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Model of facilitation of emotional intelligence to promote wholeness of neophyte critical care nurses in South Africa

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ABSTRACT

This study was undertaken in order to develop a model of facilitation of emotional intelligence to promote wholeness in neophyte critical care nurses in South Africa. A theory-generative, explorative, descriptive, contextual research design was used. The model was developed utilising the four steps of theory generation as proposed by Dickoff, James, and Wiedenbach (1968), Chinn and Kramer (2011) and Walker and Avant (2011). Step one dealt with the empirical phase in which the concepts were distilled. The facilitation of inherent affective and mental resourcefulness and resilience was the main concept of the model. Step two comprised the definition and classification of central and related concepts. Step three provides a description of the model. The model operates in three phases namely the dependent phase, partially dependent phase and the independent phase. Step four entailed the description of guidelines for operationalizing the model. During the three phases of the model a new nurse who starts to work in critical care moves from a latent ability to develop an inherent affective and mental resourcefulness and resilience to a state of developing an inherent affective and mental resourcefulness and resilience. This model provides a structured framework for the facilitation of emotional intelligence (EI) to promote wholeness in nurses who commence to work in critical care units.

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What is already known about this topic?

- There is a large amount of literature and research surrounding emotional intelligence.
- It is known that emotional intelligence can be improved.
- Having an improved level of emotional intelligence can help an individual effectively manage with stress and burnout and difficult situations at work.
- There is little known regarding the development of emotional intelligence in critical care nurses.

What this paper adds

- This paper describes the methodology of the development of the model for the facilitation of emotional intelligence of critical care nurses in South Africa.
- This paper describes the model in detail.

“Comfort in expressing your emotions will allow you to share the best of yourself with others, but not being able to control your emotions will reveal your worst.” (McGill n.d.).

1. Introduction

The critical care unit is known to be a high-stress environment and nurses working in these units are faced daily with difficult situations and critically ill patients. The nurses are confronted by the emotional and physical pain that is experienced by patients and their families, stress from the work environment, and exposure to difficult ethical decisions such as withdrawal of treatment (Meltzer & Huckabay, 2004). The stressors experienced by nurses in critical care units could lead to a nurse displaying signs of stress, stress-related illnesses, emotional labour burnout, depersonalisation, feelings of failure, demotivation, conflict with other staff members and even leading to a decrease in providing quality patient care (Poncet et al., 2007). These signs indicate that the body, mind and spiritual dimensions of the nurse are not equal or whole. This can lead to the nurse being unable to function optimally in a high stress environment (Newman, 1994). Individuals with a higher level of emotional intelligence (EI) have decreased levels of stress and higher levels of perceived control, satisfaction and commitment (Petrides & Furnham 2006).

Emotional intelligence refers to the ability to identify, express, understand and regulate emotions either negatively or positively in oneself and in others (Matthews, Zeidner & Roberts 2004). According to the *Trait Emotional Intelligence Research Program* (2001), trait EI consists of four factors. The first factor is a sense of well-being and comes from past achievements and extends into future expectations. The second factor is self-control, which is the ability to have good control over urges and desires, to have the ability to fend off

impulses and to be able to regulate external pressures and stress. The third factor is emotionality, which relates to the ability to perceive and express emotions and then to be able to use this skill to develop and sustain relationships. The final factor is sociability which has its focus on the individual in various social contexts rather than on personal relationships that emphasises social relationships and social influence.

Nurses with high EI utilise various methods to manage their emotions and stress. Work-related EI is a crucial attribute in negotiating the demands, constraints and opportunities necessary to be able to succeed in the workplace (Matthews, Zeidner, & Roberts, 2004; Vitello-Cicciu, 2003). Kooker, Shoultz, and Codier (2007), posit that applying EI frameworks that could contribute to wholeness within nursing practice could identify factors that might lead to improved nurse retention and patient outcomes.

Attention therefore needs to be paid to the EI of nurses to equip them with the ability to be able to look after themselves as a whole person, with equal body, mind and spiritual dimensions, as well as to be able to nurse and care for the patient holistically. According to Kaur, Sambasivan, and Kumar (2013), the caring behaviour of nurses contributes to the satisfaction experienced by patients, their well-being and subsequently to the performance of staff in the health care organisation. Kaur et al. (2013), believe that the caring behaviour of nurses is influenced by physiological, psychological, socio-cultural, development and spiritual factors. These factors relate to the wholeness of the nurse. Little research has been done on the EI of critical care nurses in South Africa and how to promote it, this article hopes to add to the body of knowledge. The research question that therefore arises is: How can the EI of registered nurses be facilitated to promote wholeness in the neophyte critical care nurse? The purpose of the study was to develop and describe a model of EI to facilitate the wholeness of the neophyte nurse in critical care units in South Africa.

2. The process of theory development

The four steps of theory generation, namely, the distilling of concepts; defining and classification of the central concepts; description of the model and the evaluation and implementation guidelines of the model were used in the theory. The model was developed by using the steps of theory generation as proposed by Dickoff, James, and Wiedenbach (1968), Chinn and Kramer (2011) and Walker and Avant (2011). The format of this article will follow the four steps of theory generation.

2.1. Distilling of concepts

Distilling of concepts was accomplished by the empirical phase of the study of which the main objective was to investigate the global EI of registered nurses working in critical care units in South Africa, as well as to investigate if there was a difference in the EI score of the critical care nurses that work in the various speciality areas of critical care (called context groups) each with their different stressors (Towell, Nel, & Muller, 2013).

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