A Study of Emotional Intelligence Among Nurses

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ABSTRACT
The Purpose of this study was to examine the effect of types of hospitals and length of service on emotional intelligence of nurses. Types of hospitals and length of service are independent variables and emotional intelligence is dependent variable in this study. Emotional Intelligence Scale (constructed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar) was used to collect data. Data were collected by random sample of 150 nurses (75 nurses from government hospitals and 75 nurses from private hospitals), from different hospitals of Meerut and J.P. Nagar districts. The data were analyzed through Mean and ANOVA. The result indicates that types of hospitals and length of service positively and significantly affect the emotional intelligence. The nurses of private hospitals have better emotional intelligence than the nurses of government hospitals. The length of service of the nurses has also found an influencing factor of emotional intelligence.

Keywords: Emotional intelligence, Types of hospitals, Length of service.

A STUDY OF EMOTIONAL INTELLIGENCE AMONG NURSES
Emotional intelligence is what gives a person a competitive edge. Even in certain renowned business establishments, where everyone is trained to be smart, the most valued and productive managers are those, who have strong traits of emotional intelligence and are not necessarily those with the highest I.Q. Emotional traits are factors that are most likely to ensure success in your marriage or your love affair, or ensure that you attain dizzy heights in your business. The lack of emotional intelligence explains why people who, despite having a higher IQ have been such utter failure and disastrous in their personal and professional lives. An analysis of the traits of persons high on IQ but low on EQ yields the stereotype of a person who is critical, condescending inhibited and uncomfortable with others. In contrast, persons high on emotional intelligence are poised, outgoing, committed to other people and worthy causes, sympathetic and caring, having a rich and fulfilling emotional life, comfortable with themselves, others and the social universe they inhibit. It is often said, that a high IQ may assure you a top position, but it may not make you a top person.

Emotional intelligence (EI) refers to the ability to be able to identify, express, understand and regulate emotions, either negatively or positively, in oneself and in others (Matthews, Zeidner & Roberts 2004). Cartwright and Salloway (2007) defined emotional intelligence as "Emotional Intelligence is the ability to understand, accept and recognize our own emotions and feelings, including their impact on ourselves and other people, and to use this knowledge to improve our from stress and health problem owing to the characteristics of their work and their contact with patients and death. Emotional intelligence may explain the individual difference in dealing with different professions. There are many studies, which reveal that emotional intelligence is an important factor to handle the problems related to different occupations.
In the 1990s, Salovey and Meyer proposed the first formal definition and model of the construct of emotional intelligence (Petrides, Furnham & Mavroveli 2007). Emotional intelligence has received widespread international attention and has been linked to various disciplines such as business (Druskat & Wolff 2001), nursing (Bellack et al. 2001), medicine (Carrothers, Gregory & Gallagher 2000) and education (Hargreaves 2000).

Mayer, Roberts and Barside (2007) identified three theoretical models of emotional intelligence. The theoretical models are divided according to their focus, for example, if they focus on a specific ability or on more global integrations of those capacities (Mayer et al. 2007). Recent research has identified a fourth model for emotional intelligence conceptualised by Petrides and Furnham (2001), which differentiates between trait EI and ability EI. The fourth model is the trait EI model which conceptualises emotional intelligence as a trait or as typical functioning of an individual (Kirk, Schutte & Hine 2008). The main area of application of trait EI has its focus in the clinical, educational and occupational domains.

Some recent empirical studies of Mayer, Caruso and Lopes (2001) have found the usefulness of emotional intelligence as an important construct related to positive outcomes, such as pro-social behaviour, parental warmth, and positive family and peer relationship. In addition, the studies of Brackett, Mayer and Warney (2003) show, that lower emotional intelligence is related to negative outcomes, including illegal drug and alcohol use, deviant behaviour and poor relations with friends. According to Bulmer Smith, Profetto-McGrath and Cummings (2009), nurses provide care to patients through relationships. They are responsible for contributing to the emotions that support the relationships and therefore emotional intelligence can be linked to nursing. Emotions form the foundation of nursing practice; they have an important role to play in professional relationships and patient-care decisions and can affect healthcare workers at an interpersonal level (Bulmer Smith et al. 2009). This is echoed by Freshwater and Stickley (2004), who said that without emotion it is not possible to be able to define the practice of nursing science.

