Nurses and Emotional Intelligence: a Descriptive Study

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ABSTRACT

Background: Emotional intelligence (EQ) in health institutions is a field presenting a particular interest, because this particular environment of workplace presents some traits that are not met elsewhere. Soul-destroying working conditions make it imperative to use and develop emotional skills for two main reasons: firstly in order to have a good work output and incidentally to protect the working staff from soul-destroying environment.

Objectives: The aim of this study was to measure the emotional intelligence of nurses working in Public Hospitals.

Methods: A specialised questionnaire was developed and subsequently given to 251 nurses working in Public Greek Hospitals. The questionnaire included 69 questions describing the following 7 dimensions of emotional intelligence: self-consciousness, self-adjustment, motivations of behaviour, social skills, awareness of another person’s emotional state, humour, and critical thought. The answers were given based on the 4 point Likert scale (not at all - a little – quite enough – a lot). To process our data statistically, we used the SPSS 14.0 (Statistical Package for Social Sciences).

Results: Statistical analysis revealed that 50.5% of our nurses sample working in Public Hospitals allocate a satisfactory level of Emotional Intelligence (EQ), 29.2% presented high EQ and 20.4% allocate below the mediocre EQ.

Conclusions: Stressing environment of Health institutions imposes the development of emotional skills in order to achieve exceptional clinical performance and to protect nurses from this particular environment.

Keywords: Care, Emotional Intelligence, emotions, nursing
Introduction

Emotional intelligence (EQ) in health institutions is a field presenting a particular interest, because this particular environment of workplace presents some traits that are not met elsewhere (Cadman & Brewer, 2001, Cherniss, 2002, Evans & Allen, 2002, Freshman & Rubino, 2002). The official definition of emotional intelligence quotes as: “a form of social intelligence that includes the ability to recognize our own emotions and emotions of others, to perceive between emotions and the use of information (that arises from emotions) so as to guide our thoughts and actions” (Goleman, 1995, Mayer & Salovey, 1997, Davies et al., 1998, Bar- On, 2000, Law, 2004, Murphy, 2006). In other words an individual allocates the ability to comprehend with precision his and others’ emotions, thus being able to direct thoughts and actions (Goleman, 2000, Safran, 2006). Daily interactions concern colleagues with different specialties, often with overlapping duties, that face persons found by definition (as ill) in physical and psychological stress when working as a team or individually. Through literature, we conclude that relations between the two largest working teams in the hospital, that is to say doctors and nurses, pass through a phase of redefinition, a fact that increases intensity in work (Mohammadreza et al., 2002, Mohammadreza et al., 2003). Soul-destroying working conditions make it imperative to use and develop emotional skills for two main reasons: firstly in order to have a good work output and incidentally to protect the working staff from soul-destroying environment (Graham, 1999, Strickland, 2000).

In his book “The Emotional Intelligence at Work” Goleman reports the work of Williams and Sternberg who first developed the idea of a common intelligence indicator. In their classic study “Group Intelligence”, the basic condition for exceptional performance is the good relation between members of the team. Those who are not socially skilful and cannot be coordinated with the feelings of others constitute a brake to the total effort, particularly if they miss abilities of resolving differences and of effective communication (Druskat & Wilff, 2001, Code of Professional Conduit, 2002, Cherniss, 2007).

Emotional abilities that make groups distinguishable are:

- Awareness of another person’s emotional state or interpersonal understanding
- Collaboration and single effort
- Open communication, attitude of explicit specifications and expectations and open confrontation of members of the group with low performance
- Tendency for improvement
- Self awareness, as evaluation of the strong and weak points of the group
- Initiative and convenient preparation to resolve the problems
- Self-confidence as a team
- Flexibility concerning the implementation of collective duties
- Conscience of the organization’s situation in terms of perceiving the needs of other basic groups in the company and creative exploitation of resources that the organization has to offer.

