

Emotional Intelligence and its Relationship to Psychological Hardiness among nurses

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Abstract

Background: The nursing profession is one that requires a unique combination of emotional intelligence and psychological hardiness. Nurses are often required to manage their own emotions, as well as the emotions of their patients and their families. They must also be able to remain committed to their goals, maintain a sense of control over their work, and view challenges as opportunities for growth. Therefore, the study aims to investigate the relationship between emotional intelligence and psychological hardiness among nurses.

Methods: A descriptive correlational study conducted at the Medical city hospitals in Baghdad city on a sample of (156) nurses who were selected randomly from the medical city hospitals. The validity of the questionnaire was verified by experts to prove its validity and its reliability was verified through a pilot study. The total number of items included in the questionnaire was 45 items of emotional intelligence and 46 items for psychological hardiness. Data were collected using self-reported questionnaire and analyzed by applying descriptive and inferential statistical analysis.

Results: The results show that the majority of nurses are between the ages of 25 and 35, female (64.7%), and married (54.5%), and are associated with a high socioeconomic status (67.9%), it also shows that the majority of nurses in the sample have a diploma in nursing (42.3%), work in medical wards (44.2%), and have 5 or more years of experience (64.1%). Results showed that nurses had a moderate level of emotional intelligence and psychological hardiness and there is a strong positive correlation between emotional intelligence and psychological hardiness.

Conclusions: The study concluded that there is a positive correlation between emotional intelligence and psychological hardiness among nurses meaning that the psychological hardiness increase with increasing emotional intelligence.

Keywords: Emotional Intelligence • Psychological Hardiness • Nurses

Introduction

The 21st century has brought an increase in the pace of life and higher levels of stress for many individuals, which can lead to negative health outcomes [1]. The nursing profession is considered to be a highly stressful field due to the nature of the job, occupational stressors are due to the long working hours, high workload, emotional and physical demands, organizational challenges, and potential negative effects on mental and physical health. Nurses are an integral part of the healthcare system, providing essential care to patients and often working under stressful and challenging conditions [2-7]. Emotional intelligence and psychological hardiness are two psychological constructs that have been linked to better mental health outcomes and greater resilience in the face of stress [8].

Nurses who possess high levels of emotional intelligence are better equipped to communicate effectively with patients, understand their concerns and needs, and provide them with the emotional support they require [9-12]. This is especially important in healthcare settings where patients may be going through a range of emotions related to illness, injury, or medical treatment. By demonstrating emotional intelligence, nurses can create a supportive and caring environment for patients, which can ultimately lead to better outcomes

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and higher patient satisfaction [13,14]. In addition to emotional intelligence, nurses possessing high levels of psychological hardiness is essential for dealing with the demands of the job. Nurses are often exposed to high levels of stress, long hours, and emotionally charged situations, which can lead to burnout and decreased job satisfaction. By possessing high levels of psychological hardiness, nurses are better able to cope with the demands of the job and avoid burnout. This can lead to better job satisfaction, improved patient outcomes, and a healthier work environment [15-18].

Method

Design

A descriptive correlational study has been conducted in the Medical City hospitals in the city of Baghdad to assess the relationship between emotional intelligence and psychological hardiness among nurses. Data were collected from September to last November 2022. A consent was obtained from the nurses to participate in the study. A sample of (156) nurses was randomly selected throughout the probability approach from the Baghdad Teaching Hospital, Ghazi al-Hariri hospital for surgery specialist, Gastroenterology and Hepatology Hospital, Oncology Teaching Hospital, Children Welfare Teaching Hospital, and specialized burns hospital. The Scientific Research Ethical Committee at the University of Baghdad, College of Nursing has approved the study to be conducted.

Study Instrument

The study collected data from nurses using three different instruments. The first part collected sociodemographic information including age, gender, marital status, monthly income, educational qualification, ward, and years of experience. The second part used a 45-item Emotional Intelligence (EI) scale, which measured six areas of EI, including general mood, stress management, adaptability, intrapersonal skills, interpersonal skills, and positive impression of

oneself. The third part used a 46-item Psychological Hardiness scale to screen for psychological hardiness based on three domains: commitment, challenge, and control. Both the EI and Psychological Hardiness scales were rated using a Likert scale and were evaluated according to the responses' percentages of the items. Scores were assessed as high, moderate, or low, based on the percentages of the mean.

Data Collection

Data collection began after the hospital authorities granted permission. The purpose of the study was conveyed to the participants (Nurses) prior to data collection in order to gain their consent to participate. Using self-administered questionnaire data was collected from the study participants.

Statistical Analysis

The Statistical Package for Social Sciences was used to examine the data (SPSS, version 26). Data was evaluated using descriptive and inferential statistical approaches. The reliability of the questionnaire was determined using the correlational coefficient, and the level of statistical significance was set at 0.05.

