

Emotional Intelligence among the Health Care Providers Working in a Tertiary Level Hospital

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Abstract

Emotional intelligence (EI) is the ability to be aware of and control one's emotions and empathize with others. EI is essential for the well-being of a health care provider and their professional practice. A health care provider's empathy is important in building a strong relationship with the patient which results in enhanced positive service outcomes. Emotional intelligence competence can be acquired through training and implementation in our own life. As every person is unique, he or she needs to learn concepts that will be suitable for him or her. The objective of the study is to assess the emotional intelligence among health care providers working in a tertiary level hospital and also to understand the association of emotional intelligence with demographic variables of work experience and age of health care providers working in a tertiary level hospital. A descriptive cross-sectional research design was conducted in the Tertiary Level Hospital of Kathmandu District, Nepal to assess the emotional intelligence among health care providers. Through convenience non-probability sampling technique 100 health care providers were selected and to assess the status of emotional intelligence Standard Self-Report Emotional Intelligence Test (SSEIT) was used. Results of the study revealed that the highest forty per cent of the respondents have a low level of emotional intelligence and only thirty-two per cent of respondents have a high level of emotional intelligence. Lower in the level of EI among the health workers may be due to the lack of awareness on EI There was also significant association between the level of emotional intelligence with the respondent's age ($p= 0.003$). which shows with the increasing age, individuals have different working exposures that improve in their maturity, which may support increasing the level of EI, and there is no significant association with respondent's working experience.

Key words: Emotional intelligence, stress, compassion, fatigue, interference, intervention.

Introduction

Emotional intelligence is the competency of health care providers working in a tertiary level hospital which helps to understand and regulate emotions of self as well as others (Goleman, 2001). There is a significant relationship between emotional intelligence,

happiness and mental health in addition to making a contribution to achievement in maximum endeavours (Sasanpour, Khodabakhshi, & Nooryan, 2012). It additionally performs an essential element in forming successful human relationships, establishing a therapeutic nurse-patient relationship (McQueen, 2004). Emotional intelligence and patient-centred care increasing stress as a part of health care policy and practice (Birks & Watt, 2007). It may be taught, learned, and modified in medical care packages for better patient-doctor relationships (Basem Abbas Al, 2018).

Materials

There is a significant positive correlation between emotional intelligence and subjective well-being (Rema & Gupta, 2021; Sánchez-Álvarez, Extremera, & Fernández-Berrocal, 2016). There is an association of higher emotional intelligence with a positive mood and higher self-esteem (NS Schutte, JM Malouff & Hollander, 2002). Nurses with higher EI will contribute to a more productive and harmonious work environment. There is a significant positive relationship between job performance and emotional intelligence (Li et al., 2021; Patrianus Khristian Smule, 2012). It did not differ significantly from clinical nursing experience and was positively significant with age (Intelligence, 2018). Four common paradigms; self-awareness, self-management, social awareness and relationship management are the main ingredients for increasing the well-being of health care providers. It helps to increase the quality and positive outcomes of personal and professional life (Raghubir, 2018). Intervention, in order to increase emotional intelligence, can be powerful in improving empathetic communication, clinical performance, the relationship between patient and health care providers, and improve clinical outcomes.

Objectives

To identify the level of Emotional Intelligence among health care providers.

To identify the association between emotional intelligence with selected socio-demographic variables of age.

To identify the association between emotional intelligence and working experiences.

Research Methods

A descriptive cross-sectional research design was adopted to conduct the study in the Tertiary Level Hospital of Kathmandu District, Nepal to assess the emotional intelligence among health care providers. The study includes convenience non-probability sampling techniques and 100 healthcare providers were included in the study. The dependent variable was emotional intelligence and independent variables were health background, age, gender, years of experience and training on EI. A Standard Self-Report Emotional Intelligence Test (SSEIT) was used to collect data. It comprises a self-report on a 5-point Likert scale: 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- Strongly agree. It is a

33-items Likert scale. It is a valid tool with internal consistency (Cronbach's alpha= 0.90) (Schutte et. al., 1998). For analyzing the study data, Statistical Package of Social Sciences (SPSS), descriptive statistics analysis (Frequency and Percentage) and Pearson Chi-Square test and Fisher's Exact Test was used to measuring the association between level of emotional intelligence with selected variables.

Results

Table no.: 1

Socio-demographic variables of respondents

n=100

Variables	Frequency	Percentage (%)
Healthcare Provider		
Nursing	60	60.0
Others Paramedical (Lab, Radiographer, HA & Pharmacy)	40	40.0
Age		
18-27 years	9	9.0
28-37 years	69	69.0
38 years and above	22	22.0
Gender		
Male	21	21.0
Female	79	79.0
Year of working experience		
1-5 years	77	77.0
6-10 years	14	14.0
11-15 years	7	7.0
16 years and above	2	2.0
Emotional Intelligence Training Status		
No (not take any training on EI by the respondents)	100	100.0

Table no. 1 displays information about socio-demographic variables of the respondents and it revealed that the majority (60%) of the respondents were nurses and (40%) were paramedical staffs (i.e. Lab technologist, Radiographer, Health Assistant and Pharmacy). The majority (69%) of the respondents were from 28 to 37 years of age whereas 22% of respondents were 38 years and above and 9% respondents were from 18- 27 year group. The majority (79%) of the respondents were female whereas the remaining (21%) of the respondents were male. The majority (77%) of the respondents had 1-5 years of work experience whereas a few (14%) of the respondents had 6-10 years of work experience and only (2%) of respondents had work experience of 16 years and above.. All the respondents

who were included in the study had not taken any training related to emotional intelligence.

