



Emotional Intelligence of Nurses Working In Neurology Department

Laishram Vidyalakshmi¹, Rebecca Sumathy Bai²

¹MSc(N) Tutor, Medical- Surgical Nursing, Christian Institute of Health Sciences and Research, Dimapur, Nagaland ²M.Sc., (N), PGDMLE, Professor, Department of Medical Surgical Nursing, College of Nursing, Christian Medical College, Vellore, Tamil Nadu

Abstract

Caring for someone necessitates not only physical tasks, but also caring on a deeper level, in which feelings are explicitly involved in the relationship and the care that results. Working in a critical department, such as neurology, is challenging because nurses must work with and care for patients who have difficult diagnoses and a slow prognosis. Are the nurses working in neurology department emotionally intelligent? As a result, the study was carried out to assess the emotional intelligence of nurses working in the neurology wards of a selected tertiary care hospital in the Vellore district of Tamil Nadu, South India. The data was collected from 37 nurses who were willing to participate in the study using non probability consecutive sampling technique. The Quick emotional intelligence scale was used for measurement of emotional intelligence. The findings reveal that majority (56.80%) of the nurses working in neurology department had high emotional intelligence. Age was found to be positively correlated with self-awareness, ($p < 0.01$) self-management ($p < 0.05$), social skills and emotional intelligence ($p < 0.01$). Using one-way ANOVA and independent t test, a significant difference was found in emotional intelligence in terms of age ($p < 0.01$), marital status ($p < 0.01$), type of family ($p < 0.05$) and experience of major traumatic events ($p < 0.01$).

Key Words: Emotional intelligence, Nurses, Neurology department

Introduction

Emotional intelligence (EI) is the ability to manage feelings so that they are expressed appropriately and effectively [11]. It is not only the ability to understand, use, and manage our own emotions in positive ways to relieve stress and communicate effectively, but also to empathise with others, overcome challenges, and defuse conflict. It is critical to build stronger relationships, succeed at school, and work, and achieve career and personal goals [13]. EI is becoming more important than ever. It is an integral part of forming and developing meaningful relationships [4]. The World Economic Forum considers EI to be one of the top ten workplace skills for success and a necessary component of great leadership [9]. Gondal and Hussain (2013) discovered that while the intelligent quotient level was insignificantly related to employee performance, EI was found to have a significant relationship with employee performance, indicating the importance of emotionally intelligent individuals in the workplace [12].

Nursing is an extremely emotional profession [5]. Caring for someone encompasses performing physical tasks, whereas caring about someone requires caring on a deeper level, where feelings are explicitly involved in the relationship and the resulting care. Nurses must engage in emotional interactions with patients in order to form relationships and care for them [7].

Emotional Intelligence is also an important component of staff management and patient care in nursing. According to Epstein et al (2017), Quality of nursing care refers to meeting the needs of the patient through proper and safe care, empathy, appropriate communication, and a respectful attitude towards the patient [8]. Nurses not only do lot of physical labour, but they also do emotional labour, which is managing one's emotions in a way that is required to do a job. When it comes to emotional labour, EI in nursing is essential, as the requirements are frequently complex and changing. According to the literature, emotional intelligence training can be done and can help improve mental health by reducing the effects of stress, depression, and aggression [2]. It might be quite helpful to nurses in handling work stress and burnout. As nurses advance into leadership positions, EI becomes all the more important. Carragher and Gormley (2017) stated "The need for emotionally intelligent and ethical leadership in the professions is paramount to highlight and confront the challenges for all involved in health service provision," [15]. While emotion isn't always a big part of other professions, it's inherently a part of nursing because providing care is an emotional endeavour. In order to provide holistic patient care, literature also encourages nurse managers to inspire nurses to use emotional intelligence in their daily practise [19].

Working in a critical department like neurology department is difficult because nurses must work with and care for patients who have difficult diagnoses and a slow prognosis. Since understanding emotions on a personal and social level is an important aspect of being a nurse and undoubtedly has an impact on performance and the provision of quality nursing care, it is critical to identify areas of weakness and assist nurses working in various departments in order to strengthen and increase emotional intelligence. As a result, the study was carried out to assess the level of emotional intelligence of nurses working in the neurology wards of a selected tertiary care hospital in the Vellore district of Tamil Nadu, south India.