Result

This table reveals that nurses are with age group of "20 – less than 30 years" as reported among 56.4% of them; the average age is referring to "31.8 ± 9 years". The gender variable shows that 64.7% of nurses are females and remaining are males. Regarding marital status, more than half of nurses are

Table 1. Distribution of Nurses according to their Socio-demographic Characteristics.

List	Characteristics		f	%	
1	Age	20 – less than 30 year	88	56.4	
		M±SD= 31.8 ± 9	30 – less than 40 year	31	19.9
		40 – less than 50 year	27	17.3	
		50 year or more	10	6.4	
		Total	156	100	
2	Gender	Female	101	64.7	
		Male	55	35.3	
		Total	156	100	
		3	Marital status	Unmarried	69
Married	85			54.5	
Divorced	1			0.6	
Widowed/er	1			0.6	
Total	156			100	
4	Socioeconomic status	Low	28	17.9	
		Moderate	22	14.1	
		High	106	67.9	
		Total	156	100	

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Table 2. Distribution of Nurses according to their Professional Characteristics.

List	Characteristics		f	%
1	Nursing qualification	Nursing secondary school	32	20.5
		Diploma	66	42.3
		Bachelor	48	30.8
		Postgraduate	10	6.4
		Total	156	100
2	Workplace	Medical ward	69	44.2
		Surgical ward	38	24.4
		Critical care ward	49	31.4
		Total	156	100
3	Years of experience	Less than 5 years	56	35.9
		5 years and more	100	64.1
		Total	156	100

f: Frequency, %: Percentage

married (54.5%) and most of remaining are still unmarried (44.2%). Concerning socioeconomic status for nurses, 67.9% of them associated with high socioeconomic status.

This table indicates that the highest percentage of nurses are graduated with "diploma" in nursing as reported among 42.3% of them and 30% of them are graduated with "bachelor" degree in nursing. The workplace related finding refers that 44.2% of nurses are working in medical wards, 31.4% are working in critical care wards, and 24.4% are working in surgical wards. Concerning years of experience, 64.1% of nurses have "5 and more" years of experience while remaining have less than five years of experience.

This table manifests that there is high significant relationship (strong positive) between emotional intelligence and psychological hardiness among the nurses as seen with high significant positive correlation at p-value = 0.001 respectively.

This figure describes the positive relationship between emotional intelligence and psychological hardiness; the psychological hardiness increase with increasing emotional intelligence.

Discussion

Table 1 presents findings of a data analysis on nurses, which show that a majority of nurses are aged between 20 and less than 30 years, with a higher percentage of females. The data also reveal that most nurses are married, and associated with a high socioeconomic status. Nursing is a female-dominated profession due to historical gender stereotypes and preconceptions, and nursing culture being ruled by women [19-21]. The demand for trained nurses has increased globally, resulting in better income and benefits, and nurses specializing in certain areas can earn higher salaries [22,23]. (Table 2) indicates that the majority of nurses in the sample possess a diploma rather than a higher degree in nursing, with several possible reasons for this, including accessibility, affordability, and administrative facilitation [24]. The majority of nurses work in medical wards, and this could be due to the greater demand for medical wards in healthcare facilities, as well as the basic level of nursing knowledge and skills required for this type of work. The majority of sample nurses have 5 or more years

Table 3. Overall Assessment of Emotional Intelligence among Nurses.

Emotional Intelligence	f	%	M	SD
Low	1	0.6	104	9.467
Moderate	91	58		
High	64	41		
Total	156	100		

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score

Low= 45 – 75, Moderate= 75.1 – 105, High= 105.1 – 135

This table indicates that nurses are associated with moderate emotional intelligence as reported among 58.3% of them (M±SD= 103.83 ± 9.467).

Table 4. Overall Assessment of Psychological Hardiness among Nurses.

Psychological hardiness	f	%	M	SD
Low	0	0	105.31	10.349
Moderate	90	57.7		
High	66	42.3		
Total	156	100		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation for total score

Low= 46 – 76.66, Moderate= 76.67 – 107.33, High= 107.34 – 138

This table manifests that nurses show moderate level of psychological hardiness as reported among 57.7% of them (M±SD= 105.31 ± 10.349).

