

The relationship between emotional intelligence and occupational burnout among nurses in critical care units

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Abstract

Introduction: Emotional intelligence is a set of non-cognitive skills that enhances individual's ability to successfully encounter environmental pressures especially occupational burnout. Therefore, the present study was conducted to determine the relationship between occupational burnout and emotional intelligence.

Methods: The present research is a type of correlation studies, which was performed cross-sectionally on 150 nurses of social security hospitals in Tehran in 2010. For data collection, Maslach's Burnout and Shrink's emotional intelligence questionnaires were used. Data were collected through Likert scale method, and were analyzed using t-test as well as Pearson correlation with the significance level of 5 percent and SPSS 17 software.

Results: There was a significant and inverse relationship between emotional intelligence and emotional exhaustion among nurses ($p=0.016$ and $r=-0.234$). There was a direct significant correlation between emotional intelligence and personal accomplishment ($p<0.001$ and $r=0.0441$). No meaningful relationship was observed between emotional intelligence and depersonalization ($p=0.124$ and $r=-0.150$). Furthermore, a remarkable difference was found between males and females in terms of emotional intelligence ($p=0.048$).

Conclusion: Having emotional intelligence can lead to decreased occupational burnout; therefore, social security hospitals are recommended to attempt holding required training courses in order to reduce nurses' occupational burnout.

Key words: Emotional intelligence; Occupational burnout; Nurse; Critical Care Units

Introduction

Occupational burnout is among the professional hazards which have attracted great attention during the last few years [1]. Job burnout is defined as a psychological state caused by high levels of long-term stress in career living [2]. Occupational burnout syndrome includes emotional exhaustion, depersonalization and decrement of personal accomplishment. Emotional exhaustion is a feeling of being under pressure and devastation of emotional resources. Depersonalization is a negative and callous response to people who are usually receiving the service from the individual, and refers to the person's negative impression about help seekers. Decrement of personal accomplishment indicates low sense of competency in doing personal tasks, and is considered as a negative self-evaluation in relation to the work [3]. Burnout is a syndrome of physical and mental exhaustion, leading to negative attitude and behavior towards the individual itself as well as the work and the clients, non-productive work, work absence, low morals and lack of job satisfaction [4]. Researches show that nurses

are more subjected to occupational burnout compared to other professions [5]. Job burnout contributes to reduced quality of services provided to patients, and subsequent dissatisfaction from medical services; therefore, burnout recognition and prevention can play a significant role in patients' satisfaction [6]. Since occupational burnout influences the quality of patients care, more identification of the effective factors can be beneficial in enhancing the quality of services in healthcare fields [7]. Thus, in regard to the importance of occupational burnout, it is necessary to identify and consider the influential factors.

Stress is introduced as one of the factors affecting the job burnout; however, it is believed today that burnout is not only the result of stress, and emotional intelligence (EI) has a significant role in life and profession success [8,9]. EI is a set of non-cognitive skills, enhancing the individual's ability to encounter environmental pressures and demands [10]. Appropriate use of emotions in human relationships, understanding of self and others' circumstances, self possession, empathy with

others and positive use of emotion in thinking and recognition are among the subjects of emotional intelligence [11].

According to Goleman points of view, components of emotional intelligence include self-consciousness (deep and clear understanding of feelings, emotions, strength and weakness points, needs and interests), self-monitoring or self-management (the ability to manage emotional reactions and their appropriate and timely use in any situation), social awareness or empathy (understanding the feeling and its different aspects in others and the ability to read inexpressible messages), social skills (the ability to manage relationships with others and the art of communication), and self-motivation (the ability to use emotions to achieve the goals and being in a good mental and hopeful state despite failures and obstacles) [12].

Medical personnel with high levels of emotional intelligence show more job satisfaction, and perform more successfully in relation to patients, and undergo less occupational burnout [13, 14].

Different findings on Australian surgeons, Chinese teachers, American police officers, mental health staff, nurses, Iranian teachers and workers of Iran Khodro Company demonstrate that there is an inverse relationship between emotional intelligence and occupational burnout, and EI components can anticipate each dimensions of job burnout [15-23].

