Review

Significance and assessment of emotional intelligence of nurses

Nina Stoičević,
Tamara Milosavljević,
Jelena Pavlović

University of East Sarajevo, Faculty of Medicine Foca, The Republic of Srpska, Bosnia and Herzegovina

Corresponding author:
Nina Stoičević, Bachelor of medical care
Brčanska 23, 76 300 Bijeljina
ninastoicevic129@gmail.com

Summary

Emotional intelligence and health care are closely linked. Empathy is regarded as one of key dimensions of emotional intelligence. The nursing profession has numerous general, but also generic, competencies which requires not only technical knowledge, but also psychological support in everyday work. The aim of this review paper is to point out the importance of assessing the emotional intelligence of nurses on the basis of recent data from the literature. There are many challenges and various sufferings that many health workers are exposed to, especially nurses, which clearly indicates the necessary fact, ie. requires a high degree of emotional skills and competence, because the more complex the job, the more important emotional intelligence. High self-awareness, self-control, the ability to cope with feelings are just some of the competencies that nurses/technicians should possess. All these characteristics are important factors of emotional intelligence and a basic prerequisite for providing empathy. There are numerous tests and instruments used to assess emotional intelligence.

Keywords: nurses, emotional intelligence, assessment, empathy, communication

Introduction

Emotional intelligence is a set of abilities to understand and manage many feelings on which behavior and the way decisions are made depend. There are seven types of intelligence, and one of them is emotional intelligence, intelligence that we can influence, unlike innate abilities such as cognitive intelligence [1, 2]. In nursing practice, an important component is emotional intelligence because emotions are an integral part of health care, which is a reflection of professionalism in nursing. Emotional problems are more pronounced in patients with incurable diseases, which requires an adequate, professional approach of nurses, because in this way, through a relationship built on trust, a comprehensive assessment of many symptoms can be realized and the physiological, psychological and social needs of patients can be met [3, 4]. For a successful cooperation with patients, nurses must have different skills of understanding, providing assistance, ability to resolve conflicts, but also to have an adequate way of communicating

and an empathic attitude, because empathy is the most important component of emotional intelligence to recognize and understand patients' feelings [5]. The aim of this review was to point out the importance and assessment of the emotional intelligence of nurses on the basis of data from recent literature.

The concept of emotional intelligence

Emotional intelligence additionally represents an experience for motivation, conceptualizing plans, appropriate decisions, stability, balance, resourcefulness and adaptability in achieving life goals, but emotional competences are basic abilities for processing and managing emotions. During 1980, emotional intelligence was equated to rational thinking given to us by genetics and we cannot have much influence on it, especially after fully maturing. In the 1980s, American psychologists established the theory of emotional intelligence, emphasizing that coping in different life situations had a greater effect on cold and objective data processing [6].

Howard Gardner, a psychologist, observed the so-called "multiple intelligence" model that best pointed out the difference between intelligence and emotional ability. It is necessary to distinguish between interpersonal intelligence in order to identify the feelings and intentions of others, and emotional intelligence which is the ability of self-control and implies the development of self-awareness, control and motivation. With the development of emotional intelligence, empathy and social skills are created in interpersonal relationships [7]. According to psychologist Daniel Goleman, emotional intelligence has five main elements and characteristics: empathy, motivation, self-control, self-awareness and social skills [8].

Cognitive and emotional intelligence are two different and mutually independent intelligences. Cognitive intelligence is innate, we

cannot influence it, we cannot learn it or increase it. Emotional intelligence is not innate, so we can influence it, it can be learned and developed throughout life. The construct of emotional intelligence has been the focus of interest in recent decades, and it consists of two basic types of skills: self-management skills and successful cooperation skills with others. Both types of skills are important for success in business and the achievement of any person's life goals. The abilities that are most in demand on the labor market are: self-awareness, self-confidence and self-control, dedication and honesty, the ability to communicate and accept changes. This means that the most important factor is not a degree and expertise, especially in the nursing profession, but rather emotional intelligence [8].

Components of emotional intelligence in nursing practice

An integral part of nursing practice is understanding one's own emotions because understanding others depends on it. The high level of emotional intelligence of nurses increases patient satisfaction, because nurse is the first person who will best recognize the emotional reactions and all the difficulties that ail patients, and provide them with adequate health care, full support and assistance. As Florence Nightingale pointed out, it is necessary for nurses to have a high degree of emotional intelligence due to the holistic approach to patients. Florence Nightingale possessed a number of characteristics of emotional competence (understanding, desire to control emotions, energy, responsibility, self-confidence, ambition, empathy, etc.), which marks the beginning of development of nursing, with which emotionally competent nurses of today can identify with. Health care by definition is the complete care for someone, however it is not fulfilled, if the emotional aspects of the patient are not satisfied. Emotional intelligence is considered the

key characteristic for success in nursing practice [9, 10].