Table 5. Correlation between Emotional Intelligence and Psychological Hardiness among Nurses (N=156)

Scales	Spearman Correlation	p-value
Emotional Intelligence		
Psychological Hardiness	.599**	0.001

** Correlation is significant at the 0.01 level (2-tailed).

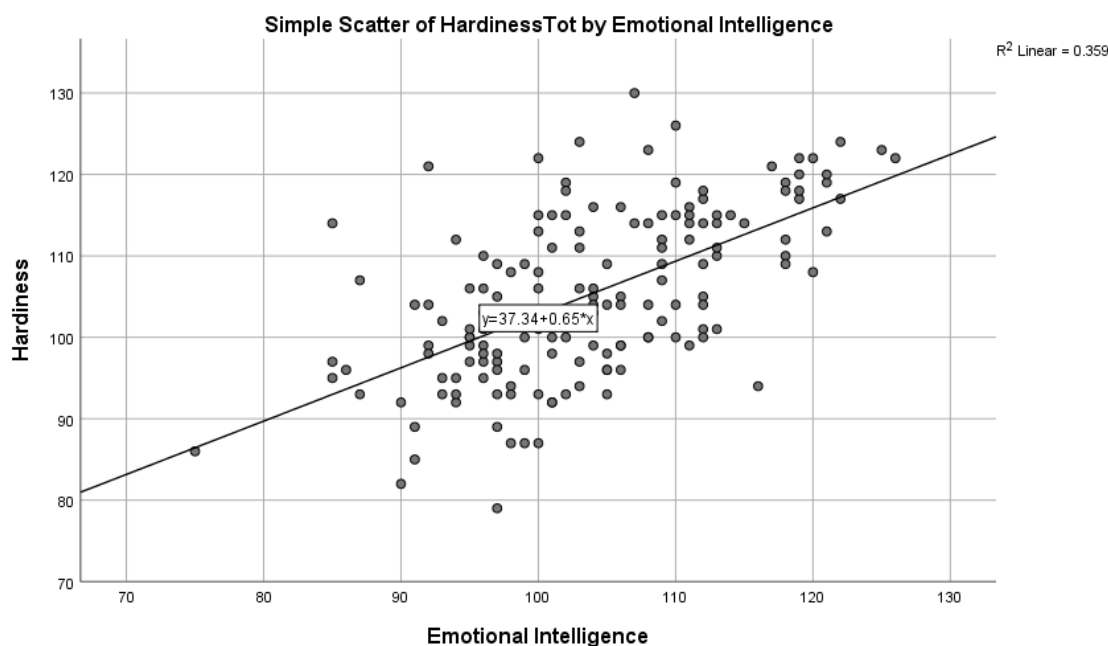


Figure 1. Scatter of Psychological Hardiness by Emotional Intelligence

of experience, which could be due to factors related to the nursing profession, career advancement opportunities, and job market conditions [25,26].

Table 3 shows that (58.3%) of nurses were associated with a moderate level of emotional intelligence, while (41%) had a high level of emotional intelligence and only (0.6%) are associated with low emotional intelligence. The mean score for the total EI was 103.83 ± 9.467 , indicating a moderate level of EI among nurses. Which agrees with [27]. who have conducted a cross sectional study in Tehran to assess emotional intelligence of nurses taking care of covid-19 patients, the study concluded that the nurses EI was moderate. A study of emotional intelligence and work performance of nurses in Xishuangbanna city, China have also reported that the total EI scores were in the moderate range [28].

Table 4 shows the psychological hardiness levels of 156 nurses using three domains: commitment, challenge, and control. Results showed that the nurses had a moderate level of psychological hardiness overall, with moderate levels observed in each domain. The findings may have implications for the nurses' ability to cope with stress and adapt to changes in their work environment. The researcher suggests that several factors may contribute to the nurses' moderate level of psychological hardiness, including the nature of nursing work, lack of work-life balance, and individual differences. The study's findings were consistent with another recent study [29], who reported a moderate level of hardiness, but differed from a study conducted in Indonesia [30], who found that most nurses reported a high level of hardiness.

Table 5 shows that there is a strong positive correlation between Emotional Intelligence and Psychological Hardiness among nurses, as measured by the Spearman correlation coefficient. The p-value for this correlation is statistically significant, indicating that the relationship between the two variables is unlikely to have occurred by chance alone. The explanation for this correlation is that emotional intelligence and psychological hardiness share similar abilities, traits, and behaviours related to regulating emotions and coping with stress. Individuals with high emotional intelligence are more likely to be aware of their emotions, manage them effectively, and develop coping strategies. Similarly, individuals with high psychological hardiness tend to approach stressors with a sense of control and challenge. Therefore, it is likely that individuals who possess high levels of emotional intelligence are also more likely to possess high levels of psychological hardiness, and vice versa. This finding is consistent with previous studies that have also reported a strong positive correlation between emotional intelligence and psychological hardiness among nurses [31,32].

Conclusion

The study found that the majority of nurses had a moderate level of emotional intelligence and psychological hardiness. Results also showed that

there is positive relationship between emotional intelligence and psychological hardiness among nurses.

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