The nurses in critical-care work are in a unique environment where they are expected to make critical decisions, being faced with highly-stressful situations and ethical dilemmas on a daily basis (Omdahl & O’Donnell 2005). The physical and emotional work that is expected of these nurses is increasing through changing consumer and organisational demands, through limited resources and by increasing numbers of acutely-ill patients (Vitello-Cicciu 2003). This may lead to burnout in the nurses who work in critical care (Coates 2001; Poncet et al. 2007; Vitello-Cicciu 2003). Gibson (2004) said that it is common knowledge that nursing has high stress levels, made worse in developing countries such as South Africa due to poor salaries, staff shortages, heavy workloads and poor work environments affected by inadequate public health infrastructure.

The problem with burnout is that it can lead to the nurse displaying emotional stress, emotional labour burnout, depersonalisation, feelings of failure, stress-related illnesses, demotivation and dissatisfaction with nursing, decreased quality of care and conflicts with other staff members and patients (Coates 2001). Burnout in a critical-care nurse can have devastating consequences such as decreased wellbeing of the nurses, decreased quality of care, poor communication with families of patients and increased costs to the employer related to absenteeism and high staff turnover (Poncet et al. 2007). Augusto et al. (2005) investigated the inter-relationship among emotional intelligence, work stress and health. The result shows, that the nurses who score high in clarity and emotional repair, report less stress, whereas those with high scores in attention to emotions, experience greater levels of stress Ogińska-Bulik (2005) emphasises that it is important for nurses to be able to regulate emotions in themselves and to be able to recognise emotion in others.

Johnson, Batey and Holdsworth (2009) found that individuals that scored a high trait EI were better able to recognise the aspects of their personality that resulted in stress, as well as having the ability to manage these
stressful emotions. Akerjordet and Severinsson (2007) highlight that it has been demonstrated in literature that people with a high emotional intelligence lead a happier, healthier and more productive professional life. The literature on emotional intelligence and nursing identifies three main areas, namely, emotional intelligence and the nature of nursing, nursing education and nursing leadership (Bulmer Smith et al. 2009). Bulmer Smith et al. 2009 state that ‘the potential uses for EI concepts in nursing practice are vast’. According to Petrides, Pita and Kokkinaki (2007), if the recently-developed and well-established taxonomy for the conceptual distinction in EI models were to be adopted and applied in nursing research, EI research would be able to advance more rapidly.

Codier et al. (2008) examined correlation between emotional intelligence and high level of performance of clinical staff nurses. Results show that the performance level of clinical staff nurses correlates positively with emotional intelligence. Deshpande (2009) investigated the impact of various factors on ethical behaviour of 180 hospital employees. He found that ethical behaviour of peers, ethical behaviour of successful managers, and emotional intelligence had a significant positive impact on ethical behaviour of respondents. Jordi and Hansenne (2009) investigated the relationships between emotional intelligence, performance, and cohesiveness in nursing teams. The results suggested, that emotional intelligence and, more specifically, emotional regulation may provide an interesting new way of enhancing nursing teams, cohesion and patient/client outcomes.

**OBJECTIVE**
The objective of this study was to examine the effect of types of hospitals and length of service on emotional intelligence of nurses

**Hypotheses**
There will be no significant effect of types of hospitals (government and private) on emotional intelligence of nurses.
There will be no significant effect of length of service on emotional intelligence of nurses.

**METHOD**

**Experimental Design**
The experimental design for this study was 2 × 3 factorial design. There were two independent variables and one dependent variable. The first independent variable was types of hospitals that was varied at two levels i.e. government and private hospitals. The second independent variable was length of service that was varied at three levels i.e. 1-3 years length of service, 5-7 years and above 9 years length of service. The dependent variable was emotional intelligence.