Table no.: 2

Level of Emotional Intelligence

n=100

Level of Emotional Intelligence	Frequency	Percentage (%)
Low	40	40.0
Average	28	28.0
High	32	32.0

Table no. 2 shows the level of emotional intelligence and revealed that the highest number (40%) of respondents has a low level of emotional intelligence whereas 32% of respondents have a high level of emotional intelligence and whereas the rest (28%) has an average level of emotional intelligence.

Table no.: 3

Association between Emotional Intelligence and Age

n=100

Level of EI	Age			Total	P value
	18-27	28-37	38 and Above		
Low	5 (12.5%)	20 (50%)	15 (37%)	40 (100%)	0.003
Average	2 (7.1%)	25 (89.3%)	1 (18.8%)	28 (100%)	
High	2 (6.2%)	24(75%)	6 (18.8%)	32 (100%)	
Total	9 (9%)	69 (69%)	22(22%)	100 (100%)	

Table no.: 3 demonstrates the outcome of Chi-square and Fisher's exact test analysis carried out to find out the association between level of emotional intelligence and selected Socio-demographic variables which revealed that there is a significant association between level of emotional intelligence with respondent's age (p= 0.003).

Table no.:4

Association between Emotional Intelligence and working experiences

n=100

Level of EI	Health care provider		Total	P value
	Nursing	Others (Lab, Rad. &HA)		
Low EI	21 (52.5%)	19(47.5%)	40 (100%)	0.501
Average EI	18 (64.3%)	10 (35.7%)	28 (100%)	
High EI	21 (65.3%)	11(34.4%)	32 (100%)	
Total	60 (60%)	40 (40%)	100 (100%)	

Table no.: 4 demonstrates the outcome of Chi-square and Fisher's exact test analysis being carried out to find out the association between level of emotional intelligence and working experience which revealed that there is no significant association between level of emotional intelligence with respondent's working experience (p= 0.247).

Table no.:5

Association between Emotional Intelligence and Health care provider

n=100

Level of EI	Working Experience				Total	P-value
	1-5 yrs	6-10 yrs	11-15 yrs	16 yrs and above		
Low EI	31 (77.5%)	7 (17.5 %)	2(5%)	0	(100%)	0.247
Average EI	25 (89.3%)	2 (7.1%)	1(3.6%)	0	(100%)	
High EI	21 (65.6%)	5 (15.6%)	4(12.5%)	2 (6.2%)	(100%)	
Total	77 (77%)	14(14%)	7 (7%)	2 (2%)	100 (100%)	

Table no.: 5 demonstrates the outcome of Chi-square and Fisher's exact test analysis being carried out to find out the association between level of emotional intelligence and health care provider which revealed that there is no significant association between level of emotional intelligence and Health care provider(p= 0.501).

Conclusions

Emotional intelligence is fundamental to health workers practices. Concepts EI are central to nursing practices and affect critical thinking, decision making, quality of patient care and patient outcome (Bulmer, Profetto-mcgrath, & Cummings, 2009). In addition, people with a higher level of emotional intelligence are found more successful as compared to those who were low at the emotional intelligence scale (Transactions, Sciences, & Volume, 2013). Based on the finding the study concluded that forty per cent have a low level of emotional intelligence and only thirty-two per cent of respondents had a high level of emotional intelligence. Having low level of EI among the health workers may be due to the lack of awareness on EI. The study also shows a significant association between the level of emotional intelligence with respondent's age (p= 0.003). Various studies also support the significant relationship between age and emotional intelligence (Chapman & Jr, 2006; Date, 2020; Sliter, Chen, & Withrow, 2013; Well-being, 2017). With the increasing age, individuals have different working exposures that improve in their maturity, which may support to increase their level of EI. Emotional intelligence contributes in the better performance of the staff, hence makes the workplace environment better. So, it is urgent and necessary to orient and train the health workers in the EI which will ultimately support the well-being of healthcare service providers and also the wellbeing of patients.

