
Consequences of Emotional Intelligence in Nursing: A Concept Analysis

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ABSTRACT

Background and Objectives: Emotional intelligence refers to a social skill, which enables individual to better regulate emotions and cope up with the different demands and environmental pressures. This assists in enhancing professional competence enabling better delivery of services. This paper aimed to examine the consequences of emotional intelligence in the nursing profession by presenting its concepts, definitions, models, and implications.

Methods: A literature review study was made and articles were searched from various databases including Scopus, EMBASE, ProQuest, PsychINFO, and CINAHL, using key terms “emotional intelligence,” “nursing,” and “concept analysis” from 2000 to 2019. Twenty articles were included following their compliance with the inclusion and exclusion criteria and removing of the duplications.

Results: Social and personal attributes affect emotional intelligence. Self-awareness, relationships, self-management, and social awareness are other important components of emotional intelligence. The nursing professional explains a social and personal aspect that emotional intelligence entails and further portrays a meaningful role of emotional intelligence in both the sensitivity and moral dimension of clinical practice.

Conclusion: The nursing professionals who possess increased emotional intelligence experience few emotional psychosomatic symptoms and emotional exhaustion, greater workshop collaboration and teamwork, more satisfaction with their jobs, fewer unidentified patient care needs, and better emotional health.

Keywords: Concept analysis; Emotional intelligence; Nurses; Nursing; Psychology

Received: 29/12/2019

Accepted: 30/3/2020

Published: 30/5/2020

INTRODUCTION

Emotional Intelligence (EI) refers to the competence to manage and regulate the emotions of oneself and others. It is observed across several nursing domains, given its nurses' wellbeing, which successively influences patients and their families [1]. There is a general lack of understanding of EI and its overall significance and scope with various competing definitions and models [2]. When integrated in practice, unclear concepts can lead to a significant amount of misapprehension and confusion, since EI is a concept already emerged with confusion. EI is identified through four major aspects, including emotionality, sociability, wellbeing, and self-control [3].

Emotionality is a skill for showing empathy, being concerned about the insights of others in a situation, and communicating feelings [4]. The social competence of individuals, their competence to explain strong social skills and to influence others is concerned within the sociability component. Wellbeing includes a person having the attributes of feeling happy and satisfied with a positive outlook on life and a good level of self-esteem [5]. Lastly, self-control shows the competence of a person to control and regulate his emotional responses and skills for handling stress. Landa et al. [6] showed that emotional intelligence was initially mentioned in the nursing field

after 2000. Ever since then, studies have shown its integration with various nursing competencies, improved practices, educational achievements, compliance with the discipline, enhanced professional behaviour, and patients' satisfaction [7,8]. However, Smith, Profetto-McGrath, & Cummings [9] have described it as an ambiguous term in nursing, given its relatively new development [10]. Various studies confirm that the adequate use of the concept and its clear understanding assists nurses across different disciplines, including education, research and practice [11-13]. Thereby, this research aims to investigate the emotional intelligence concept for clarifying the definition and its implementation in the healthcare setting, primarily by the nurses. A strong and positive link of emotional intelligence with staff wellbeing and performance [8-15], further necessitates its assessment. A vivid comprehension of EI and its consequences is incremental in nursing practice, which assists in understanding the association of emotions with cognition. EI allows nurses to make better decisions, improve relationships, positively affect care quality and their families, and effectively manage their patients. Identifying the consequences of EI might enhance its adoption within the nursing profession, especially due to the EI impact on nursing actions. Certainly, this paper aims to examine the consequences of EI in the nursing profession by presenting its concepts, definitions, models, and implications.

METHODS

It is important to clarify concepts such as EI throughout nursing practice, as concepts majorly contribute to the development of awareness. Unclear attributes and definitions of concepts significantly prevent the fundamental use of the concept because there might be doubt concerning related or similar concepts. The concept analysis

methods are adopted for providing clarity on concepts, its strengths, and limitations so that it can provide an improved contribution to its application and knowledge. Several methods have been proposed for concept analysis. However, this paper uses an evolutionary method for concept analysis proposed by Rodgers in 1989 due to its strong viewpoints in evaluating subject to change. Rodgers [15] assumes that concepts are revealed by a cluster of situations, phenomena, or attributes that are experienced concerning similarities. This method refers to the concepts that are constantly enriched and approves that conceptual variations and innovations might be defined over time because concepts are discussed and transferred through social interactions and education. Therefore, attributes and consequences related to EI were searched and presented in this paper. Lastly, related concepts were acknowledged, and an exemplifying model case of the concept was developed to provide conceptual clarity. Data source The concept of EI was explored using a comprehensive literature review, considering the Rodgers evolutionary method concept analysis. This approach provides the best way of examining EI in nursing practice. One of the strengths of using this approach is its viewpoint toward changes that happen over time, rather than defining an ultimate truth, which can be used later for developing a general understanding of EI. No particular range or limitations were identified for supporting the dates of publications to support this approach. The articles were searched from databases such as Scopus, EMBASE, ProQuest, PsychINFO, and CINAHL for the key terms "emotional intelligence," "nursing," and "concept analysis" from 2000 to 2019. To narrow the results, the Boolean approach was used, such as "Emotional Intelligence" AND "Nursing." The objective of the literature