Very important components of emotional intelligence are self-control and self-awareness, which affects the control and direction of emotions. Therefore, in nursing practice, an important prerequisite for maximum engagement for the patient's overall problems are emotionally intelligent nurses who are able to separate their own emotions from the patient's emotions and problems [11, 12].

The results of many relevant studies show that people with higher emotional intelligence are better prepared to identify early signs of undesirable behavior [13, 14]. The nursing profession has numerous general, but also generic, competencies which requires not only technical knowledge, but also psychological support in everyday work. There are many challenges and various sufferings that many health workers are exposed to, especially nurses, which clearly indicates the necessary fact, ie. a high degree of emotional skills and competence is required, because the more complex the job, the more important emotional intelligence is [15]. Empathy, as one of the more important aspects of emotional intelligence, is a central factor in many nursing theories that enable nurses to develop a therapeutic relationship with patients and their families, and to cope better with stress. Health care requires the nurse to continuously communicate with patients and other health care professionals. Today, health care includes not only high-quality medical care, but also the concept of care that encompasses the goals, priorities and patient's choices, including his/hers emotional, social and spiritual needs, using the power of interdisciplinary resources [16]. In addition, high empathy can have both positive and negative effects to the patient's medical care, depending on the degree of connection to other dimensions of emotional intelligence. Nurses with high self-control when dealing with criticism are more open in communicating with the patient, making them more likely to share their own worries and feelings with them. As a result, nurses better understand the patient, discuss his/her concerns, help him/her and show care with respect [17]. Such nurses nurture relationships based on trust and mutual understanding, develop positive relationships, and help the patient sustain each other's emotional changes. Care and full support cannot be limited only to physical help, the psychological and spiritual needs of the patient are vital. Therefore, the role of emotional intelligence in care should be viewed in two dimensions: understanding the patient's emotions and the competence of nurses to manage those emotions [18].

Empathy is a complex ability that allows individuals to understand and feel the emotional states of others as a result of compassionate behavior [19]. Empathy encompasses cognitive, emotional, moral and behavioral abilities due to understanding and timely response to other people's suffering. Empathy has many benefits, including better patient experiences, improved treatment outcomes, more frequent adherence recommendations, fewer mistakes in care and treatment, and greater satisfaction of health professionals. The philosopher Theodore Lipps expanded the concept of empathy, and believed that internal imitation and experiencing the actions of others led to the emergence of empathy [20]. Martin Buber pitted humanity and caring for others against objectification and dehumanization of others, and portrayed an empathic relationship as "I-Thou" instead of "I-It." Lack of empathy is possible among people, but such prejudices are common in health care institutions. It is important to eliminate discrimination (based on gender, race, nationality) and provide equal care to all patients. Medical professionals are obliged to conduct self-help and build their own emotional health in order to be able to help others and maintain the necessary level of empathy [19].

The communication skills of nurses are closely related to their emotional intelligence. Nurses with developed communication skills

have a positive effect on the satisfaction of patients facing serious illnesses, improve the general well-being and influence the patient's experience. As an important component of communication, it is important to emphasize active listening, which is a prerequisite for positive interaction between two or more people. Through active listening, empathic understanding is emphasized, and interpersonal relationships are improved. It can be said that humanity is the main characteristic of health workers, and knowledge and experience are guides to work [21, 22, 23].

Assertiveness is the ability to express one's own opinion in a calm and positive way, without aggression or passive acceptance of someone else's opinion. To be assertive means to stand up for your rights, while expressing your thoughts, feelings and beliefs in an honest and appropriate way. Respect for other people's rights is an important segment of this skill, which leads to less harassment of others and yourself. Lack of assertiveness often leads to conflicts between people and such negative dialogue is considered an inappropriate way of interaction [24]. It is very important to be confident in yourself and your skills, and use self-confidence to achieve the desired result. Such approach does not entail domination because we must be aware at all times that we are part of a team. It is necessary to control body language and tone of voice, taking care to achieve a balance between passivity and aggression. It is important to listen to the other person in order to make a joint decision and achieve mutual benefit. It is important to be an active participant in the conversation and present the arguments in a clear and reasonable way [25].

