# **Emotional Intelligence in Nursing**

Manju Avinash Nair<sup>1</sup>, Dr. Premila Lee <sup>2</sup>

<sup>1</sup>RAK College of Nursing, RAK Medical and Health Sciences University, Ras Al Khaimah, United Arab Emirates.

<sup>2</sup>Nursing Director, Christian Medical College, Vellore, Tamil Nadu, India

Abstract: Nursing students of today are future nursing professionals. The capability to create and maintain a therapeutic nurse-patient relationship is the essence of a competent nurse. In order to meet these needs, the nurse needs to understand own emotions, understand others emotions and express emotions appropriately. Nurse leaders have expressed that a nurse has to be emotionally intelligent to express and deal with her clients and other members of the health care team. Emotional intelligence has fabricated a profound impact on quality of care. This article presents the importance of emotional intelligence in the areas of nursing education, nursing leadershipand nursing research and highlights the measures to improve emotional intelligence among nurses.

Keywords: academic performance, emotional intelligence, nursing, nursing education, nursing research.

#### I. Introduction

Intelligence quotient (IQ) is portrayed by educationists as a gold standard for success even to this day. Entry requirement into higher education vests on the academic scores, i.e. IQ. But, among these intelligently successful people, many fail to face the stressors of life and moreover fail to understand and socialize with people. The resultant impact is that they fail in many destinies both in personal and professional life. It is the emotional intelligence (EI) rather than IQ that envisages the all-round development and the success in life of an individual [1]. In the recent research, many educationists have embraced the concept of EI, as the need for it is felt beyondIQ.

Goleman [2] briefly reported in his book on the personal and professional life of ninety five Harvard students who were included in a research study from classes in the 1940s and were observed through their middle age. Goleman pinpointed that not all men who scored high test scores were successful in terms of salary, productivity or status in their field. Alarmingly, the study identified that many of them did not enjoy life satisfaction, happiness with friendship, family and romantic relationships. Through this, Goleman brought to limelight that academic scores do not prepare a person to face life stressors and it is the traits within EI that has a major impact on an individual's personal and professional destiny.

Emotions happen instantly in response to a situation. The lack of tolerance and control over self-emotions, pilot emotional turbulence causing a meager control over the situation leading to failure in managing the chaos in the personal and professional life. Anemotionally charged environment that can be observed is the health care system, where the nurses are faced with frequent emotional setbacks. Apart from the work environment, the imperative emphasis on safety and quality of patients in the work setting poses tremendous stress on nurses as they are in constant contact with patients. Nurses are expected to possess the ability of knowing own and others emotions and act without emotional fluctuations or outbursts. This ascertains that, the nurses who possess the ability to manage own emotions and understand others view point can cope with inevitable interactions. The educational curriculum for nursing encompasses the cognitive and technical aspect needed to prepare a fully-fledged nurse, but the domain of EI is not explained nor emphasized, yet is expected to be possessed by all nurses. This poses threat to the professional delivery of nursing care and calls for the urgent need to include the concept of EI into the nursing curriculum so as to be taught in an organized manner.

### II. What Is Emotional Intelligence(EI)?

Pioneers like Edward Thorndike, Howard Gardner have influenced the present day researchers to explore the concept of EI. It is observed that, even though earlier psychologist and researchers emphasized the use of EI, literature on EI as a concept spans only from the 20<sup>th</sup> century. Peter Salovey and John Mayer are recognized as pioneers to performing a systematic research on EI. They defined EI asthe "ability to perceive accurately, appraise and express emotion; the ability to access and / or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" [1]. LaterGoleman, influenced by the work of Salovey and Mayor popularized the term EI through his book "Emotional Intelligence" [2] and "working with Emotional Intelligence" [3], which came to be the international best seller books. Goleman in his book [2] has claimed that

EI skills can be taught and learned to deal with life stressors. Goleman has cited various life incidences in his books, presenting emotional illiteracy responsible for social evils and disappointments in education and life. Goleman has specified five dimensions necessary for the development of EI which include self-awareness, motivation, self-regulation, empathy, and social skills [3]. An individual is emotionally intelligent and succeeds in his work place or life when he is able to adapt to use these dimensions. Since the popularization of EI following Goleman's books, the term has raced with high rank of popularity.