review was to obtain published peer-reviewed articles that were presented in the English language. Articles presented in abstracts were also considered in the inclusion criteria. No restrictions were applied in terms of geographical setting to obtain a broader view of definitions, concepts, and consequences of EI in nursing. Articles focusing on the behaviours of adolescence and EI and other specific subjects were excluded from the search process. These were excluded as these are too specific, whereas the focus of the present paper is to provide a general EI understanding. Psychology, business and management, education, and healthcare were several disciplines in which we were restricted to extract the articles related to EI. The articles that had an emotional intelligence word in their title or abstract were selected. The quality assessment was conducted to ensure that the selected article meets the points laid out for the study selection. The studies' methodological quality was ranked using the hierarchy of evidence: nursing resources [16]. 20 articles were included in this concept analysis paper after completing the inclusion and exclusion process and removing the duplications. Figure 1 presents the selection procedure of the number of articles included in this research.

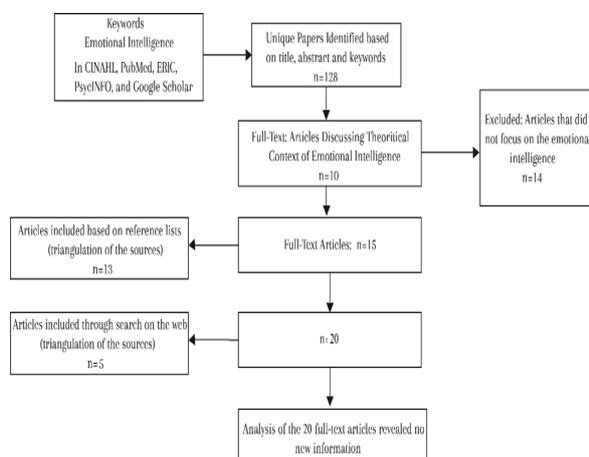


Figure 1: Study Procedure

RESULTS

Definitions

In the area of psychology, several different types of EI are identified, such as the development of cultural intelligence and its association with social intelligence [17]. Emotional intelligence is interlinked within the theory of multiple intelligences, where the role of emotions and relationships was first considered within the concept of intelligence [9,18]. EI is originally defined as based on a set of interlinked competencies. Currently, it is defined as a heterogeneous combination of attributes as compared to ability [19]. Goleman [20] defined one of the innovative definitions of EI, which is widespread in the discipline of nursing. According to the definition, EI is defined as competence to identify the feelings of a person and emotions interlinked with other relationships. It is essential to focus on the general implications of this EI definition and the contributions of Goleman [20], Mayer and Salovey [21], and Bar-On [22] as they contributed to this realm by developing their models. Attributes of emotional intelligence are classified into two major categories, including social and personal attributes. Firstly, social attributes are based on social awareness and relationship management. Social awareness refers to the observations and understanding of emotions, concerns, and needs of others, the ability to explore things with other people's insights, and picking up emotional cues [23-25]. Relationship management is a competence for managing better relationships, inspiring and influencing others, and communicating clearly for managing relationships with others [24, 26, 27]. Self-awareness, in personal attributes, entails understanding and identifying emotions and motivations of a person along with his strengths, weaknesses, and needs. Self-management is a competence of controlling or redirecting

emotions constructively. It enables a person to deny evaluation until sufficient information is collected and to assume before acting [24]. Development of Cases Model cases and examples The model case presented here is based on clinical experience for representing the concept of emotional support. The patient called Mr. M (names are altered within this section to protect confidentiality and anonymity) was referred by an advanced practice nurse (APN). See the below case: "The nurse was shocked that Mrs. M did not start CPR on her husband. The idea that Mr. M may have had a better consequence regardless of any shortages led to feelings of frustration for the nurse. She might not be cognizant of her behaviours if the nurse did not identify her emotions. Inadequate reactions can result in negative implications for family care. To be precise, emotional intelligence allows persons to be aware of their reactions and emotions and reflects the way they respond to others. The feelings of frustration and disappointment can interpret into formulating evaluations of the nurse. In particular, the needs and concerns of Mrs. M may not be appropriately communicated and addressed if a therapeutic relationship is not developed. Awareness of her emotions might either help the nurse to understand Mrs. M or may enable her emotions to lead how she delivers care". APN is allowed by being in charge of the emotions of Mr. M in emotional prediction. Affective prediction forecasts how people will feel in response to a future event. The APN observed the conditions of Mr. M, considering that his unanticipated medical emergency and his prognosis was deprived under different situations. An emotionally intelligent person is capable of identifying and managing his emotions in a way that would positively affect her relationship with Mr. M. Consequently, the competence of APN has the

