DOI: https://doi.org/10.54393/pjhs.v3i02.68



PAKISTAN JOURNAL OF HEALTH SCIENCES

https://thejas.com.pk/index.php/pjhs Volume 3, Issue 2 (July 2022)



Original Article

Emotional Intelligence and Burn out Among Nurses Working in Tertiary Hospitals of KPK.

ABSTRACT

Shakir Ullah¹, Safia Rafique², Amir Sultan³, Fayaz Ahmed³, Aziz-ur-Rehman⁴ and Atif Khan⁵

¹Florence Institute of Medical Sciences and Nursing, Khyber Pakhtunkhwa, Pakistan.

²Nursing Department, King Abdullah Teaching Hospital Mansehra, Khyber Pakhtunkhwa, Pakistan.

³Nursing Department, Saidu Group of Teaching Hospital, Khyber Pakhtunkhwa, Pakistan.

⁴Northwest College of Nursing Peshawar, Pakistan.

⁵Health Department, Khyber Pukhtynkhwa

ARTICLE INFO

Key Words:

Emotions, Nurses, burnout, Psychology, Emotional intelligence

How to Cite:

Ullah, S. ., Rafique, S. ., Sultan, A. . ., Ahmed, F. ., Rehman, A.- ur-., & Khan, A. . (2022). Emotional Intelligence and Burn out among nurses working in tertiary hospitals of KPK: Emotional Intelligence and Burn out. Pakistan Journal of Health Sciences, 3(02). https://doi.org/10.54393/pjhs.v3i02.68

*Corresponding Author:

Amir Sultan

Nursing Department, Saidu Group of Teaching Hospital, Khyber Pakhtunkhwa, Pakistan. nursingwithamir@gmail.com

 $\begin{array}{l} Received \ Date: 5^{th} \ July, 2022 \\ Acceptance \ Date: 14^{th} \ July, 2022 \\ Published \ Date: 31^{st} \ July, 2022 \end{array}$

INTRODUCTION

Nursing is considered the backbone of the health care industry worldwide because nurses spend most of their time with patients in the provision of care. Usually, patients verbalize their issues or ask questions when they require guidance from health care providers, but sometimes the patient and their family express emotions without verbalization as a non-verbal gesture, which is important for the nurses to recognize the emotions and utilize the emotional information for thinking, behavior and decision making. Emotions are multidimensional experience of behaviors, physiological feeling and consciousness express by a person [1]. Emotional Intelligence (EI) means the capacity of a human being to recognize, utilize, regulate, and control emotions. The EI composed of four elements which include that a person should be aware of self, they should have control on self, they have to aware of their surroundings, and should understanding the emotions of other to succeed relationships[2]. The idea of EI was first proposed by Salovey and Mayer in 1990 but made popular after the contribution of psychologist and journalist Daniel Goleman in 1995 [3]. Healthcare professionals with exceptional EI are able to identify

Emotional Intelligence (EI) is the capability of people to recognize the emotions of themselves

and others; it consists of self-awareness, self-management, social awareness, and relationship

management. Healthcare professionals with exceptional emotional intelligence are able to identify emotions in others and modify their own emotions to fit the situation. **Objective:** The

purpose of the study was to investigate the EI and burnout among nurses employed in tertiary

care hospitals in KPK. Methods: The study design was cross-sectional descriptive, conducted

in 2 tertiary care hospitals from March 2022 to July 2022, with a sample size of 104. Data were

collected through 2 valid and reliable questionnaires; the Schutte Self-report El Test and the

Maslach Burnout Inventory. Results: The male participants of the study were 51.9% and the

females were 48.1%, the large numbers of staff response were positive towards emotional

intelligence 78% and the negative emotional intelligence was 22%. The mean and standard deviation scores of (MOTE 29.09 \pm 9.01, MOE 33.19 \pm 9.78, POE 31.94 \pm 9.61, and UOE 22.9 \pm 5.99)

were more than the cut-off values. The high burnout was 36%, the low burnout was 33%, and the

average burnout was 31%. **Conclusions:** Nurses working in tertiary care hospitals have positive

emotional intelligence, but burnout in the majority of participants was high due to a shortage of

staff and an increasing number of patients.

