



Faculty of Medicine and Health Sciences

**EMOTIONAL INTELLIGENCE AMONG NURSING STUDENT IN
UNIVERSITI MALAYSIA SARAWAK**

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Bachelor of Nursing with Honours
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ABBREVIATIONS

EQ	Emotional Quotient
EI	Emotional intelligence
FMHS	Faculty of Medicine and Health Sciences
IQ	Intelligence Quotient
MoH	Ministry of Health Malaysia

ABSTRACT

Emotional Intelligence (EI) is the ability to recognize our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and others. It is a new knowledge and skills for the nurses that should be cultivated in order to improve the nurses' quality of work. The main aims of this study are to identify the level of awareness and the level of EI among nursing students in Universiti Malaysia Sarawak (UNIMAS). This study used a quantitative method and 109 nursing students were selected by convenience sampling. All data for the study obtained from the questionnaire that was divided into three sections which were the respondent's background, awareness of the importance of emotional intelligence and emotional intelligence elements. From the study, with regards of awareness, 54.1 percent (n=59) had low awareness of EI. Out of 109 respondents, only 21.1 percent (n=23) of nursing students had a moderate level and the rest had a low level of EI. Based on the results, Year 1 nursing students had the highest percentages of moderate level. However, the overall level of EI among the nursing students was considered as low. As a conclusion, the encouragement and guidance on the knowledge and application of EI should be done. Consequently, the EI test was highly recommended prior to enter nursing program in the future to promote high quality of emotionally intelligent nurse outcome in the future.

CHAPTER I

INTRODUCTION

Conventionally, we have been made to believe that a person's intellectual intelligence (measured as IQ or intelligence quotient) is the greatest interpreter of success. Society assumes that people with high IQs will obviously achieve more in life but with IQ alone, a person is not categorised as intelligent because nowadays, researchers found that person's emotional intelligence (EI) might be a greater predictor of success than his or her IQ. According to Weisinger (1998) cited in Moss (2005), emotional intelligence is believed by many to be the determinant of who advances most quickly within an organisation. Some companies even test their candidates as one of the criteria for hiring employees.

A comprehensive theory of emotional intelligence was first proposed in 1990 by two psychologist, Peter Salovey, and John Mayer (Moss, 2005). Then, a journalist and psychologist, Dr. Daniel Goleman, took some of Mayer and Salovey's theory and turned it into a best-selling book titled "Emotional Intelligence: Why It Can Matter More than IQ". Goleman in Emotional Intelligence notes: "... John Mayer, a University of New Hampshire psychologist who, with Yale's Peter Salovey, is a coformulator of the theory of emotional intelligence." It describes abilities distinct from, but complementary to, academic intelligence, the purely cognitive capacities

measured by IQ. According to Daniel Goleman (1998), many people who are book smart but lack emotional intelligence end up working for people who have lower IQs than they but who excel in emotional intelligence skills.

Background of the problem

In Malaysia, emotional intelligence (EI) in practice is still not a big issue that may arise in medical field especially for nurses. According to McQueen (2004), emotional intelligence is a skill that deserves to be given credence in nursing for its potential benefits to patients' care and staff welfare. Nurses are the public face of the health care system, the people who are actually perceived as taking care of the sick. They are the frequent person who gets in touch with the patient and the most easiest available person to attend patients who seek for medical attention.

Recently, Ministry of Health Malaysia (MOH, 2006), had stressed to all health care providers in the government hospitals to practice 7 'S' in the clinical settings to the patient. The 7 'S' consist of *senyum* (smile), *salam* (greet), *sambut* (welcome), *segak* (smart), *segera* (urgent), *sentuhan* (touch) and *sensitif* (sensitive). These are the behaviour that the nurses should act in the ward and it is the interpersonal and intrapersonal skill that the nurses should learn and apply. These two skills are the component of social intelligence to which EI has its roots in it. The 7 'S' can develop EI in the clinical settings and together to provide a quality work performances and satisfaction of patients.

