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Relation Between Emotional Intelligence, Socio-Demographic and Clinical Characteristics of Patients with Depressive Disorders

Sayeda Ahmed Abdellatif [a], El-Sayed Saleh Hussien [b], Warda Elshahat Hamed [c,*], Mohamed Ali Zoromba [c]

[a] Cairo University, Faculty of Nursing
[b] Mansoura University, Faculty of Medicine
[c] Mansoura University, Faculty of Nursing

A B S T R A C T

The present study aims to assess the emotional intelligence in relation to socio-demographic and clinical characteristics of patients with depressive disorders. A descriptive correlational study was utilized with a sample of (106) depressed patients who were diagnosed by a psychiatrist with depressive disorders at psychiatric outpatient clinics in Mansoura University Hospital. Data were collected through assessing socio demographic and clinical characteristics, assessing level of depression using Beck Depression Inventory BDI-II, and assessing emotional intelligence using Barchard emotional intelligence scales. Results revealed that emotional intelligence not related significantly to socio demographic and clinical characteristics of patients with depressive disorders, there is a highly significant relationship between emotional intelligence in relation to level of depression and other practices used to alleviate depression. Therefore, it is recommended to conduct a periodical workshops and training programs for adolescents and young in the universities, schools, social clubs, camps and youth organizations to enhance their emotional intelligence in order to prevent depression. In addition, assessing the effect of emotional intelligence programs on preventing and managing depression.

Intelligent use of emotions is considered essential for one's physical health and psychological adaptation. Researchers have projected emotional intelligence as a potential risk factor or protective factor in mental and physical health, especially in cases of depression (Downey et al., 2008). The inverse relationship between different measures of emotional intelligence and depression has been supported by researchers working in the field of emotional intelligence (Tsaousis & Nikolaou, 2005).

Emotional intelligence is broadly defined as a set of abilities concerned with the regulation, management, control and use of emotions in decision-making, particularly in relation to the promotion of healthy and adaptive mental functioning. As such, emotional intelligence offers a window into mental health, as the ability of individuals to understand their own emotional states or emotional problems is considered an important indicator of healthy mental functioning (Downey et al., 2008).

Emotional intelligence was considered as a set of skills for processing emotional information and using this information to guide one's thinking and actions. Since then, various theoretical approaches have attempted to explain emotional intelligence.

Emotional intelligence has five elements; they are self-awareness, self-regulation, motivation, empathy and social competences. Self-awareness is the ability to recognize and understand one's emotions, moods, and drives as well as how these impact on others. Self-regulation is the ability to control any disruptive emotions or responses. Motivation refers to a drive to work toward a common goal. Empathy involves the ability to understand and accept other's emotions, moods, and drives. Social skills refer to the ability to manage relationships and networks with others through finding common ground (Cox, Hill, & Lack, 2012).

Teaching individuals how to perceive their emotions to facilitate thought, to understand their emotions, to give meaning to their emotional experiences, and to regulate their emotions it may be possible for them to manage their emotions more positively, preventing depression to enter their lives (Brackett, Rivers, & Salovey, 2011; Mayer, Roberts, & Barsade, 2008; Resurreccion, Salguero, & Ruiz-Aranda, 2014).

The existence of reliable predictors of who is most likely to suffer from depression would represent a valuable step toward the development of prophylactic strategies for protecting individuals prior to disease onset as well as providing a curative method for depressed patients to alleviate their depression. The emerging construct of emotional intelligence may constitute such a predictor (Ciarrochi, Dean, & Anderson, 2002).

Depression; the most common of the affective disorders is characterized by persistent sad mood, anxiety, anhedonia and irritability. Depressive disorders affect a person's thoughts, feelings, physical, and social relationships with the whole person being in effect. In spite of its enormous importance, depression often goes undetected or it is not

* Corresponding Author: Dr Warda Elshahat Hamed, PhD, Mansoura University, Faculty of Nursing.
E-mail address: hamed.warda@yahoo.com (W.E. Hamed).

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Table 1
Reliability Test of Beck Depressive Inventory BDI-II.

Item	No of items	Cronbach's alpha
Depression	21	0.81

Table 2
Reliability Test of Barchard Emotional Intelligence Scales.

Item	No of items	Cronbach's alpha
Emotional intelligence scales	68	0.67

suitably treated. This results in suffering and a lower quality of life for those affected as well as, their family members and all society (Downey et al., 2008).

Depression is rated (by the World Health Organization) as the 4th largest cause of global disease burden in terms of its impact on the individual, family and society in general, it is estimated to be the 2nd leading contributor to the global burden of disease by the year 2020 that leads to less productivity. Depression is common, affecting about 340 million people worldwide. Depression is projected to become the leading cause of disability. Depression occurs in persons of all genders, ages, and backgrounds (WHO, 2012).

There are different levels of depressive disorders; major depressive disorder, or major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Dysthymic disorder, or dysthymia, is characterized by long-term (2 years or longer) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well. Minor depression is characterized by having symptoms for 2 weeks or longer that do not meet full criteria for major depression (National Institute of Health, NIH, 2012).

Depression, a treatable disorder, is often treated with pharmacological therapies that have shown to have inconsistent effects and can have devastating side effects. Non-pharmacological approaches, such as cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) are often used to treat depression. Using cognitive behavioral therapy (CBT), interpersonal therapy (IPT) and new coping skills are taught to help in alleviating the symptoms of depression. As well as using electroconvulsive therapy (ECT) for patients not responding to pharmacotherapy or psychotherapy is effective (Lloyd, 2011).

Table 3
Distribution of the Studied Sample According to Age (n = 106).

Item	No	%
Age		
Less than 20 years	8	7.5
20–40 years	61	57.5
<40–60 years	35	33
More than 60 years	2	1.9

Table 4
Distribution of the Studied Sample According to Educational Level (n = 106).

Item	No	%
Educational level		
Illiterate	**12**	**11.3**
Literate	**6**	**5.7**
Primary	**10**	**9.4**
Preparatory	**14**	**13.2**
Secondary	**39**	**36.8**
University	**24**	**22.6**
Master	**1**	**.9**

Table 5
Distribution of the Studied Sample According to Number and Gender of Patient's Children (n = 106).

Item	No	%
Number of children		
None	40	37.7
1 kid	12	11.3
2 kids	13	12.3
3 kids	13	12.3
4–6 kids	22	20.8
More than 6 kids	6	5.7
Gender of children		
None	40	37.7
All of them are males	16	15.1
All of them are females	11	10.4
Males and females	39	36.8

Table 6
Distribution of the Studied Sample According to Residence, Patients' Housing Condition and Patients' Economic State (n = 106).

Item	No	%
Residence		
Urban	**50**	**47.1**
Rural	**56**	**52.8**
Patient housing condition		
Dependant house	**53**	**50.0**
Apartment	**53**	**50.0**
Patient economic state		
Suitable	**85**	**80.2**
Unsuitable	**21**	**19.8**

AIM OF THE STUDY

Recognizing the relationship between emotional intelligence and socio-demographic and clinical characteristics of patients with depressive disorders.

Table 7
Distribution of the Studied Sample According to Diagnosis (n = 106).

Item	No	%
Patient diagnosis		
Major depressive disorder	**34**	**32.1**
Dysthymic disorders	**14**	**13.2**
Unspecified depressive disorder	**58**	**54.7**

Table 8
Distribution of the Different Practices Used by the Patients (n = 106).

Item	No	%
Other practices		
No other practices	**62**	**58.5**
Herbs	**2**	**1.9**
Charm (paracentesis)	**41**	**38.7**
ZAR	**1**	**.9**