

EMOTIONAL INTELLIGENCE IN HEALTHCARE

AELITA SKARBALIENĖ^{A-G}
• ORCID: 0000-0002-5782-0937

Faculty of Health Sciences, Klaipeda University, Lithuania

A – study design, B – data collection, C – statistical analysis, D – interpretation of data, E – manuscript preparation, F – literature review, G – sourcing of funding

ABSTRACT

Background: Healthcare professionals have new challenges to deal with.

Aim of the study: To reveal whether emotional intelligence could help healthcare professionals meet these new challenges.

Material and methods: Literature review.

Results: Emotional intelligence is seen as a valid strategy that can produce visible results.

Conclusions: It has been shown that emotional competencies can be effectively developed. Healthcare professionals must take advantage of this to become more effective and successful in their professional growth.

KEYWORDS: emotional intelligence, emotional competence, healthcare professionals, professional challenges

CONTEMPORARY HEALTHCARE CHALLENGES

It has been argued that nowadays “more than prescriptions, medicine involves communication, tolerance, flexibility, listening, hard work, and a passion for the practice” [1]. Contemporary healthcare challenges are receiving increased focus and discussion. The main issues that healthcare professionals need to deal with include:

- Dynamic factors in contemporary health environments challenge traditional roles of healthcare professionals. Perceptions of their roles are influenced by societal attitudes, governmental policies, and trends in the profession;
- Patient education exhibits a lack of resources, educational tools, and sufficient time, inadequate knowledge and skills of healthcare professionals, and a lack of patient readiness, both physically and psychologically;
- Healthcare professionals must attend to varying levels of health literacy in patients and families when leading and advocating for global health competencies;
- Social inequalities, social and cultural minorities;
- Challenges in communication including the exchange of information, building of a relationship, and engaging in shared decisions;
- Challenges of limited time and resources, and multiple documentation requirements;
- Challenges regarding the difficulty of transferring available knowledge for clinical practice;
- Challenges of continuing skill development and improvement, and occupational professionalism.

Personal (and organizational) emotional intelligence could be a tool to overcome these challenges. Traditionally emotional intelligence is generally said to include emotional awareness, self-regulation, (self)motivation, empathy, and social skills.

HOW COULD EMOTIONAL INTELLIGENCE HELP HEALTHCARE PROFESSIONALS WITH THE ABOVE CHALLENGES?

Emotional awareness is the ability to harness emotions and apply them to tasks like thinking and problem-solving. Self-regulation is the ability to manage one’s emotions, which includes cheering up or calming down other people. In healthcare, decisions made under the influence of emotions can greatly affect patient safety, outcomes, and the quality of healthcare. However, when individuals recognize their emotions, they are better able to regulate and use them. Self-awareness allows individuals to remove personal perceptions from the decision-making process, and provide unbiased care based on what’s best for the patient. It was found that the ability to regulate one’s emotions enables individuals to maintain a more positive affect (e.g., excitement and enthusiasm) while emotion facilitation ability enables people to use their positive affect to enhance their creativity [2].

People with a high degree of emotional intelligence are usually motivated. They’re willing to defer immediate results for long-term success. They’re highly productive, love challenges, and are very effective in whatever

they do. Emotional intelligence has been widely cited as an attribute which can improve the quality of work and increase productivity and personal and organizational success. The emphasis is on predicting academic, self-development or work-related outcomes [3,4]. On the other hand, low emotional intelligence correlates with deviant behavior, drug taking, alcohol abuse and poor relationships [5,6]. In more general settings emotional intelligence has been associated with life satisfaction [7–9].

Self-motivation helps in dealing with burnout. Stress and burnout among physicians and nurses have become very prevalent. Surveys show that burnout rate and stress among healthcare providers including doctors and nurses is higher than ever. In addition, burnout and job satisfaction are also relevant for patient safety, outcomes, and healthcare quality. A growing consensus exists on the impact that emotional intelligence has on job satisfaction, stress levels, burnout and the facilitation of a positive environment [10]. Additionally, the relationship between emotional intelligence, burnout and job satisfaction does not differ across gender, age, and tenure, meaning that regardless of whether an employee is male or female, young or old, of short or long tenure, they equally benefit from emotional intelligence. The moderator effect of job level is only significant for self-reported emotional intelligence, i.e., job satisfaction, and this relationship is stronger in non-managerial jobs than in managerial jobs [11]. It is worth noting that leaders' emotional intelligence is positively related to subordinates' job satisfaction too [12].

People with empathy are good at recognizing the feelings of others, even when those feelings may not be obvious. As a result, empathetic people are usually excellent at managing relationships, listening, and relating to others. They avoid stereotyping and judging too quickly, and live their lives in a very open, honest way. Many health care systems around the world are emphasizing a need for more patient-centered care [13,14]. Emotional intelligence can significantly influence patient outcomes and overall success for the organization. By being empathetic, improving interactions and relationships with patients, medical professionals and administration can better implement the principles of the patient-centeredness. And the impact of emotional intelligence in staff on patient health care outcomes has been recently highlighted [15].

Social skills. Healthcare providers and patient/family/caregiver relationships are sensitive, highly complex emotional relationships that require reliable and accountable system design methodologies that bridge the gap in communications that are profoundly

informed by our emotional intellect. However, most complaints about doctors relate to poor communication, not clinical competence, and improving communication in health care is therefore a current area of interest in policy and practice [16]. Emotional intelligence allows one to listen and therefore communicate effectively, motivate better, rectify errors, and increase productivity. In the healthcare field this is paramount. Studies say that "effective communication is 7% the words we say and 93% our tone and body language... Failing to communicate effectively in a workplace leads to frustration, bitterness, and confusion among employees." On the other hand, excellent medical communication increases trust among colleagues. It is argued that the advantages of effective communication cannot be emphasized enough [17] and excellent communication is the expectation of patients [18].

