Assessment of Nursing Teachers' Emotional Intelligence

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Abstract

Background: Emotional Intelligence is an array of non- cognitive capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures. **Aim of the study**: This study aims to assess nursing teachers' emotional intelligence. **Design:** descriptive research design was used. **Setting:** This study conducted at Secondary Technical Nursing Schools affiliated to the ministry of health at El- Behira Governorate **Subjects:** Total study subjects included 120 nursing teachers. **Research question:** Is there change in nursing teachers' emotional intelligence after implementing the training strategies? **Tool of data collection:** this study was collected by using Bar-On Emotional Quotient Inventory-Short. **Result:** There was a statistically significant relation between the educational level and stress management dimension in the preprogram phase. There were statically significant relations between years of experience and adaptability dimension, general mood dimension. Moreover, there was a statically significant relation between years of experience and total emotional intelligence. There is a highly statistically significant relation between nursing teachers' experience years and their total emotional level in pre intervention phase. **Conclusion:** Majority of nursing teachers had low emotional intelligence level regarding general mood, more than half of them low emotional intelligence level regarding adaptability and intrapersonal emotional intelligence. **Recommendations:** enhance nursing teachers' participation in social and cultural activities, conduct training program about emotional intelligence strategies for nursing teachers in nursing schools.

Keywords: Assessment, Emotional Intelligence, Nursing teachers.

Introduction

Emotional intelligence is defined as the awareness of an individual of his emotions and other's emotions and therefore the ability to recognize and control them to promote emotional and intellectual growth *(Cejudo, 2018).* Conjointly it's the ability to express sympathy for others, emotional intelligence issues the the method of one's appraisal of his own and others' emotions, expressing feelings suitably, process emotional information and regulation of emotions to form the life better *(Ebrahimi, et al., 2018).*

In healthcare, there is a need to have effective leaders, a trusting environment with a valuable team, critical thinking, and quality patient and family centered care. Studies have shown that there is a correlation between emotional intelligence and positive patient outcomes. This includes clinical outcomes, patient satisfaction and the ability to develop therapeutic relationships. Team performance and morale have also been found to be related to emotional intelligence, including positive conflict resolution rather than hostile environments or horizontal violence. Nursing retention, job satisfaction, and engagement have also been associated with emotional intelligence *(Codier, 2017; Raghubir, 2018).*

Nursing teachers must teach emotional intelligence and that further empirical evidence is necessary to identify the best EI competency teaching strategies, to be self- aware, a person must recognize his or her behaviors and how they affect others. To develop therapeutic relationships, which are the cores of the nursing role, nurses must be able to understand themselves in the context of their environment *(Fitzpatrick, 2016).*

The concept of emotional intelligence (EI) deals with the person ability to understand and express emotions constructively, the ability to understand others feelings and establish cooperative interpersonal relationships, it also deals with the ability to manage and regulate emotions in an effective manner, the ability to cope realistically with new situations and ability to be sufficiently optimistic, positive and self-motivated in order to set and achieve goals *(Kumah, 2016).*

Emotional intelligence is what we use when we empathize with our coworkers, have deep conversations about our relationships with significant others, and attempt to manage an unruly or distraught child. It allows us to connect with others, understand ourselves better, and live a more authentic, healthy, and happy life. Emotional Intelligence is the ability to observe one's own and other's thinking and actions. It embodies associate individual's ability to understand emotions accurately, appraise, and categorical, the power to come up with feelings that facilitate thoughts; the ability to know emotion and regulate emotions to push emotional and intellectual growth *(Perkins, 2018).*

Nursing teachers need to display a commitment to lifelong learning, exercise leadership and be concerned with the scholarly development of the discipline. They should have a strong knowledge base in theories of teaching, learning and evaluation; be able to design curricula and programs that reflect sound educational principles; be able to assess learner needs; be innovative; and enjoy teaching *(Raghubir 2018)*.

