



A STUDY TO ASSESS EMOTIONAL INTELLIGENCE AMONG NURSING OFFICERS WORKING IN THE SELECTED GOVERNMENT HOSPITAL OF DADRA AND NAGAR HAVELI

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ABSTRACT:

Background: Nursing is one of the health care professions which is focused on the care of not only the individuals but their families and communities also, which brings lots of stress and creates emotional instability. Emotional Intelligence is one of the most important soft skills nurses should be equipped with. Nurses with higher emotional intelligence can effectively recognize frustration and stress related emotions and hence control them in order to reduce stress. And all this can lead to healthy working environment and quality patient care. **Aim:** Aim of the study was to assess the emotional intelligence among nursing officers.

Methodology: A descriptive study was done on 90 samples using Schutte Self-Report Emotional Intelligence Test scale. The result was analysed by using descriptive and inferential statistics on the basis of objectives of the study. **Result:** The findings of the study were that majority 66 (73.33%) had average level of emotional intelligence and there was significant association of level of emotional intelligence with the duration of work in government hospital and type of family. **Conclusion:** Hence, it can be concluded that majority of the nursing officers had average level of emotional intelligence and there is a need to improve emotional intelligence of nursing officers.

Index Terms - Emotional Intelligence, Nursing officers, Schutte Self-Report Emotional Intelligence Test Scale (SSEIT)

I. INTRODUCTION

Nurse's job is mentally demanding. Each day can bring a range of powerful emotions including joy, surprise, sadness and frustration¹. Nursing professionals are the group most prone to stress in their work, with the negative consequences that this entails for their health. Among the main causes of stress among nurses are contact with suffering and death, conflicts with peers, lack of preparedness to deal with the emotional needs of patients and their families, uncertainty about the effectiveness of treatment, tiredness and fatigue, fear of incurring negligence or inability, and night work.^{2,3,4}

Tough situations are all in a day's work for a nurse, but to effectively manage the needs of colleagues, patients and their family members, remaining calm when faced with upsetting experiences is essential.¹ An individual skill that would help to better understand why certain subjects are more susceptible to the negative consequences of stress than others is Emotional Intelligence.⁵

Emotional Intelligence itself was first defined in the early 1990s by Salvoy and Meyers as, "a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them, and to use this information to guide one's thinking and actions.⁶ In simpler terms, emotional intelligence might be defined as the set of skills people use to read, understand, and react effectively to emotional signals sent by others and oneself. These are skills such as empathy, problem-solving, optimism, and self-awareness which allow people to reflect, react to, and understand various environmental situations.⁷

Emotions play an important role in the nursing profession which requires technical expertise and psychologically oriented care, knowledge about the self and emotions in nursing would be crucial to further development and growth of the profession. The ability to manage one's own emotions and recognize others people's is especially useful in the practice of nursing. An emotional intelligent nurse is a person who can work in harmony with his/her thoughts and feelings. Emotional intelligence is considered to play a significant role in the work environment. It is a basic requirement in any profession that is based on human relations especially in nursing.⁸

Developing emotional intelligent among the staff can solve many problems in health, education and management. There is a growing body of evidence regarding the emotional aspects of work in an organization. Although, the concept of emotional intelligence has been used by the administrative authorities in many workplaces to explain issues related to the job satisfaction, performance, absenteeism, organizational commitment and leadership. It is supported as a vital element in excellent job performance profiles, in employee behaviour and organizational practices leading to an outstanding climate for services delivery and in employee concern for quality and ability to deal with workplace conflict.⁹

Emotional intelligence allows nurses to develop therapeutic relationships to deal with patients and their families and to better manage stress.^{10,11} Evidence also supports that nurses with high emotional intelligence had positive associations with nursing work performance,^{12,13,14} improved communication and interpersonal relationships, and organizational outcomes related to patient safety.¹⁵

Need of the study

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 emotional intelligence. In addition, emotional intelligence is proclaimed as a powerful determinant in decision making skills.¹⁶ Higher emotional intelligence is associated with personal wellbeing and stress management, higher academic performance, stronger nursing leadership and practice performance, and greater patient safety.¹⁷

According to the 2017 Global Health Observatory nurses and midwives account for nearly 50% of the health workforce. Of the 43.5 million health workers in the world, it is estimated that 20.7 million are nurses and midwives, yet 50% of WHO Member States report to have less than 3 nursing and midwifery personnel per 1000 population (about 25% report to have less than 1 per 1000).¹⁸