emotions in others and modify their own emotions to fit the situation [4]. Therefore, emotional intelligence is a factor that should be part of every nurse's knowledge and practice. Among the multiple roles of nurses in their daily activities, quality care is the primary role, so El may be the most valuable asset for nurses because empathy is a vital factor in nurse's practice [5]. From the perspective of the patient, empathy enables nurses to recognize appropriately the emotions of self and emotions of others, to meet the patient's needs and promote mental satisfaction to relieve their psychological pain [6]. Nurses, being beneficent caregivers and protectors of patients' face professional challenges and difficulties, but despite these hurdles, they have the skills to show effective emotional responses. Studies have shown that there is a strong association of El with personal success and employment wellbeing [7]. Burnout is a psychological syndrome and a state of physical and emotional exhaustion that is characterized by negative emotional reactions to one's job, which leads to a decline in quality care, quieting job, absenteeism, and a negative attitude towards life and other people [8, 9]. Nurses perform their duty closely with patients and their family members. Therefore, they must deal with challenging circumstances like pain, amputations, chronic illnesses, suicidal attempts, violent behaviour, loss of someone and non-compliance with therapy or legal proceedings [10]. Due to the growing patient demand and the emotionally exhausting nature of their work, nurses are particularly vulnerable to situations that can result in burnout [11]. Additionally, burnout has been identified as a concern for public health [10]. Special attention is required by the government authorized and nursing administration to reduce stress and pressure and promote occupational well-being among nurses, which requires training and formal structure for the execution of emotional intelligence [12]. The profession of nursing in Pakistan is gradually moving toward betterment; things like evidence-based practices, working on research and upgrading the quality of academic and practice skills [13]. Therefore, the purpose of this project was to explore the prevalence of burnout and El and their impact on the basis of gender among the nurses working in the tertiary care hospitals of KPK.

METHODS

The study design was cross-sectional, which were completed in the 2 hospitals of Khyber Pakhtunkhwa, Pakistan from March 2022, to July 2022 after taking permission for data collection. The population of the study was nurses working in the tertiary care hospital of KPK through simple random sampling, having a sample size of 104 nurses take part in this project. The inclusion principles for the paper were nurses who are currently the employee DOI: https://doi.org/10.54393/pjhs.v3i02.68

of any private or public sector tertiary care hospital in KPK, and those nurses who are willing to be the participant of the study. Data were collected through two validly adopted questionnaires; 1) the first questionnaire of El was used SSEIT [14]. The reliability was already checked for the questionnaire that was 0.87 that contained two parts; a) Part A had demographic data which contained gender, age, marital status, gualification, living area and years of experience, b) Part B of the questionnaire contained 33 items with Likert scale of 1 to 5, with the inclusion of MOTE (Managing Others Emotions; 1,4,11,13,16,24,26,30), MOE (Managing Own Emotions; 2,3,10,12,14,21,23,28,31), POE (Perception of Emotions; 5,9,15,18,19,22,25,29,32,33), and UOE (Utilization of Emotions; 6,7,8,17,20,27). 2) A second questionnaire of burnout was used, the Maslach Burnout Inventory [15]. The questionnaire Chronbach alpha was 0.86. The questionnaire contained 22 items, while in our study 9 items, including 1, 2, 3, 6, 8, 13, 14, 16, 20, ranging from 0 (never) to 6 (every day) were included, which was regarding workplace professionals. Cut off values were set to measure the frequency of burnout; a score of 19 or lower was considered low burnout, while scores of 19-26 were moderate and above 26 were high burnout. The questionnaire was then designed through Google form with a mobile number for guidance and an option to agree to the informed consent, which contains the statement that; the participation of the nurses is voluntarily, their data will be kept confidential, and the participant can leave the study anytime.

RESULTS

In this project, the major group of participants was male (n = 54, 51.9%) and female (n = 50, 48.1%). Most of the participants age were 31–35 years (41.3%), while 26–30 years (26%), then 20–25 years (19.2%), and 36–40 years (12.5%). The married participant's number was 66.3% more than (33.7%). The numbers of nurses having a qualification of 2 years Post-RN were higher in numbers (49%), then those with a qualification of 4 years BSN (32.7%), while the diploma nurses were 11.5% and MSN nurses were 6.7%. The nurses whose experience was 1–5 years were in the majority, while nurses with experience of 5–10 years were 36.5%, and nurses with 11 or more years of experience were 25%.