Objectives:

Primary objectives:

1.To assess the level of emotional intelligence of nurses working in neuro department.

Secondary objectives:

1.To find difference in emotional intelligence based on selected socioeconomic variables of nurses working in neuro department.

Methodology

The study was conducted in the inpatient neurology and neurosurgery wards of a selected tertiary care hospital in the Vellore district of Tamil Nadu, south India.

Population includes nurses working in the inpatient neurology wards of a selected tertiary care hospital in the Vellore district of Tamil Nadu, south India.

37 samples who were chosen by non-probability consecutive sampling method and who consented to participate in the study ensuring that the inclusion criteria are fulfilled.

Inclusion criteria

- Nurses working in neurology and neurosurgery wards of a selected tertiary care hospital in the Vellore district of Tamil Nadu, south India.
- Nurses with the qualification of either General Nursing and Midwifery or BSc Nursing.

Exclusion criteria

- Nurses who are on maternity, and annual Leave
- Ward In- charges and Multipurpose Health Worker or ANMs

Instrument and data collection

Part 1: Sociodemographic profile

The sociodemographic profile consisted of age in years, gender, educational status, marital status, type of family and experience of major traumatic events.

Part 2: The Quick Emotional Intelligence Self –Assessment Scale

The emotional intelligence of the nurses was assessed by using a standardized tool i.e., Quick emotional intelligence self –assessment scale by Paul Mohapel, San Diego City College. The scale consists of 40 items and has 4 domains namely emotional awareness, emotional management, social emotional awareness and relationship management. Each item is ranked and scored as 0 –never, 1-rarely, 2-sometimes, 3-often, always -4. Each domain has 10 items with a minimum score of 0-40

Interpretation

0-24 Area of enrichment: requires attention and development.

25- 34 Effective functioning: Consider strengthening

35-40 Enhanced skills: Use as leverage to develop weaker areas.

Overall Emotional intelligence

0-53.3 Low

53.4- 106.6 Moderate

106.7-160 High

The reported Cronbach alpha of the scale ranges from 0.60-0.87. The Cronbach alpha of the present study is **0.79**.

Ethical Consideration

- Oral consent was taken after explanation of the study objectives and procedure.
- Confidentiality of information and profile was maintained.
- Permission from the concerned authority.

Data Analysis

For continuous data, the descriptive statistics was used to determine mean, and standard deviation. All categorical variables were represented as numbers and percentages. Pearson's correlation was used to find relationship between emotional intelligence and selected demographic variable. One-way ANOVA and independent t test were used to find differences in emotional intelligence based on socio-demographic variables. All tests were two-sided at alpha (α) =0.05 level of significance. All analyses were done using STATA software version 20.0.

RESULTS

The descriptive analysis of socio-demographic variables in table 1 showed that majority (20, 54.1%) of the subjects belonged to the age group 26-35 years. Most of them (28, 75.7%) were females. More than half (20,54.1%) of them were GNM staff nurses and were married (23, 62.2%). Majority of them (26, 73.3%) were a part of joint family and 7 (18.9%) of them had experienced major traumatic events.

Figure 1 shows that 48.65% of the subjects had effective functioning, 45.95% needed area of enrichment and 5.41% had enhanced skills in terms of self-awareness.

Figure 2 reveals that more than half of them (51.35%) had effective functioning, and 16.22% had enhanced skills related to self-management. Around 32.43% needed to enrich themselves in this area.

Figure 3 highlights that in terms of social awareness, 51.35% had effective functioning, 18.92% had enhanced skills and 29.73% needed to enrich their skills.

Figure 4 reveals that maximum (62.16%) of the subjects were functioning effectively, 29.73% had enhanced skills and 8.11% required enrichment in the area of in terms of social skills.

Overall, Figure 5 concludes that majority (56.80%) of the subjects had high level and 43.20% had moderate levels of emotional intelligence.