**Sample**
The sample comprised of total 150 nurses. Equal numbers of nurses were selected from government and private hospitals. Further, in each group there were three categories according to their length of service i.e. 1-3 years length of service, 5-7 years length of service and above 9 years length of service. Thus there were 25 subjects in each category

**Tool Used**
Emotional Intelligence Scale constructed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar) was used. This scale consists of 34 items. Each item is to be related on five-point scale. This scale was administered on 200 executives and the scores obtained were subjected to factor analysis, and then ten relevant (important) factors were identified. The final form of the scale measures ten factors are self-awareness, empathy, self-motivation, emotional stability, managing relations, integrity, self-development, value orientation, commitment and altruistic behaviour. The reliability of the emotional intelligence scale was determined by
calculating reliability coefficient on a sample of 200 subjects. The split-half reliability coefficient was found to be 0.88. In order to find out the validity of the coefficient of reliability (Garett, 1981), the reliability index was calculated, which indicated high validity on account of being 0.93.

**DISCUSSION**

In the present research, it is found that type of hospital is an influencing factor for affecting the level of confidence. Mean scores also shows that nurses of private hospitals have higher emotional intelligence than the nurses of government hospitals. Hence Hypothesis 1 is rejected. Agdelen, Erosoz & Sarp, (2010) have studied on working conditions of government and private hospital nurses in North Cyprus and suggested that majority of the government hospitals nurses are unsatisfied with the aspect of working conditions whereas the satisfaction level of private hospital are higher than that of government hospital nurses.

The question arises why private services in the hospitals provided to nurses have more positive effect on emotional intelligence as compared to the services provided to the nurses and nurses of government hospitals. The suggestive explanation is that there are various reasons and opportunities which affect positively the level of emotional intelligence. One aspect may be, in private hospitals there is a lot of need to approach the wide range of patients through many advanced techniques and facilities. Due to the competition in market each and every private organization wants to prove itself the best in service providing. These services are fully concerned with hi-tech equipments, healthy and grooming, social and psychological environment and all advanced facilities. Due to these working conditions workers have more opportunities and options to train themselves in context to enhance their emotional competencies. Another aspect in private organization is the management control which acknowledges and determines the work of each employee through the achievement of targets and feedback from the patients. In the private hospitals workers have to submit monthly progress report to the management and the management also takes feedback from the patients about the workers' behaviour and also the facilities provided by them. So regular assessment of the workers in the private hospitals pressurized them to improve and enhance their emotional intelligence. Because they know very well that if they found loose in their work, they can be fired any time. While in the government hospitals there is no need to present monthly progress report. So they feel very free. Thus, they show less exposure to the patients, it may also a reason, that the nurses of private hospitals have more emotional intelligence than nurses of government hospitals.

The effect of factor B is also found significant. The research reveals that length of service is also an influential factor which affects the level of emotional intelligence. Hence Hypothesis 2 is also rejected. The finding clearly reveals that the level of emotional intelligence in the nurses and who are servicing above 9 years have significantly higher level of emotional intelligence as compared to other two levels of length of services. Now, the question is why the increasing level of length of service has positive effect on emotional intelligence. The suggestive explanation is "experience is the best teacher" therefore, as long as the experience related to service increases there are more opportunities to face the various problems and challenges related to job, to sort out these challenges makes the man perfect in dealing the complex level of problems. As long as the service year increases workers have a lot of responsibilities and liabilities toward their position. This event makes them more concerned related to their job issues. The next possible suggestion is that due to their long experience they get to learn more about cause and effect relationship. This makes them empathic, acknowledged, problem concerned, good listener, makes them full of patience and increases their communication skills and so forth. These experienced people get easily where the problem lies, and till what extent it is solvable and how? All these things make them rich in emotional capabilities. Humpel and Caputi (2001) have found a significant relationship between emotional competency and nurse’s year of experience, with the relationship in direct proportion.
On the contrary the less experienced people have fewer opportunities to expose themselves with the different type of challenges and demands of job. The new people are full of energy, full of confidence but lack of patience which makes them impulsive and vulnerable towards the moments at once. They do not fully aware about the cause and effect relationship, their communication skills related to various challenges of job. For example if a patient get expire after a long treatment in the hospital, this situation works as a collision for both, the family members and the clinical staff. In this typical situation a senior and experienced doctor knows well how to deal with the family members and other attendants, at this time there is a great flood of emotions, stress loss of loved ones and economical imbalance in family members to confront. So, seniority makes the doctor compatible to solve out such problem.