Social intelligence is the ability to get along well with others that includes the ability to cooperate with each other. It also involves a certain amount of self-awareness about one's own perceptions and reactions, from which it can be concluded that it is related to emotional intelligence. Measuring social intelligence involves identifying key skills interactions, and assessing them through behavior. Social intelligence can be improved during life because it improves as you mature and gain experience in working with others. Some shortcomings in an individual's social intelligence stem from the inadequate development of the emotional segment, or vice versa, which points to the clear fact that continuous learning is needed to gain awareness and skills needed to succeed in social, business and professional situations [26].

Epidemiological research has concluded that emotional intelligence is a useful tool for all nurses, but especially nurses who are leaders of some teams because emotional intelligence contributes to the positive achievement of effective management in health care. The nature of the nursing profession itself is focused on health, promotion, disease prevention, and care for the physically and mentally ill and handicapped of all ages, [27] requiring nurses to be emotionally intelligent to respond to their diverse duties [27]. Numerous studies show that high levels of emotional intelligence are associated with a transformational model of leadership, as well as that emotionally intelligent management "drives" proactiveness, team empowerment, patient satisfaction with care, and well-being at work. Individuals have the ability to identify and experience a wide range of emotions in everyday life [28-33]. However, some of them are not able to use, understand and manage these emotions. This fact suggests that it is necessary to improve social and emotional skills. By searching and analyzing systematic reviews and meta-analyzes from three databases (Pubmed/Medline, EMBASE, Scopus) where the works were obtained in which a larger number of examinees were included, it was concluded that by implementing social and emotional learning programs nurses could acquire the knowledge, attitudes and skills necessary for understanding and managing emotions, achieving positive goals, maintaining positive relationships and making responsible decisions in work [34, 35, 36, 37].

Measuring and assessing emotional intelligence in nurses

Recently, the importance of approaching the examination of emotional intelligence in nurses as the ability, ie tests that would require resolving numerous conflicts and finding solutions, has been emphasized. In the current practice of measuring individual differences in emotional intelligence, self-assessment methods (self-assessment of one's own abilities) and methods of measuring emotional intelligence as mental abilities by performance tests are most often used.

There are numerous scales for self-assessment of one's own ability to regulate emotions and moods that were conceived from Mayer-Salovey's model. The mentioned model indicates that reflective processes, evaluation and observation of one's moods indicate that a person pays attention to own feelings, ie is aware of them, which enables him/her to understand and regulate them, and thus to evaluate them [38]. The self-assessments derived from this model are intended to measure two complex levels of emotional intelligence, understanding and reflexive regulation of emotions: the State Meta-Mood Scale (examines current regulation abilities) [39] and the Trait Meta-Mood Scale (assesses long-term regulatory styles) [40].

State Meta-Mood Scale is the first scale to assess the elements of emotional intelligence and includes five factors about understanding and experiencing one's own moods (confusion, acceptance, typicality, and variability). The State Meta-Mood Scale include meta-evaluation and meta-regulation of moods. The range of responses ranges on a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree) with a higher score indicating a better assessment of one's own moods and a greater ability to instantly regulate one's own moods. The internal consistency of the scale ranges from $\alpha = 0.75$ for the factor of mood acceptance to $\alpha = 0.80$ for the factor of influence of mood

on behavior and thinking. It can be said that the scales show a moderate association with empathy constructs and coping strategies. The authors clearly state that mood scales are measure of a condition rather than a trait, and emphasize different aspects of personality. The mood meta-regulation scale had three subscales called: correcting, maintaining, and calming the mood. The reliability of the internal consistency of the subscales ranged from $\alpha = 0.78$ for the mood maintenance factor, $\alpha = 0.79$ for the mood calming factor, to $\alpha = .87$ for the mood correction factor. Meta-regulation scales have shown a significant association with stress management scales [40]. Because the scales described above were used mainly to assess current moods, the authors constructed the Trait Meta-Mood Scale (40) that was intended to assess relatively stable individual differences. Factor analysis of 48 particles (30 particles retained in the final version) resulted in three factors: an attention subscale measuring how much attention people pay to their emotions (Cronbach alpha $\alpha = .86$), a clarity subscale measuring how clearly people understand their own moods (Cronbach alpha $\alpha = .86$) and the correction subscale measuring the severity of the need to improve mood (Cronbach alpha $\alpha = .82$) [41].