potential for facilitating and strengthening their capacity to provide palliative care that Mr. M might be experiencing substantial negative feelings. This evidence might inform the next actions for the APN in support and planning care that is individualized to Mr. M, as she will be able to effectively work through their emotional state and interpret that into supportive strategies towards Mr. M. Contrary outcomes In a contrary case, an example of the lack of emotional support is presented, which helps in exploring the ways that differentiate it from the model case. "David is admitted to the local palliative care unit. Over the last few days, his condition has deteriorated, and he cannot move from his bed. The senior nurse evaluates that David will require a bed bath the next morning. So, two nurses have been asked to attend to the personal care of David during their shift. The nurses enter the room of David and inform him that they will be aiding him to wash. Both nurses start communicating with each other discussing their daily routine while carrying out personal care, and communicate with David whenever he needs help". The feelings of frustration and dismay of a nursing professional can be translated into formulating evaluations. A negative evaluation may have the possibility to inhibit the development of a therapeutic relationship if the nursing professional shows this reaction to the patient. Consequently, the needs and issues of a patient might not be appropriately addressed and communicated, if a therapeutic relationship is not established. The nursing professional will also be troubled by the responses and feelings of a frustrated patient. Identifying the emotions of a patient can either help the nursing professional to understand him/her or may enable the nursing professional to interfere with how she delivers care. Related case In a related case, the concept is associated

with the concept being investigated but does not comprise all the defining characteristics. "Sarah is a 45-year old woman who comes to see her husband, Joseph, at the local community hospital. Joseph was diagnosed with a malignant brain cyst 19 months before and received proper treatment, resulting in modifications to his mobility, personality, and cognitive function. Diagnoses have indicated advanced disease, and he has currently been complaining about rapid seizures. Sarah was informed that Joseph is working with the physiotherapist, so she has to wait for him to return. The nurse offers Sarah a cup of tea while using the chance to ask how Joseph is. The nurse sits beside Sarah and asks her a few simple questions, which allow her to talk. She tells the nurse about the negative effect of Joseph's illness on their personal lives". Motivation indicates having a distinctive focus to gain, and empathy is the ability to understand emotions, perspectives, and thoughts of another person. A person would have to be motivated to understand emotions and be clear in accepting the emotions of other individuals. The related case presented above shows an example of the concept of empathy, which refers to actively listening, feelings with sensitivity and accuracy, and feeding back thoughts. The APN explains empathy by making efforts to understand what is happening from the perspective of Jensen. The APN manages to convey her understanding of Jensen's situation by acknowledging her feelings using verbal and non-verbal behavior. Borderline example In a borderline case, an example is presented comprising the defining characteristics but varies significantly in one of them. A borderline case is presented below concerning emotional intelligence. "Peter is a 58-year-old gentleman who has progressive lung cancer, and he has to initiate a course of palliative chemotherapy.

Peter has been contacted by the local community nurse at home to arrange her first visit to obtain a pre-chemotherapy blood sample. While obtaining his sample, the nurse talks with Peter about his recent scans. The nurse listens to Peter about the negative effect of the news and how he understands what is happening. He becomes quite upset when explaining what the future may hold for him, and he quickly attempts to regain his composure. The nurse portrays what a distressing time it must be for him and his family and reconfirms Peter that the primary health care team is there for helping and supporting him". Being responsible for one's emotions enables an individual to involve in emotional prediction. Affective prediction forecasts how a person will feel in reaction to a future event. Consider an example; if a patient had an unexpected medical emergency and the prognosis of a patient was adverse, the nursing professional should respect the feelings of that patient under different conditions, and therefore, forecast future feelings. A nursing professional is emotionally intelligent who is competent enough for identifying and managing her emotions in a way that positively impacts her working relationship with the patient. Consequently, the ability of nursing professionals can facilitate and strengthen their competence to provide supportive care to the patient, as the nursing professional identifies his/her own emotions. A nursing professional who possesses EI has competence in identifying and understanding that the patient might be facing substantial adverse feelings or emotions. This information may assist in inspiring the nursing professional to plan her next actions in caring for and supporting the patient. Furthermore, a nursing professional will be able to effectively work through her emotional state and transmit that into supportive actions

