EMOTIONAL INTELLIGENCE IN NURSES – THE PSYCHOLOGIST'S VIEW

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Abstract. Emotional intelligence and its respective skills have evolved over time. In reality, this evolution goes a long way towards simplifying, as evidenced by the various studies recently carried out on the brain and emotions, which greatly clarify the neurological basis of skills (Silva, 2010).

Over the last few years, there has been a notable interest in and search for a definition of Emotional Intelligence (EI). It is important to highlight that each concept emerges from the theoretical approach that supports it, whose origins date back to social psychology and personal intelligence (Costa, 2009). We can, however, find the roots of the EI construct in the concept of "social intelligence", identified by Thorndike (1920), cited in Rego & Fernandes, 2005), based on the ability to understand and manage, acting wisely, human relationships. Mayer, Salovey & Caruso (2000), cited in Ângelo, (2007), group the models for emotional intelligence into two large groups: those of aptitudes, in line with Mayer and Salovey, which focus on mental aptitudes, emotions and in its interaction with intelligence, and mixed models, along Bar-On's line and Goleman's line, which consider mental aptitudes and a variety of other characteristics such as motivation, social activity and certain personal qualities (self-esteem, happiness , empathy, among others) as a single entity. This study seeks to identify how Emotional Intelligence relates to professional success in nursing professionals.

Keyword: Emotional intelligence; Nursing; Mental health

INTELIGÊNCIA EMOCIONAL EM ENFERMEIROS – A VISÃO DO PSICÓLOGO

Resumo. A inteligência emocional e as respetiva competências tem evoluído ao longo do tempo. Na realidade esta evolução chega muito no sentido de simplificar, como o atestam os vários estudos recentemente efetuados sobre o cérebro e as emoções, que esclarecem, em muito, a base neurológica das competências (Silva, 2010).

No decorrer dos últimos anos, é notório o interesse e a procura de uma definição de Inteligência Emocional (IE). Importa ressaltar que cada conceito emerge da abordagem teórica que a sustenta, cujas origens remontam à psicologia social e à inteligência pessoal (Costa, 2009). Podemos, no entanto, encontrar as raízes do construto da IE no conceito de "inteligência social", identificado por Thorndike (1920), citado em Rego & Fernandes, 2005), baseado na capacidade de compreender e gerir, agindo sabiamente as relações humanas. Mayer, Salovey & Caruso (2000), citado em Ângelo, (2007), agrupam os modelos para a inteligência emocional em dois grandes grupos: os de aptidões, na

linha de Mayer e Salovey, que se focam nas aptidões mentais, nas emoções e na sua interação com a inteligência, e os modelos mistos, na linha de Bar-On e na linha de Goleman, que consideram as aptidões mentais e uma variedade de outras características como a motivação, a atividade social e determinadas qualidades pessoais (autoestima, felicidade, empatia, entre outras) como uma entidade única.

Este estudo procura identificar o modo como a Inteligência Emocional se relaciona com o sucesso profissional nos profissionais de enfermagem.

Keyword: Inteligência emocional; Enfermagem; Saúde Mental

Introduction

Based on the construct of Emotional Intelligence, its competencies and skills, the aim of this research is to understand how nursing professionals are able to channel their emotions and feelings to support debilitated people, as well as to understand how Emotional Intelligence can contribute to better nursing practice.

Nurses are the health professionals who spend the most time with patients and are often people's first contact with health services. Currently, we are beginning to encourage the humanization of care, in which welcoming and respect in the professional-patient relationship are valued, not reducing nursing practice solely and exclusively to simple clinical treatment (Carvalho, 2013). However, the humanized procedure is not simple, since nursing professionals are subjected to pressure and responsibilities on a daily basis and are obviously surrounded by emotions and feelings that are sometimes difficult to classify and identify, which can originate from both the patient and the professional themselves, affecting the quality of the services provided as well as the personal lives of these professionals (Carmona-Navarro, 2012).