Nursing is a noble profession with accountability towards the caring relationship of clients. Nurses are the frontline members of the health care profession and due to the nature of being in contact with people, they need to be acquainted with the attribute of EI. In addition, EI is proclaimed as a powerful determinant in decision making skills [4]. This further stresses the necessity of nurses to possess EI attributes. Even though the literatures do not display the inclusion of EI in the curriculum of nursing, yet studies have shown that nurses possess the element of EI.

Schenk and Harper [5] examined EI of 116 Bachelor of Science in nursing students and reported that the EI scores of the study participants ranged from 78 to 135. The findings showed that 38.8% of the sample obtained average score, 37.9% high score and 6.9% were below average score on total EI. A survey of EI among Baccalaureate Nursing students carried out by Benson, Ploeg, and Brown [6] showed that the mean total emotional quotient scores of the study participants were 98.0 for year one students; 103.72 for year two students; 104.56 for year three students and 107.80 for year four students. The researchers reported that there was an increase in total emotional quotient scores over the years in the program, which was statistically significant (p < 0.05). Suliman[7] stated that the EIof 50 nursing students in the conventional nursing program and 48 nursing students in the accelerated nursing program under study, showed no statistical difference in emotional quotient between students in the two programs (t=1.251, p=.214). This finding could probably be from the exposure to clinical practice in both the programs.

In another study conducted by Codier and Odell [8], the EIof Bachelor of Science in nursingstudents ranged from 90 to 109. The findings also showed that majority(n = 43, 60%) had totalEI scores within the average range, 13 (18%) scored below average range (more than 90) and 16 (22%) scored within the above average range (more than 110).Beauvais, Brady, O'Shea, and Griffin [9] investigated the EI on a sample of 87 student nurses. The mean total score obtained was 0.53 (SD±0.06) ranging between 0.36–0.62. The researchers identified that the participants under study had a moderate range of EI.Fernandez, Salamonson, and Griffiths [10] assessed the EI of 81 first year nursing students and the mean EI score of the study participants were observed to be 148.1 (SD= 23.2). Por, Barriball, Fitzpatrick, and Roberts [11] assessed the EI of student nurses'. The mean score of EI for the total sample was 124.9 (SD 11.6). The above reports throw a light on the fact that nursing education helps in the development of attributes of EI, even though not specified in the curriculum.

#### III. Emotional Intelligence And Academic Performance In Nursing

The concept of EI is an integration of cognitive and emotional abilities. Findings from various studies have indicated that EI has a direct impact on academic success. Students enter nursing from various levels of emotional maturity and the pressures of nursing education can allure anxiety and dropouts in education. Nurse researchers have speculated that nursing students who have a higher academic performance is influenced by their EI[12]. The relation between EI ability and grade point average among the Bachelor of Science in nursing studentsby Codier and Odell [8]showed a significant correlation between total EI score and GPA (r(70) = .24, p > .05). Fallahzadeh [13] also reported a significant correlation between EI and academic achievement of 223 students from medicine, dentistry, college of nursing and the college of health services (r=0.14, p=0.039). Gharetepeh et al. [14], identified that the students with average score and high academic achievement demonstrated higher EI (117.07 + 10.33) than the low academic achievement students (112.07 + 13.23). In a prospective survey conducted by Fernandez et al. [10] on EI of first year nursing students, analysis using multiple regression showed a statistically significant association between EI and academic performance ( $\beta$ =0.25, p=0.023). Bob [15]reported significant relationship between the EI scores of 307 nursing students under study and academic performance.