Socio-Demogr Characteris	Frequency; - 104 (%)		
Gender of the Participants	Male	54 (51.9%)	
	Female	50(48.1%)	
	20-25	20(19.2%)	
	26-30	27(26.0%)	
Age of the Participants	31-35	43(41.3%)	
	36-40	13(12.5%)	
	40 and Above	1(1.0%)	

Marital Status	Single	35(33.7%)		
	Married	69(66.3%)		
Oualification	Diploma	12 (11.5%)		
	4 years BSN	34(32.7%)		
Qualification	Post RN	51(49.0%)		
	MSN	7(6.7%)		
Experience of the Participants	1-5 y	40(38.5%)		
	5-10 y	38(36.5%)		
	11 and above years	26(25.0%)		

Table 1: Demographic data of the study

The emotional intelligence of the n-104 participants of the study was described through a 5-point Likert scale. Among the 5-points Likert scale the mean score of strongly agree (30.1 ± 15.5) is higher than the mean score of agree (29.9 ± 9) , then neutral (27.3 ± 8.6) , while disagree score was (11 ± 7.2) , and strongly disagree (5.6 ± 8.3) (See table 2).

S.N	Questions	1	2	3	4	5	
1	When to communicate personal issues with other I know.	14 (13%)	23(22%)	19(18%)	11(11%)	37(36%)	
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.	7(7%)	12(12%)	37 (36%)	32 (31%)	16 (15%)	
3	l guess that I will do fine on most things if I try.	4(4%)	8(8%)	19 (18%)	19 (18%)	46 (44%)	
4	Others feel confident trusting in me	4(4%)	29(28%)	24 (23%)	21 (20%)	26 (25%)	
5	l find it hard to understand the nonverbal messages of other people.	15 (14%)	26(25%)	34 (33%)	19 (18%)	10 (10%)	
6	What is essential or not, I learn from the events of my life.	2(2%)	7(7%)	29 (28%)	45 (43%)	21 (20%)	
7	l realize fresh options as a result of alteration in my mood.	4(4%)	8(8%)	30 (29%)	42 (40%)	20 (19%)	
8	Emotions are some of the things that make my life worth living.	3(3%)	13 (13%)	25 (24%)	42 (40%)	21 (20%)	
9	l know of my emotions as l experience them.	1(1%)	8(8%)	31 (30%)	26 (25%)	38 (37%)	
10	l expect good things to occur.	2(2%)	6(6%)	19 (18%)	20 (19%)	57 (55%)	
11	l like to discuss my emotions with others.	11(11%)	28 (27%)	37 (36%)	14 (13%)	14 (13%)	
12	When I experience a constructive emotion, I recognize how to make it last.	0(0%)	14 (13%)	24 (23%)	28 (27%)	38 (37%)	
13	l organize events others enjoy.	1(1%)	11(11%)	35 (34%)	35 (34%)	22 (21%)	
14	l look for activities that make me pleased.	0(0%)	9(9%)	18 (17%)	34 (33%)	43 (41%)	
15	l am aware of the nonverbal messages l send to others.	6(6%)	11(11%)	20 (19%)	25 (24%)	42 (40%)	
16	l present myself in a way that makes a good impression on others.	a good 0(0%) 2(2%) 21		22 (21%)	23 (22%)	57 (55%)	