In addition to the nurse-patient relationship, the aim is also to understand whether emotionally intelligent nursing professionals are able to create social bonds within their work team, since there is now a greater sensitivity to looking at Emotional Intelligence as a way of promoting and developing the team (Goleman, 1995).

In order to respond to the objectives presented above, an interview was developed following the reflective analysis of several articles, which were then applied to ten psychologists. The basic idea was to contrast the answers given by the interviewees with the main results of the state of the art.

A brief historical overview

From the 19th century onwards, there was a growing interest in human intelligence, especially when Herbert Spencer and Francis Galton suggested a general and superior human capacity. Galton understood intelligence as the reflection of sensory and perceptual abilities transmitted genetically. Like him, Raymond Cattell also believed that tests based on simple mental skills (such as reaction times, sensory discrimination and word association) could be important predictors of academic performance. However, later studies showed that scales based on simple skills were not predictors of academic success and were not suitable for measuring intelligence (Carroll, 1982). After investigating the mental tests devised by these and other researchers, Alfred Binet concluded that scales that included more complex skills and everyday activities would be more suitable for measuring intelligence. In 1905, he and Théophile Simon created the first satisfactory intelligence test at the request of the French Ministry of Education, which aimed to diagnose children in need of specialized education (Matthews et al., 2002). The Binet-Simon scale included items covering language comprehension and verbal and non-verbal reasoning skills. This test has formed the basis of future research and has been used in several countries and languages. After a few years, research began into the mental assessment of adults, especially when, in 1939, David Wechsler created the Wechsler Adult Intelligence Scale (WAIS), which was also revised

later. With regard to its definition, it is possible to see two theoretical currents. Some authors have defined it as a general capacity for understanding and reasoning, while others have described it as involving several mental capacities that are relatively independent of each other. Binet and Wechsler were supporters of the first assumption. Similarly, in 1904, Charles Spearman suggested the existence of a general intelligence factor (g), which would permeate performance in all intellectual tasks. According to him, people would be more or less intelligent depending on the amount of g they had. Spearman was especially interested in the psychological nature and interpretation of the mental component that tends to produce positive correlations between the various tests. Through various studies, he suggested that g was a central and supreme factor in all measures of intelligence, which represented the capacity for reasoning or the genesis of abstract thought (Carroll, 1982; Sternberg, 1992). However, in 1938, Thurstone criticized Spearman's general intelligence and postulated that intelligence could be broken down into several basic abilities through factor analysis. Thurstone identified seven factors (verbal comprehension, verbal fluency, numerical aptitude, spatial visualization, memory, reasoning and preceptive speed) and created the Basic Mental Abilities Test (Butcher, 1968/1974). Similarly, Guilford (1967) proposed that intelligence comprises 150 factors. Gardner (1995) created the theory of Multiple Intelligences, which are independent of each other and operate in separate blocks in the brain, obeying their own rules: logical-mathematical, linguistic, musical, spatial, bodily-kinesthetic, intrapersonal and interpersonal intelligence. Neisser et al. (1996) proposed that people differ in their ability to understand complex ideas, to adapt to the environment, to learn from experience, in the way they conduct their reasoning and solve problems through thought. However, even if these individual differences are substantial, they are rarely consistent, since a person's intellectual performance varies on different occasions and in different domains. Thus, many current theorists (Campione, Brown, & Ferrara, 1982; Gardner, 1995; Mayer & Salovey, 1997) have suggested the existence of many intelligences, which constitute systems of abilities. In a document issued by the American Psychological Association (APA), it was emphasized that little is known about the possible forms of intelligence, and that current tests would only be able to capture some of these intelligences, suggesting the existence of others, which would have been much less studied and understood (APA, 1997). According to Campione et al. (1982), academic intelligence is one of the possible forms of intelligence (not the only one). In 1997, Sternberg pointed out that one of the most important characteristics of intelligence is the ability to think abstractly. Following this premise, Mayer, Salovey, Caruso and Sitarenios (2001) pointed out that abstract reasoning would only be possible through an input or entry of a stimulus (information) into the system, so that different intelligences would be defined according to what enters and is processed in the system. The authors argued that the incoming information could be verbal, spatial, social and emotional, among others. One of the first attempts to broaden the concept of intelligence beyond general intellectual abilities (usually related to academic skills) was carried out at the initiative of Thorndike (1936). He proposed Social Intelligence (SI) as the ability to perceive one's own and others' emotional states, motives and behaviors, as well as the ability to act on this information optimally. Above all, IS reflects the ability to decode information from the social context and to develop effective behavioral strategies with a view to social goals (Siqueira et al., 1999). Sternberg and Salter (1982) had already pointed out that a large part of intelligence consists of solving a variety of problems presented in different social contexts. Sternberg (1997) argued that human beings are essentially social; and the absence of social skills could mean an important limitation in the capacity for successful social adaptation. Thus, recognizing (as we do) the importance of these skills, it is worth highlighting the role of emotions in social adaptation and intelligent behavior.