According to the Bar-On model, emotional intelligence pertains to the emotional, personal, and social dimensions of general intelligence. Emotional intelligence involves abilities, competencies and skills related to understanding oneself and others, relating to peers and family members, and adapting to changing environmental situations and demands. BarOn model consists of five dimensions, Intrapersonal dimension, Interpersonal dimension, Stress Management dimension, Adaptability dimension, and General Mood dimension, *(Psychology Resource Centre.2018).* The training was outlined because it is a planned program or method designed to boost performance at the individual, cluster or structure level. Improved performance successively, implies that there are measurable changes in data, skills, perspective and/or social behaviors. It refers to transient teaching-learning experiences that take place throughout the operating at intervals the work setting *(Kainer, Binnqüist, and Dain, 2018)*

Significance of the Study

Emotional intelligence is probed as an important characteristic for building successful nursing teachers, enhancing nursing performance and reducing nurse burnout. However, in Egypt, few researches handled (EI). But still nursing teachers have no idea about emotional intelligence and it's applications in their workplace. Assessment of nursing teachers' emotional intelligence is crucial for determining their level of understanding of EI and the extent to which they can apply EI when dealing with work situations. So, the current study was carried out as an attempt to assess nursing teachers' emotional intelligence.

Aim of the study

This study aimed to assess nursing teachers' emotional intelligence.

Research question:

Is there change in nursing teachers' emotional intelligence after implementing the training strategies?

Research design:

A quasi experimental research design on one group with pre-posttest was used to conduct this study.

Setting:

This study was conducted at 15 Secondary Technical Nursing Schools affiliated to the ministry of health at El- Behira Governorate (Damenhour Boys, Damenhour Girls, El- Mahmodia, Rashid, Kafr El-Dawar, El-Delngat, Shoprakhit, El- Rahmania, Al-

Tahrer, Abo Homos, Edko, Abo-El Matamer, Kom Hamada, Etai El- Barod, and Hosh-Aisa).

Subjects:

The subjects of this study included (120) nursing teachers. All available nursing teachers who are working in the nursing School at El-Behera Governorate from different degree classified as: technical (10), bachelor (100), and master (10).

Tool of data collection:

Data in this study was collected by using Bar-On Emotional Quotient Inventory-Short. This tool aimed to assess the emotional and social intelligence of nursing teachers. This tool developed by *(*Bar-*On, 2002, Ahmed, 2016)*. It include of two parts: Part 1: aimed at collecting data regarding socio demographic characteristics of the study subjects such as the name of the school, gender, age, marital status, educational level, previous attendance of training courses, and years of work experience. Part 2: It was categorized into 51 items distributed across 5 domains which as follows: Intrapersonal domain (11), Interpersonal domain (9), Adaptability domain (11), Stress management domain (8), and General mood domain (12).

❖ **Scoring system**

Nursing teachers' response was measured on a five-point likert scale ranging from (very seldom or not true for me) to (very often true for me or true for me). They scored 1 to 5 respectively. The scores of items were summed up and the total score was divided by number of the items, giving the mean score for the part. The scores were converted into a percentage score. Emotional intelligence was considered high if the percentage score was more than 75%, moderate level if the participant had a total score ranging from 60 to 75%, and low level if the participant had a total score less than 60%, *(Eldidi, 2005).*

Content Validity

Arabic forms were validated for the tool by translating to Arabic followed by reverse translation by another researcher back to English to ensure matching of the original and re-translated forms, both translations from English to Arabic and from Arabic to English were done by different professional translators independently and then matched by a third professional translator *(Ahmed, 2016).*

Content Reliability:

The reliability of the EI scale was conducted through testing its internal consistency using Cronbach alpha coefficient. It showed a very high reliability (0.711).

Pilot study

A pilot study was conducted to examine the applicability, clarity of language, test the feasibility of the designated tool, estimate the time needed to fill in the questionnaires by each participant and identifying potential obstacles and problem that may be encountered during the period of data collection. The pilot study was carried out on twelve nursing teachers who represent about10% of total study sample. These twelve nursing teachers were included in the main study sample. Data obtained from the pilot study was analyzed, and no modifications were done. The time consumed for fulfilling the study tool was ranged between 20- 30 minutes.