DOI: https://doi.org/10.54393/pjhs.v3i02.68

17	When I am in a positive mood, solving problems is easy for me.	2(2%)	1(1%)	17 (16%)	24 (23%)	60 (58%)
18	By looking at their facial expressions, I identify the emotions people are experiencing.	2(2%)	7(7%)	20 (19%)	51 (49%)	24 (23%)
19	why my emotions altered, l know	5(5%)	19(18%)	18 (17%)	32 (31%)	30 (29%)
20	l am capable to bring new concepts, when l am in positive mood.	4(4%)	6(6%)	18 (17%)	30 (29%)	46 (44%)
21	l can control over emotions.	5(5%)	7(7%)	42 (40%)	29 (28%)	21 (20%)
22	l identify my emotional when I am feeling them.	7(7%)	10 (10%)	30 (29%)	33 (32%)	24 (23%)
23	l motivate myself by imagining a good out come to tasks l take on.	2(2%)	6(6%)	22 (21%)	24 (23%)	50 (48%)
24	l compliment others when they have done something well.	5(5%)	4(4%)	18 (17%)	36 (35%)	41 (39%)
25	l know nonverbal messages other people send.	4(4%)	4(4%)	39 (37.5%)	38 (37.5%)	19 (18%)
26	When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.	3(3%)	13 (13%)	32 (31%)	39 (38%)	17 (16%)
27	l bring new ideas, when l experience change in emotions.	3(3%)	6(6%)	38 (37%)	27 (26%)	30 (29%)
27	l bring new ideas, when l experience change in emotions.	3(3%)	6(6%)	38 (37%)	27 (26%)	30 (29%)
28	When I am faced with a challenge, I give up because I believe I will fail.	48 (46%)	16 (15%)	17 (16%)	18 (17%)	5 (5%)
29	When I am faced with a challenge, I give up because I believe I will fail.	48 (46%)	16 (15%)	17 (16%)	18 (17%)	5 (5%)
30	When other feel sad I helped them to feel well	6(6%)	3(3%)	19 (18%)	26 (25%)	50 (48%)
31	When I face challenges I practice to be in good mood to comfort myself.	1(1%)	8(8%)	30 (29%)	29 (28%)	36 (35%)
32	How people listening to tone of their voice I can speak them.	4(4%)	9(9%)	37 (36%)	41 (39%)	13 (13%)
33	Why peoples feel the way they do It is hard for me to know.	6(6%)	12 (12%)	48 (46%)	33 (32%)	5 (5%)
	Mean and Standard deviation\=	5.6 ± 8.3	11 ± 7.2	27.3 ± 8.6	29.9 ± 9	30.1± 15.5

Table 2: Overall responses frequencies and percentages of El The emotional intelligence questionnaire items are further divided into 4 parts, involving Managing Other Emotions (MOTE), Managing Own Emotions (MOE), Perception of Emotions (POE), and Utilization of Emotions (UOE). Each part has its own questions, cut-off value, and items for the participants (see table 3). The overall responses of the participants are further elaborated in the form of positive and negative responses, which show that the majority

DOI: https://doi.org/10.54393/pjhs.v3i02.68

(78%) of the nurses have a more positive response to emotional intelligence than negative responses (22%)(See table 3).

	Emotional Intelligence	ltems in scale	Cut-off score	Mean ± SD	α Sig.
1	Managing other emotions (MOTE)	1,4,11,13,16 ,24,26,30	20	29.09 ± 9.01	.000
2	Managing own Emotions (MOE)	2,3,10,12,1 4,21,23,28,31	23	33.19 ± 9.78	.000
3	Perception of emotions (POE)	5,9,15,18,19,22, 25,29,32,33	25	31.94 ± 9.61	.000
4	Utilization of Emotions (UOE)	6,7,8,17,20,27	15	22.9 ± 5.99	.000
	Overall Positiv		78%		
	Overall Negati		22%		

Table 3: Emotional intelligence overall score, item in scales, cutoff values, Means and standard deviation

The responses of the participants were collected through 6 points Likert scale of MBI (see table 4).

		Emotional Intelligence	0	1	2	3	4	5	6
1	1	I think that I am emotionally worn up from job	21(20%)	23(22%)	22(21%)	15(14%)	12(12%)	9(9%)	2(2%)
2	2	I feel tired at the end of a working day.	10 (10%)	13 (13%)	29(28%)	12(12%)	14(13%)	16 (15%)	10 (10%)
3		l experience tired as quickly as I get-up in the morning and see a new working day for me	15(14%)	20(19%)	18(17%)	22 (21%)	10 (10%)	14(13%)	5(5%)
4	6	Working entire day with people is stressful for me	20(19%)	25(24%)	17(16%)	20(19%)	12(12%)	10(10%)	0(0%)
5	8	Due to my work I feel exhaustion	18(17%)	24(23%)	24(23%)	15(14%)	9(9%)	10 (10%)	4(4%)
6	13	Due to work I feel irritated	27(26%)	20(19%)	18(17%)	22 (21%)	3(3%)	11(11%)	3(3%)
7	14	I get the feeling that I work too hard.	5(5%)	30(29%)	14(13%)	17(16%)	12(12%)	18 (17%)	8(8%)
8	16	My work is stressful due to direct interaction with people	19(18%)	20(19%)	20(19%)	28(27%)	6(6%)	10 (10%)	1(1%)
9	20	I feel as if I'm at my wits 'end.	27(26%)	26(25%)	21(20%)	13(13%)	12(12%)	4(4%)	1(1%)
		Mean and standard deviation	18±7.2	22.3±4.8	20.3±4.3	18.2±5.1	10±3.5	11.3±.1	3.7±3.3

