Emotional Intelligence in Nursing Practice

What We Know

› Emotional intelligence (EI) can be broadly defined as the ability to identify, express, evaluate, and instinctively self-regulate emotions; characteristics of EI include empathy, self-awareness, motivation, self-control, and adeptness in relationships

• The three primary models of EI differ in their definition, the discipline from which the model emerged, and the instrument used for measurement of EI

– The Trait Model (also called the Personality Model) was proposed by Reuven Bar-On, and originated in the field of community health. This model defines EI as a set of personality traits and noncognitive abilities that determine an individual’s emotional and social adaptation

  - Measurement tools based on the Trait Model include the Emotional Quotient Inventory and the Emotional Intelligence Questionnaire

– The Ability Model was introduced by John Mayer and Peter Salovey, and originated from results of cognitive research in the field of psychology. This model defines EI as a cognitive ability related to reasoning and problem solving that allows individuals to accurately perceive and identify emotions, use emotions to reason, understand emotions, and self-manage emotions

  - The Mayer-Salovey-Caruso EI Test, which is modeled on ability-based intelligence quotient (IQ) tests, is used to measure EI ability

– The Mixed Model was proposed by Daniel Goleman and originated outside of academia in the field of organizational development. This model defines EI as a blend of traits and abilities that develops over time and can be improved through training and remediation

  - The Emotional Competence Inventory is an EI measurement tool based on the Mixed Model

• Researchers have demonstrated a positive correlation between EI and important workplace outcomes in the general workforce, including outcomes related to performance, leadership, effective management, reduced burnout, improved retention, team performance and communication, safety, and customer satisfaction.

Accumulating evidence suggests that a similar correlation exists in the nursing workforce

• Investigators studying EI in nursing students and in nurses who are in clinical practice have reported

  – positive correlations between the level of EI and delivery of bedside clinical care, clinical decision making, ethical behavior, parameters of physical and emotional wellness, more adaptive stress-coping strategies and effective conflict handling styles, longer career length, anticipated retention in current job, professional achievement, job satisfaction, adaptive responses to organizational change, levels of professionalism and self-compassion, self-reportsof clinical competence, patient perception of the level of nurse caring, and certain positive clinical outcomes in patients

  - In study of EI in 98 Dutch mental health nurses, researchers reported that mental health specialty nurses scored above average in EI as measured by the Emotional
Quotient Inventory compared with nurses who were not working in a mental health specialty area\(^{(14)}\).

- Researchers in a study of 42 nurses using the Emotional Quotient Inventory found that successful staff nurses have average or high levels of EI\(^{(6)}\).

- Researchers have noted that high levels of EI are associated with strong conflict resolution skills in nurses, and that training regarding EI skills can promote effective conflict management in healthcare facilities\(^{(2)}\).

- Nurse researchers in Jordan noted significant positive associations between EI and self-reported clinical performance among 194 nurses interviewed\(^{(1)}\).

- Although Baby Boomer nurses (i.e., nurses who were born during the period 1943–1960) may view Generation X nurses (i.e., nurses who were born during the period 1961–1980) and Generation Y nurses (i.e., nurses who were born during the period 1980–2000) as less caring, researchers in a study of 442 nurses found no significant differences in EI among nurses who represented the Baby Boomer generation, Generation X, and Generation Y.\(^{(3)}\) (For more information on generational differences in nursing, see Evidence-Based Care Sheet: Nursing Workforce: Generational Differences.)

- Researchers of a qualitative study on EI and effective management in nursing reported on the importance of implementing emotional and social learning programs to improve nurses’ knowledge, skills, and attitudes essential to improvement in management in healthcare in order to achieve positive results, maintain positive relationships, and make accountable decisions\(^{(10)}\).

- Negative associations between the level of EI and perceived level of stress and burnout\(^{(15)}\).

- In a cross-sectional study aimed at assessing the association between EI and coping responses to stressful situations and its effect on work wellness within a nursing environment, researchers reported that nurses find it challenging to recognize and regulate their own and others’ emotions in a positive way, which led to high levels of stress.\(^{(15)}\) Evidence-Based Care Sheet: Job Stress and Burnout in Nurses.

- EI is considered to be an important leadership skill that positively influences patient care, relationships with staff nurses, and organizational functioning. (For more information, see Evidence-Based Care Sheet: Leadership and Emotional Intelligence.)

- Mindfulness has been linked to higher EI.\(^{(13)}\) Mindfulness is often referred to as a form of meditation and is commonly defined as maintaining a focus on the present moment, including attention to personal feelings, thoughts, and experiences.

- Increasing EI (e.g., through training) may lead to an improved work environment, improved quality of patient care, improved patient safety, and improved general health status among nurses\(^{(4)}\).

- Investigators exploring the effect of training regarding EI on the health status of 52 intensive care unit nurses in Iran found that nurses who had received education regarding EI reported significantly improved general health status 2 months after the teaching intervention\(^{(12)}\).

- Nurse managers who show high EI and model positive EI-related behaviors to their staff have fewer unmet patient needs, more satisfied patients, and less job dissatisfaction\(^{(11)}\).

### What We Can Do

- Learn about EI and its influence in nursing practice; share this information with your colleagues.

- Collaborate with other nurses in your working environment to increase EI in yourself and your colleagues.

- Promote the inclusion of EI development and training in nursing curricula and continuing education programs\(^{(11,15)}\).
**Coding Matrix**

References are rated using the following codes, listed in order of strength:

- **M** Published meta-analysis
- **SR** Published systematic or integrative literature review
- **RCT** Published research (randomized controlled trial)
- **R** Published research (not randomized controlled trial)
- **C** Case histories, case studies
- **G** Published guidelines
- **RV** Published review of the literature
- **RU** Published research utilization report
- **QI** Published quality improvement report
- **L** Legislation
- **PGR** Published government report
- **PFR** Published funded report
- **PP** Policies, procedures, protocols
- **X** Practice exemplars, stories, opinions
- **GI** General or background information/texts/reports
- **U** Unpublished research, reviews, poster presentations or other such materials
- **CP** Conference proceedings, abstracts, presentation

**References**