Emotional Intelligence in Critical care Nurses and its effects on the Quality of Care

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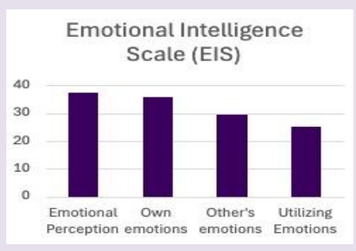
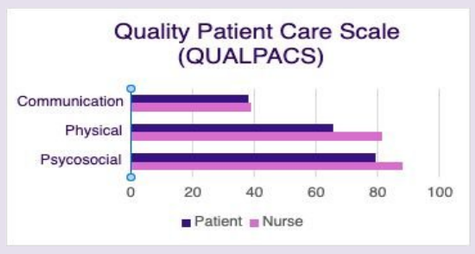
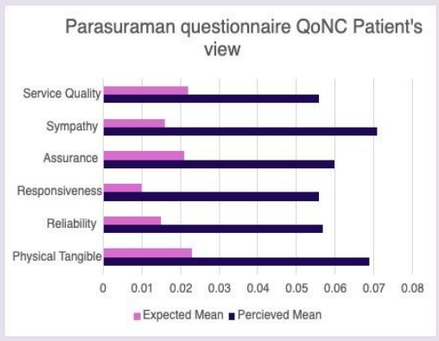
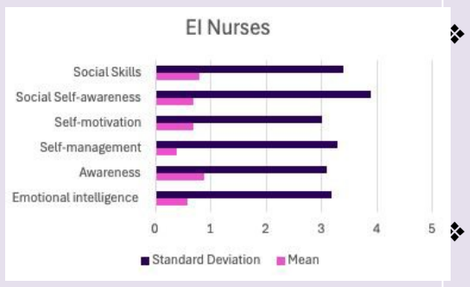
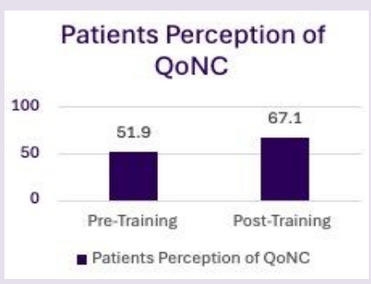
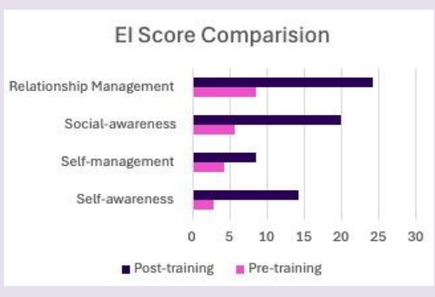
Introduction

Salovey and Mayer (1990) were the first to coin the term emotional intelligence (EI), while Golman (1995) was the first to conceptualize EI. His ideology centered around the concept that professional success depends more upon one's ability to control and regulate emotions than on the IQ. Golman (1995) definition remains classic, he **defined EI as an individual's ability to monitor their own and others' emotions, distinguish between them, and use them to guide owns thoughts and actions.** Where EI can be an essential tool to guide one's career pathways, for nurses EI is at the core of their profession (Ragab, Abd_ Elhafez, & Rashed, 2018). An emotionally intelligent nurse enables their own emotion, others (colleagues) emotion, but most importantly, understands their patient's emotions and this enables the nurses to provide a more individualized care (Driscoll et al., 2017). Critical care nurses experience this even more intensely. Critical illness has a consequence on physical aspect that might impact all life aspect but can deeply impact the emotional aspect (Daniels et al., 2018).

A critical care nurse is expected to be insightful observant and even intuitive (Ragab et al., 2018). They are expected to note even a slightest change to reduce the complications and eventually improve the patient's outcomes, however along with this insight, nurses are expected to be kind, compassionate, and approachable to ensure patient's satisfaction (Turjuman, and Alilyyani, 2023). As patient's perception is a critical determinant of quality of care, thus nurse's emotional wisdom can have a direct effect on the quality of care (Turjuman, and Alilyyani, 2023). Therefore, t**his study aims to determine the effectiveness of critical care nurse's EI on the quality of care and to highlight the benefits and the limitations of implementing EI among critical care nurses.**