towards the patient, which consequently enriches the antecedents of empathy. Antecedents of emotional intelligence Self-management and self-awareness are important factors to maintain the well-being of both the nurse and their patients. To be precise, APNs who developed a sense of empathy are motivated to cope with their own emotions, to experience less stress, burnout, and job dissatisfaction. These antecedents influence the care of patients, the overall well-being, and the families of nurses. In addition, emotional intelligence is also comprehending the influence of emotions on other individuals and pacifying emotions of an individual at times. Consequences of emotional intelligence Consequences are incidents or events that can occur due to the occurrence of a concept. Determining consequences throughout the context of a model case enhances the transparency of EI in the nursing practice. The consequences of EI throughout the nursing practice are related to the wellbeing of nurses as working experts. For instance, the evidence is present between nurses and job satisfaction, stress levels, retention, and burnout [28]. A nursing professional possessing EI would be able to comprehend the process to predict future emotional reactions of an individual, in terms of patient and family care [29]. A nursing professional can help the development of positive relationships as they are aware of predicting their feelings, reactions, and responsiveness to a future interaction or event [30]. Consider a case where inadequate reactions of a nursing professional can result in adverse implications to the patient and family, which might be due to the feelings of frustrations. Precisely, EI enables people to be aware of their reactions and emotions and reflect the way they respond to others. This is particularly useful for the nurses in leading positions as they affect as well

as influence the practices of the staff nurses and more. Tyczkowski et al. [31] stated that emotional intelligence enables the individuals to become emotionally sound, fostering transformational leadership within nursing practice. Given that the concept of EI is not generally recognized in the nursing discipline, it is integral for the nurses to further research this area to improve and develop their understanding, which will promote better understanding, information synthesizing, as well as generating and assisting in improved decision making [32, 33]. Sarrionandia and Garaigordobil [34] also emphasized emotional intelligence development among the nurses as it reduces the emotional psychosomatic symptoms and burnout, promoting satisfaction towards their job. Emotionally intelligent nurses can employ research-based knowledge and knowledge-transfer techniques for delivering quality-infused results. This understanding is likely to refine the quality as well as delivery of nursing care.

DISCUSSION

The preliminary focus of this concept analysis was to understand the consequences of EI in the nursing practice, specifically on the nursing professional, who can meet the needs of a person, families, communities, and a population. A nursing professional can address her own emotions and feelings for understanding how they affect her ability and collaboration to explain leadership [11-13]. Emotions are an important component of critical decision-making and are a fundamental aspect of the quality of clinical care. A broad foundation of nursing expertise required in decision-making directly affects patients and family care. Particularly, decisions are more patient and family-focused and

empathetic and support and improve the role of the nursing professionals. In this situation, the nursing professional explains a social and personal aspect that EI entails and further portrays a meaningful role of EI in both the sensitivity and moral dimension in clinical practice [23-25]. Self-awareness enables nurses to connect thoughts, actions, and emotions in an influential manner [24], and therefore, is a vital competency in decision-making and creative procedures that might be based on intuitions and feelings. EI supports nurses in using empathy as a resource to understand situations that are based on moral evaluations and professional reflection associated with decision-making [4]. It also enables nurses to ensure the safety of the patients. EI has been associated with stress, emotional wellbeing, and mental health throughout the context of nursing. Patients who are not able to adequately manage their emotions do not seek help or encouragement. The competence of a nursing professional to encourage emotional management among patients and their families might assist in facilitating therapeutic associations between nurses and patients if nurses exemplify an emotionally intelligent practice. The nursing professionals with high emotional intelligence explain less emotional psychosomatic symptoms and emotional exhaustion, greater workshop collaboration and teamwork, more satisfaction with their jobs, fewer unidentified patient care needs, and better emotional health [8, 7, 28]. However, for improving the outcomes, the clinical instructions, and the regulatory system should be established for devising effective decisions. Guidelines can be set for training the employee which not only improves the emotional intelligence competence but also helps in increasing the satisfaction of nurses as well as patients.

CONCLUSION

Emotional intelligence is an essential aspect of nursing practice as emotions and sensitivity to mood are prime components of care and cannot be ignored from how we assume and act like experts. Much work remains to be done, especially for the inconsistency of attributes, whereas a great deal of work is attempted for understanding and exposing EI as a concept. EI facilitates emotional wellbeing among the nursing professionals and helps in improving the competence to practice abilities that will benefit patients, colleagues, and families as working professionals and as individuals. Emotional competence and effectiveness are used interchangeably with emotional intelligence and are regarded as surrogate terms. Reflexivity and reflection are terms that are associated with emotional intelligence insofar as they are words that have something common with emotional intelligence but do not have the same attributes. Consequently, EI encourages more than just awareness of emotions; it enables nurses to provide quality care and support to their patients. The ability to identify and understand EI will remain an essential aspect of nursing practice moving forward, despite the misapprehension and confusion about EI as a concept.

ACKNOWLEDGEMENT

The author is very thankful to all the associated personnel in any reference that contributed to this research.

CONFLICT OF INTEREST

The author reports no conflicts of interest.

FUNDING

The study is self-funded.

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