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ემოციური ინტელექტუალური ჩარევის მნიშვნელობა მედიცინის ფაკულტეტის სტუდენტებში

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აბსტრაქტი

ემოციური ინტელექტი (EI) არის უნარი აცნობიერებდე და აკონტროლებდე საკუთარ ემოციებს და უთანაგრძნო სხვებს. ემოციური ინტელექტი აუცილებელია ჯანდაცვის სფეროს წარმომადგენლების კეთილდღეობისთვის და მათი პროფესიული პრაქტიკისთვის. ჯანდაცვის მუშაკის თანაგრძნობა მნიშვნელოვანია პაციენტთან ძლიერი ურთიერთობის დასამყარებლად, რაც იწვევს მომსახურების გაძლიერებულ პოზიტიურ შედეგებს. ემოციური ინტელექტის კომპეტენცია შეიძლება შექმნილი იყოს ტრენინგის და მისი ჩვენს ცხოვრებაში დანერგვის გზით. ვინაიდან თითოეული ადამიანი უნიკალურია, მან უნდა ისწავლოს ცნებები, რომლებიც მისთვის შესაფერისი იქნება. კვლევის მიზანია შეაფასოს ემოციური ინტელექტი მესამე დონის საავადმყოფოში მომუშავე ჯანდაცვის პროვაიდერებს შორის და ასევე გაიგოს ემოციური ინტელექტის კავშირი სამუშაო გამოცდილების დემოგრაფიულ ცვლადებთან და მესამე დონის საავადმყოფოში მომუშავე ჯანდაცვის პროვაიდერების ასაკთან. ჯვარედინი კვლევის დიზაინი ჩატარდა ნეპალში, კატმანდუს ოლქის მესამე დონის საავადმყოფოში, ჯანდაცვის პროვაიდერებს შორის ემოციური ინტელექტის შესაფასებლად. მოხერხებული არაალბათური შერჩევის ხერხით შეირჩა 100 ჯანდაცვის პროვაიდერი და ემოციური ინტელექტის სტატუსის შესაფასებლად გამოყენებული იქნა ემოციური ინტელექტის სტანდარტული თვითშეფასების ტესტი (SSEIT). კვლევის შედეგებმა აჩვენა, რომ რესპონდენტთა 40%-ს აქვს დაბალი ემოციური ინტელექტი, ხოლო გამოკითხულთა მხოლოდ 32%-ს აქვს ემოციური ინტელექტის მაღალი დონე. ჯანდაცვის მუშაკებს შორის ემოციური ინტელექტის დაბალი დონე შეიძლება გამოწვეული იყოს მის შესახებ ინფორმირებულობის ნაკლებობით. ასევე იყო მნიშვნელოვანი კავშირი ემოციური ინტელექტის დონესა და რესპონდენტის ასაკს შორის ($p= 0.003$). რაც გვიჩვენებს ასაკის მატებასთან ერთად, ინდივიდებს აქვთ სხვადასხვა სამუშაო გამოცდილებები, რაც აუმჯობესებს მათ სიმწიფეს, რამაც შეიძლება ხელი შეუწყოს ემოციური ინტელექტის დონის ამაღლებას და არ არის მნიშვნელოვანი კავშირი რესპონდენტის სამუშაო გამოცდილებასთან.

საკვანძო სიტყვები: ემოციური ინტელექტი, სტრესი, თანაგრძნობა, დადლილობა, ინტერვენცია.

Эмоциональный интеллект медицинских работников, работающих в больнице третичного уровня

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Абстракт

Эмоциональный интеллект (ЭИ) - это способность осознавать и контролировать свои эмоции и сопереживать другим. EI имеет важное значение для благополучия врача и его профессиональной деятельности. Сочувствие медицинского работника важно для построения прочных отношений с пациентом, что приводит к улучшению положительных результатов обслуживания. Компетентность в области эмоционального интеллекта может быть приобретена путем обучения и применения в нашей собственной жизни. Поскольку каждый человек уникален, ему или ей необходимо изучить концепции, которые будут ему подходить. Целью исследования является оценка эмоционального интеллекта среди медицинских работников, работающих в больнице третичного уровня, а также понимание связи эмоционального интеллекта с демографическими переменными опыта работы и возрастом медицинских работников, работающих в больнице третичного уровня. Описательный кросс-секционный план исследования был проведен в больнице третичного уровня округа Катманду, Непал, для оценки эмоционального интеллекта среди медицинских работников. Благодаря удобному методу не вероятностной выборки было отобрано 100 поставщиков медицинских услуг, и для оценки состояния эмоционального интеллекта был использован стандартный тест эмоционального интеллекта с самоотчетом (SSEIT). Результаты исследования показали, что самые высокие сорок процентов респондентов обладают низким уровнем эмоционального интеллекта и только 32 процента респондентов обладают высоким уровнем эмоционального интеллекта. Более низкий уровень EI среди медицинских работников может быть связан с недостаточной осведомленностью об EI. Также была значимая связь между уровнем эмоционального интеллекта и возрастом респондента ($p = 0,003$), который показывает, что с возрастом люди имеют различные рабочие воздействия, которые улучшаются по мере их зрелости, что может способствовать повышению уровня EI, и нет существенной связи с опытом работы респондента.

Ключевые слова: эмоциональный интеллект, стресс, сострадание, усталость, вмешательство.