Emotional intelligence is found to develop throughout our life and climaxes between 40-50 years of age. In this age the persons are able to correspond better to the requirements and pressures of environment because:

- they are more independent in their thoughts and actions
- they have better perception of other’s emotions
- they are socially more responsible
- they are more easily adapted
- they are taking into consideration all situations and resolve problems in a better way
- they face stress more effectively than the younger (Six Seconds’ EQ Institute for Healthcare Leadership, 2007, Vitello-Cicciu, 2003).

Method

Study design

The purpose of this study was to measure the emotional intelligence of female and male nurses working in Public Hospitals. Two hundred and fifty one questionnaires were distributed in nurses working in three Public Hospitals from May 2007 until May 2008.

Sample

The sample emanates from the reference population of Nurses who work in Public Athens Hospitals and Region of Adults and concretely from Nursing departments, laboratories, offices of education and administrative services of Hospitals. The determination of the size sample in this particular study was determined by the following factors:

- Desirable precision level of results
- Available financial expense
- Available time margin
- Fluctuation of the population under this study
- The number and the type of variables that concern in the inquiring process (Williams, 1978).

An application and protocol were deponed in the corresponding scientific committees of Hospitals for approval. The sampling was deliberate and randomly chosen. The entry criteria in the group were the following:

- Workers in the Nursing Institution for more than a year
• Workers in any department of Hospital
• Workers holding at least a degree of a one-year study educational institution.

The exclusion criteria involve workers that have not completed their studies. The choice of this particular way of sampling was selected in order to avoid problems when recovering the sample. Nurses participated in this study under informed consent.

Data collection

Content development of the measurement tool was supported by an extensive literature and inquiring retrospection, by searching corresponding questionnaires (EQi of Bar-On, ECI of Daniel Goleman and Jefferson Scale of Patient' s Perceptions of Physician Empathy) and by submitting the questionnaire to experts who were asked to annotate and modify parts of it.

The questionnaire included two parts: one to collect demographic elements and one for to collect elements to annotate and modify parts of it.

Moreover, the questionnaire:

- is unbiased, it does not prompt the questioned person towards one or other direction, but gives a possibility of choice of answers through a scale of four points (by no means – little – enough – very) Likert scale.

Results

Demographic characteristics

84.9% were female and 15.1% were male, 66.5% were married, 28.3% bachelors, while 5.2% were divorced and widowers. Table I describes the basic characteristics of the nurses.

Statistical analysis

The reliability of the measurement tool to determine Nurses EQ is satisfactory and oscillates around 0.88 (Norusis, 1990).

Descriptive analysis of questions regarding the ‘self awareness’ axis showed that 2.6% do not recognize their emotions, 20.7% recognize them partially, 54.2% recognize them satisfactorily while, 22.5% absolutely recognize their emotions, the repercussions and their results. 0.8% are not aware of their internal reserves, 8.8% are partially aware, 53.9% are satisfactorily aware, 34.3% are absolutely aware of their internal reserves, abilities and limits. 3% do not have self-confidence, 8.8% have low self-confidence, 53.9% have self-confidence in a satisfactory level while and 34.3% allocates high self-confidence.

With regard to axis ‘self-adjustment’, 27% cannot handle their disrupting emotions and impulses, 42% can partly handle them, 24.7% handle them quite well, while 6.3% handle them effectively. 15.8% do not take the responsibility for their personal progress, 9.7% partly take it, 35.2% takes the responsibility quite enough, 39.3% take it completely, maintaining at the same time their integrity of honesty. 28.4% of the asked present a satisfactory flexibility in handling changes and are open in pioneering ideas, approaches and new information contrary to 19.2%

who present weakness in the way that they face the facts and search of new ideas. The remainder 52.4% handle multiple requirements, change of priorities and generally fast changes well.

