Perceived level of emotional intelligence among nurses in a Nigerian tertiary hospital

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Abstract

Emotional intelligence has been identified as an important ability that every nurse should possess. Emotional intelligence enhances patient safety and the quality of care provided to them by nurses. Therefore, it is important to conduct research studies to assess the level of emotional intelligence of nurses. The aim of this study is to determine the perceived level of emotional intelligence among nurses in a tertiary health institution in Nigeria.

A descriptive cross-sectional survey was conducted at the University of Ilorin Teaching Hospital where 106 nurses participated. Majority of the participants were female (n=91, 85.8), Christians (n=62, 58.5%) and mainly BNSc. graduates (n=45, 42.5%). Majority of the participants had a high level of emotional intelligence (n=71, 67%). Nurses scored higher in the self-motivation, empathy and social skills dimension than the other dimensions. Training on emotional intelligence should be organized for nurses and other health professionals. Emotional intelligence tests should be carried out in hospitals, prior to employing nurses.

Keywords: Emotional intelligence, nurses, healthcare

Introduction

Nurses often experience a lot of stress due to the working conditions in hospitals such as poor staffing levels, unavailability of necessary equipment and materials and deaths of patients (Landa, López-Zafra, Martos, & del Carmen Aguilar-Luzon, 2008). Several studies have demonstrated that nurses in various specialties and student nurses experience stress in their work which affects them physically and mentally (Bam, Oppong, & Ibitoye, 2015; Chegini, Asghari Jafarabadi, & Kakemam, 2019; Guo, Ni, Liu, Li, & Liu, 2019; Kokoroko & Sanda, 2019; Okwaraji & *Aguwa* , 2014). Research has shown that this stress affects work-family relationships and can lead to absenteeism, suicidal ideation, alcoholism, exhaustion and somatic diseases (Chin et al., 2019; Landa et al., 2008). However, the impact of stress on a nurse is highly dependent on a number of factors. Factors include: age, gender, years of service, professional hierarchy and personal characteristics such as the personality of the individual and his/her emotional intelligence.

Salovey & Mayer, (1990) defined emotional intelligence as the result of an adaptive interaction between emotion and cognition that includes the ability to perceive, to assimilate, to understand and to handle one's own emotions and the capacity to detect and to interpret the emotions of the others. It is important for nurses to be emotionally intelligent. This is because emotions significantly influence one's decision-making process; hence possessing the ability to appraise one's emotion and that of others is very important to cope with the daily stresses of the profession (Weiss, 2019). More so, research has shown that increased emotional intelligence leads to better decision-making, problem-solving and social skills, and self-control (Kozlowski, Hutchinson, Hurley, Rowley, & Sutherland, 2017; Serrat, 2017).

In literature, several components of emotional intelligence have been proposed. According to Goleman (1998), the defining characteristics of emotional intelligence are self-awareness, self-regulation, motivation, empathy, and social skills. Recently, Serrat (2017) wrote about the five dimensions, namely self-awareness, self-regulation, self-motivation, social awareness, and social skills. Self-awareness refers to the ability to understand one's emotions, needs, strengths, weaknesses, and drive; and how it influences themselves, other people and work performance (Serrat, 2017; Weiss, 2019). People who are self-aware know their capabilities and limitations, and know when and how to ask for help (Weiss, 2019). Self-regulation is the ability of an individual to manage and control his/her emotions to be used in a profitable way. Individuals who are self-regulated are reflective and receptive of change (Weiss, 2019). In emotional intelligence, social awareness/empathy is the ability of an individual to consider the feelings of other individual in his/her decision-making process. It also involves understanding non-verbal communication and other determinants of the feelings of other people. Lastly, social skill is the application of the three other components; it involves the ability to manage relationships effectively by identifying a common ground when dealing with different people to build rapport (Serrat, 2017).

From the above explanations about emotional intelligence, it is evident that it is very important to nurses because it enables them improve their communication with their patients and other healthcare professionals. It improves teamwork and organizational commitment, and helps nurses deal with the stressors they encounter on their job daily (Jamshed & Majeed, 2019; Littlejohn, 2012; Miao, Humphrey, & Qian, 2017). As a consequence, emotional intelligence enhances patient safety and the quality of care provided to them by nurses (Littlejohn, 2012). A study demonstrated that 80% of medical errors were due to poor communication between the patients and their healthcare providers (Codier & Codier, 2015). Highly emotionally intelligent nurses have better communication skills and can great assist in providing a safe hospital environment for patients and a better nurse-patient relationship and relationship between nurses and doctors (Codier & Codier, 2017). Hence, it is important to assess the perceived level of emotional intelligence of nurses.