According to Union Health Ministry data there are just 1.7 nurses per 1,000 people in India. That's far less than the WHO's prescribed minimum of 3.¹⁹

According to National Quality Assurance Standards for Public Health Facilities (2020) the facility should have adequate qualified and trained staff required for providing the assured services to current case load. The facility should have adequate nursing staff as per service provision and work load. The facility should provide safe, secure and comfortable environment to staff, patients and visitors.²⁰

During clinical posting, researcher found out that different units in the hospital have different factors which affects the emotional stability of the nurses. The common stressors which leads to burnout and ultimately creating emotional tension and exhaustion are physical demands, management issues, personnel shortage, changing shift, unpaid overtime, unfavourable relationship with co-workers, supervisor and patients, lack of resources, work load, time pressure, exposure to infectious diseases, role confusion, pressure for quality care, working environment, difficulty balancing home and work responsibilities and many more.

All the above factors leads to emotional instability, job dissatisfaction, increased turnover, decreased morale, fatigue and feels emotionally exhausted. Having a good emotional intelligence level can help to cope up with all this factors. There are very few studies done on the emotional intelligence among nursing officers from India and no any study is conducted in the state. So the researcher found it relevant to take up this study in order to assess the emotional intelligence among nurses in selected hospital of Dadra and Nagar Haveli

OBJECTIVES OF THE STUDY

The objectives of the study were to:

- assess level of emotional intelligence among nursing officers.
- find the association between level of emotional intelligence among nursing officers and selected socio-demographic variables.
- develop and provide information booklet on emotional intelligence

CONCEPTUAL FRAMEWORK

The Theory of Goal Attainment was developed by Imogene King in the early 1960s. According to King, there are three interacting systems in the Theory of Goal Attainment. They are: the personal system, the interpersonal system and the social system. The model focuses on the attainment of certain life goals. In the present study to assess level of Emotional Intelligence of Nursing Officers and develop and provide information booklet on emotional intelligence is the goal.

II. METHODOLOGY

Research approach

Quantitative research approach was used to assess the emotional intelligence among nursing officers working in Shri Vinoba Bhave Civil Hospital, Silvassa.

Research design

Descriptive research design was selected to assess the emotional intelligence among nursing officers of Shri Vinoba Civil Hospital, Silvassa.

Variables

Dependent variables:

In this study to assess the emotional intelligence among Nursing Officers working in Shri Vinoba Civil Hospital, emotional intelligence was dependent variable.

Extraneous variables.

In this study following were the extraneous variables: Age, Sex, Marital Status, Professional Qualification, Total years of experience, Monthly income, Duration of work in government hospital DNH, Department of work, type of family and Religion.

Setting of the study

The setting of the present study was **Shri Vinoba Bhave Civil Hospital, Silvassa**, Dadra and Nagar Haveli.

Population

In the present study population refers to all the Nursing officers working in the Dadra and Nagar Haveli.

Target population

In the present study target population refers to all the Nursing Officers working in selected government hospital of Dadra and Nagar Haveli.

Accessible population

Accessible population refers to all Nursing officers working in Shri Vinoba Bhave Civil Hospital, Silvassa, DNH.

Sample and sampling technique

Sample

In this study sample consisted of Nursing Officers working in selected government hospital of Dadra and Nagar Haveli, and who met the inclusion criteria.

Sample size:

In present study sample consist of 90 Nursing Officers working in Shri Vinoba Bhave Civil Hospital, Silvassa, Dadra & Nagar Haveli.

Sampling technique:

In the present study probability sampling technique i.e. Simple random sampling technique was used.

Sampling criteria:

The samples in the present study were selected on the basis of the inclusion and exclusion criteria.

Inclusion criteria:

- Nursing officer who were working in Shri Vinoba Bhave Civil Hospital, Silvassa, Dadra & Nagar Haveli.
- Nursing Officer who were present in the hospital during data collection.
- Nursing Officer who were willing to participate in the research.

Exclusion criteria:

- Nursing Officer who had already attended Emotional intelligence training program
- Nursing Officer undergoing any counselling program.

Ethical consideration

Ethical clearance was obtained from the Institutional Ethical Committee of Shri Vinoba Bhave Civil Hospital, Silvassa, DNH, Administrative permission was taken from Director, Medical and Health Services, Dadra & Nagar Haveli and informed written consent was taken from research participants.

Description of the tool:

A self-report schedule was prepared to assess emotional intelligence among Nursing Officers.

