware about their own feelings and able to communicate these feelings to others.

Of all factors, nurses perceive their sociability skills to be least. Sociability includes social competence, the ability to manage emotions and being assertive. People that score high in this area have stronger social skills and are capable of influencing others.

A comparison of emotional intelligence of nurses of government and private hospitals indicate that, the average age of nurses in private hospitals was 28 years and average of nurses in government hospitals was 35 years and the average work experience of
government nurses between 5-10 years and that of private nurses was less than 5 years. The study reveals that EI levels of government nurses are higher than EI levels of private nurses. It could be assumed that EI of nurses improves with experience. As average work experience of nurses at government hospitals is higher than nurses working in private hospitals.

The study has also explored the relationships between the emotional intelligence of nurses and demographic variables such as age and years of work. The influence of independent variables (age and years of work experience) on dependent variable (emotional intelligence) was tested using ANOVA and GLM. The results are statistically significant. There is significant association between age, years of work experience and emotional intelligence of nurses. Age and work experience are important predictors of emotional intelligence of nurses. The ability of nurses to perceive, analyse, express and regulate their emotions increases with age. And emotional competence is higher amongst experienced nurses. Hence, it could be assumed that experienced nurses performed better than less experienced nurses.

Thus, improving emotional intelligence improves the overall well-being and also helps to build better interpersonal relationships. Higher levels of emotional intelligence traits contribute to an individual’s success in the workplace.

CONCLUSION

The study on ‘Implications of Emotional Intelligence in Nursing’ provides insight into using EI in nursing practice/profession and emphasises on relevant and crucial components required for nursing practice. Emotional intelligence is emerging as an interesting and potentially important concept in health care sector. It could be concluded that, EI certainly appears to fit with the nursing paradigm. There seems to be a lot of similarities between Emotional Intelligence traits and qualities that are expected of nursing practice. The commonalities shared between the two, includes traits such as – empathy, interpersonal skills, motivation, adaptability, self-confidence etc., which are essential for better performance.

REFERENCES