A study conducted in Kerala found that the nurses were highly emotional intelligent; they scored excellently in all the subscales of emotional intelligence except in the use of emotion. They equally found a positive relationship between emotional intelligence and gender, marital status, years of experience and organization (Rasheed & Johnson, 2013). In contrary, a study in Saudi Arabia reported low level of emotional intelligence and recommended that attention should be given the following competencies of emotional intelligence: emotional management, self-awareness, self-motivation, empathy and social skill (Banjar & Seesy, 2019). A study of Nigerian married nurses found that emotional intelligence is a significant predictor of burnout

(Ozor & Eze, 2018). Another Nigerian study among health workers identified emotional intelligence as a predictor of life satisfaction (Tolulope & Donald, 2015). Looking at the relevance of emotional intelligence to nursing and the paucity of studies in Nigeria, the researchers decided to carry out this study to determine the level of emotional intelligence among nurses in the University of Ilorin Teaching Hospital (UITH). To achieve the key objectives of this study, four research questions were raised and two hypotheses were formulated.

Research questions

1. What is the level of self-awareness among the nurses in teaching hospital?
2. What is the level of self-regulation among the nurses in teaching hospital?
3. What is the level of self-motivation among the nurses in teaching hospital?
4. What is the level of emotional intelligence among the nurses in teaching hospital?

Hypotheses

1: There is no significant association between age of respondents and emotional intelligence.

2: There is no significant association between years of working experience and emotional intelligence.

Methods

Design

This is a cross-sectional descriptive survey which was conducted at the UITH, Ilorin, Kwara State.

Population, sample and sampling procedure

The study participants were registered nurses in all the wards in the hospitals.

Of the 110 questionnaires distributed, 106 were returned; that is a response rate of 96.4%. Table 1 shows the socio-demographic data of the respondents. The mean age is 43.2 years. Majority of the participants were female (n=91, 85.8), Christians (n=62, 58.5%) and mainly BNSc. graduates (n=45, 42.5%).

Table 1: Socio-demographic data of the respondents

		Frequency (%)
Age	21 - 30	18(17)
	31 - 40	21(19.8)
	41 - 50	34 (32.1)
	51 - 60	33(31.1)
Gender	Male	15 (14.2)

	Female	91 (85.8)
Religion	Christianity	62(58.5)
	Islam	44 (41.5)
Ethnicity	Yoruba	102(96.2%)
	Hausa/Fulani	2(1.9%)
	Igbo	2(1.9%)
Highest qualification	RN	8(7.5%)
	RN/RM	53(50%)
	BNSc.	45(42.5%)
Years of experience	1-10	32(30.2%)
	11-20	30(28.3%)
	21-30	44(41.5%)

The respondents were purposively selected using the following criteria. The inclusion criterion was: all nurses working in all wards. The exclusion criterion was: nurses holding administrative positions (non-clinical). Data collection occurred from 14th to 28th October, 2019. Participation in the study was strictly voluntary. To ensure confidentiality, no personal information was requested from the participants, and they were informed to avoid writing any form of identification on the questionnaires.

Instrumentation

The data collection instrument was a structured questionnaire which was adapted from the Emotional Intelligence Questionnaire developed by UK's National Health Service (National Health Service, n.d.). The questionnaire was evaluated by a team of nursing researchers for face and content validity and the necessary corrections were made based on their recommendations. The reliability of the questionnaire has been established through a pilot study in another health institution. A reliability coefficient of 0.817 was found and it was considered satisfactory. The findings of the pilot study were not included in this article. Emotional intelligence was assessed under the five dimensions as documented by Goleman (1998) namely; self-awareness, self-regulation, self-motivation, empathy, and social skills. Motivation was also included because it is often measured in other emotional intelligence studies. The 46-item questionnaire consists of 4 sections. Section A is on the respondents' socio-demographic data. Section B assessed the self-awareness of the nurses. Section C evaluated the self-regulation of nurses. Section D sought to determine the self-motivation, empathy and social skills of the nurses. The questionnaire is written in English. The respondents were approached at their various wards. One of the authors waited for the nurses to complete and submit their questionnaire. Other nurses requested to submit at a later time; so the author went back at the appointed time and collected the filled questionnaire.