Finally, table 2 shows differences in the emotional intelligence based on socio-demographic variables were tested using one-way ANOVA and independent t test. A significant difference was found in emotional intelligence in terms of age, marital status, type of family and experience of major traumatic events.

Table 1. Distribution of caregivers on selected Socio-demographic details

Socio-Demographic Variables	Staff Nurses (N-37)	
	(n)	%
Age:		
25years and less	10	27.0
26-35years	20	54.1
35years and above	7	18.9
Gender:		
Male	9	24.3
Female	28	75.7
Educational status:		
GNM	20	54.1
BSc N	17	45.9
Marital Status:		
Unmarried	14	37.8
Married	23	62.2
Type of Family:		
Nuclear	26	70.3
Joint	11	29.7
Experience of major traumatic events		
Yes	7	18.9
No	30	81.1

Figure 1 Self-awareness of Neurology department nurses (N= 37)

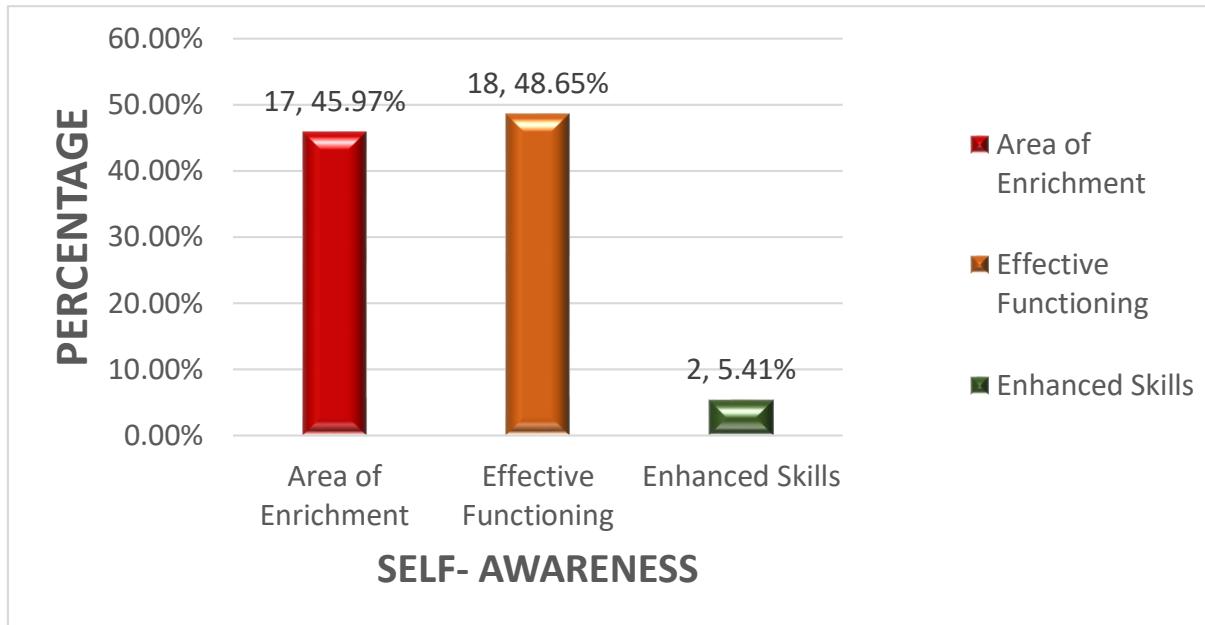
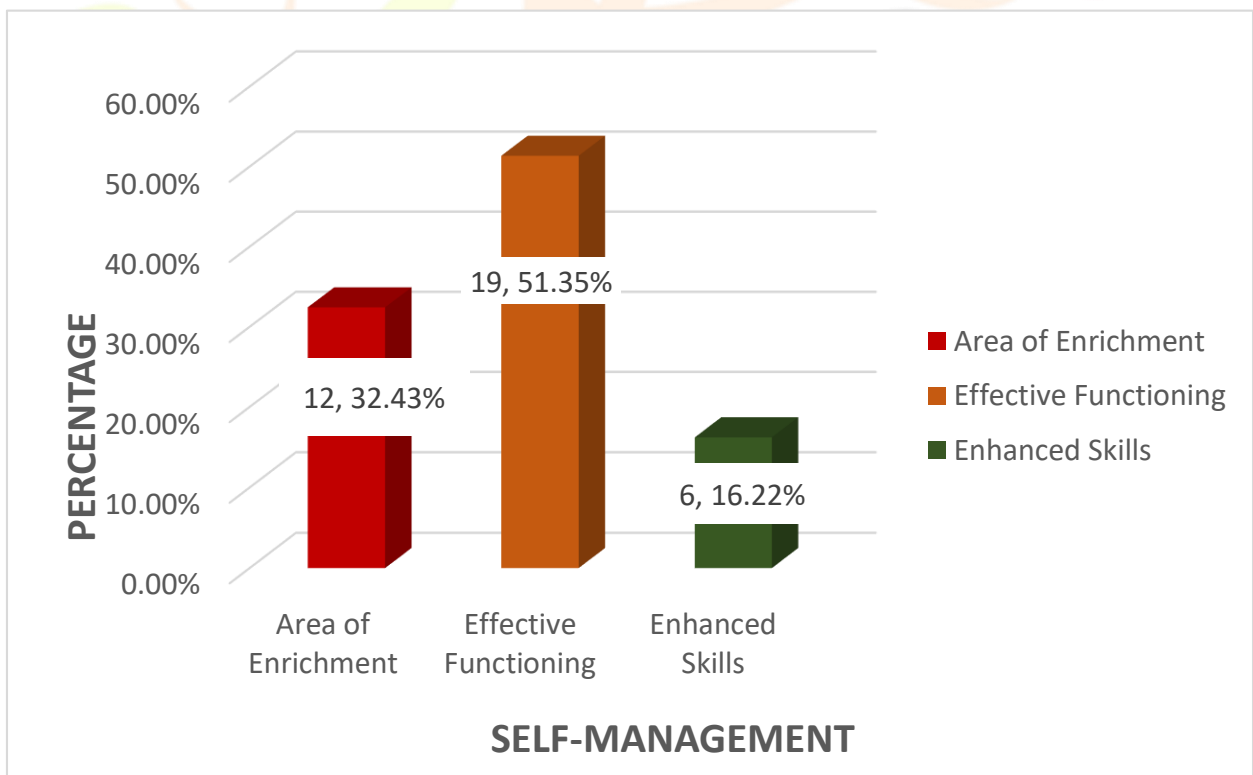