The tool had following sections to collect data:

- Section I: Demographic Data
- Section II: Schutte Self-Report Emotional Intelligence Test (SSEIT)

Section I: Socio-Demographic Data

It consisted of selected demographic variables like age, sex, marital status, professional qualification, total years of experience, monthly income, duration of work in government hospital DNH, department of work, type of family and religion.

Section II: Schutte Self-Report Emotional Intelligence Test (SSEIT)

The Schutte Self-Report Emotional Intelligence Test (SSEIT) is a standardized likert type self-report tool developed by Schutte et al was used to assess the emotional intelligence. SSEIT contains 33 items questionnaire with each item being rated on a 5-point rating scale. The Schutte Self-Report Emotional Intelligence Test assesses emotional intelligence under perception of emotions, managing own emotions, managing others emotions, utilization of emotions

Scoring of the tool:

SSEIT utilized 5- point rating scale ranging from 1 (strongly disagree), 2 (somewhat disagree), 3 (neither agree nor disagree), 4 (somewhat agree) and 5 (strongly agree). Out of total 33 items in the tool 3 are negative and 30 are positive items. For negative items the score gets reversed. The minimum score for the emotional intelligence was 33 and maximum possible scores was 165 and it is interpreted as follow:

Level of Emotional intelligence	Score	Score percentage
Low level	< 111	66.67%
Average level	111-137	16.36%
High level	> 137	16.96%
Total	165	

Pretesting and reliability of the tool

Pre testing of the tool was done by administrating the Gujarati and English tool to 10 Nursing officers working in Shri Vinoba Bhave Civil Hospital, Silvassa, DNH which were excluded from main study.

Reliability was established by test retest method. Scores of the tool administered at two different occasions were calculated by using Pearson's correlation coefficient formula. The reliability coefficient was 0.91 which means the tool was highly reliable.

Pilot study

The Pilot study was conducted in Shri Vinod Bhave Civil Hospital, Silvassa on 10% of the sample size same as the final study.

Plan for data analysis

The data was analysed based on the objectives of the study by using descriptive and inferential statistics.

III RESULTS:

The analysis and interpretation for the present study were done according to the objectives of the study.

The study findings are organized under following headings:

Section 1: Description of sample characteristics

Section 2: Description of Nursing Officers' level of emotional intelligence.

Section 3: Association between Nursing Officers'level of emotional intelligence with selected demographic variable

SECTION 1 SAMPLE CHARACTERISTICS

Majority of samples 54 (60%) were between 20- 30 years age group, followed by 33 (36.67%) between 31- 40 years and 3 (3.33%) were 41- 50 years of age. According to sex all 90 (100%) nursing officers were female. Based on the Marital Status majority 71 (78.89%) nursing officers were married and 19 (21.11%) were unmarried. According to professional qualification majority 80 (88.89%) were G.N.M, 9 (10%) were Basic BSc Nursing/ P.B.B.Sc. (N) and 1 (1.11%) nursing officer was M.Sc. (N). With regard to total years of experience 34 (37.78%) had 1 to 5 years of total years of experience, 32 (35.56%) had 6 to 10 years of total years of experience, 20 (22.22%) had 11to 15 years of total years of experience, 4 (4.44%) had more than 15 years of total years of experience and none of nursing officer was fresher. Based on monthly income majority 49(54.4%) nursing officer had ₹ 20,000/- to 30,000/-, 19 (21.1 %) had ₹ 30,001/- to 40,000/-, 19 (21.1%) had more than ₹ 50,000/- monthly income and 3 (3.3%) of had ₹ 40,001/- to 50,000/-. It was observed that 34 (37.78%) had 1 to 5 years of duration of work in government hospital,

32(35.56 %) had 6 to 10 years of duration of work, 22 (24.4%) had 11 to 15 years of duration of work, 1 (1.1%) of nursing officer was fresher and had 1 (1.1%) had more 15 years of duration of work. Out of 90 samples 35(38.89%) worked in Intensive Care Unit, 16(17.78%) in Inpatient Department, 12 (13.33%) in antenatal, postnatal and gynaecology ward, 9(10%) in Casualty and emergency, 6(6.67%) in Operation Theatre, special ward and labour room respectively. According to type of family majority 47(52.22%) belong to joint family and 43(47.78%) belong to nuclear family. With regard to religion majority 71 (78.89%) were Hindu, 19 (21.1 %) were Christian and none belong to Muslim and any other religion.

SECTION 2

Objective 1: Assess level of emotional intelligence among nursing officers

Description of nursing officers' level of emotional intelligence.