With regard to axis ‘motives of behaviour’, 24.7% try to improve themselves ultimately or to correspond in certain perfection data, 47.2% try a lot while, 28.1% do not learn how to improves their record. 37.1% fully carry out the objectives of the Association, 59% carry them out to a large extent while, 4% do not energetically seek occasions in order to achieve the mission of the group. 33.1% present absolute readiness to act as soon as an occasion comes up, 50.2% satisfactory seek objectives beyond those that others impose to them or expect from them while, 16.7% do not neglect bureaucracy and rules so that work could be done quicker; 20.5% insist on achieving objectives despite obstacles and misadventures, 36.5% insist partly while, 43% function more on fear of failure and least on the base of hope for success.

With regard to axis ‘Awareness of another person’s emotional state’, 80.5% satisfactory comprehend emotions and opinions of the patients and show active interest to their concerns contrary to 19.5% that do not perceive the emotional signals of patients and do not allocate the dexterity of listening. 92.6% forecast and recognize the needs of patients that they satisfy while, 7.4% do not seek ways to satisfy the patients and thus gain their devotion. 92% support that they sense the patients’ needs in order to be developed and strengthen their possibilities while 8% do not recognize other's
achievements. 18.3% fully recognizes emotional tendencies of the health group and it contribute in strengthening relations, 50.2% recognize them partly while, 31.5% are unable to understand forces that shape patients’ opinions and movements.

With regard to axis ‘social skills’, 65.7% allocates the required skills in order to gain other’s trust while, 34.3% it do not use effective methods of persuasion. 59% communicate well, 26.7% allocate the ability of good listening, seeking mutual understanding willingly accept to share information with others while, 14.3% do not encourage open communication. 75.7% support that they allocate inspiration and can guide groups and persons while, 24.3% cannot take initiatives and do not act as leaders irrelevantly from their rank. 21.5% are advocates of change and recruit others to their objective, 54.6% provokes partly the system to admit the need of change while, 8.4% are strongly capable to handle with diplomacy stringent individuals and situations of intensity, 73.7% can partially negotiate and solve disagreements while, 17.9% do not recognize the need of change. 8.4% recognize their emotions as well as others’ and thus, they are differentiated by those expressing false emotions. For example, they can distinguish anger of Nurses related to patients’ needs is achieved only through the ability of health professionals to initially recognize their own emotions and needs. In the present study, roughly 7% of the participants report that they recognize their emotions. Researches have shown that Head Nurses, who allocate emotional intelligence in a satisfactory degree, precisely conceive their emotions as well as others’ and thus, they are differentiated by those expressing false emotions. For example, they can distinguish anger of Nurses related to decision-making and manage it in such a way as to restore Nurses in the initial objective, that is to say, the care of patient. Besides, they are able to comprehend complex emotions of relatives and of health personnel that accompany cases of dying patients (Vitello – Cicciu, 2002, Caruso et al., 2002).

The soul-destroying environment of Health institutions imposes the growth of emotional skills on one side for exceptional clinical performance and on the other side for protection of the worker from this particular

<table>
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<th>Table 1 Demographic characteristics</th>
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Discussion

The present study revealed that half of those participating recognize and sublimely manage their internal situation, preferences, personal reserves and have the emotional tendencies that lead to achievement of objectives. Half of the participants report that they have good self awareness and enough motives of behaviour; moreover they allocate humour used selectively and they use the critical thought but not on a daily basis.

Recognition of emotions and thus satisfaction of patients’ needs is achieved only through the ability of health professionals to initially recognize their own emotions and needs. In the present study, roughly 7% of the participants reported that they recognize their emotions. Researches have shown that Head Nurses, who allocate...
Conclusions

Emotional intelligence is a basic factor of success. It results and develops when a person undertakes the complete responsibility of his/her behaviour, his/her reaction on different events, of his/her thoughts and emotions. Taking into consideration the restrictions above, a similar study with a bigger sample of nurses, and particularly from a more representative breadth of national hospitals, could also lead to larger generalisation and validity of results.
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