Budnik (2003) investigated the relationship between emotional intelligence and occupational burnout among 154 nurses working in four clinical specialties (internal surgery, obstetrics and gynecology, pediatrics and intensive care units) and indicated that the components of occupational burnout is important in predicting the nurse's EI [24]. Whereas, the results of Froese study (2009) among 57 cases of health care providers noted that emotional intelligence cannot be determinative in predicting the personal accomplishment [25].

Considering the importance of job burnout in health care units, and its association with EI in the mentioned research background as well

as EI trainability and expandability, the present study was conducted to determine the relationship between occupational burnout and emotional intelligence among nurses in critical care units of social security hospitals in Tehran.

Methods

The present research is a type of correlation studies which was performed cross-sectionally in 2009-2010. In this study, 242 questionnaires were distributed among nurses working in critical care units (emergency, ICU, and CCU) of social security hospitals in Tehran, and 200 questionnaires were returned after explaining the research objective and optional participation and ensuring to confidentiality keep the personal information. Of 200 questionnaires returned, 75 percent of nurses were selected using stratified random sampling method, so as sample size was set to 150 subjects. Since having critical care units was the inclusion criterion in the present study, only three hospitals (Kashani, Lavasani and Fayyaz) possessed the mentioned parameter. The research instruments included three questionnaires, from which the first was related to nurses' demographic information and consisted of age, sex, marital status, work experience (years of service), education, and unit and hospital name.

The second one was the standard Maslach Burnout questionnaire [26], which is the most widely used measuring tool for occupational burnout, comprising 22 statements to evaluate all three aspects of job burnout. Nine propositions are relevant to emotional exhaustion, five are related to depersonalization, and eight associated with decrement of personal accomplishment. The frequency of these feelings is assessed by scores as zero (never), one (several times a year), two (once a month), three (several times a month), four (once a week), five (several times a week) and six (every day). Total scores of the questions on each burnout aspect are calculated separately.

The scores obtained in each dimension are placed in three categories as low, medium and high. In terms of emotional exhaustion, score 27 or higher is indicative for high levels of

emotional exhaustion; score 16 or lower is a sign of low emotional exhaustion, and scores 17-26 as moderate emotional exhaustion (overall scores range 0-54). In terms of depersonalization, score 13 or higher indicates high level of depersonalization, score 6 or lower as low depersonalization, and scores 7-12 as moderate depersonalization (overall scores range 0-30). In terms of personal accomplishments, score 31 or lower is indicative for low level of accomplishment, score 39 or higher as high personal accomplishment, and scores 32-38 as moderate accomplishment (overall scores range 0-48). High emotional exhaustion and depersonalization and low personal accomplishments indicate high occupational burnout, and vice versa.

(Considering that two components of professional burnout including emotional exhaustion and depersonalization are not aligned to personal accomplishment as the third component, they cannot be accumulated, and thus total average cannot be used, so as high scores of emotional exhaustion and depersonalization lead to increased job burnout and high score of personal

accomplishment results in reduced occupational burnout).

In Iran, scientific validity and reliability of Maslach questionnaire have been first approved by Filian who has reported 0.78 test-retest coefficient [27]. Scientific validity and reliability of this questionnaire have been repeatedly confirmed by other Iranian researchers as well [28, 29, 30].

The third data-collecting instrument was Shrink's emotional intelligence questionnaire including 33 questions, for which scientific validity and reliability have also been repeatedly approved by Iranian researchers [33, 32, 31]. The answers were set as five sequential degrees. Grading was performed from five (completely agree) to 1 (completely disagree). Emotional intelligence has five components of consciousness, self monitoring, empathy, social skills and self motivation. Scores range for each individual is 33-165, and high scores in this scale indicate high emotional intelligence.

Data were analyzed by SPSS statistical software using t-tests and Pearson correlation with significance level of 5 percent.