The instruments most commonly used to assess emotional-social competencies are the Bar-On Emotional Quotient Inventory (EQs) [42] and the Toronto Alexithymia Scale (TAS-20) [43]. The most famous scale for self - assessment of emotional - social competencies is Bar-On Emotional Quotient Inventory (EQs). The instrument is used to discover personal development, emotional intelligence, and emotional and social competencies. The range of responses ranges on a Likert-type scale from 1 (very rarely true for me or not true for me) to 5 (very often true for me or true for me) with a higher score indicating greater efficiency in emotional and social functioning. The higher the result, the more likely is the prediction of better functioning

in meeting everyday requirements and challenges. Bar-On publishes satisfactory data on questionnaire reliability coefficients (α = .69 to α = .86). A great advantage of the questionnaire is its high prognostic reliability for managerial positions and academic success, and it can also be used as a psychodiagnostic tool in research, diagnosis, selection and psychotherapeutic evaluations to assess emotional and social functioning [44].

The Toronto Alexithymia Scale (TAS-20) [43] consists of 20 items and is one of the most commonly used alexithymia measures. Alexithymia is defined as the inability to distinguish, name, and express emotion. The scale has three subscales: Difficulty Describing Feelings to measure difficulties in describing emotions, Difficulty Identifying Feelings to measure difficulties in recognizing emotions, and Externally-Oriented Thinking to measure the propensity of individuals to direct their concentration toward the outside environment. Claims are graded on a Likert-type scale (from 1 = strongly disagree to 5 = strongly agree). The total scale score is the sum of the responses to all 20 items, and the result for each subscale factor is the sum of the responses for that subscale. TAS-20 uses a precise score: equal to or less than 51 = not alexithymia, equal to or greater than 61 = alexithymia, and scores 52 to 60 = possible alexithymia. The scale shows good internal consistency (Cronbach's alpha = .81) [43].

The Emotional Competence Questionnaire (UEK-45) is most commonly used in Croatia [44]. UEK-45 is an abbreviated version of the UEK-136 Emotional Intelligence Questionnaire, built on the model of the author Takšić, since 1998 [45]. The questionnaire contains 45 items classified into three subscales: the ability to perceive and understand emotions (reliability of the scale from α = .82 to α = .88), the ability to express and name emotions (reliability of the scale from α = .78 to α = .81) and the ability to control emotions (reliability scale from α = .68 to α = .72). The range of an-

swers ranges on the Likert-type scale from 1 (does not apply to me at all) to 5 (fully applies to me). Emotional Competence Questionnaire scales assess emotional intelligence as a personality trait, but due to frequent complaints that intelligence can only be measured by ability tests, the author opted for the phrase "emotional competence". Here, the importance of the existence of emotional competencies in people's daily lives is emphasized, as the reason for the existence of emotional intelligence. The formation of the overall result is based on high correlations between subscales ranging from 0.35 to 0.51, and is expressed as a measure of general emotional competence (reliability from α = 0.87 to α = 0.92). The reliability of the whole Questionnaire in different samples ranges from α = 0.88 to α = 0.92 [45]. The prognostic reliability of UEK-45 was verified by correlations with the primary criteria for the construct of emotional intelligence: life satisfaction and various aspects of empathy, and one of the basic criteria of emotional intelligence is empathy. In the hierarchical regression analysis, a significant contribution of the Questionnaire scales to the explanation of the variance of life satisfaction was found; the best predictor of life satisfaction has been the emotion management scale [45].

The Emotion Regulation and Control Questionnaire (ERIK) [46] contains 20 items related to the regulation and control of negative emotions and moods. The goal is to assess the magnitude of (negative) effects of emotions and moods on thinking, memory and behavior, as well as the ability of emotional control. Factor analyses of the structure of ERIK show that there are three interpretable factors: the influence of emotions and moods on thinking (to examine the effect of emotions and moods on thinking and behavior, reliability α = 0.70), the influence of emotions and moods on memory (to measure emotional memory, reliability α = .70) and control of emotional reactions (for testing the ability of emotional control, reliability α = .60). The

range of responses ranges on the Likert-type scale from 1 (does not apply to me at all) to 5 (fully applies to me) with a higher score indicating a greater negative impact of emotions and moods on thinking and memory, and weaker regulation and control [46].

The first known test of emotional intelligence is the Multifactor Emotional Intelligence Scale (MEIS) [47], which includes 12 competency measures from the EI model located in four broad areas of ability: emotion perception, emotion assimilation, emotion comprehension and emotion management. The reliability of the scale ranges between $\alpha = 0.35$ and $\alpha = 0.94$. The worst results were for the expert criterion (the method in which the expert determines the correct answer to the EI test), and the emotion management subscale proved to be the least reliable. Constructed tests are most often used in Croatia: Emotion analysis test [48] is intended to assess the dimension of understanding and analysis of emotions for 25 problems, and the task is to find the two most accurate and two least correct solutions in each problem, so the test has a total of 100 tasks. Its reliability is satisfactory (about $\alpha = 0.80$). The emotion vocabulary test [47] is the test in which the stimulus word is emphasized and six possible answers are suggested, of which only one is correct. The final version of the test contains 102 tasks, and satisfactory reliability was obtained on different samples (from $\alpha = 0.87$ to $\alpha = 0.92$).