Emotion

As Matthews et al. pointed out. (2002), in order to understand EI, it is necessary to be clear about the concept of emotion. In addition, the very multidimensional aspect of emotions would lead to a complex conception of EI. According to Fortes D'Andrea (1996), few psychological facts can compare with emotions, because they mark out important events in our lives, but more than that, they influence the way we react to these experiences. Smith and Lazarus (1990) argued that they can have an important impact on people's subjective well-being, physical and mental health, social interactions, as well as influencing problem-solving capacity. Campos, Campos and Barret (1989, cited in Garber & Dodge, 1991) suggested that emotions are responsible for a person's relationships with the external environment, as well as for maintaining or interrupting them. For these authors, the coordination of multiple processes is a main characteristic of emotion. As such, emotion corresponds to a complex psychobiological reaction, involving intelligence and motivation, the impulse to act, as well as social and personality aspects, which, accompanied by physiological changes, express a significant event for the subject's subjective well-being in their encounter with the environment. From this perspective, emotion is partly biologically determined and partly the product of human experience and development in a sociocultural context (Smith & Lazarus, 1990). Lopes, Brackett, Nezlek, Schütz and Salovey (2004) pointed out that emotional competencies are essential in social interactions because emotions fuel communicative and social functions, as well as containing information about people's thoughts and intentions. According to the authors, positive and satisfactory social interaction requires individuals to perceive, process and handle emotional information intelligently. The view that emotional competencies are crucial for adaptation has sparked interest in the topic of emotional intelligence and inspired many social and emotional learning programs in schools and work environments.

The Emotional Intelligence construct

In a short period of time, the term Emotional Intelligence has entered the vocabulary of various segments of society. The concept of Emotional Intelligence dates back to 1980, when Howard Gardner developed his theory on multiple intelligences. This concept derives from the broad construct of Social Intelligence described by Thorndike as the result of an adaptive interaction between emotion and cognition, which includes the ability to perceive, assimilate, understand and manage one's own emotions, and the ability to detect and interpret the emotions of others (Mayer & Salovey, 2002).

The term Emotional Intelligence became known in the 1990s through the work of Goleman (1995) entitled "Emotional Intelligence". Soon after the release of this book, the term was quickly disseminated in various segments of society. Emotional intelligence characterizes the way people deal with their emotions and becomes an alternative way of being intelligent, not in terms of IQ, but in human qualities of the heart (Goleman, 1995).

Goleman (2001) defines Emotional Intelligence as the ability to recognize one's own feelings and those of others, to motivate oneself and to manage emotions well in oneself and in relationships.

