Original Article

ASSESSMENT OF EMOTIONAL INTELLIGENCE AMONG STAFF NURSES OF TERTIARY CARE HOSPITALS OF KARACHI, PAKISTAN

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ABSTRACT:

OBJECTIVE: To assess the emotional intelligence of registered nurses of public and private tertiary care hospitals.

DESIGN: Cross sectional study of six months (Jan 2016 to June 2016).

SETTING: Study conducted in 3 public and private hospitals of capital of Sindh

SUBJECTS: Sample of 368 registered staff nurses**.**

INTERVENTION: Close ended 5 ranking Likert Schutte self reporting emotional intelligence scale was used with convenient sampling technique.

MAIN OUTCOME MEASURES: To assess emotional intelligence.

RESULTS: 145 males and 223 females were respondents. Among them 232(63%) were RN/RM, 128(34.8%) were B.Sc N (Nursing graduate) and 8(2.2%) were having M.Sc. N degree. Majority of nurses were having 2-6 years of experience as 167(45.4%) and the least are 8(2.2%) who were having 31-35 years of experience. In Likert Schutte scale almost the maximum score of the respondents responded "Agree" numbered as 7620 and the least are 193 as "strongly disagree" of the item contents. Only p-value of gender-emotional intelligence variables was found significant p≤ 0.005.

CONCLUSION: Staff nurses working at tertiary care hospitals showed utilization of high level of emotional intelligence in their daily routine

KEY WORDS: Intelligence, Registered Nurses, Secondary Care Hospitals

INTRODUCTION:

Emotional Intelligence (EI) is a capability to know, monitor and feelings of self and others.[1,2]. Emotional Intelligence can be learnt and inborn trait of the personality.[3] The nursing profession emphasizes that the nurse, in the process of care, has to interact with the patients, the medical professionals and the health care workers persistently. However they have to maintain therapeutic relationship with patients.[4], as nurse-patient interaction occurs between two human beings, study of emotions is vital in providing effective nursing care. Emotion is "a mood state of consciousness in which happy, sad, stubborn, hatred, or learnt,

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as differentiate from cognitive and volitional states. [5]. Intelligence is the capability of learning about self, others and understanding about what is being expressed in the environment through interactions [6]. Social psychology and nursing sciences lay great emphasis for integration of emotional intelligence in understanding the people in various situations. Emotional intelligence comprises components as self- awareness, self-management, and social-awareness and relationship management [7]. Emotional intelligence has proven instrumental to know, to get and cover up feelings positively to prevent from further distress. This not only promotes effective communication but also stresses to overcome challenges and resolve conflicts. Study conducted by Augusto and Anne in which patient centered care requires the skills of emotional intelligence, nursing care for mentally retarded people have shown positive attitudes, greater adjustment to working environment and more orientation. It further adds that age, gender and condition of patient also manipulate the application of emotional intelligence, especially hearing capacity in older patients and diminished perceptions affect nurse client interaction and perceptions, nurses with reasonable intelligent quotients easily perceive non verbal interactions such as leaning forward, touch, head nodding, smiling and gazing. [8.9]

HYPOTHESIS TESTING
· H1 = Age has positive relationship with Emotional Intelligence
· H2 = Gender has positive relationship with Emotional Intelligence
· H3 = Academic Qualification has positive relationship with Emotional Intelligence
· H4 = Professional Qualification has positive relationship with Emotional Intelligence
· H5 = Job Experience has positive relationship with Emotional Intelligence

SUBJECTS AND METHODS
Cross sectional study was conducted from Jan 2016 to June 2016, based on open access close ended Schutte emotional intelligence questionnaire having Likert 5 ranking options to select by using convenient sampling technique. Out of fourteen private and public sectors hospitals three private hospitals and three public hospitals were selected by using random technique. Selected participants were working as staff nurses, having clinical experience more than 1 year, besides student nurses, sister nurses as well head nurses were excluded from the study.