The data was analyzed using Statistical Product Service Solution (SPSS) version. Data were presented in frequency tables and the hypotheses were tested with chi-square. P values less than/equal to 0.05 were considered significant. In assessing the levels of the various dimensions of emotional intelligence, scores below 50% of the maximum score was deemed as low; scores between 50% and 75% were deemed moderate, and scores above 75% were deemed high.

Results

1. What is the level of self-awareness among the nurses in teaching hospital?

Figure 1 shows the level of self-awareness. It shows that majority of the nurses (n=71, 67%) have a high level of self-awareness. 6(5.7%) have a poor level of self-awareness while 29(27.4%) have moderate level of self-awareness.

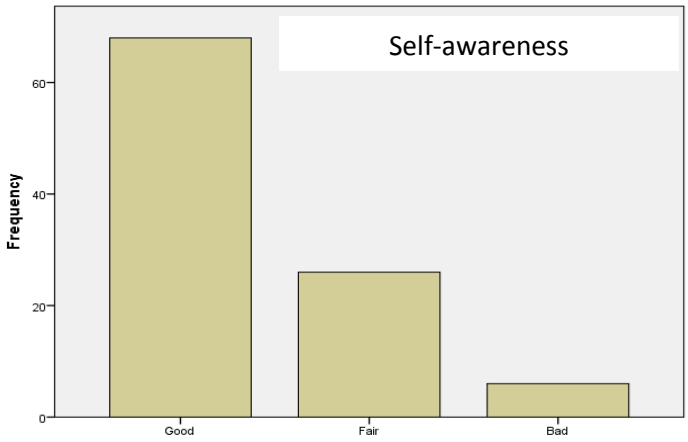


Figure 1: Level of self-awareness among the participating nurses

2. What is the level of self-regulation among the nurses in teaching hospital?

Figure 2 shows the level of self-regulation. It shows that majority of the nurses (n=60, 56.6%) have a high level of self-regulation, 37 participants (34.9%) have moderate level of self-regulation and 9(8.5%) have poor level of self-regulation.

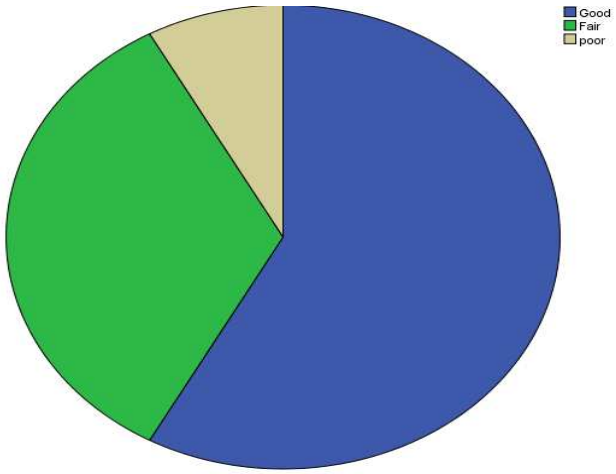


Figure 2: Level of self-regulation among the participating nurses

3. What is the level of self-motivation among the nurses in teaching hospital?

Figure 3 shows the level of self-motivation, empathy and social skills. It shows that majority of the nurses (n=94, 88.7%) have a high level of self-motivation, empathy and social skills. It shows that 94(88.7%) of the participants who are the majority have good motivation, empathy and social skills while 9(8.5%) of the participants have poor self-motivation, empathy and social skills and only 3(2.8%) have moderate self-motivation, empathy and social skills.