Emotional Intelligence (EI) has been attracting increasing interest in academic literature (Barros & Sacau-Fontenla, 2021), breaking all records for growth in the field in the social sciences, and academically, it has become the focus of study for many of the world's most prominent psychologists. This is because, for several decades, Cognitive Intelligence has been seen as the fundamental factor in determining individual success.

Emotional intelligence as a professional tool

Nowadays, in an era characterized by technology and competitiveness, but with low levels of employment, investment in Emotional Intelligence has emerged as a promising alternative for increasing employability potential. Several educational institutions are therefore offering Emotional Intelligence education as an attractive option. There are numerous lectures, seminars

and workshops that offer advice on how to increase Emotional Intelligence as a working tool (Roberts et al., 2002).

According to research carried out by Rego & Fernandes (2005), successful learning and high performance result from the synergistic union of rational and emotional skills. However, the combination of Intellectual Quotient (IQ) and EI also shows greater variation in nurses' professional performance when compared to IQ. According to research by Van Der Zee, et al. (2002, cited in Ângelo, 2007), the validity of emotional intelligence in predicting success in nursing is a fact. However, the controversy surrounding their relationship is also clear. Ângelo (2007) cites research carried out by the author Mayer on the importance of emotional intelligence in various areas, which states that emotional intelligence is related to greater academic and professional success. In agreement with these authors are the studies carried out by Parker et al. (2004), which show a strong correlation between the two variables. Another study by Parker et al. (2006) adds that EI is significantly related to not abandoning nursing. On the other hand, there is the work carried out by Newsome et al. (2000), cited in Ângelo (2007), O`Connor & Little (cited in Ângelo, 2007) and by Amelang & Steinmayer (2006) who state that there is no or a weak correlation between the two variables. The results of the study carried out by Ângelo (2007) corroborate the results of the study by Amelang & Steinmayer (2006). This research shows that there is no statistically significant positive correlation between emotional intelligence and success in nursing, which is due to other factors. In these studies, cognitive abilities and personality emerge as overall predictors of success. Yet another study, this time by Petrides, Frederickson & Furnham (2004), found a greater correlation between EI and success in nursing in students with lower verbal intelligence and in subjects such as literature and art.

Emotional intelligence as a factor in professional well-being

The literature has shown a strong relationship between emotional intelligence and well-being (Lanciano & Curci, 2015; Sánchez-Álvareza, Extremera & Fernández-Berrocal, 2015; Barros & Sacau-Fontenla, 2021).

It should be reiterated that both involve a panoply of emotional skills that effectively use emotion information, allowing individuals to use adaptive coping strategies in stressful life events. Thus, a good use of emotional skills makes it possible to experience high levels of positive states, and to reduce the levels of negative states, creating a feeling of general well-being (Zeidner, Matthews & Roberts, 2012). In other words, in concrete terms, this means that individuals' perception of their ability to process emotional information is associated with their subjective well-being.

Given this relationship, it is possible that the link between Emotional Intelligence and levels of general well-being is explained by engagement. Thus, the state of involvement with nursing can prevent the individual from focusing on negative events, creating a state of positive affect. This effect is known as the Spillover Effect, which emphasizes that positive and negative experiences lived in one domain can be transferred to another domain (Edwards & Rothbard 2000). In other words, experiences in the professional/academic field can affect the quality or lack of it in other areas of life.

Methodology

The general objective of this study is to analyze emotional intelligence in nursing professionals, and the specific objective of this research is to verify whether emotional intelligence is actually an advantage in the professional sphere.
Taking into account the aim of getting closer to the phenomenon, with the ultimate goal of understanding its different characteristics, it was considered that the most appropriate

methodological approach to use in this research would be qualitative (Cunha and Santos, 2019). This study was based on the application of an interview, with open questions, which was applied in accordance with the general rules of qualitative analysis. Informed consent was sought by writing a brief introduction, stating that the sample should only be made up of psychologists, professionals from public hospitals, who usually work closely with nursing professionals. In this brief introduction, it was also made clear what kind of data was to be collected, that all responses would be mandatory and that total confidentiality would be safeguarded. The sample consisted of 21 psychologists, mostly women, in a ratio of 61% to 39%, with an average age between 41 and 50.