Study	Design	Interventions and Findings	Limitations
Emotional intelligence and quality of nursing care among Jordanian critical care nurses. Sharour, et al., (2024)	185 Registered Nurses from 3 main hospitals in Jordan with a mean age of 30.54 years. Cross-sectional design.	This study explored the relationship between emotional intelligence and the quality of nursing care among critical care nurses in Jordan. • **A positive relationship between EI and QoNC (r=0.785, p= <0.05)** was found.  	❖ Cross-sectional study design limits the association. ❖ The socio-economic variability might influence EI. ❖ Convenience sampling can introduce bias. ❖ Self-reported data can be subject to biases such as social desirability bias, and bias in quality assessment.
Emotional Intelligence and Quality of Nursing Care: A Need for Continuous Professional Development. Khademi, et al. (2021)	patients (n = 300) and census sampling to select the nurses (n = 100) at Amir Alam Hospital in Tabriz, Iran, in 2018. Descriptive correlational study.	This study determined the relationship between EI and quality of nursing care from the viewpoint of nurses and patients. • **A significant relationship was found between EI and QoNC (P= <0.001).** • **No significant difference was noted between patients and nurses (P=0.652).** • **A significant association between some demographic characteristics of the patients and QoNC (p < 0.001)**  	❖ The socio-economic variability might influence EI. ❖ Exhaustion of Participants ❖ Convenience sampling for patients and nurses introduces potential bias. ❖ Single hospital-based study limits the generalizability to other hospitals or regions • Discussion lacks on the confounding factors and potential biases.
Effect of Emotional Intelligence on the Quality of Nursing Care from the Perspectives of Patients in Educational Hospitals Najafpour, et al. (2020)	300 nurses and 270 patients from 4 hospitals affiliated with Tehran university Descriptive-analytic cross-sectional study	The study assessed the relationship between EI and QoNC from the perspectives of patients. • **No significant relationship identified, however positive correlation between EI domains (Self-awareness and self-management)and QoNC (sympathy, Tangible and assurance) were noted.**  	❖ A major gap noted between patient expectations and perceptions of service quality, which suggests potential issues with the measurement or understanding of patient needs and expectations ❖ Patient's expectation and perceived impressions were analyzed to conclude results therefore causality is limited. ❖ Limited demographics details suggests limited consideration of cofounding factors.
Effectiveness of Nurses' Emotional Intelligence Training on Quality of Nursing Care for Critically Ill Patients. Ragab et al., (2018)	A convenient sample of 70 nurses and 420 patients at Sohag University hospital. Quasi experimental research design	The study determined the effectiveness of nurses' EI training on QoNC for critically ill patients. • **A strong positive correlation was found between nurses' EI levels and patients' perception of quality nursing care (r=0.767, p<0.01).** • **A 15% difference was noted pre &post training was noted.**  	❖ Relatively small sample size. ❖ Insufficient Detail on Training Program ❖ The study measures the immediate impact of EI training thus fails to assess long-term sustainability.

PRISMA
Identification of studies from database and registers

Database

CINHAL and Google Scholar

P = 'adult intensive care nurses'

I = 'Emotional Intelligence'

O = 'quality of care' OR 'patient's outcom e'

Identification
Records Identified Databases **(n=888)**

Records removed before screening
Duplicate **(n=8)**
Records removed (not from last 5 years) **(n= 491)**

Screening
Records screened **(n= 389)**

Records excluded **(n= 363)**

Reports ass essed for el igibility **(n=26)**

Reports excluded:
Language barrier **(n= 1)**
Not assessing 'QoC' **(n = 13)**
Not with ICU nurses or nurses **(n= 4)**
Not research articles (review, periodicals, case study) **(n= 4)**

Included
Studies included in review (n= 3)
References from articles (n=1)

Discussion

This review retrieved four studies that aimed to identify the effectiveness of EI on the QoNC. Sharour, et al., (2024); Khademi, et al., (2021); Ragab, et al., (2018) identified a positive relationship between EI and QoNC while Najafpour, et al., (2020) suggested otherwise.

The former three studies suggested a strong positive correlation between EI and QoC, whereas Najafpour, et al., (2020) suggested no significant correlation, but suggested a positive relation with some EI domains and QoC domains.

In noting the EI domains, **relationship management** and **self-management** were the two components reported to be highest amongst the nurses in all four studies (Sharour, et al., 2024; Khademi, et al., 2021; Najafpour, et al., 2020; Ragab, et al., 2018). Evaluating personal elements; **Self-motivation and utilizing emotions,** on the contrary were the weakest elements amongst nurses. However, overall evaluation suggested that nurses in all the studies lacked the **social self-awareness** domain majorly (Sharour, et al., 2024; Khademi, et al., 2021; Najafpour, et al., 2020; Ragab, et al., 2018). On quality-of-care assessment variety of self-reported data tools were applied, however the elements on which correlation was weakest were **service quality protocols and nurse's responsiveness**.

Demographic elements were identified as the crucial factors affecting the EI. Sharour, et al., (2024); Khademi, et al., (2021); Ragab, et al., (2018) concurred that level of education has a positive relation with EI. Also, Khademi, et al., (2021) and Ragab, et al., (2018) highlighted that female gender may have a higher EI, however this also highlights a potential bias as all the studies had more female nurses than male nurses except Najafpour, et al. (2020).

Moreover, where demographics has an influence on EI development, the socio-economic factors can't be ignored. Even though these studies; conducted in middle eastern countries; can suggest a positive relation between EI and QoNC, a potential limitation towards generalizability can impede the implementation for instance; in European countries; due to a varied socio-economic factor result may vary. Also, though, the versatility of quality instruments provides a vast data, the generalizability of the data remains questionable as different tools assessed different aspect therefore conceding on the effect of EI on QoNC remains subjective.

Conclusion

The study concludes a positive correlation between EI and QoNC, although, Najafpour, et al. (2020) suggested otherwise. While relationship- and self-management were the strongest; social self-awarenss was the weakest factor of EI. Regardless of the positive relationship, the generalizability of the studies remain limited mainly due to the demographics and socio-economic factors.

Recommendation

Undoubtedly, emotional intelligence (EI) is an essential soft skill for nurses; however, socio-economic factors may limit generalisability and introduce bias. To ensure local applicability, studies should be conducted within our unit using the PDSA cycle. Future research should adopt longitudinal and interventional designs, applying standardised tools across diverse cultural contexts to strengthen the evidence base. In addition, exploring EI within interprofessional critical care teams could provide valuable insight into its broader impact on patient care. Patients, alongside nurses, should also be considered as key indicators when evaluating quality of nursing care (QoNC), and the simultaneous use of these measures is recommended.

Plan
- Introduce the matron regarding the training program and EI Assessment tool.

DO
- Conduct a baseline EI for nurses.
- Roll out EI training (BMJ training).
- Collect nurse's feedback

STUDY
- Analyse patient's satisfaction and nurse's feedback forms pre and post training.

ACT
- Adjusting the trainings based on the received feedback from nurses and patients.

SCAN ME