RESULTS:

Data of 368 samples tabulated among them 203(55.2%) are working in government sector and 165(44.8%) are in private sector tertiary care hospitals (Table 1). 223(60.6%) are female and 145(39.4%) are male in gender (Table 2). 19-28 years of age are 147(39.9%) as the highest and the youngest, 129(35.1%) are of 29-38 years, 54(4.7%) are of 39-48 years and 38(10.3%) are of 49-60, the senior most and the least in quantity (Table 3). Mean age is 33 years. General Qualification inferred as having completed matriculation, intermediate, graduation and masters as 143(38.9%), 128(34.8%), 69(18.8%) and 28(7.6%). The highest general academic qualification is matriculation and the lowest numbers are of having master's degree (Table 4). Professional qualification of the respondents are tabulated as 232(63.%) are only having Diploma in General Nursing (3 years program) which is called to be RN/RM, 128(34.8%) are Post RN-B.Sc (Nursing) and 8(2.2%) are M.Sc Nursing in their qualification.(Table 5).
Professional experience (Table 06) inferred as among respondents of 368, 167(45.4%) were working since 2-6 years, 77(20.9%) were since last 7-10 years, 31(8.4%) were since 11-15, 26(7.1%) were since 16-20 years, 35(9.5%) were since 21-25 years, 24(6.5%) were since 26-30 years and 8(2.2%) were working in duration of 31-35 years. 236(64.1%) nurses agreed that they knew when to share their personal problems with others, 70(19.0%) staff nurses strongly agreed 31(8.4%) disagreed, 17(4.6%) neither disagrees nor agreed and 14(3.8%) had strongly disagreed. Responding to how had they overcome the faced obstacles, 265(72%) staff nurses said that they agreed, 46 (12.5%) had strongly agreed, 32 8.7 % had neither disagreed nor agreed, 19(5.2%) had agreed and 6(1.6%) had strongly disagreed. 250(67.9%) of staff nurses had agreed that

they had done and tried well on most of the things what they had expected, 80(21.7%) of nurses had also strongly agreed and 5(1.4%) of nurses had strongly disagreed. 218 (59.2%) of staff nurses had agreed that other people had easily confided in them, and 58 (15.8%) nurses had also strongly agreed, but 4(1.1%) staff nurses had strongly disagreed. 157(42.7%) of nurses had agreed that they had found it hard to understand the non verbal messages of other people, 24 6.5 strongly agreed, whereas, 108(29.3%) had disagreed. Similarly 11(30.2%) of subjects reported strong agreement with expectations of happening good things and 2(0.5%) of nurses had strongly disagreed in this respect. 42(11.4%) of staff nurses had also strongly agreed with sharing their emotions with others and 9(2.4%) of nurses had strongly disagreed. 68(18.5%) of respondents reported that they strongly agreed to enjoyment of events arranged by them and 5(1.4%) of staff nurses strongly disagreed.

Likewise 247(67.1%) of respondents strongly agreed with activities that make them happy and 2(0.5%) had strongly disagreed and 68(18.5%) of nurses had made strong impression on others because of their presentations.104(28.3%) respondents inferred that they could easily solve problems when they were in positive moods and only one nurse strongly disagreed in this respect. 226(61.4%) of staff nurses agreed that they could recognize the emotions of other people by looking at their facial expressions and 19(5.2%) of them had disagreed (Table 7). P-value of Gender Vs score of Emotional intelligence variables was found significant P≤ 0.005. P-value of variables age, academic qualification, professional qualification and experience of the job Vs emotional intelligence were found not statistically significant p≤ 0.333, p≤ 0.550, p≤ 0.654 and 0.975 respectively (Table 8).