Figure 2 Self-management of Neurology department nurses (N= 37)



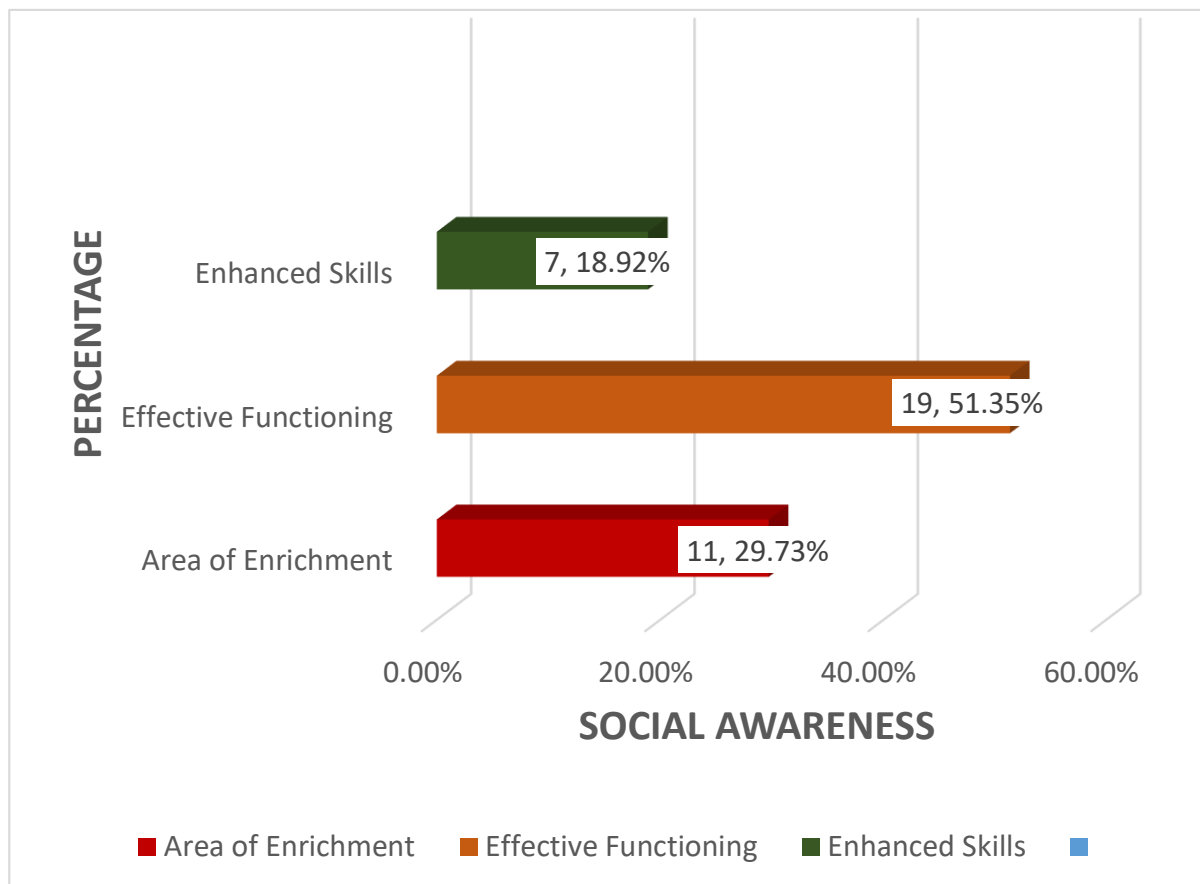


Figure 3 Social awareness of Neurology department nurses (N= 37)



Figure 4: Social skills of Neurology department nurses (N= 37)