It is evident from the literature findings that EIstands out as a major ingredient in the academic success of nursing students. EI has a profound impact on nurses on both gaining knowledge and also to apply this knowledge in the clinical setting. EI attribute helps to critically evaluate the clinical scenario for abrupt action. Hence, EI stands out as a predictive determinant for academic success. This purports nursing educational institution to consider enhancement of EIthrough curricular involvement of the concept to develop the concept in a systematic manner and to augment the all-round development as an independent and successful nursing professional.

Apart from the above findings in the academic performance, there were reports of dropouts of nursing students due to poor EI. Schenk and Harper [16] identified that low levels of EI lead to dropouts from the

nursing program. Further also, Bob [15] reported significant relationship between the EI scores of nursing students under study and retention of students with in the program.

#### IV. Factors Influencing Emotional Intelligence

Researchers have identified few determinants in the development of EI in nursing students. These determinants serve to boostthe development of EI attributes.

Age: Age is considered as a major factor influencing emotional maturity. Por et al. [11] identified a strong positive relation between the age of the nursing students (rs=0.18, p < .05) and their EI. Snowden et al. [17] have also reported that EI measures increased with age.

**Gender:**Few studies have shown gender as a factor that influences EI. Women are considered to be more emotionally intelligent than men. Snowden et al. [17] reported that women were observed to possess a higher EI than men (p<.001).

**Education:** It is noted that higher the education, higher the EI of nurses. Por et al. [11] reported that students in nursing with highest educational background demonstrated a strong correlation with EI(rs=0.23, p < .01). Snowden et al. [17] recognized that EI scores of nursing students were significantly higher than computing students (p < .001). This finding highlights that EI is developed through the social interaction in the clinical practice involved in nursing, which is absent in computing program.

**Psychological:** Stress was identified as having anegative impact on EI. Por et al. [11] asserted through the findings of the study that there was a strong negative correlation between EI scores and perceived stress (rs=-0.40, p<0.01) of the nursing students.

#### V. Emotional Intelligence Measurement

To avoid flaws in assessment, it is essential that evaluation is based on set criteria. Over the years, a number of evaluation tools were developed and used to measure EI. The tools focus on three levels of EI which include knowledge, abilities and traits. Two categories of EItools exist; the ability model and the mixed model. Ability model of EI refers to the application of emotions in life situations involving the ability to perceive, understand andmanage emotions and subsequently the ability to act relating with others.

Mayer andSalovey[1]developed the abilities model of EI, which representEI on four distinct branches of mental abilities that include concept of perception of emotion, using emotion to facilitate thinking, understanding emotion and ability to manage and modulate emotions in self and others. The MultifactorialEmotional Intelligence Scale (MEIS) consisting of twelve ability measures of EI. The tool was put to test and over the years has undergone refinementand modification. The abilities model of EI toolthat is used widelytoday is the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT).

On the other hand, in the mixed model, apart from the emotional competencies, the tool also includes personality traits. Many tools were developed based on the concept of mixed model and the most popular being the Bar-On's and Goleman's EI tools [18].

Selection of tools for evaluation of EI depends on the level of EI being measured. For example, the level of knowledge and ability are assessed using Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), the Situational Test of Emotional Understanding (STEU) or Geneva Emotion Recognition Test (GERT). Emotion is assessed using Trait Emotional Intelligence Questionnaire (TEIQUE), Emotional quotient Inventory (EQ-i 2.0) and Profile of Emotional Competence (PEC) [19]. All these tools have been used effectively in various research studies involving nursing students and nurses.

The Bar-On emotional quotient inventory has been widely used in assessment of EI in nursing students (5, 6, 7, 20, and 21). The Mayer–Salovey–Caruso Emotional Intelligence Test was used inresearch studies [8, 14] to identify the EI among nurses. Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF) has been observed to assess the emotional intelligence of nursing students [10,17]. Schutte Emotional Intelligence Scale (SEIS) was identified in research studies [11, 17] to assess the EI. Emotional Intelligence Questionnaire (EIQ) was used to explore the EI of diploma and bachelor degree students from sixteen programs at a University [21]. This demonstrates that the attribute of EI is measurable among nurses and tools are accessible to identify EI among nurses.