N=90

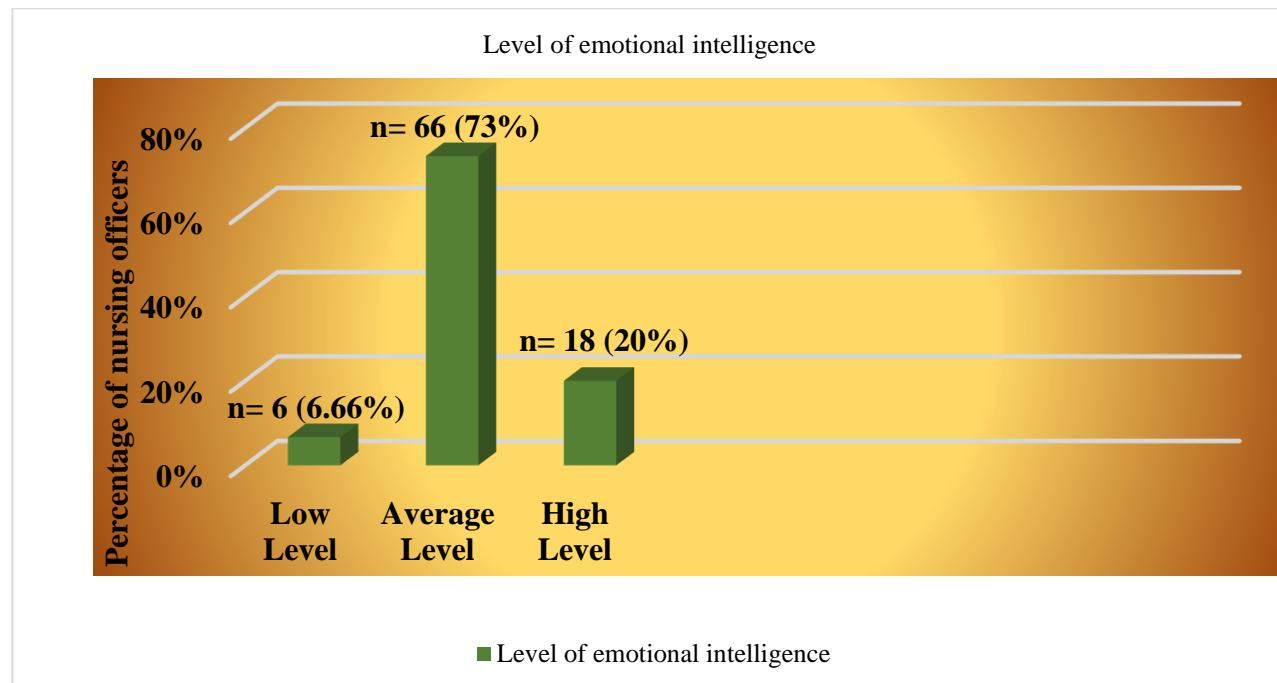


Fig 2.1 Frequency and Percentage distribution of level of emotional intelligence among Nursing Officers

Above figure depicts that the level of emotional intelligence among nursing officers. Majority 66 (73.33%) had average level of emotional intelligence, followed by 18 (20 %) high level and 6 (6.66%) low level. Therefore, it can be concluded that majority of nursing officers had average level of emotional intelligence.

Table 2.1 Mean and Mean Percentage distribution of level of emotional intelligence as per emotional intelligence areas among nursing officers according to emotional intelligence score.

N = 90

Areas of emotional Intelligence	No. of Items	Min. Score	Max. Score	Mean	Mean %	Area wise priority
Perception of emotions	10	10	50	35.94	71.88%	1
Managing own emotions	9	9	45	36.3	80.6%	4
Managing others emotions	8	8	40	31.98	79.95%	3
Utilization of emotions	6	6	30	23.86	79.55	2

Above table shows that the highest mean emotional intelligence and mean percentage was found in the managing own emotions 36.3 (80.6%), followed by managing others emotions 31.98 (79.95%), utilization of emotions area 23.86 (79.55%) and perception of emotions 35.94 (71.88%). Therefore, it can be concluded that emotional intelligence levels were the highest in managing own emotions area.