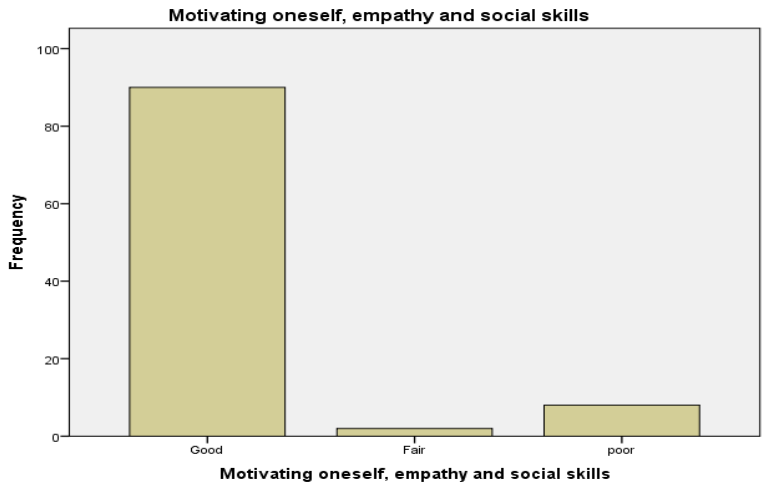
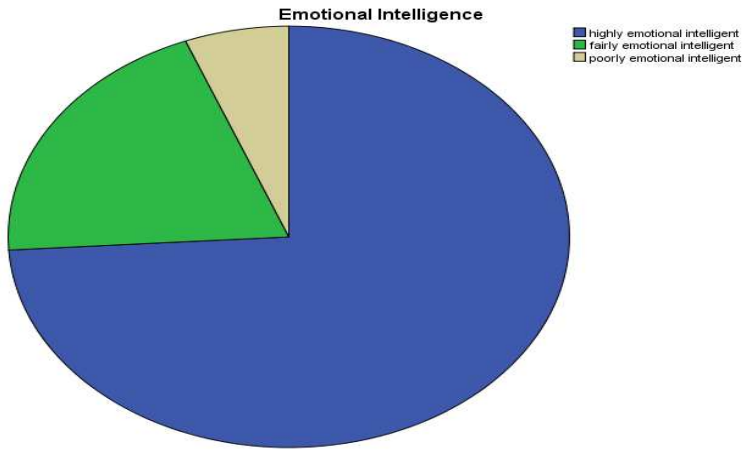


Figure 3: Level of self-motivation, empathy and social skills among the participating nurses

4. What is the level of emotional intelligence among the nurses in teaching hospital?

Figure 4 shows the overall emotional intelligence of the participating nurses. Majority of the participating nurses (n=77, 72.6%) are deemed highly emotional intelligent while 23 participants (21.7%) are fairly emotional intelligent and 6(5.7%) are poorly emotional intelligent.



Hypothesis testing

Figure 4: Level of emotional intelligence among the participating nurses

Table 2 shows the results of testing the hypothesis. Hypothesis 1: There is no significant association between age of respondents and emotional intelligence. This hypothesis was rejected because there was no significant association between the two variables (X^2=8.397, p=0.210)

Hypothesis 2: There is no significant association between years of working experience and emotional intelligence. This hypothesis was rejected because there was no significant association between the two variables (X^2=8.449, p=0.076)

Table 2: Hypothesis testing

		Emotional Intelligence							
		highly emotional intelligent	**fairly emotional intelligent**	**poorly emotional intelligent**	**Total**	**Pearson Chi-Square**	**P-value**	**Df**	**Results**
Age	21 – 30	10	6	2	18	8.397[a]	0.210	6	Not significant H_0 is rejected
	31 – 40	19	2	0	21				
	41 – 50	22	10	2	34				
	51 – 60	26	5	2	33				
Total	77	23	6	6	106				
Years of working experience	1 - 10	23	9	0	32	8.449[a]	0.076	4	Not significant H_0 is rejected
	11 - 20	28	12	4	44				
	21 - 30	26	2	2	30				
Total	77	23	6	6	106				

Discussion

This study examined the level of emotional intelligence among nurses in a teaching hospital in Nigeria. Our findings indicates that majority of the nurses are highly emotional intelligent. Similarly, a study in Kerala reported a high level of emotional intelligence among the participating nurses (Rasheed & Johnson, 2013). In contrary, a study in Saudi Arabia noted that nursing students have a low level of emotional intelligence (Banjar & Seesy, 2019). This may be because they are still students; whereas our participants are nurses with years of working experience. The positive finding in this study implies that nurses are managing their work-related stress well, and are not projecting them on their patients and relatives. As Codier & Codier (2017) rightly mentioned, nurses with a high emotional intelligence have better communication skills and assist in providing a safer hospital environment for patients. It is worth emphasizing that this study reports on the perceived emotional intelligence of nurses. However, it is unclear if their perceived emotional intelligence is being transferred into practice.

As researchers have noted, a disadvantage of self-report measures is that people are not the best judges of their own emotional capabilities (Boyatzis, 2018; O'Connor, Hill, Kaya, & Martin, 2019). For future studies, researchers should conduct an observational study or a cross-sectional study from the patients' perspective to complement the findings of this study.