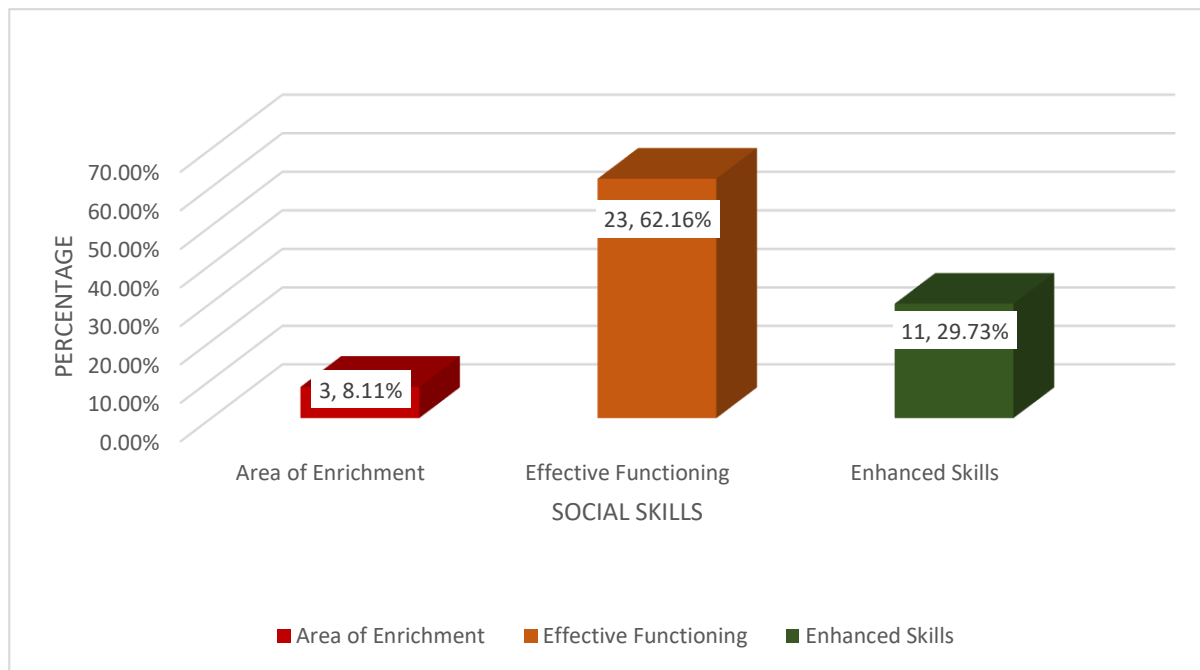
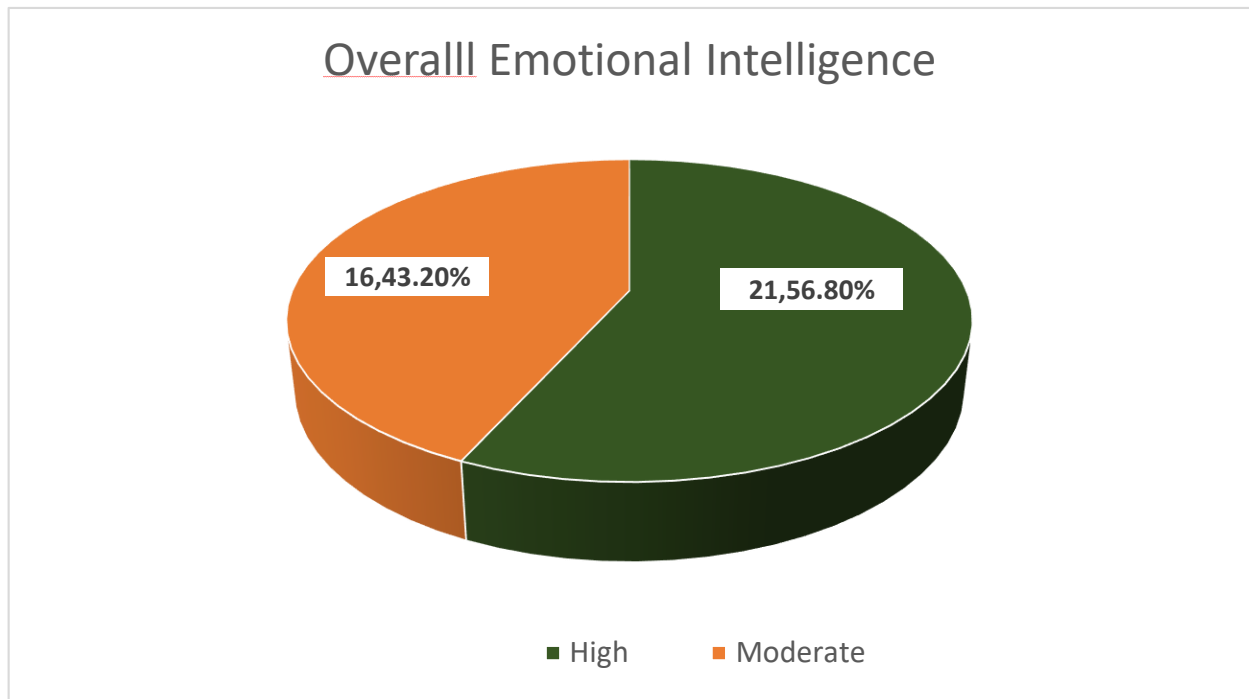


Figure 5: Overall emotional intelligence of nurse working in Neurology ward (N= 37)



Note: * $p < 0.05$, ** $p < 0.01$, a= one way ANOVA, b= Independent t test

Table 2: Difference in Emotional intelligence based on socio- demographic variables