Table 4: Burnout among nursing working in tertiary care hospitals The burnout score was compared with cut off values (a score of 14 or lower was considered low burnout, while scores of 15–24 were moderate, and above 25 was high burnout) [16]. The majority 36% was high, while the lowburnout among the nurses was 33%, and the average burnout was 31% (See figure 1).

Low burnout (14 or below) Average Burnout (15-24) High burnout (25 and above)

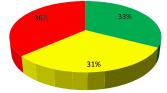


Figure 1: Burnout score with cutoff values

DISCUSSION

In this study, the majority of the participants were 51.9% male and 48.1% female, which is not like to a study conducted in 2018 in Karachi where the majority of the participants were female 60.6% and male 39.5% [17]. In this study, the majority of the participants were post-RN(49%), which is similar to a study conducted by Mahdi IS(2022) that found the bachelor nurses were higher in number (42.7%)

[18] than other qualifications, which is different from the study of Khan S (2016), where the number of diploma nurses was 63% [17]. In this study, the level of El among nurses was high in all 4 categories from the cut-off values (MOTE 29.09 ± 9.01), (MOTE 33.19 ± 9.78), (POE 31.94 ± 9.61), and (UOE 22.9 \pm 5.99). Our findings are supported by the studies of Feather R 2009 [19], Amendolair D 2012 [20], and Mahdi IS, 2022 [18], which are the mean and standard deviation of the total score (189.42±13.084). In a study conducted by Naz S (2016), nurses scored 78-81% high on burnout [21], which is similar to this study's finding that the majority of nurses show high burnout (36%). In this study, the single participants' burnout score 2.30 ± 1.07 was higher than the married participants' (2.26 ± 1.04) , similarly to the studies of Weisberg, J 1994 [22] and Okwaraji FE, 2014 [23] that the single participants have higher burnout compared to married participants. The study finding is different from Ahmed T, 2020, where the married nurses' burnout high score was 17.6% higher than the score of single nurses 11.5%[24].

CONCLUSIONS

Nurses working in tertiary care hospitals in Khyber Pakhtunkhwa have a high emotional intelligence level, which is linked with professional development and higher education. The burnout level among these nurses is high due to insufficient staff and an increasing number of patients.

REFERENCES

- [1] Schacter D. L. Gilbert D. T., Wegner D. M. Psychology (2nd ed.). Worth. 2011.
- [2] Cooper RK, Sawaf AC. Executive EQ: Emotional intelligence in leadership and organization. GROSSET;1997.
- [3] Prufeta P. Emotional Intelligence of Nurse Managers: An Exploratory Study. Journal of Nursing Administration. 2017 Mar; 47(3):134-139. doi: 10.1097/ NNA.000000000000455.
- [4] Vlachou EM, Damigos D, Lyrakos G, Chanopoulos K, Kosmidis G, Karavis M. The relationship between burnout syndrome and emotional intelligence in healthcare professionals. Health Science Journal. 2016; 10(5):0-.
- [5] White DE, Grason S. The importance of emotional intelligence in nursing care. Journal of Comprehensive Nursing Research and Care. 2019; 4(152):1-3.
- [6] Håkansson EJ, Holmström IK, Ollén LA, Sundler AJ, Hochwälder J, Marmstål HL. Empathy levels among nursing students: A comparative cross-sectional study. Nursing Open. 2019; 6(3):983-9. doi: 10.1002/ nop2.280.
- [7] Littlejohn P. The missing link: using emotional intelligence to reduce workplace stress and workplace violence in our nursing and other health care professions. Journal of Professional Nursing. 2012 Nov-Dec; 28(6):360-8. doi: 10.1016/j.profnurs. 2012.04.006.
- [8] Schaufeli WB, Maslach C, Marek T, editors. Professional burnout: Recent developments in theory and research. 2017.
- [9] Mohammadpoorasl A, Maleki A, Sahebihagh MH. Prevalence of professional burnout and its related factors among nurses in Tabriz in 2010. Iranian Journal of Nursing and Midwifery Research. 2012 Nov; 17(7):524-9.
- [10] Gil-Monte PR. Various reasons to consider the psychosocial risks at work and their consequences in public health. Revista Española de Salud Pública. 2009 Apr; 83(2):169-73. Spanish. doi: 10.1590/s1135-57272009000200003.
- [11] Ravari A, Sayadi A, Khodadadi H, Jafarinaveh H. Occupational burnout assessment among nurses working in Iranian hospital of Ali-ebn Abitaleb, Rafsanjan-Iran. Journal of Occupational Health and