On the contrary what will happen with junior nurses and clinical staff? They will get impulsive without empathic concern with the patient’s family. In this situation both sides will get violent and the organization may suffer. Therefore, it may be said that increasing level of length of service makes the man experienced and more learned. They have more chances to train themselves and this training makes them more emotionally intelligent. Anand and Suriyam (2010) examined emotional intelligence and its relationship with leadership practices. They concluded that the executives differ significantly in their emotional intelligence based on their length of service in the organization. So, it may be said that length of service is an influential variable to affect the level of emotional intelligence.

RESULTS

The purpose of the present investigation was to examine the effect of types of hospitals and length of service on emotional intelligence of nurses. For this purpose 2x3 factorial design was used. ANOVA and mean scores were calculated. ANOVA is shown in table no. 1. Mean scores are shown in table no. 2. To test the significance of mean differences; Newman-Keuls test is also used. The summary of results of Newman-Keuls is shown in table no.4. Analysis of variance table indicates that F value for factor A (1,144) =38.53, P<.01, which is significant. It means type of hospital is an influencing factor for emotional intelligence. The computed F value for factor B is (2,144) =41.78, P<.01, which is also significant. It means that length of service is also an influencing factor for emotional intelligence. The inspection of table no-3 indicates that among all the three comparisons, only two comparisons are found significant at 01 level. This significant comparison is found between B_2 and B_3, B_1 and B_3. It means that these factors are associated to each other. The other comparisons have failed to touch any significant level.

Table 1
Summary of Analysis of Variance for emotional intelligence

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (types of hospitals)</td>
<td>23362.55</td>
<td>1</td>
<td>23362.55</td>
<td>38.53**</td>
</tr>
<tr>
<td>B (length of service)</td>
<td>50670.89</td>
<td>2</td>
<td>25335.45</td>
<td>41.78**</td>
</tr>
<tr>
<td>AxB</td>
<td>15167.65</td>
<td>2</td>
<td>7583.83</td>
<td>12.51**</td>
</tr>
<tr>
<td>Within treatment (error)</td>
<td>87312.8</td>
<td>144</td>
<td>606.34</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>176513.89</td>
<td>149</td>
<td></td>
<td></td>
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</tbody>
</table>

**F.99 (1,144) = 6.81
**F.99 (2,144) = 4.75
**F.99 (2,144) = 4.75
Table-2
Mean scores of emotional intelligence for Factor A (Types of hospitals) and factor B (Length of service)

<table>
<thead>
<tr>
<th>Factor-A(Types of hospitals)</th>
<th>Factor-B(Length of service)</th>
</tr>
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<tbody>
<tr>
<td>Mean scores</td>
<td></td>
</tr>
<tr>
<td>A1 (Government hospitals)</td>
<td>A2 (private hospitals)</td>
</tr>
<tr>
<td>107.55</td>
<td>132.51</td>
</tr>
<tr>
<td>B1 (1-3 yrs length of service)</td>
<td>B2 (5-7 yrs length of service)</td>
</tr>
<tr>
<td>103.3</td>
<td>145.62</td>
</tr>
<tr>
<td>B3 (above 9 yrs length of service)</td>
<td></td>
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</tbody>
</table>

Table- 3
Summary table of Newman-Keuls test for mean comparisons for factor B (length of service) on Emotional Intelligence

<table>
<thead>
<tr>
<th>Ordered Means</th>
<th>Ordered Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(B2) 103.3</td>
</tr>
<tr>
<td></td>
<td>7.86</td>
</tr>
<tr>
<td>(B1) 111.16</td>
<td></td>
</tr>
</tbody>
</table>

**Denotes significant at .01 level of confidence.

CONCLUSION

It may be concluded that the paper shows types of hospitals and length of service both are influential factor for emotional intelligence. The empirical evidences also support the research that nurses of private hospitals have higher emotional intelligence than the nurses of government hospitals. To sum up it can be said that due to increasing years in the service it makes the senior nurses more compatible and emotionally intelligence than the junior nurses.

REFERENCES