Sociodemographic Variables	Emotional intelligence		Mean (SD)	F/t	p value
	(n)	%			
Age					
25years and less	10	27.0	95.10 (15.36)	6.74 a	.003**
26-35years	20	54.1	117.50(17.78)		
35years and above	7	18.9	117 (12.83)		
Gender					
Male	9	24.3	113.11 (21.87)	.319 ^b	.752
Female	28	75.7	110.79 (18.13)		
Educational status					
GNM	20	54.1	114.05 (13.22)	.945 ^b	.351
BSc N	17	45.9	108.18(23.85)		
Marital Status:					
Unmarried	14	37.8	100.21(21.77)	-3.135 ^b	.003**
Married	23	62.2	118.13(13.10)		
Type of Family					
Nuclear	26	70.3	107.19(19.15)	-2.172 ^b	.037*
Joint	11	29.7	121.18(14.32)		
Experience of major traumatic events					
Yes	7	18.9	129.43 (13.48)	3.155 ^b	.003**
No	30	81.1	107.13(17.44)		

DISCUSSION

More than half (56.80%) of the nurses working in the neurology department had high emotional intelligence. This finding is congruent to the finding of the study conducted by Khademi, Abdi, Seidi, Piri and Mohammadian [14]. It is worth noting that the remaining nurses (43.20%) had moderate emotional intelligence, while none had low emotional intelligence. Since emotional intelligence has an effect on quality of care provided [14], it is critical that we encourage nurses to improve their emotional intelligence in areas where their scores are low.

The present study found that subjects under 35 years of age had lower emotional intelligence (95.10±15.36) whereas subjects between ages 35-45 years (117.50±17.78) and above 45 years of age (117±12.83) had similar mean emotional intelligence scores and was higher than those under 35 years of age, at $p < 0.01$. The most likely explanation is that the number of life experiences an individual has increases with age, as does their ability to regulate their emotions. The finding is supported by Sharma (2017) who conducted a study on impact of age on emotional intelligence and its components [20]. Bradberry and Greeves (2007) also supports the finding [9].

Marital status was also found to have an effect on emotional intelligence ($p < 0.01$). Married nurses had higher mean emotional intelligence scores (118.13±13.10) than unmarried ones (100.21±21.77). This could be due to the fact that staying in love, partnering in life, overcoming challenges, and accepting each other's

differences all require a significant emotional investment. Madahi, Javidi and Samazadeh (2012); Pandey and Anand (2010) support the finding [16, 18]. However, a successful marriage requires both the partners to be emotionally intelligent who are committed to both self and other awareness, have the ability and inclination towards management of their own emotional state and its impact on others [3]. A Study on emotional intelligence and marital satisfaction by Zarch, Marashi, and Raji (2014) also highlighted that couples with higher emotional intelligence have higher marital satisfaction [17].

At $p < 0.05$, subjects from joint family (121.18 ± 14.32) had significantly higher emotional intelligence than those from a nuclear family (107.19 ± 19.15). The most likely reason is that the joint family provides an individual with a warm, loving, respectful, and sacrificial environment that helps them value and maintain relationships and become social. Study conducted by Ahangar and Khan backs up the finding [4]. Contrary to the study finding, Fidha and Harris reported no significant difference in emotional intelligence based on type of family [10].

Significant difference was also found in terms of experience of major traumatic events ($p < 0.01$). Despite the fact that only 7 (18.9%) of the subjects had experienced major traumatic events, their emotional intelligence (129.43 ± 13.48) was found to be significantly higher than those who had not (107.13 ± 17.44). Although trauma can have a negative impact on our brain, it can also lead to tremendous growth, resilience, and empowerment. Our outlook on life shifts, and our traumatic experiences become opportunities for growth [22]. This could explain why our subjects who had experienced major traumatic events had higher emotional intelligence. A study conducted to investigate the relationship between emotional intelligence and post-traumatic growth also found gradual increase in emotional intelligence in the aftermath of the traumatic event, which supports our findings [24].

Conclusion

An emotionally intelligent nurse who recognises and manages her/his emotions as well as understands the emotions of others, such as patients, families, and other members of the health team, is essential for providing quality nursing care. As a result, it is absolutely crucial to encourage nurses to self-examine, invest in areas of enrichment, and continue to strengthen in all other areas and domains of emotional intelligence.

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Conflict of interest

There are no conflicts of interest.

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