SECTION 3

Objective 2: Find the association between level of emotional intelligence among nursing officers with selected demographic variables

Table 3.1 Association between Nursing Officers' level of emotional intelligence with selected demographic variable

Demographic Variables	Characteristics	Emotional Intelligence level (f)			χ^2 Value	Critical Value	df	p-value
		Low	Average	High				
Age	20 -30	4	38	12	4.90	9.49	4	0.29 7 ^{NS}
	31 – 40	1	26	6				
	41 – 50	1	2	0				
Marital Status	Married	6	51	14	1.722	5.99	2	0.42 2 ^{NS}
	Unmarried	0	15	4				
Professional Qualification	General Nursing and Midwifery	5	58	17	1.188	9.49	4	0.87 9 ^{NS}
	Basic B.Sc. Nursing/	1	8	1				

	P.B.B.Sc. (N)							
	M.Sc. Nursing	0	1	0				
Total years of experience	1-5	1	25	8	6.203	12.59	6	0.40 07 ^{NS}
	6- 10	3	21	8				
	11- 15	1	17	2				
	>15	1	3	0				
Monthly income (in Rupees)	20,000 – 30,000	3	34	12	8.208	12.59	6	0.22 3 ^{NS}
	30,001 – 40,000	1	12	6				
	40,001 – 50,000	0	3	0				
	> 50,000	2	17	0				
Duration of work in government hospital DNH	Less than 1 year	0	1	0	19.98	15.51	8	0.01 03*
	1 to 5	1	24	9				
	6 to 10	4	22	6				
	11 to 15	0	19	3				
	> 15	1	0	0				
Department of work.	Inpatient department	1	9	6	7.884	21.03	12	0.79 4 ^{NS}
	Intensive Care Unit	3	25	7				
	Operation Theatre	0	5	1				
	Casualty and emergency	1	6	2				
	Special ward	0	6	0				
	Labour Room	0	5	1				
	Antenatal, Postnatal and	1	10	1				

	Gynaecology ward							
Type of family	Nuclear	4	37	2	12.37	5.99	2	0.00 205*
	Joint	2	29	16				
Religion	Hindu	5	50	16	1.540 5	5.99	2	0.46 28 ^{NS}
	Christian	1	16	2				

There was a significant association between duration of work in government hospital DNH and type of family with the level of emotional intelligence among nursing officers working in Shri Vinoba Bhave Civil Hospital, Silvassa, D.N.H at 0.05 level of significance. Other data has no significant association with emotional intelligence level.

IV DISCUSSION

The primary aim of the present study was to assess the emotional intelligence among Nursing Officers working in selected Government Hospital of Dadra and Nagar Haveli. The study findings have been discussed with reference to objectives and hypotheses in the light of other studies.

Objective 1: Assess level of emotional intelligence among nursing officers:

The findings of the present study revealed that majority 66 (73.33%) had average level of emotional intelligence, followed by 18 (20 %) high level and 6 (6.66%) low level.

The findings of the study were supported by the study conducted by Ahwal S and Daniel S. The study findings showed that the mean emotional intelligence score of private hospital staff nurses was higher than mean score of government hospital staff nurses and also revealed that in private hospital majority of staff nurses had average emotional intelligence 23 (46%), followed by 18 (36%) had high emotional intelligence and 9 (18%) low emotional intelligence.⁶⁵

Objective 2: Find the association between level of emotional intelligence among nursing officers with selected demographic variables

There was a significant association between duration of work in government hospital and type of family with the level of emotional intelligence among nursing officers at 0.05 level of significance. Other demographic variables had no significant association with emotional intelligence level.

Similar findings were examined in the study conducted by Tomar R. Finding showed that length of service of the nurses has found an influencing factor of emotional intelligence but type of family was not significant.⁷⁷

The findings were also supported by a study conducted by Hijam R. D. and Jasmine A. R. to assess the emotional intelligence among staff nurses. The findings of the study were that there was significant association between emotional intelligence and socio- demographic variables of type of family and also age, marital status, professional qualification, co- worker relationship but there was no association between emotional intelligence and duration of work.⁴⁹

But the similar study done by Srinivasan K and Dr. Umesh AS on emotional intelligence of staff nurses concluded that there is significant relationship between emotional intelligence with regard to age, years

of experience and marital status of the respondents. The result also declares no significant association between monthly income, sex, and type of family.⁶⁷

V CONCLUSION

Therefore, it can be concluded that majority of nursing officers had average level of emotional intelligence and there was a significant association between duration of work in government hospital DNH and type of family with the level of emotional intelligence among nursing officers. There is need to provide information regarding emotional intelligence and mainly need to focus on perception of emotions area, followed by utilization of emotions area, managing others emotions and lastly managing own emotions.

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