Discussion of results

In terms of characterizing the general profile of the sample, we can see this in table 1 below:

Table 1

Characterization of the sample

Table 1_Characterization of the sample (N=10) Variable	Frequency	Percentage
Age		
Up to the age of 30	1	5%
31 to 40 years old	2	10%
41 to 50 years old	15	70%
More than 51	3	15%
Sex		
Female	13	61%
Male	8	39%
Marital status		
Married	15	70%
Divorced / Separated	2	10%
Single	1	5%
De facto union	3	15%
Children		
No	1	5%
Yes	14	95%
Area of residence		
Azores	1	5%
Algarve	2	10%
Lisbon Metropolitan Area	12	55%
Center	3	15%
Madeira	1	5%
North	2	10%

With regard to age, it can be seen that the majority of the sample is made up of women up to the age of 50 (13 respondents, corresponding to 61% of respondents). There is therefore a balance between the two sexes. However, the fact that the number of women (61%) is higher than the number of men (39%) is not intended to be statistically proportional, but it does respect the trend indicated by the National Statistics Institute (INE 2022). With regard to the sociodemographic characterization of the sample, it seems important to understand its origin in terms of marital status. As a result, it can be seen that 70% of the sample is made up of married individuals, 15% live in a de facto union, 10% are divorced and the rest are single. As far as the area of residence is concerned, it can be seen that most of the psychologists surveyed live in the Lisbon Metropolitan Area (55%).

Perception of the real meaning of the Emotional Intelligence construct

With regard to the interview questions, the first concerned whether people in general had any idea of the construct of Emotional Intelligence, what it actually means.

The majority of the sample answered no. The sample believes that what is most valued is still the work of accomplishment and, despite noting that nowadays the media publicize works and projects in the field of Emotional Intelligence, they say that they are not contextualized and, therefore, information about what this concept really is is not passed on to the population.

Dimensions and skills of the Emotional Intelligence construct

Some of the dimensions identified and studied in the literature consulted are coping strategies, self-efficacy and empathy in nurses. The interviewees were asked if they thought it was important to have training and workshops on the variables described above and how important these are in the work context, specifically in nursing, and the idea highlighted by the psychologists was that it is very important to work on these types of skills, especially empathy. According to the literature consulted, empathy is a very important prerequisite in the act of nursing, i.e. the ability to read the emotions of others, to put oneself in their shoes in order to understand their thoughts, emotions and feelings allows skills and strategies to be developed that improve the supportive relationship that nurses establish with their users (Giménez-Espert, 2017).

Intervention in the field of Emotional Intelligence: Relationship with other dimensions of life

When asked whether training in Emotional Intelligence is adequately provided to health professionals, more specifically nursing professionals, the psychologists said that health technicians are already starting to pay more attention to issues of dealing with users. However, in his opinion, there are differences in interpersonal relations between the National Health Service and private healthcare provision. He believes that in the latter, precisely because it is private, there is greater awareness in the approach to others.

Within this category of analysis, psychologists were asked whether, looking at their professional experience, Emotional Intelligence is seen as less important than other aspects of professional life. In general, the sample said that EI is currently seen as less important because, according to their experience, what is valued is achievement and the results to be achieved, quoting one of the psychologists "... *they don't care what the professional is feeling, what they think, how our consultations are, what they care about is the results, they want to achieve the objectives ...*".

The reality is that nowadays having a high IQ and technical skills is not enough for success, and the 21st century approach is looking for emotionally competent people, as they are more efficient and effective when dealing with problems. Since the 1990s, Mayer and his co-authors have published studies on emotional skills and their dynamic relationship with reason, but these types of studies are not considered as relevant as others (Celik, 2017). Thus, the interviewees' response is in line with the data shown in the literature review.