Table1. Nurses' demographic information in social security hospitals of Tehran in 2009-2010 (n=150)

Demographic variable	Frequency	Percentage
Gender	Male	38%
	Female	62%
Marital status	Married	82.7%
	Single	17.3%
Years of service	Up to 5 years	12.8%
	6 to 10 years	38.3%
	11 to 15 years	31.5%
	More than 15 years	17.4%
Age range	under 30 years	15.3%
	30 to 34 years	32%
	35 to 39 years	35.3%
	40 years and more	17.3%
Hospital	Kashani	22%
	Lavasani	34.7%
	Fayyaz Bakhsh	43.3%
Unit	Emergency	25.9
	ICU	42.7
	CCU	31.5

Table2. The mean and standard deviation for occupational burnout dimensions among nurses of social security hospitals in Tehran in 2009-2010 (n=150)

Burnout dimensions	Mean	Standard deviation
Emotional exhaustion	20.39	12.54
Depersonalization	5.04	5.81
Personal accomplishment	33.42	11.41

Table3. The mean and standard deviation for emotional intelligence and its dimensions among nurses of social security hospitals in Tehran in 2009-2010 (n=150)

EI dimensions	Mean	Standard deviation
Self consciousness	28.93	3.08
Self management (self monitoring)	23.97	3.71
Social awareness (empathy)	20.89	3.05
Social skills	17.18	2.52
Self motivation	20.74	2.59
Emotional intelligence	112.03	9.04

Table4. Comparison of the mean emotional intelligence score based on demographic information among nurses of social security hospitals in Tehran in 2009-2010 (n=150)

Demographic variables		The mean EI score	Standard deviation	p-value
Gender	Male	114.14	9.048	0.048*
	Female	110.63	8.820	
Marital status	Married	111.83	8.618	0.16
	Single	112.82	10.738	
Age range	under 30 years	114.67	9.899	0.16
	30 to 34 years	11.93	8.435	
	35 to 39 years	110.93	8.791	
	40 years and more	112.21	9.813	
Years of service	Up to 5 years	114.80	8.126	0.564
	6 to 10 years	112.36	9.886	
	11 to 15 years	110.93	8.176	
	More than 15 years	11.76	10.557	

* p<0.05 is considered significant.

Table5. Correlation test results between the aspects of emotional intelligence and occupational burnout among nurses of social security hospitals in Tehran in 2009-2010 (n=150)

Variables	Emotional exhaustion		Personal accomplishment		depersonalization	
	Correlation coefficient	p-value	Correlation coefficient	p-value	Correlation coefficient	p-value
Self consciousness	- 0.216	0.012*	0.452	≤ 0.0001*	- 0.195	0.06
Self management	- 0.193	0.023*	0.208	0.016*	- 0.031	0.717
Self motivation	- 0.192	0.028*	0.025	0.781	- 0.001	0.987
Social awareness	- 0.155	0.083	0.225	0.012*	- 0.150	0.087
Social skills	- 0.001	0.988	0.240	0.007*	- 0.069	0.433
Emotional intelligence	- 0.234	0.016*	0.441	< 0.001*	- 0.015	0.124

* p < 0.05 is considered significant.

Results

Following descriptive analysis, the study findings showed that the mean age of participants was 35.01 ± 5.25 years with the average of 11.27 ± 5.41 years of service, so as 67.3 percent were located within the age group of 30 to 39 years, and 69.8 percent had 6 to 15 years of work experience. In terms of gender, the majority of nurses (62 percent) were female, and in terms of education, all had Bachelor's degree

In the present study, 82.7 percent of subjects were married (Table 1).

The rate of occupational burnout was high for emotional exhaustion (26.76 percent) and depersonalization (14.79 percent), but low for personal accomplishment (42.34 percent).

According to Table 2, the mean score for burnout dimensions was 20.39 ± 12.54 for emotional exhaustion, 5.04 ± 5.81 for depersonalization, and 33.42 ± 11.41 for personal accomplishment.

Table 3 represents the mean score for emotional intelligence and its aspects among nurses. As shown, nurses' mean emotional intelligence score is 112.03 ± 9.04 .