Disadvantages of using tests to assess emotional intelligence in nurses

The biggest methodological problem with tests of emotional intelligence in nurses is identifying the correct answer. People in everyday life often determine the correct answer based on agreement with the rest of the examinees. According to the Mayer and Salovey's model, emotional knowledge is an integral component of the social context of communication and interaction, which allows determining the correct answer on tests based on agreement with the rest of the group (the consensus method). The main problem with the consensus method is the distribution of the obtained results, which shows a high asymmetry index, since most respondents are expected to choose the correct answer to each question. Normal distribution is a prerequisite for many statistical analyzes, and is also important because of the ability to distinguish between people with average and high abilities on tests. There are five consensus methods for determining the correct answer [47], and they are called proportion (mode, "extended" mode, and distance and standardized distance). The "extended" mode method and the distance method are only suitable for Likert-type scales. At a standardized distance, the results are transformed into z - values, and then the distance between the answer and the optimal answer is calculated. Another way is for the author to determine the correct answer, which is called the target method, and then there is the expert method in which an expert determines the correct answer to the test. The problem with the target method is that the author of the test may not be able to accurately express his/hers own emotions, ie he/she can only express positive or prosocial emotions, and with the expert method, there are no clearly defined criteria for determining who is the expert in emotional intelligence. It is interesting that different ways of scoring on the emotional intelligence test can give different results because there are many ways in which emotions can be experienced and interpreted, and such a way of scoring the test provides useful information about how a person reacted in comparison to how most people reacted to the situation [49, 50].

It is evident that the mentioned instruments used to assess emotional intelligence in nurses are in the form of a self-assessment scale, which can lead to distorted answers, the impossibility of timely assessment of how

nurses behave in accordance with their beliefs about the level of their emotional intelligence ability, as well as not acceptance of conceptual answering by self-assessment because such answers are not acceptable for the assessment of mental ability.

Conclusion

Emotional intelligence encompasses various abilities, general and generic competencies that are necessary for quality nursing practice. Emotional intelligence provides numerous benefits not only to patients, but also to nurses, because emotionally competent nurses deal with their own emotions better, which leads to better work, and rarely leads to chronic fatigue and burnout at work. Whether emotional intelligence is part of mental abilities or seen as a way of behaving for adequate social behavior and emotion management, emotional intelligence is seen as a mandatory part of a common construct, which clearly indicates the need to continue developing of numerous theories and to associate them with contemporary theories of emotional personality development. Given the importance of nurses' emotional intelligence, its development should be a priority for every nurse.

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Značajnost i procjena emocionalne inteligencije medicinskih sestara

Nina Stoičević, Tamara Milosavljević, Jelena Pavlović

Univerzitet Istočno Sarajevo, Medicinski fakultet Foča, Republika Srpska, Bosna i Hercegovina

Emocionalna inteligencija i zdravstvena njega usko su povezane. Empatija, kao dio emocionalne inteligencije, čini jedan od vrlo važnih segmenata emocionalne inteligencije. Sestrinska profesija posjeduje brojne opšte, ali i generičke kompetencije što zahtijeva ne samo tehničko znanje već i psihološku podršku u svakodnevnom radu. Cilj ovog preglednog rada je da se na osnovu novijih podataka iz literature ukaže na značajnost procjene emocionalne inteligencije medicinskih sestara. Brojni su izazovi i različite patnje kojima su izloženi brojni zdravstveni radnici, posebno medicinske sestre, što jasno ukazuje na potrebnu činjenicu, tj. potreban visok stepen emocionalnih vještina i kompetentnosti, jer što je posao složeniji, to je emocionalna inteligencija važnija. Visoka samosvijest, samokontrola, sposobnost nošenja s osjećajima, samo su neke od kompetencija koje bi medicinske sestre/tehničari trebalo da imaju. Sve te navedene osobine su važni faktori emocionalne inteligencije i osnovni preduslov za pružanje empatije. Brojni su testovi i instrumenti koji se koriste za procjenu emocionalne inteligencije.

Ključne riječi: medicinske sestre, emocionalna inteligencija, procjena, empatija, komunikacija