Problem statements

Traditionally, nursing profession has been viewed as caretakers or caregiver. The clients who seek for medical attention are those who are in need of special attention and holistic care from the health care providers especially nurses. However, the clients' negative perceptions that had arise towards some of the nurses in Malaysia and also the barrier that exist between nurse-patient relationships coerce the researcher to develop this research study. Recently, in the newspaper article of Utusan Malaysia dated 23 March 2007, the perception of the public about nurses in Malaysia as being anger and impolite while treating clients had been stated numerously. The nurses are not aware with their emotions in daily life. Therefore, it is imperative to understand the clients feeling when the nurse serve their care. They put on their stress to the patient in order to release their tension, stress and burnout. Aristotle, n.d. cited in Anthikad, 2004, p.18 had proposed as:

“Anybody can become angry – that is easy; but to be angry with the right person, and to the right degree, and at the right time, and for the right purpose, and in the right way, that is not within everybody’s power and is not easy.”

The emotion regulation reflects the ideas that are concerned with the concept of EI. People who apply EI in their life, they will be able to control their feelings towards anger. Instead, the nurses need to think and in a polite manner, interact with the client in professional way. With the elements of emotional intelligence, all these problems can be well-managed.

On the other hand, technology also plays an important role in putting barrier between the nurses and the patient relationship. Nowadays, technologies become more sophisticated where nurses just deal with the machine and went off without really looking at the clients' complaints. They spend their time and interact less with the client in the wards. According to Moss (2005), nurse only attend to the patient when doing head to toe examinations, giving medications, verifying confirmation on intravenous (IV) pumps and other equipments to run smoothly or whenever the client call them. They spent most of their time by documenting (Moss, 2005). As a result, they would not serve holistic care to the patient.

Objectives

General objective:

The general objectives of this study are to determine the level of awareness and the level of emotional intelligence among nursing student.

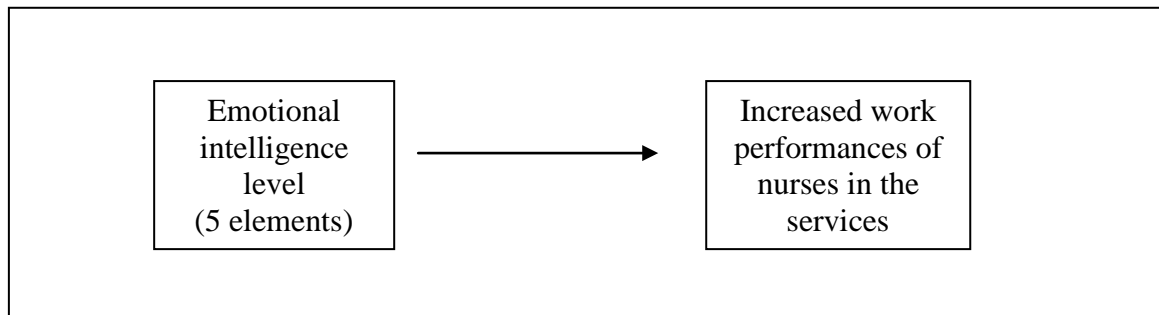
Specific objectives:

1. To identify awareness of the importance of emotional intelligence among nursing student.
2. To identify the level of emotional intelligence among nursing student.
3. To identify the level of self-awareness among nursing student.
4. To identify the level of self-regulation among nursing student.
5. To identify the level of motivation among nursing student.
6. To identify the level of empathy among nursing student.
7. To identify the level of social skills among nursing student.

Theoretical framework

In this study, the concept and description of EI have expanded into a framework for describing human characters, as a set of emotional competencies that distinguish how people manage feelings, interact and communicate in performing their work effectively in achieving outstanding performance. As pointed out by Goleman (1998), emotional competence is a learned capability based on EI that results in outstanding performance at work. Therefore, our EI can be observed when we demonstrate our emotional competencies that constitute self-awareness, self-management, social awareness and social skills at appropriate times and ways in sufficient frequency to be effective in the situation (Boyatzis, Goleman & Rhee, 1999). As a nurse, they need to have these skills in achieving the patient's health and providing the best services to them.