Table 1: Working Sector

Sector	Frequency	Percentage
Govt	203	55.2
Private	165	44.8

N=368

Table 2: Gender of Nurses

Gender	Frequency	Percentage
Male	145	39.4
Female	223	60.6

N=368

Table 3: Age

Age	Frequency	Percentage
19-28	147	39.9
29-38	129	35.1
39-48	54	14.7
49-60	38	10.3

N=368

Table 4: General Qualification

Qualification	Frequency	Percentage
Matric	143	38.9
Intermediate	128	34.8
B.A	69	18.8
M.A	28	7.6

N=368

Table 5: Professional Qualification of Staff Nurses

Education	Frequency	Percentage
R.N,R.M	232	63.0
BscN	128	34.8
MscN	8	2.2

N=368

Table 6: Experience

Experience	Frequency	Percent
2-6 years	167	45.4
7-10 years	77	20.9
11-15 years	31	8.4
16-20 years	26	7.1
21-25 years	35	9.5
26-30 years	24	6.5
31-35 Years	8	2.2

N=368

Table 7: Frequency Table of Items

Item Content	Strongly disagree	Disagree	Neither both	Agree	Strong agree
Speak about my personal problems	14	31	17	236	70
Faced similar obstacles and overcame	6	19	32	265	46
I will do things I try	5	6	27	250	80
Other people confide in me	4	27	61	218	58
Hard to understand the nonverbal messages	10	108	69	157	24
Life have led me to re-evaluate what is important	2	18	32	246	70
Mood changes, I see possibilities	6	33	34	238	57
Emotions make my life worth living	10	22	33	239	64
Emotions as I experience them	3	13	20	268	64
Good things to happen	2	16	19	220	111
Share my emotions	9	47	70	200	42
Positive emotion, how to make it last	26	35	0	255	52
Arrange events	5	20	47	228	68
Seek out activities that make happy	2	17	28	247	74
Nonverbal messages I send to others	4	37	56	227	44
Good impression on others.	5	7	22	266	68
Solving problems is easy for me	1	4	12	247	104
Facial expressions, I recognize the emotions	1	19	57	226	65
Emotions change	4	18	38	234	74
Come up with new ideas	2	5	26	252	83
Control over my emotions	2	18	50	215	83
Recognize my emotions as experience them	1	5	27	269	66
Imagining a good outcome to tasks	1	10	33	256	68
Compliment others	2	8	22	222	114
Nonverbal messages other people send	3	32	63	232	38
Events repeatedly completed	3	34	69	212	50
Emotions with new ideas	4	19	51	252	42
Give up, will fail	39	139	61	105	24
Feeling just by looking at them	2	36	79	205	46
Feel better while helping	2	4	16	245	101
Trying in the face of obstacles	2	14	39	260	53
Feeling by listening to the tone of their voice	2	17	39	245	65
Difficult to understand why people feel, they do	9	60	87	183	29
	193	898	1336	7620	2097

N=368

Table 8: Frequency Table of Items

Hypothesis	Variables	p-Value	Results	Remarks
H1	Age	0.333	Not Significant	Not Supported
H2	Gender	0.005	Significant	Supported
H3	Academic qualification	0.550	Not Significant	Not Supported
H4	Professional qualification	0.654	Not Significant	Not Supported
H5	Experience	0.975	Not Significant	Not Supported

P≤ 0.05

DISCUSSIONS:

Response rate were 100% (n=368) collected from 3 public and private hospitals of Karachi, among them 145 were males and 223 were females. Emotional Intelligence of registered staff nurses was assessed through Schutte Emotional Intelligence Scale of 33 items[10], data tabulated in results and discussed as registered staff nurses working in government hospitals are more than private tertiary care hospitals, this revealing that staffing is a more in government sector. Females were higher in numbers than males in the nursing profession as well in the data as it is notified. Nursing was called to be profession of girls earlier but now time has changed a lot[10]. Ages categorized into different age intervals among them age of 19-28 years old were more than others and 49-60 years were the least; they were found the most senior, the oldest with huge knowledge. In General qualification with matriculation as academic qualification was the most because it is the eligibility criteria to be inducted in nursing training as per Pakistan Nursing Council admission policy. In professional qualification maximum number were of having diploma in General Nursing Course which was called to be after completing their course as RN/RM. Eligibility criteria to be recruit as Registered Staff Nurse is having Diploma in General nursing (3 years course program) as policy[11]. The Highest qualification in nursing was M.Sc Nursing among the respondent which is called to be Post Graduation in nursing equivalent to 18 years of education. The youngest were the more in this profession reflecting from the experience of the respondents were those who having and working in between years of 2-6.