Epidemiology. 2012 Jul; 1(2):103-10.

- [12] Curtis WJ, Cicchetti D. Moving research on resilience into the 21st century: theoretical and methodological considerations in examining the biological contributors to resilience. Development and Psychopathology. 2003 Summer; 15(3):773-810. doi: 10.1017/s0954579403000373.
- [13] Hussein AR, Acquah EO, Musah MB. Testing the cross-cultural validity of Schutte self-report emotional intelligence test (SSEIT) scale. International Journal of Academic Research in Business and Social Sciences. 2019 Dec; 9(12).
- [14] Schutte NS, Malouff JM, Hall LE, Haggerty DJ, Cooper JT, Golden CJ, et al. Development and validation of a measure of emotional intelligence. Personality and individual differences. 1998 Aug; 25(2):167-77.
- [15] Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annual Review of Psychology. 2001; 52:397-422. doi: 10.1146/annurev.psych.52.1.397.
- [16] Pereira MS, Teixeira CM, Ribeiro O, Hernández-Marrero P, Fonseca AM, Carvalho AS. Burnout in physicians and nurses: Amulticenter quantitative study in palliative care units in Portugal. Magazine Nursing Referencia. 2014; 3:55-64.
- [17] Khan S, Khan T, Ansari MI. Assessment of emotional intelligence among staff nurses of tertiary care hospitals of Karachi, Pakistan. Journal of University Medical & Dental College. 2018 Apr; 9(1):20-5.
- [18] Mahdi IS, Faraj RK. Correlation between Emotional Intelligence and Leadership Style among Nurse Managers. Pakistan Journal of Medical & Health Sciences. 2022 Jul; 16(05):823-. doi: 10.53350/pjmhs 22165823.
- [19] Feather R. Emotional intelligence in relation to nursing leadership: does it matter? Journal of Nursing Management. 2009 Apr; 17(3):376-82. doi: 10.1111/j.1365-2834.2008.00931.x.
- [20] Amendolair D. Caring behaviors and job satisfaction. Journal of Nursing Administration. 2012 Jan;42(1):34-9. doi: 10.1097/NNA.0b013e31823c18af.
- [21] Naz S, Hashmi AM, Asif A. Burnout and quality of life in nurses of a tertiary care hospital in Pakistan. Journal of Pakistan Medical Association. 2016 May;66(5):532-6.
- [22] Weisberg J. Measuring workers burnout and intention to leave. International Journal of Manpower. 1994 Feb 1. doi: 10.1108/01437729410 053590.
- [23] Okwaraji FE, Aguwa EN. Burnout and psychological distress among nurses in a Nigerian tertiary health institution. African Health Sciences. 2014 Mar; 14(1):237-45. doi: 10.4314/ahs.v14i1.37.

DOI: https://doi.org/10.54393/pjhs.v3i02.68

[24] Ahmed T, Shah H, Rasheed A, Ali A. Burnout among nurses working at Dow and Civil Hospitals in Karachi: A cross-sectional study. Journal of Pakistan Medical Association. 2020 Jun; 70(6):1018-1022. doi: 10.5455/JPMA.27407.