As revealed in Table 4, independent t-test displayed significant relationship between emotional intelligence scores and gender among nurses, and male's EI was more than female's ($p=0.048$). In regard to Table 4, ANOVA results exhibited meaningful relationship between EI scores and different age groups among the study participants ($p=0.54$). In addition, independent t-test also showed no significant relationship between EI and marital status ($p=0.16$). Likewise, no remarkable difference was observed between EI scores and years of work experience among the study subjects according to ANOVA results ($p=0.56$). Pearson correlation test showed no significant correlation between EI and emotional exhaustion ($p=0.016$ and $r=-0.234$). However, the association between these two variables was of reversed (negative) type, meaning that the higher the emotional intelligence, the lower the rate of occupational burnout in terms of emotional exhaustion, and vice versa (Table 5). According to Table 5, the study findings demonstrated that there

was no significant relationship between emotional intelligence and depersonalization ($p=0.124$ and $r=-0.150$). Pearson correlation results represented a meaningful association between EI and personal accomplishments ($P<0.001$ and $r=0.441$), which was of direct (positive) type, meaning that the higher the emotional intelligence, the higher the rate of personal accomplishment (Table 5).

Discussion

The present research indicated that study participants of the selected hospitals had moderate emotional intelligence, which is somehow in accordance with Fahim Devim [32] and Kalhor [33] studies.

There was no significant relationship between age and emotional intelligence among nurses. In this regard, the study results are in line with Goleman [29], Fahim Devim [32], Kalhor [33] and Palser [34] observations, but inconsistent with Vito [18] and Mansouri [31] surveys. Goleman [29] ascribed emotional intelligence to a collection of capabilities, competencies, acquisition skills and inherited talent and believed that EI promotion requires special training, and age cannot be the mere important factor in its elevation or reduction. The same results were obtained between emotional intelligence and years of service; so it can be concluded that work experience cannot be an effective factor in EI decrease or increase.

There was a meaningful relationship between gender and emotional intelligence, which is inconsistent with Vito [18], Ahmadi and Sheikh Alizadeh [23] and Kalhor [33] studies, but in accordance with Palser [34], Brackett [35] and Guastello [36] investigations. Vito [18] and Kalhor [33] represented no significant correlation between EI and gender; however, such difference was observed in the present study, and Male's EI was more than female's. In Brackett [35] and Guastello studies, women's EI was more than men's. Palser [34] also considered gender as a moderating factor in the relation between emotional intelligence and occupational burnout. Sampling method seems to be the reason for males' higher emotional intelligence compared to females'; since

sampling was performed in critical care units with high existing sensitivity and stress levels, it can be explained that male nurses working in the mentioned wards are more successful in managing emotions compare to females. Moreover, Furnham [37] research also revealed that the results of EI self-evaluative tests are lower than the results of other assessing tests. Therefore, female nurses might have underestimated their actual competencies in the present study.

Our findings also demonstrated that there was a remarkable difference between emotional intelligence and emotional exhaustion, which is not in agreement with Rimmer [13], Zaph [14], Chen [16], Ricca [17], Vito [18], Farmer [21], Palser [34] and Mendes [38] studies, but in line with Carson and Bireken Meier [20] survey. Mendes [38] founded no significant relationship between emotional intelligence and emotional exhaustion among teachers; though, there was an inverse correlation between one of the EI components (emotional management) and emotional exhaustion. Similarly, Palser [34] reported no meaningful relation between EI and emotional exhaustion among administrative staff; yet, there was a negative association between one of the EI components (emotional facilitation) and emotional exhaustion. Small sample size in Mendes [38] study appears to be the cause of contradiction between the present research and his investigation.

The results of our study indicated no remarkable difference between emotional intelligence and depersonalization, which is inconsistent with Rimmer [13], Farmer [21] and Zaph [14] findings, but in line with Vito [18] and Froese [19] observations.