## VI. Implication of Emotional Intelligence In Nursing

Various research studies in nursing have shown conformity on the importance of EI in nursing. The literature has exposed EI as an essential ingredient for not only preparing educationally and technically competent nurses, but also nurses with balanced personal and professional life dealings. There is a strong evidence of research studies pointing on the need of developing EI in nursing.

### Nursing education:

Nursing profession is rooted to the establishment of therapeutic nurse-patient relationship. Smith et al [4] have specified three major themes that relate to the nature of nursing and the necessity to prepare emotionally

competent nurses. This contains, the emotional nature of nursing for practice; emotional skills in delivery of care; and EI competency to deal appropriately with the emotionally competent environment. Several studies have shown that EI has a significant correlation with academic success and is an excellent predictor for academic progress [8, 9, 10, and 15]. Rankin [22] reported that EI was apowerful indicator for academic performance, clinical performance and retention of nursing students in the nursing program.

Aranda et al [23] reported that students with higher EI perceived less stress and increased wellbeing. Karimi, et al [24] identified that nurses who possessed high Elpossessed better wellbeing and lower levels of job stress. The author also stressed that EI was a relevant factor on reducing emotional labor, leading to less job stress and improve wellbeing in nurses. Zhang, et al [25] identified that EI had a crucial role in mediating between negative life events and psychological distress. The researchers reported that the nursing students with higher EI scored lesser on psychological distress and presented healthier mentally. Further the researchers also identified that higher EI mediated the relationship between negative life events and psychological distress. Emotionally intelligentnurses are able to effectively manage positive and negative emotions and there by manage stress and subsequent burnout[26]. Students with high score on EI were able to better face emotional challenges in the clinical placement and experienced less stress. They were also able to use coping strategies in an effective manner in dealing with stressful situations [11]. The approach of nursing students to the various experiences also was found to be influenced by EI. Studies showed that nursing students with higher EI demonstrated integrating, obliging, compromising and dominating conflict management styles, whereas students with lower EI scores preferred to use avoiding conflict [27]. The most important finding relevant to nursing was reported by Ezzatabadi, et al [28] that nursing staffs' El has an influence on the quality of nursing care provided and also on the job satisfaction of nurses.

#### Nursing leadership:

An effective nurse leader necessitates the need to be emotionally intelligent. EI skills within a nurse leader not only benefits quality patient care, but also enhances the provision of a conducive work environment to all nurses. Heckemann, Schols, and Halfens [29] have asserted that emotionally intelligentnurse leaders are high performers who have a crucial contribution to the performance of the staff, by inspiring, motivating by creatinga conducive and nurturing environment for the nurses who function under their lead. They inspire other nurses to abide by the institutional values, thereby creating a dedicated work force working towards the organizational goals. This feature of the emotionally intelligent nurse leader creates a ripple effect contributing to increased staff performance that promotes quality of care in the interest of the organization. Consequently, possessing these traits of EI has been related to development of nurse leaders with resonant leadership style [4, 29]. A resonant leader is one who is able to use emotions appropriately and work together with other colleagues. According to Smith et al [4], an emotionally intelligent nurse leader positively influences when faced with a stressful environment. Further Edgar et.al [30] recommended that an emotionally intelligent leader promotes the utilization of knowledge and research in the practice of nursing.

#### Nursing research:

Research studies have been carried out by nurse researchers to gain an empirical evidence on the importance of EI in nursing. A developing body of research studies by nurses have identified the importance of EI in nursing education, nursing practice and nursing leadership. Higher levels of EI correlate with higher academic performance in nursing students, ability to face the chaos in the work place, improved delivery of care, enhancement of critical thinking ability and all these imply on quality patient care.