Despite the high level of emotional intelligence recorded in this study, the results from the various dimensions shows the areas of weaknesses among the participating nurses. In this current study, nurses scored higher in the self-motivation, empathy and social skills dimension than the other dimensions. This is contrary to the findings by Banjar & Seesy (2019) where majority of the participants scored less under the self-motivation, empathy and social skills dimensions. This implies that most of the nurses possess the skills to develop great working relationships with patients and other healthcare professionals. However, as Codier & Codier (2015) mentioned, the social skills dimension is dependent on self-awareness, self-regulation and empathy. This implies that it important that nurses improve on their self-awareness and self-regulation.

In our current study, it was discovered that there was no significant association between the years of experience and emotional intelligence. This is contrary to the study by (Rasheed & Johnson, 2013) where a positive relationship was identified between the years of experience and emotional intelligence. These contrasting findings indicate there is a need for more studies to investigate the link between years of experience and emotional experience. It is logical to think that the more experience one have with people, the more emotionally intelligent we become based on our experiences. This study shows that this may not be correct always. Also, it was discovered that there was no significant association between the age and emotional intelligence. This is similar to the study by Rasheed and Johnson (2013) where there was no significant relationship between the age and emotional intelligence. These findings contradict the findings of Chen, Peng, & Fang (2016) where it was demonstrated that age influences emotional intelligence. According to Chen et al. (2016), emotional intelligence partially controls the relationship between age and life satisfaction, and fully controls the relationship between age and affective well-being. They further suggested that older adults may use their increased emotional intelligence, which is related to their age, to enhance their subjective well-being.

This study has contributed to existing literature on the perceived level of emotional intelligence among nurses. Despite the strengths of this study, it has the following limitation. This study was conducted in a single hospital; hence caution should be taken with generalizing the results to other settings.

Conclusion and Recommendations

Emotional intelligence is very important for nurses and it will enable nurses manage stress and create a safe and friendly environment for patients and other healthcare professionals. The study has shown that nurses perceive they have a high level of emotional intelligence. However, this study was based on the self-assessment of the nurses' emotional intelligence; hence it has limitations with regards to objectivity. It is recommended that future studies should utilize more objective measures. There is a need for the nurses to improve their self-awareness and self-regulation.

Regular training on emotional intelligence should be organized for nurses and other health professionals. Future studies should consider ding a qualitative study to provide an in-depth

understanding of how nurses use their emotional intelligence in public. Emotional intelligence tests should be carried out in hospitals, prior to employing nurses. Nursing schools and departments should incorporate emotional intelligence training in their curriculum.

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References

Bam, V., Oppong, G., & Ibitoye, M. (2015). Stress and coping mechanisms of nursing students during clinical practice in Ghana. *Journal of Science and Technology (Ghana), 34*(2), 50. https://doi.org/10.4314/just.v34i2.6

Banjar, H., & Seesy, N. E. (2019). Measurement of the Emotional Intelligence Competencies for Effective Leaders among Saudi Nursing Students at King Abdul Al Aziz University. *American Journal of Nursing Research*, *7*(4), 420–427. Retrieved from http://article.scinursingresearch.com/pdf/ajnr-7-4-3.pdf

Boyatzis, R. E. (2018). The Behavioral Level of Emotional Intelligence and Its Measurement. *Frontiers in Psychology*, *9*, 1438. https://doi.org/10.3389/fpsyg.2018.01438

Chegini, Z., Asghari Jafarabadi, M., & Kakemam, E. (2019). Occupational stress, quality of working life and turnover intention amongst nurses. *Nursing in Critical Care*, *24*(5), 283–289. https://doi.org/10.1111/nicc.12419

Chen, Y., Peng, Y., & Fang, P. (2016). Emotional Intelligence Mediates the Relationship between Age and Subjective Well-Being. *International Journal of Aging & Human Development*, *83*(2), 91–107. https://doi.org/10.1177/0091415016648705

Chin, W.-S., Chen, Y.-C., Ho, J.-J., Cheng, N.-Y., Wu, H.-C., & Shiao, J. S. C. (2019). Psychological Work Environment and Suicidal Ideation Among Nurses in Taiwan. *Journal of Nursing Scholarship*, *51*(1), 106–113. https://doi.org/10.1111/jnu.12441

Codier, E., & Codier, D. (2015). A model for the role of emotional intelligence in patient safety. *Asia-Pacific Journal of Oncology Nursing*, *2*(2), 112–117. https://doi.org/10.4103/2347-5625.157594

Codier, E., & Codier, D. D. (2017). Could Emotional Intelligence Make Patients Safer? *AJN, American Journal of Nursing*, *117*(7), 58–62. https://doi.org/10.1097/01.NAJ.0000520946.39224.db