Figure 1.1: Theoretical framework of the research



Significance of the research

This research would add more in-depth knowledge on emotional intelligence and also determination of awareness and emotional intelligence level among nursing students. It assists the future nurses to identify and aware their emotion towards the patient and as well included other people around them such as family, colleagues and friends. This study results may guide the nurses to change their way of work and interactions with the patient especially to be more intelligent and dependable in managing their emotions and towards building the nurse-patient relationship although they are busy with their jobs and other responsibilities. Besides that, it will improve the holistic care towards the patient and advancing the nursing practice in the clinical settings. This research is to make its proper impact on patient care. The reason of this study, after all, is to improve the quality of patient care and to increase the effectiveness and efficiency of the nursing service.

Definition of term

Nursing students

Nursing students is a future nurse who will complete a programme of basic nursing education and is qualified and authorised in his or her own country to practise nursing (Martin, 2003).

Concept of emotional intelligence

There are two elements that combines to create emotional intelligence; the element of emotion and intelligence (Weisinger, 1998).

Emotion

According to Weisinger (1998), emotions can be divided into three components; thoughts, physiological changes and behaviours. Emotion is a very strong feeling that can influence our physiological and changes our behaviours and thoughts.

Intelligence

Intelligence is the ability to learn, understand and thinking a logical way about things; the ability to do this well (Hornby, 2000). According to Wechsler (1958), intelligence is the aggregate or global capacity of the individual to think rationally, to act purposefully, and to deal effectively with the environment (Anthikad, 2004).

Emotional intelligence

Conceptually, emotional intelligence is the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and others (Goleman, 1995 cited in Elliott, 2007). Operationally, emotional intelligence is the students' capacity in knowing their feeling and the feeling of others, motivating themselves and uses these emotions in handling relationships with friends, colleagues and others. These are known as their self-awareness, self-regulation, motivation, empathy and social skills.

Self-awareness

Conceptually, self-awareness define as knowing how we are feeling in the moment, and using those preferences to guide our decision making; having realistic assessment of our own abilities and a well-grounded sense of self confidence (Goleman, 1998). Operationally, self-awareness is the ability of the person to recognise feelings when they happen and acknowledge them. With this ability, we can make rational decisions and allow and even act with extra caution after the decisions had been made.

Self-regulation

Conceptually, self-regulation define as handling our emotions so that, they facilitate rather than interfere with the task at hand; being conscientious and delaying gratification to pursue goals; recovering well from emotional stress (Goleman, 1998). Operationally, it is the ability to handle uncomfortable emotions and able to overcome it in difficult situations. A nurse with this ability will be able to handle the patients and the other colleague in a stress or burnout situation in the ward.

Motivation

Conceptually, motivation defines as using our deepest preferences to move and guide us toward our goals, to help us take initiative and strive to improve and to persevere in the face of setbacks and frustrations (Goleman, 1998). Operationally, motivation reflects the nurses' passion for work beyond money or status and has the tendency to pursue goals with persistence. This would be the ability of the workers to use emotional system to start a work process and keep it going (Weisinger, 1998).

Empathy

Conceptually, empathy defines as the capacity to understand and respond to the unique experiences of another (Micoli & Ketcham, 2000). Operationally, it is sensing what people feeling, being able to take their perspective, and cultivating rapport and attunement with a broad diversity of people. Emotional work can involve nurses in managing instinctive emotions such as disgust, annoyance or frustration in patient interactions (Goleman, 1998). By trying to view the situation from patients' perspectives and empathizing with their emotions, nurses' facial expressions and behaviour can be managed to display caring behaviour (McQueen, 2004).

Social skills

Conceptually, social skills define as handling emotions in relationships well and accurately reading social situations and networks; interacting smoothly; using these skills to persuade and lead, negotiate and settle disputes, for cooperation and teamwork (Goleman, 1998). Operationally, building of relationships and networking does not merely depending on power and predefined roles. This skill will give person ability in developing and managing relationships with the patients and colleague and has the ability to find common position and build rapport in the hospital.

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter is reviewing the past literature on emotions, emotional intelligence and also the emotional intelligence element. In this chapter, the researcher would try to understand the meaning of emotions, intelligence and emotional intelligence in the context of nursing in the clinical field.