### VII. Improving Emotional Intelligence Among Nurses

The foundation of EI can be imparted into nursing students through nursing education. Curricular development of EI in nursing can incorporate the three essential pillars for scientific treatment of EI specified by Ziedner, et al. [18]. The three pillars include theory, measurement and application that can be used to direct the implementation of EI to nursing. These three pillars can be assimilated to nursing curriculum as follows

# Theory:

Firstly, nurse educators can build up the involvement of the element of EI within the curriculum to prepare the nursing students to face the realms of realty involved when dealing with clients in the hospital.

### Measurement:

In order to objectively measure the application of EI, affective domain has to be incorporated into the evaluation system especially the practical areas and clinical exams.

#### Application:

The practical essence of EI can be demonstrated and evaluated through well formulated case scenarios and clinical simulation in nursing.

#### VIII. Conclusion

Emotional intelligence, even though an emerging concept, has given a new momentum to its relation to better performance both personal and professional. The educational curriculum for nursing out shows the cognitive and technical aspect needed to prepare a fully-fledged nurse, but there exists a lacunae on an organized development of the domain of emotional intelligence. The substantial emotional work entailed in nursing necessitates a systematic training of EI capacity. Nursing profession requires the display of a lot of emotional control, expression of appropriate emotions to convey the caring attribute. EI currently is a new concept to nursing. Nurse researchers and nurse educators have to focus to empower EI to nursing to improve and uplift the nursing profession.