Fieldwork

The actual field work of the study was started from 14th October, 2018 and completed on 14th November, 2018. The researcher introduced herself to the study subjects and explained the aim and nature of the study, then Pre-test questionnaire distributed to the study subjects.   Each participant filled in the questionnaire sheet and backs it to the researcher to check each one to ensure its completeness. Before distributing the study questionnaires sheet components of this tool were explained to the participants in the study settings, the investigator presented during the time of filling up the study tool for any clarification.

Ethical considerations

Prior study conduction, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Ain Shams University. The investigator met the schools' director to clarify the aim of the study

and take their approval. The researcher also met the nursing teachers to explain the purpose of the study and to obtain their approval to participate. They were reassured about the anonymity and confidentiality of the collected data, which was used only for the purpose of scientific research. The subjects' right to withdraw from the study at any time was assured.

Statistical Design:

Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means ± standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. T-test was used for comparisons between two-independent quantitative variables.

Results

Table (1): demonstrates the socio demographic characteristics of nursing teachers in the study subject. It shows that more than one third of the studied nursing teachers were in the age group (< 30) years with a mean age of (34.16 ± 8.27). Moreover, the majority of the nursing teachers were females (99.2%). Furthermore, a slightly more than four fifths were married (87.5%) and holding (72.5%) a BSc. Degree and almost more than half of the nursing

teachers had a range of (1 - < 5) years of experience (53.1 %) with a mean of ± SD (6.53 ± 7.12). In relation to receiving a training course, all subjects of the study sample have not attended a previous training program regarding emotional intelligence.

Table (2): demonstrates that majority (80%) of nursing teachers had low emotional intelligence level regarding general mood, more than half of them low emotional intelligence level regarding adaptability and intrapersonal EI (59.2% & 55.8, respectively).

Table (3): illustrates that there was a statistically significant relation between the educational level and stress management dimension in the preprogram phase (at p8).

Table (4): shows that there were statistically significant relations between years of experience and adaptability dimension, general mood dimension. Moreover, there was a statically significant relation between years of experience and total emotional intelligence (at p8).

Table (5): reveals that a highly statistically significant relation between nursing teachers' experience years and their total emotional level in pre intervention phase.

Table (1): Distribution of the study sample socio-demographic characteristics and training (n = 120).

Items	No.	%
Age (years)		
<30	46	38.3
30 – 40	40	33.3
>40	34	28.3
Min. – Max.	24.0 – 50.0	
Mean ± SD.	34.16 ± 8.27	
Gender		
Male	1	0.8
Female	119	99.2
Marital status		
Married	105	87.5
Single	15	12.5
Educational level	6	5.0
Diploma	87	72.5
BSC. Degree	27	22.5
Master degree		
Attendance of training courses in emotional intelligence		
Yes		
No	**0**	**0.0**
	120	100.0
Years of experience		
<1	15	15.6
1 - <5	51	53.1
5 - <10	19	19.5
10 - <15	11	11.3
Min. – Max.	0.33 – 23.0	
Mean ± SD.	6.53 ± 7.12	

Table (2): Distribution of nursing Teachers emotional intelligence levels (n = 120).

Dimensions of EI	Level of EI					
	Low		Moderate		High	
	No	%	No	%	No	%
Intrapersonal	67	55.8	46	38.3	7	5.8
Interpersonal	25	20.8	71	59.2	24	20.0
Adaptability	71	59.2	44	36.7	5	4.2
Stress Management	45	37.5	54	45.0	21	17.5
General Mood	96	80.0	24	20.0	0	0.0

Table (3): The relationship between nursing teachers' emotional intelligence and their educational level.