DEVELOPING PERSONAL EMOTIONAL INTELLIGENCE

Explaining emotional intelligence is challenging enough, without describing emotional competencies. Developing personal emotional intelligence is challenging as well. But over the past two decades, emotion-related individual differences have been conceptualized as knowledge, abilities and traits, i.e., competencies [19]. There are five core emotional competencies, and each is distinct for one's own and others' emotions: identification, understanding, expression, regulation and use of one's own emotions and those of others. It thus provides 10 competencies of emotional intelligence: identification of one's own emotions, identification of others' emotions, understanding of one's own emotions, understanding of others' emotions, expression of one's own emotions, listening to others' emotions, regulation of one's own emotions, regulation of others' emotions, use of one's own emotions, and use of others' emotions [20]. There are proofs that these competencies can be effectively developed [21].

CONCLUSION

Since contemporary healthcare has new challenges, new strategies are needed to cope with them. Emotional intelligence is a valid strategy and can address some of those challenges well. Whereas it has been shown that emotional competencies can be effectively developed in every human being, this gives hope that every healthcare professional who wishes to become more effective and successful in their own professional growth.

REFERENCES:

1. Loop FD. Leadership and medicine. Gulf Breeze, FL: Fire Starter Publishing; 2009.
2. Parke MR, Seo MG, Sherf EN. Regulating and facilitating: the role of emotional intelligence in maintaining and using positive affect for creativity. *Journal of Applied Psychology* 2015; 100(3): 917–934.
3. Parker JDA, Creque RE, Barnhart DL, Harris JI, Majeski SA, Wood LM, et al. Academic achievement in high school: does

- emotional intelligence matter? *Pers Indiv Differ* 2004; 37: 1321–1330.
4. Parker JDA, Summerfeldt LJ, Hogan MJ, Majeski SA. Emotional intelligence and academic success: examining the transition from high school to university. *Pers Indiv Differ* 2004; 36: 163–172.
 5. Petrides KV, Frederickson N, Furnham A. The role of trait emotional intelligence in academic performance and deviant behavior at school. *Pers Indiv Differ* 2004; 36: 277–293.
 6. Brackett MA, Mayer JD, Warner RM. Emotional intelligence and its relation to everyday behaviour. *Pers Indiv Differ* 2004; 36: 1387–1402.
 7. Bar-On R. Emotional quotient inventory: technical manual. Toronto: Multi-Health Systems; 1997.
 8. Martinez-Pons M. Emotional intelligence as a self-regulatory process: a social cognitive view. *Imagination, Cognition and Personality* 1999; 19: 331–350.
 9. Palmer B, Donaldson C, Stough C. Emotional intelligence and life satisfaction. *Pers Indiv Differ* 2002; 33: 1091–1100.
 10. Raghurir AE. Emotional intelligence in professional nursing practice: a concept review using Rodgers's evolutionary analysis approach. *IJANS* 2018; 5: 126e130.
 11. Miao C, Humphrey RH, Qian S. A meta-analysis of emotional intelligence effects on job satisfaction mediated by job resources, and a test of moderators. *Pers Indiv Differ* 2017; 116: 281–288.
 12. Miao C, Humphrey RH, Qian S. Leader emotional intelligence and subordinate job satisfaction: A meta-analysis of main, mediator, and moderator effects. *Pers Indiv Differ* 2016; 102: 13–24.
 13. Department of Health. SoSf. NHS Plan. London: Stationery Office; 2000.
 14. Mayer T, Cates RJ. Service excellence in health care. *JAMA* 1999; 282: 1281–1283.
 15. Nightingale S, Spiby H, Sheen K, Slade P. 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. *Int J Nurs Stud* 2018; 80: 106–117.
 16. Birks YB, Watt IS. Emotional intelligence and patient-centred care. *J R Soc Med* 2007; 100(8): 368–374.
 17. Choudhary A, Gupta V. Teaching communications skills to medical students: Introducing the fine art of medical practice. *Int J App Basic Med Res* 2015; 5(4): 41–44.
 18. Hobgood CD, Riviello RJ, Jouriles N, Hamilton G. Assessment of communication and interpersonal skills competencies. *Acad Emerg Med* 2002; 9: 1257–1269.
 19. Mikolajczak M, Van Bellegem S. Increasing emotional intelligence to decrease healthcare expenditures: how profitable would it be? *Pers Indiv Differ* 2017; 116: 343–347.
 20. Brasseur S, Grégoire J, Bourdu R, Mikolajczak M. The profile of emotional competence (PEC): development and validation of a self-reported measure that fits dimensions of emotional competence theory. *PLoS One* 2013 May 6; 8(5): e62635.
 21. Fernandez CSP, Peterson HB, Holmström SW, Connolly AM. Developing emotional intelligence for healthcare leaders. In: Fabio AD, ed. *Emotional intelligence – new perspectives and applications*. Rijeka, Croatia: InTech; 2012.

Word count: 1094

• Tables: –

• Figures: –

• References: 21

Sources of funding:

The research was funded by the author.

Conflicts of interests:

The author reports that there were no conflicts of interest.

Cite this article as:

Skarbalienė A.
Emotional intelligence in healthcare.
MSP 2019; 13, 1: 40–42.

Correspondence address:

Aelita Skarbalienė, PhD
Faculty of Health Sciences, Klaipeda University
H.Manto 84, 92294 Klaipeda, Lithuania
E-mail: aelita.skarbaliene@gmail.com

Received: 20.03.2019

Reviewed: 1.04.2019

Accepted: 5.04.2019