Guo, H., Ni, C., Liu, C., Li, J., & Liu, S. (2019). Perceived job stress among community nurses: A multi-center cross-sectional study. *International Journal of Nursing Practice*, *25*(1), e12703. https://doi.org/10.1111/ijn.12703

Jamshed, S., & Majeed, N. (2019). Relationship between team culture and team performance through lens of knowledge sharing and team emotional intelligence. *Journal of Knowledge Management*, *23*(1), 90–109. https://doi.org/10.1108/JKM-04-2018-0265

Kokoroko, E., & Sanda, M. A. (2019). Effect of Workload on Job Stress of Ghanaian OPD Nurses: The Role of Coworker Support. *Safety and Health at Work*, *10*(3), 341–346. https://doi.org/10.1016/J.SHAW.2019.04.002

Kozlowski, D., Hutchinson, M., Hurley, J., Rowley, J., & Sutherland, J. (2017). The role of emotion in clinical decision making: an integrative literature review. *BMC Medical Education*, *17*(1), 255. https://doi.org/10.1186/s12909-017-1089-7

Landa, J. M. A., López-Zafra, E., Martos, M. P. B., & del Carmen Aguilar-Luzon, M. (2008). The relationship between emotional intelligence, occupational stress and health in nurses: a questionnaire survey. *International Journal of Nursing Studies*, *45*(6), 888–901. Retrieved from https://www.sciencedirect.com/science/article/pii/S0020748907000995

Littlejohn, P. (2012). The Missing Link: Using Emotional Intelligence to Reduce Workplace Stress and Workplace Violence in Our Nursing and Other Health Care Professions. *Journal of Professional Nursing*, *28*(6), 360–368. https://doi.org/10.1016/J.PROFNURS.2012.04.006

Miao, C., Humphrey, R. H., & Qian, S. (2017). A meta-analysis of emotional intelligence and work attitudes. *Journal of Occupational and Organizational Psychology*, *90*(2), 177–202. https://doi.org/10.1111/joop.12167

National Health Service. (n.d.). (EI) Emotional intelligence questionnaire. Retrieved January 15, 2020, from https://www.drugsandalcohol.ie/26776/1/Emotional_intelligence_questionnaire-LAL1.pdf

O'Connor, P. J., Hill, A., Kaya, M., & Martin, B. (2019). The Measurement of Emotional Intelligence: A Critical Review of the Literature and Recommendations for Researchers and Practitioners. *Frontiers in Psychology*, *10*, 1116. https://doi.org/10.3389/fpsyg.2019.01116

Okwaraji, F., & En, A. (2014). Burnout and psychological distress among nurses in a Nigerian tertiary health institution. *African Health Sciences*, *14*(1), 237. https://doi.org/10.4314/ahs.v14i1.37

Ozor, T., & Eze, P. (2018). Emotional intelligence and job satisfaction as predictors of burnout among married nurses. *International Digital Organization for Scientific Research*, *3*(1), 15–29. Retrieved from https://www.idosr.org/wp-content/uploads/2018/02/IDOSR-JAM-31-15-29-2018..pdf

Rasheed, K. P. M. A., & Johnson, B. (2013). Emotional Intelligence of Mental Health Nurses. In *Management Today* (Vol. 9). Retrieved from http://www.indianjournals.com/ijor.aspx?target=ijor:mgt&volume=9&issue=1&article=001

Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. *Imagination, Cognition and Personality*, *9*(3), 185–211. https://doi.org/10.2190/DUGG-P24E-52WK-6CDG

Serrat, O. (2017). Understanding and Developing Emotional Intelligence. In *Knowledge Solutions* (pp. 329–339). https://doi.org/10.1007/978-981-10-0983-9_37

Tolulope, K. J., & Donald, D. U. (2015). Emotional Intelligence and Social Support as

Predictors ofLife Satisfaction among Hospital workers. *American Research Journal of Humanities and Social Sciences*, *1*(4), 12–22. Retrieved from http://www.academia.edu/download/59022316/2320190424-7964-1fgtmop.pdf

Weiss, S. (2019). *The Relationship between Registered Nurse Emotional Intelligence, Turnover Intention, and Job Performance* (Saint Leo University). Retrieved from http://search.proquest.com/openview/505fd31238d6796dcaf0352351e5e06f/1?pq-origsite=gscholar&cbl=18750&diss=y