The most seniors were found the least in number working in the hospitals. Senior is the asset of profession[12]; they were the most experiences and knowledgeable in nature[13]. 5 ranking Likert scale were used among them most of the respondents were found agree to the statement of the contents. A study conducted to measure level of emotional intelligence as component of self-awareness or self-appraisal among nurses in which reported that they had moderately agreed with good understanding of reasons with mean of 4.673, 0.424[14]. Relationship in between gender and emotional intelligence is present which is supporting H5 only. Study conducted by Ashaka Khalil (2011) supported our results in which reported that emotional intelligence r=0.151, p<0.05[15]. 246 of staff nurses had agreed that some of the major events of their life led them to reevaluate the important things in their lives. Maximum respondents strongly agreed and few strongly disagreed that they had found new possibilities when their moods changed and 239 (64.9%) of nurses had agreed that emotions in their lives were worthy. Maximum staff nurses had reported that they had strongly agreed with awareness of their experienced emotions and the least among them had strongly disagreed. In addition, most of the nurses reported to have control over their emotions strongly whereas very low staff nurses strongly disagreed to this content. 31% of nurses had strongly agreed that they complimented others when they had done something well and 2.2% of subjects had disagreed. Association in between gender and emotional intelligence is only present. Gender were only supporting H2.

CONCLUSION:

Staff nurses working at tertiary care hospitals have shown utilization of high level of emotional intelligence during their regular and duty routine. Cognition and mental processing are playing a vital role in emotional intelligence. Recreational activities, enjoyment and other factors are helping in increase of emotional intelligence.

REFERENCES:

1. Cherniss C. Emotional intelligence and the good community: American Journal of Community Psychology 2002; 30(1), 1–11.
2. Emotional Intelligence in the Nursing Profession. Journal of Nursing 2007. Available from:http://www.asrn.org/journal-nursing/202-emotional-intelligence-in-the-nursing-profession.html.
3. Evans D. & Allen H. Emotional intelligence: its role in training. Nursing Times 2002; 98(27), 41–42.
4. Vitello-Cicciu J.M. Exploring emotional intelligence. Implications for nursing leaders. Journal of Nursing Administration 2002; 32(4), 203–210.
5. Ashkanasy and Daus. The case for the ability-based model of emotional intelligence in organizational behavior. Journal of Organizational Behavior, 2005; (26); 441–452.
6. Code of Professional Conduct Manual. London Nursing and Midwifery Council. London. 2002
7. Cooper, R. K., & Sawaf, A. Executive EQ: Emotional intelligence in leadership and organizations. 1997. Grosset Putnam; 4. Vol 3. P.360-65
8. Anne C.H. McQueen. Emotional intelligence in nursing work Journal of Advanced Nursing. Journal of Advanced Nursing. 2004; 47 (1); 101-108.
9. Goleman, D. Emotional intelligence." Why it can matter more than IQ. 1995. NY: Bantam Books.
10. Diana, R., Luke A. Downey. Assessing Emotional Intelligence in the Indian workplace: a preliminary reliability Study, Electronic Journal of Applied Psychology. Assessing Emotional Intelligence in the Indian workplace, 2007; 3(2): 55 –59.
11. Dr. Lokeswara C. Impact of the emotional intelligence on work related outcomes among the nursing staff at SRM hospitals, Chennai,2006;6(2):13
12. Annual Report of International Council of Nursing, Geneva, 1990;P-25-26
13. Higher Education Commission Degree Equivalence Policy, Islamabad, 2017, P-01
14. Ciarrochi, J. V., Chan, A. Y. C., & Caputi, P.A critical evaluation of the emotional intelligence construct. Personality and Individual Differences, 2000; 28(3): 539-561.
15. Schutte, N. S., Malouff, J. M., Hall, L. E et al. Development and validation of a measure of emotional intelligence. Personality and Individual Differences, 1998; (25), 167–77