Farmer [21] realized that there was no significant difference between emotional intelligence and depersonalization among novice nurses, but an inverse relationship existed between emotional facilitation and depersonalization. Depersonalization is a negative and callous response toward people usually receiving the service from the individual and refers to his/her negative impression toward help seekers. Hence, it can be deduced that emotional intelligence is not influential on heartless inattentive behavior

toward patients among the study nurses in selected hospitals. Depersonalization is considered as a reaction toward adaptation or emotional exhaustion, and people with high mental power show less depersonalization [39]. Depersonalization is also low in nurses for whom there is coordination between their efforts and rewards [40]. Regarding the ineffectiveness of EI on depersonalization, hereditary, social and familial factors should be taken into consideration as probable affecting parameters [41].

Similar to Rimmer [13], Zaph [14], Ricca [17] and Vito [18], and dissimilar to Froese [19], Farmer [21], Palser [34] and Mendes [38] investigations, the present study exhibited a direct and positive relationship between EI and personal accomplishment. Healthcare personnel with high levels of emotional intelligence show more job satisfaction and more success in treating patients, and undergo less occupational burnout [13].

Mendes [38] founded no significant relationship between emotional intelligence and individual performance among teachers; however, one of the EI components (emotional management) was announced to be directly related to personal accomplishment. Farmer [21] and Palser [34] observed no meaningful association between emotional intelligence and personal performance among administrative staff and nurses; nonetheless, there was a positive association between personal performance and emotional understanding as one of the EI components. Froese [19] perceived no remarkable difference between EI and personal performance of healthcare providers; however, a direct relationship was seen between EI components (emotional understanding and management) and personal accomplishment.

Therewith, the results of Potter [19], Assadi [22], Ahmadi and Sheikh Alizadeh [23] and Budnik [24] studies showed that burnout components play an important role in predicting the employees' EI.

Conclusion

The present research enables nurse managers to provide appropriate programs by awareness

of the factors affecting nurses' occupational burnout in order to reduce such phenomenon in this group. Obviously, regarding the association between emotional exhaustion and personal accomplishment with emotional intelligence, and considering that EI is a trainable and acquisitive feature, it is recommended that EI training be implemented in in-service education programs in social security hospitals to augment efficiency and quality of nursing care services in addition to diminish nurses' occupational burnout. It sounds that training the ability of identifying self and others' emotions, appropriate expression ways, and emotional management to nurses can be

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highly useful. Furthermore, EI could be considered as a major factor in selection, recruitment and in-service promotion of nurses. Since the study was conducted in critical care units of social security hospitals in Tehran, it is required to be implemented in all units with larger sample size to be generalized to other hospitals.

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Delpasand M, Nasiripoor A.A, Raiisi P, Shahabi M, Relationship between emotional intelligence and occupational burnout among nurses in Critical Care Units, Iran J Crit Care Nurs. 2011;4(2):79-86. [Persian]. Relationship between sense of self-efficacy and emotional intelligence with burnout in staff at the Islamic Azad University of Tabriz. Jan 2009. 99-119. [11] assessed the relationship between Emotional Intelligence and Burnout Syndrome among 56 physicians from all specialties, including surgeons. The findings. This article is available from: www.hsj.gr/archive. The sample of the present study consisted of doctors, nurses, physiotherapists, speech therapists, occupational therapists and psychologists, occupied at: 1. The National Rehabilitation Centre, Athens, Greece 2. The "Filoktisis" Rehabilitation Centre, Athens, Greece 3. The "Egersis" Medical Team, Athens, Greece. This study aimed to compare emotional intelligence (EI) levels and Internet addiction (IA) by gender and age groups and to assess the predictive relationship between EI and IA. One thousand four hundred thirteen young people and adults participated in the study. Participants were between 17 and 81 years old (M = 38.70 years old, SD = 13.72 years old); 42.2% were male, whereas 57.5% were female. We used a sociodemographic questionnaire, the Schutte Emotional Intelligence Scale (Schutte, Malouff, & Bhullar, 2009), and the Internet Addiction Test (Young, 1998) as data collection instruments.