International Journal of Nursing Studies 80 (2018) 106–117

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/locate/ijns

# The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: Findings from an integrative review

Suzanne Nightingale[a,*], Helen Spiby[b], Kayleigh Sheen[a], Pauline Slade[a]

[a] University of Liverpool, Liverpool, UK
[b] University of Nottingham, Nottingham, UK

ARTICLE INFO

*Keywords:*
Caring
Emotional intelligence
Integrative review
Nurses
Nurse leaders
Physicians

ABSTRACT

*Background:* Over recent years there has been criticism within the United Kingdom's health service regarding a lack of care and compassion, resulting in adverse outcomes for patients. The impact of emotional intelligence in staff on patient health care outcomes has been recently highlighted. Many recruiters now assess emotional intelligence as part of their selection process for health care staff. However, it has been argued that the importance of emotional intelligence in health care has been overestimated.

*Objectives:* To explore relationships between emotional intelligence in health care professionals, and caring behaviour. To further explore any additional factors related to emotional intelligence that may impact upon caring behaviour.

*Design:* An integrative review design was used.

*Data sources:* Psychinfo, Medline, CINAHL Plus, Social Sciences Citation Index, Science Citation Index, and Scopus were searched for studies from 1995 to April 2017.

*Review methods:* Studies providing quantitative or qualitative exploration of how any healthcare professionals' emotional intelligence is linked to caring in healthcare settings were selected.

*Results:* Twenty two studies fulfilled the inclusion criteria. Three main types of health care professional were identified: nurses, nurse leaders, and physicians. Results indicated that the emotional intelligence of nurses was related to both physical and emotional caring, but emotional intelligence may be less relevant for nurse leaders and physicians. Age, experience, burnout, and job satisfaction may also be relevant factors for both caring and emotional intelligence.

*Conclusions:* This review provides evidence that developing emotional intelligence in nurses may positively impact upon certain caring behaviours, and that there may be differences within groups that warrant further investigation. Understanding more about which aspects of emotional intelligence are most relevant for intervention is important, and directions for further large scale research have been identified.

**What is already known about the topic?**

- Patient outcomes can be improved if health care professionals show care, compassion, and empathy towards their patients.
- To care for patients effectively, health care professionals need to be well supported and cared for themselves.
- Emotional intelligence is positively associated with factors including empathy, resilience, social support, job satisfaction, and caring.

**What this paper adds**

- Higher emotional intelligence levels in nurses was associated with improved physical and emotional aspects of caring.
- Emotional intelligence in nurse leaders and physicians may be less relevant for improving caring behaviours towards patients.
- Interventions designed to increase emotional intelligence levels in nurses may improve patient outcomes.

* Corresponding author at: School of Psychology, Whelan Building, Brownlow Hill, Liverpool, L69 3GB, UK.
*E-mail address:* suzanne.nightingale@gmmh.nhs.uk (S. Nightingale).

https://doi.org/10.1016/j.ijnurstu.2018.01.006
Received 19 October 2017; Received in revised form 4 January 2018; Accepted 8 January 2018
0020-7489/ © 2018 Elsevier Ltd. All rights reserved.

## 1. Introduction

### 1.1. Importance of caring in health care

The importance of caring in the nursing profession has long been recognised; *Notes on hospitals* (Nightingale, 1863) highlighted the need for sanitary conditions, warmth, clean air, light in rooms, and a nutritious diet for all patients. Over the last 20 years however, there has been increased emphasis on the need for compassion and empathy in health care professionals, rather than simply tending to a patient's physical needs (Duffy and Hoskins, 2003; Kerfoot, 1996; Kret, 2011; Williams, 2001). Currently, a holistic view of care is emphasised, highlighting the need for health care professionals to provide physiological, psychological, and emotional care to their patients (Zamanzadeh et al., 2015); a shift from *caring for* to *caring about* (McQueen, 2000).

There are many definitions of caring behaviour, with one example from Mosby's medical dictionary being "*actions characteristic of concern for the well-being of a patient, such as sensitivity, comforting, attentive listening, honesty, and non-judgmental acceptance.*" Caring behaviour has many benefits for patients, including increased satisfaction, psychological wellbeing, and health outcomes (Al-Mailam, 2005; Dugan et al., 2014; Meyer et al., 2006; Willard, 2006). Despite this, over recent years the culture of the UK's National Health Service (NHS) has been criticised for lacking in care and compassion, sometimes resulting in negative patient outcomes. The Francis and Lingard (2013) highlighted that a lack of basic care and compassion from NHS staff contributed to the failings at Mid Staffordshire Foundation NHS Trust. The subsequent Berwick Review (2013) and Cavendish Review (2013) again underlined the need for improved care within the NHS, and provided recommendations for this.

As a response to these reviews, there have been several policy guidelines issued by the government relating to patient care (Department of Health, 2015; NHS England, 2013). Prior to the publication of the Francis and Lingard, 2013, the policy document *Compassion in Practice* (Department of Health, 2012), sought to embed a caring culture within the ever-changing NHS. Within this, the *6Cs of nursing* were introduced: care, compassion, competence, communication, courage, and commitment. The vision of this document was to create a culture where these values underpin care provided by all health professionals (Department of Health, 2012).