Dimensions of EI	Educational level			F	P
	Diploma (n = 6) Mean ± SD.	BSC degree (n = 87) Mean ± SD.	Master degree (n = 27) Mean ± SD.		
Intrapersonal	58.71 ± 11.45	56.71 ± 13.83	54.80 ± 12.10	0.308	0.736
Interpersonal	62.50 ± 4.56	68.61 ± 11.79	63.89 ± 12.71	2.167	0.119
Adaptability	59.09 ± 2.49	57.24 ± 9.99	56.90 ± 8.63	0.131	0.877
Stress Management	67.19 ± 1.71	64.91 ± 14.02	55.67 ± 20.35	3.954[*]	0.022[*]
General Mood	53.13 ± 3.42	47.44 ± 12.13	50.93 ± 12.36	1.352	0.263
Overall	60.29 ± 1.07	59.0 ± 8.21	61.55 ± 8.49	1.041	0.356

F: F for ANOVA test
p: p value for association between emotional intelligence dimensions and educational level
[*]: Statistically significant at $p \leq 0.05$

Table (4): The relationship between teachers' emotional intelligence and their years of experience.

Dimensions of EI	Years of experience					F	p
	<1 (n = 15) Mean ± SD.	1 - <5 (n = 51) Mean ± SD.	5 - <10 (n = 19) Mean ± SD.	10 - <15 (n = 11) Mean ± SD.	15+ (n = 24) Mean ± SD.		
Intrapersonal	52.27 ± 15.46	55.88 ± 13.25	55.62 ± 14.50	61.36 ± 11.36	58.33 ± 11.74	0.905	0.464
Interpersonal	65.93 ± 10.83	66.45 ± 10.98	71.49 ± 15.43	65.91 ± 10.91	67.01 ± 11.96	0.738	0.568
Adaptability	53.03 ± 11.29	58.38 ± 7.96	62.20 ± 11.04	58.06 ± 8.94	53.22 ± 7.90	3.663[*]	0.008[*]
Stress Management	63.96 ± 7.91	66.85 ± 14.21	59.38 ± 18.95	56.53 ± 12.77	59.77 ± 19.51	1.788	0.136
General Mood	41.39 ± 13.50	52.66 ± 9.10	42.21 ± 12.84	40.91± 13.89	52.60 ± 9.42	7.230[*]	<0.001[*]
Total emotional intelligence	62.68 ± 7.19	59.96 ± 7.21	54.88 ± 9.49	58.73 ± 9.50	61.23 ± 7.57	2.586[*]	0.041[*]

F: F for ANOVA test

p: p value for association between emotional intelligence dimensions and **Years of experience**

[*]: Statistically significant at $p \leq 0.05$

Table (5): The relationship between nursing teachers' socio-demographic characteristics and total emotional intelligence level

	Total Emotional intelligence level						χ^2	MC value
	Low (n = 51)		Middle (n = 67)		High (n = 2)			
	No.	%	No.	%	No.	%		
Age (years)								
>30	17	33.3	29	43.3	0	0.0		
30 – 40	19	37.3	19	28.4	2	100.0	4.187	0.319
>40	15	29.4	19	28.4	0	0.0		
Marital status								
Married	45	88.2	58	86.6	2	100.0	0.339	1.000
Single	6	11.8	9	13.4	0	0.0		
Educational level								
Diploma	3	5.9	3	4.5	0	0.0		
BSC. Degree	42	82.4	43	64.2	2	100.0	7.562	0.102
Master degree	6	11.8	21	31.3	0	0.0		
Experience years								
<1	4	7.8	11	16.4	0	0.0		
1 - <5	19	37.3	32	47.8	0	0.0		
5 - <10	11	21.6	8	11.9	0	0.0	16.541[*]	0.013[*]
10 - <15	7	13.7	2	3.0	2	100.0		
15+	10	19.6	14	20.9	0	0.0		

χ^2: **Chi square test**

MC: **Monte Carlo**

p: p value for association between different categories

*: Statistically significant at $p \leq 0.05$

Discussion

Teaching can be a stressful job. Poor working conditions, lack of sufficient administrative support, low levels of collegiality, low pay, and student behavioral problems all can contribute to negative emotions such as tension, hostility, depression, anger, nervousness, and frustration. Therefore, given the challenges that represent the stresses and the negative emotions that are involved, there is one possibility worth exploring. That is how emotional intelligence (EI) might relate to teacher well-being **Ke Huang &XianxuanXu, (2019).** So the current study aimed to assess nursing teachers' emotional intelligence.

The present study describes the socio-demographic characteristics of nursing teachers.