Emotional Intelligence and gender differences

In terms of gender differences, the literature analyzed reveals gender differences with regard to Emotional Intelligence and its competencies (Giménez-Espert, 2017), which is in line with the response of the psychologists interviewed who consider that women have more empathy and are better able to deal with situations.

Intervention in the field of Emotional Intelligence and its skills: Training and workshops

The literature review found that Emotional Intelligence scores and coping strategies develop and increase with training (Sarabia-Cobo, 2017). Also according to this author, it can be

concluded that nursing professionals who undergo interventions/workshops in these areas improve their interpersonal relationships with their patients. According to the sample, health professionals, specifically nurses, are increasingly subject to training in the area of EI, as mentioned by Sarabia-Cobo (2017).

One of the issues also raised during the interview was the importance of this training. The sample agreed in unison that these courses develop the skills and competencies needed to deal with stressful situations. Psychologists agree that this type of training should be included in the degree, but that it is still important in the course of professional activity, raising awareness of the stress these professionals are subjected to on a daily basis. When analyzing the literature, it was found that the psychological burden faced by nurses on a daily basis does affect their quality of life and their performance, i.e. it affects intra- and interpersonal relationships (Carmona-Navarro, 2012).

Emotional Intelligence and its relationship with leadership and performance

Another very important aspect of Emotional Intelligence is its impact on leadership and the development of relationships between employees. After interviewing the sample of psychologists, it can be seen that there is a general opinion that having a cohesive, motivated and attuned team, reflected in greater agility in solving problems, is fundamental. The literature review shows exactly that; social and emotional learning programs can help improve self-awareness, confidence, control emotions, disturbing impulses and increase empathy, as well as improving their cognitive and psychosocial development. High Emotional Intelligence is reflected in better social tools and professional cooperation (Celik, 2017).

The concept of Burnout and its relationship with emotional skills

The concept of burnout has become a phenomenon that cuts across many professions. According to the author Zhu (2016), an attempt was made to understand the relationship between Emotional Intelligence and some of its skills and competencies with satisfaction in the workplace, also relating it to the possibility of Burnout. The research carried out by this author showed that most nurses were not really satisfied with their work and that many even felt close to emotional exhaustion, which can lead to burnout syndrome.

In fact, nurses, as first-line professionals supporting sick people, are increasingly suffering from stress, pressure and other problems that often lead to exhaustion and even depression (Sarabia-Cobo, 2017). When confronted with this very topical issue, the interviewees agree that the existence and provision of training in emotional competencies and skills would be an asset in terms of reducing this syndrome.

Conclusion

Reflexively analyzing the answers given by the interviewees and comparing them with the researched literature, it emerged that although the construct of Emotional Intelligence was defined in the 1990s, there is still a long way to go in terms of its conceptual and analytical understanding. This can be seen both in the literature, where many articles refer to the importance of the need for more studies, and in the answers given by the interviewees.

Psychologists who were interviewed were unaware of the way in which training in emotional intelligence and the respective competencies are developed among health professionals, particularly nurses. However, the sample generally shows curiosity about the topic and hopes that nursing professionals are being made aware of aspects related to their emotions, as well as those of their patients, in order to make nursing practice more humanized and, consequently, more efficient.

The main conclusion to be drawn from this research is that, although there are many studies

on Emotional Intelligence, its competencies and skills, it is still necessary to invest in more scientific knowledge on the subject, which will make it possible to develop more training, more interventions to strengthen the emotional dimensions that are extremely important in nursing practice, making it more humanized and effective.

As this research draws to a close, we would like to outline some of the limitations encountered during the course of this study. In particular, the difficulty in finding professionals willing to take part in the interview. Therefore, in future research it would be interesting to present larger samples, representative of Portugal, as well as delving deeper into the phenomena studied here.

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