Recent negative reports do not mean that health professionals no longer care; the Francis and Lingard (2013) also highlighted that for patients to receive the best care, staff also need to be cared for, which was often not happening. NHS staff, perhaps in common with health professionals globally (see Burke et al., 2014; Jourdain and Chênevert, 2010), are frequently over-worked and under-supported, which can lead to burnout and compassion fatigue (Aiken et al., 2014). Increased emphasis on meeting targets, and excessive administration, means health care professionals may feel they no longer have time to care for their patients (Pearcey, 2010). There are many benefits in caring for staff, including lower staff turnover, improved staff well-being, reduced workplace stress, increased job satisfaction, and ultimately, better care for patients (Boorman, 2009; Lu et al., 2012). However, recognising signs of emotional distress in oneself and others is important for interventions to be provided, and the importance of emotional intelligence (EI) in health care has been suggested over recent years (McQueen, 2004; Smith, 2017).

### 1.2. Emotional intelligence

The term *emotional intelligence* was first coined in 1990 by Salovey and Mayer (1990), to describe a type of intelligence that included the abilities to understand and regulate one's own emotions, and the emotions of others, and to use this understanding to guide one's thinking and actions. Following the publication of *Emotional Intelligence* (Goleman, 1995), EI became popular as a theory, however, it has been criticised as nothing more than a renaming of existing personality constructs (MacCann et al., 2004). Furthermore, disagreement between investigators regarding what EI is has led to confusion and misunderstanding about the concept (Gohm, 2004).

Petrides and Furnham (2003) have argued that EI consists of two distinct concepts: (1) as an emotion-related cognitive ability (Caruso, 2008), and (2) as behavioural dispositions and self-perceptions of one's ability to recognise and understand emotions (Petrides et al., 2007). These two perspectives have been termed ability EI and trait EI respectively.

It has been proposed that ability EI consists of four main abilities: emotional perception and expression; using emotions to influence thinking; emotional understanding; emotional management (Mayer and Salovey, 1997). Ability EI is measured using maximum performance tests, for example, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer et al., 2002), which assess individuals performing at their best in certain conditions, with correctness of responses typically determined by external, predetermined, criteria. Trait EI is considered to be a multifaceted concept consisting of various personality traits, including emotion expression, self-esteem, and stress management. Four overarching factors in trait EI have been suggested: wellbeing, self-control, emotionality, and sociability (Petrides, 2009), which are typically measured using self-report instruments such as the Trait Emotional Intelligence Questionnaire (TEIQue; Petrides, 2009). Trait EI has been found to account for variance over and above the Big Five personality dimensions of neuroticism, extraversion, openness-to-experience, agreeableness, and conscientiousness (Petrides et al., 2007), suggesting that it is more than a renaming of existing personality constructs.

Research supports the idea that trait and ability EI are two distinct concepts (Joseph and Newman, 2010; Van-Rooy et al., 2005). Investigations typically find correlations in excess of .30 between ability EI and other tests of cognitive ability, whereas correlations between trait EI and cognitive tests do not generally exceed .10 (Van-Rooy et al., 2005). Furthermore, correlations between measures of ability and trait EI have been found to be low (Van-Rooy et al., 2005).

It has been argued that self-report measures of EI, which are typically used in studies of trait EI, are not representative of actual EI ability (Brackett and Mayer, 2003). However, others have argued that even though an individual may know the correct way to respond to someone emotionally, this does not mean they would necessarily act this way in practice (Brody, 2004). Indeed, contextual factors, such as social support or current stressors, may impact upon how an individual actually behaves. Drawing upon the theory of planned behaviour (Ajzen, 1991), it could be argued that trait EI is an important factor in determining whether one acts in a certain way; if an individual does not believe they have the ability to regulate their emotions, they are perhaps less likely to actually do so. A further argument for overlap of the two constructs is that perception and expression of emotions is influenced by emotional dispositions (King, 1998; Malatesta and Wilson, 1988; Petrides and Furnham, 2003), and Petrides and Furnham point out that all conceptualisations of EI share some common facets, such as *emotional self-awareness.*

The debates in this field have given rise to a third level of EI; knowledge (Mikolajczak et al., 2009). To illustrate the difference between the three concepts, consider that although an individual may have the knowledge that relaxation is a good technique for stress, in practice, they may not be able to relax when stressed (low ability EI). Furthermore, even if they have the ability to use relaxation, (e.g. doing so successfully when prompted), they may not be predisposed to do so of their own volition (low trait EI).

According to Mayer and Salovey (1997), EI focusing on ability, rather than traits, can be increased through learning and experience. Indeed, there is evidence that ability EI can be increased following training programmes (Nelis et al., 2009; Pool and Qualter, 2012). Learning may not be limited to

Download English Version:

https://daneshyari.com/en/article/7515013

Download Persian Version:

https://daneshyari.com/article/7515013

Daneshyari.com