It shows that more than one third of the studied teachers were less than thirty years. In addition, the majority of nursing teachers are females. Furthermore, slightly more than four fifths were married and held a BSc. Degree and about one third of the teachers had experience. In relation to receiving a training course, the entire study sample did not attend any previous training program regarding emotional intelligence.

This finding was supported by **Eiz-Elregal (2017)**. Results revealed that the characteristics of nursing teachers such as age and gender, more than half of them above 30 years old. This finding was supported by **the study of Salehi et al. (2016)** on assessing the relation between emotional Intelligence and quality of life among the nursing faculties in India. They found that about half of the nursing teachers were 30 –40 years old. Similarly**, in Eiz-Elregal (2017)** study, as regards gender, their study revealed that about three quarters of them were females. These results go in line with these of **Swamy et al. (2015)** who reported that the majority of the subjects were females. Again the study of **Eiz-Elregal (2017)**, concerning professional qualification of nursing teachers, reveals that about two thirds held a BSc in Nursing.

The present study displays that there were highly statistically significant relations between nursing teachers age, experience years and their total emotional level, because older teachers experience less stress, have high emotional intelligence and are easily trained. This finding, supported by **Eiz-Elregal (2017)** study, revealed that a statistically significant relation exists between total emotional intelligence of nursing teachers and age regarding the relationship between age and emotional intelligence

Furthermore**, Tsaousis and Nikolaou (2015)** found that older individuals score higher on emotional intelligence than younger ones. However, older individuals are more stressed than younger ones. According to **Mayer, Salovey, Caruso, and Sitarenios, (2003),** elder persons get higher score compared to young ones in emotional intelligence test.

What's more, **Arvind Hans, 2013** indicated that emotional intelligence is higher among the teachers for all age groups. In contrast, the study conducted by **Zahra Farazmehr (2015)** revealed that young and old teachers do not differ from each other in terms of their EQ. Another finding is that less and more experienced teachers do not differ from each other in terms of their EQ.

Furthermore, **Sudarshan Mishra Jakir, Hussain Laskar (2013)** stated that "there does not exist significant difference in emotional intelligence of secondary and senior secondary teachers due to experience variation" was accepted. Accordingly, it may be inferred that experienced and inexperienced teachers do not differ in their emotional intelligence with regard to their teaching experiences variation. Also, **Zahra Farazmehr**, **(2015)** reported that there were no significant differences between young and old teachers and their total emotional intelligence. Likewise, there was no difference between years of teaching experience and total emotional intelligence

Moreover, **Kalita (2012)** reported that teaching experience has no significant impact on EI teachers' effectiveness. Similarly, **Kumar and Vijay, (2015**) has concluded that age does not affect the teaching effectiveness of teachers and teachers of high and low ages are equally effective. **Zahra Farazmehr, (2015),** reported that young and old teachers did not differ from each other in terms of their EQ. It was also clear that age did not correlate with teachers' job satisfaction. Findings also confirmed that there was no significant difference between less and more experienced teachers' emotional intelligence Moreover; it was revealed that years of teaching experience did not correlate with teachers' job satisfaction.

Conclusion

In the light of the study findings, it concluded that, majority of nursing teachers had low emotional intelligence level regarding general mood, more than half of them low emotional intelligence level regarding adaptability and intrapersonal EI.

Recommendations

In the light of the results of this study finding, the following recommendations were suggested:

- Design training programs for training on the level of emotional intelligence that help teacher to have a better quality of work and performance.
- The training of emotional intelligence in nursing teachers, is necessary because of growing complexity of the healthcare environment and increasing expectations of clients in today's competitive healthcare marketplace.
- Emotional intelligence concept should be incorporated into the nursing curriculum in order to promote growth of the teacher and student" emotional intelligence abilities needed to work with patients in different clinical settings.
- Motivate nursing teachers to share in social activities and recreational aspects which can enhance their confidence, socialization and self- esteem and reduce stress.
- Schools administrator creates intelligence training programs to give nursing teachers confidence and competencies they need to face challenge.
- Further studies should be carried out on a large number of such groups of teachers with different functions and setting.

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