#### References

- [1]. J.D.Mayer, P. Salovey, and D. Caruso, Handbook of intelligence (Cambridge: UK, Cambridge University Press, 2000, retrieved from www. Unh.edu/EI/EI Assets)
- [2]. D. Goleman, Emotional Intelligence (London, Bloomsbury publishing, 2004).
- [3]. D. Goleman, Working with emotional intelligence (London, Bloomsbury publishing, 2004)
- [4]. K.B. Smith, J. Profetto-McGrath, G.G. Cummings, Emotional intelligence and nursing: an integrative literature review, International Journal of Nursing Studies, 46, 2009, 1624-1639.
- [5]. J.J. Schenk, and M.G. Harper, Emotional intelligence: an admission criterion alternative to cumulative grade point averages for prelicensure students, Nurse Education Today, 34(3), 2014, 413-420.
- [6]. G. Benson, J. Ploeg, and B. Brown, A cross-sectional study of emotional intelligence in baccalaureate nursing students, Nurse Education Today, 30, 2010, 49-53.
- [7]. W.A. Suliman, The relation between learning styles, emotional intelligence, and academic success of undergraduate nursing students, Journal of Nursing Research, 18(2), 2010, 136-143
- [8]. E. Codier, and E. Odell, Measured EI ability and grade point average in nursing students, NurseEducationToday, 34(4), 2014, 608-612.
- [9]. A.M. Beauvais, N. Brady, E.R. O'Shea, and M.T. Q. Griffin, Emotional intelligence and nursing performance among nursing students, Nurse Education Today, 31(4), 2011, 396-401.
- [10]. R. Fernandez, Y. Salamonson, and R. Griffiths, Emotional intelligence as a predictor of academic performance in first year accelerated graduate entry nursing students, Journal of Clinical Nursing, 21(23), 2012, 3485–3492.
- [11]. J. Por, L. Barriball, J. Fitzpatrick, and J. Roberts, J, Emotional intelligence: its relationship to stress, coping, well-being and professional.
- [12]. F. Roso-Bas, A.P. Jimenez, and E. Garcia-Buades, Emotional variables, dropout and academic performance in Spanish nursing students, Nurse Education Today, 37, 53-58.
- [13]. H. Fallahzadeh, The relationship between emotional intelligence and academic achievement in medical science students in Iran, Procedia Social and Behavioral Sciences, 30, 2011, 1461-1466.
- [14]. A. Gharetepeh, Y. Safari, T. Pashaei, M. Razaei, and M.B. Kajbaf, Emotional intelligence as a predictor of self-efficacy among students with different levels of academic achievement at Kermanshah University of Medical Sciences, Journal of Advanced Medical Education and Professionalism, 3 (2), 2015, 50-55
- [15]. R. Bob, Emotional intelligence: enhancing values-based practice and compassionate care in nursing, Journal of Advanced Nursing, 69(12), 2013, 2717-2725.
- [16]. J.J. Schenk, and M.G. Harper, Emotional intelligence: an admission criterion alternative to cumulative grade point averages for prelicensure students, Nurse Education Today, 34(3), 2014, 413-420.
- [17]. A. Snowden, R. Stenhouse, J. Young, H. Carver, F. Carver, and N. Brown, The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis, Nurse Education Today, 35, 2015, 152-158.
- [18]. M. Zeidner, G. Mattews, and R.D. Roberts, What we know about EI (London, The MIT press, 2012)
- [19]. A.P. Sarrionandia, M. Mikolajczak, and J.J. Gross, Integrating emotion regulation and EI traditions: a meta-analysis, Frontiers in Psychology, 6, 2015, doi: 10.3389/fpsyg.2015.00160, Retrieved from www. Pubmed.
- [20]. F.S. Ghoreishi, A.R. Zahirrodine, F. Assarian, S.G.A. Moosavi, and Z. Mehrizi, Evaluation of emotional intelligence and job satisfaction in employees of Kashan Hospitals, Nursing and Midwifery studies, 3(1) 2014, online publication: e11977.
- [21]. B.A. Singh, M.L. Singh, and K. Singh, The Influence of Emotional Intelligence and Learning Style on Student's Academic Achievement. 2009. Conference on scientific and social research.
- [22]. B. Rankin, Emotional intelligence: enhancing values-based practice and compassionate care in nursing, Journal of Advanced Nursing, 69 (12), 2013, 2717-2725. Doi: 10.1111/jan12161.
- [23]. D.R. Aranda, N. Extremera, and C.P. Galan, Emotional intelligence, life satisfaction and subjective happiness in female student's health professionals: the mediating effect of perceived stress, Journal of Psychiatric and Mental Health Nursing, 21, 2014, 106-113.
- [24]. L. Karimi, S.G Leggat, L. Donohue, G. Farrell, and G.E. Couper, Emotional rescue: the role of emotional intelligence and emotional labour on wellbeing and job stress among community nurses, Journal of Advanced Nursing, 70 (1), 2013, 176-186.doi:10.1111/jan.12185.
- [25]. P. Zhang, C.Z. Li, F.M. Xing, C.X. Chen, X.F. Tian, and Q.Q. Tang, The mediating role of emotional intelligence between negative life events and psychological distress among nursing students: A cross sectional study, Nurse Education Today, 44, 2015, 121-126.
- [26]. G.G. Ekermans, and T. Brand, Emotional intelligence as a moderator in the stress-burnout relationship: a questionnaire study on nurses, Journal of Clinical Nursing, 21 (15-16), 2012, 2275-2285. DOi: 10.1111/j.1365-2702.2012.04171.x.
- [27]. J.C.Y. Chan, E.N.M. Sit, and W.M. Lau, Conflict management styles, emotional intelligence and implicit theories of personality of nursing students: a cross – sectional study, Nurse Education Today, 34, 2014, 934-939.
- [28]. M.R. Ezzatabadi, M.A. Bahrami, F. Hadizadeh, M. Arab, S. Nasiri, M. Amiresmaili, and G.A. Tehrani, Nurses' emotional impact on the quality of hospital services, Iranian Red Cresent Medical Journal, 14(12), 2012, 758-763. Doi: 10.5812/ircmj.926.
- [29]. B. Heckemann, J.M.G.A.Schols, R. J.G. Halfens, A reflective framework to foster emotionally intelligent leadership in nursing, Journal of Nursing Management, 23, 2015, 744–753.
- [30]. L. Edgar, R. Herbert, S. Lambert, J. MacDonald, S. Dubois, M. Latimer, The joint venture model of knowledge utilization: A guide for change in nursing, Canadian Journal of Nursing Leadership, 19, 2006, 41-55.