Emotion

Emotions are powerful forces influencing our behavior; people laugh, cry, become depressed, or blow up buildings under the influence of emotions (Plutchik, 2003). Emotion colours everything that we do. Without emotion, life would be dull. Emotion is always present in one form or another as a basic aid to our survival. It is our emotional reactions to the world that allow to us determine which parts of it are safe for us and which are dangerous, which will bring happiness and of which bring sadness or anger or depression. At the most fundamental level, emotion provides us with information about ourselves that is essential in our struggle to deal with daily life (Strongman, 2006).

Nurses, as patients' lifelines, need to understand the emotional dimensions in the clinical situations. People that come to the hospital have various behaviours. Recognizing emotions and facilitating the transition from one to another are skills of emotional intelligence that serve nurses in such settings (Moss, 2005). In other point of view, emotional identification, the most basic level of emotional aptitude in Mayer, Salovey, and Caruso's model, involves recognizing emotion in art work or a facial expression (Mayer, Salovey, and Caruso, 1999, 2000, 2002 cited in Moss, 2005).

On the other hand, Davies, Stankov, and Roberts (1998) cited in Plutchik (2003) found that many of the emotional intelligence scales correlated highly with personality scale measures, thus suggesting that emotional intelligence may in fact be an aspect of personality. Indeed, it is evident that most of the terms used to describe emotions are also used to describe personality traits (Plutchik, 2003).

Intelligence

Intelligence consists of three types that can be concluded from Howard Gardner's Theory of Intelligence, which are the Mechanical intelligence, Social intelligence and Abstract (general) intelligence. Emotional intelligence can be categorised in the Social intelligence; it means understanding of people and the ability to act wisely in human relationships (Anthikad, 2004). Moreover, according to Howard Gardner's Theory of Intelligence, social intelligences include of intrapersonal and interpersonal intelligence.

Intrapersonal intelligence is also demanded in nursing when nurses empathize with patients, try to understand their perspectives and engage in counselling skills. In these circumstances, it is recommended that nurses have engaged in a self-reflective process to become aware of their own values and prejudices. Any personal prejudices that conflict with those of patients or clients can then be set aside in helping patients come to their own decision, appropriate to their circumstances (Burnard 1994 cited in McQueen, 2004). The social adeptness referred to above is demonstrated in the definition of EI proposed by Freshman and Rubino (2002, p. 1) as:

“Proficiency in intrapersonal and interpersonal skills in the areas of self-awareness, self-regulation, self-motivation, social awareness and social skills.”

Emotional intelligence

Emotional intelligence has its roots in the social intelligences first proposed by Thorndike (1920) cited in McQueen (2004), who noted that it was of value in human interactions and relationships. He concluded that social intelligence was discrete from academic abilities and was a key to success in the practicalities of life. Then, a comprehensive theory of emotional intelligence had been first proposed in 1990 by two psychologist, John Mayer, and Peter Salovey. According to Mayer & Salovey (1997) cited in Eysenck (2004), emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.

Goleman (1998) adapted the model by Salovey and Mayer (1990) to give an understanding of how these talents matter in work life and it includes the five basic emotional and social competencies:

- Self-awareness: Knowing what we are feeling in the moment, and using those preferences to guide our decision making; having a realistic assessment of our own abilities and well-grounded sense of self-confidence.
- Self-regulation: handling our emotions so that, they facilitate rather than interfere with the task at hand; being conscientious and delaying gratification to pursue goals; recovering well from emotional distress.
- Motivation: using our deepest preferences to move and guide us toward our goals, to help us take initiative and strive to improve, and to persevere in the face of setbacks and frustrations.
- Empathy: Sensing what people are feeling, being able to take their perspective, and cultivating rapport and attunement with a broad diversity of people.
- Social skills: Handling emotions in relationships well and accurately reading social situations and networks; interacting smoothly; using these skills to persuade and lead, negotiate and settle disputes, for cooperation and teamwork.

Level of emotional intelligence

Level of emotional intelligence is not fixed genetically, nor does it develop only in childhood. EI seems to be largely learned and it continues develop as we go through life and learn from our experiences, our competence in it can keep growing.