

The Relationship Between Emotional Intelligence and Coping Behaviors among Nurses in the Intensive Care Unit

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Nida Jawabreh, MSN¹ 

Abstract

Introduction: Nurses are expected to experience chronic stress and be involved in unhealthy actions more frequently due to the rising demands of medical care, which impact every aspect of their individual and professional lives. Individuals with higher emotional intelligence could cope and adjust to environmental changes and social constraints better than those with lower emotional intelligence.

Objective: The objective of this study was to assess the relationship between the emotional intelligence and coping behaviors of nurses in the intensive care units (ICUs) in the West Bank.

Methods: The study was a cross-sectional method done on convenience sample of 266 ICU nurses. Data collection was performed by “Schutte Self Report Emotional Intelligence Test” (SSEIT) and the “Coping Behavior Inventory”. Statistical analysis was completed using SPSS version 23. Pearson correlation was used to measure the relationship between the emotional intelligence and coping behaviors.

Results: The analysis indicated that emotional intelligence was high (mean \pm SD = 150.8 \pm 2.1, range 33–165). Also, the analysis indicated that coping behavior of the participants was moderate (mean \pm SD = 29.3 \pm 15.2, range 0–76). Furthermore, the analysis indicated that there was a moderate positive relationship between nurses’ emotional intelligence and their coping behaviors.

Conclusion: Coping behavior was indicated to have a moderately positive relationship with emotional intelligence. However, social skills or managing others’ emotions indicated low positive relationship and emotional intelligence. There is a negligible correlation between emotional intelligence and perception of emotions, managing emotions in the self, and utilizing emotions. Training in emotional intelligence is essential for nurses since it improves both their personal and professional life and coping mechanisms.

Keywords

nurses, coping behavior, emotional intelligence, cross-sectional study

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Introduction

High expectations, a great deal of responsibility, and little authority have been shown to be the primary sources of stress in the nursing profession, which is recognized as a difficult occupation due to its complicated demands and requirements (Babapour et al., 2022). It is well known that nurses have a higher risk of developing exhaustion and burnout than other professional groups (Woo et al., 2020).

An estimated \$200 to \$300 million is spent on work-related stress each year in the United States, and stress at work is the cause of about 90% of medical issues that arise in employees (Hassard et al., 2018). Stress at work can

have a negative impact on a nurse’s quality of life and, in turn, care quality. Given that nurses’ work with human lives, their quality of life is especially important because when they are healthier, they can deliver services more effectively (Layali et al., 2019). Because they work closely with patients, nurses are subjected to a number of stressors,

¹Faculty of Nursing, Arab American University, Jenin, Palestine

Corresponding Author:

Nida Jawabreh, Mailing address: Faculty of Nursing, Arab American University, Jenin 00972, Palestine.
Email: nida.jawabreh@aaup.edu



including their work place, the range of hospitalized cases they see, a shortage of staff, mandated overtime, and the ward manager's attitude (Aqtam et al., 2023).

Intensive care unit (ICU) nurses cope with a variety of stressors on a daily and ongoing basis at work, such as conflict, overwork, working shifts, coping with death, unclear authority levels, and high levels of stress (Aqtam et al., 2023). Developing emotional intelligence (EI) is one method of handling work-related stress. EI is a collection of noncognitive aptitudes, efficiencies, and skills that affect nurses' capacity to effectively manage pressure from the environment and help them get over work-related stress (Shahin, 2020). It may be challenging for nurses to stay composed when conversing with patients, particularly in crisis situations, if they are unable to regulate their emotions. When nurses apply EI, they become more stress-resistant and tolerant of their surroundings (Tih and Hamid, 2021).

The ability to keep monitoring one's moods and emotions and utilize that knowledge to direct one's thoughts and actions is known as EI. It includes recognizing, comprehending, controlling, and using emotions. The capacity to identify emotions as they arise is referred to as perceiving emotions. EI relies on the understanding of emotions. It is the capacity to comprehend and feel another person's emotions (Wang et al., 2022). The goal of a coping strategy is to adopt emotional strategies, such as avoidance, withdrawal, venting, or information seeking, to lessen the unpleasant feelings brought on by perceived damage or danger (Al-Ruzzieh & Ayaad, 2021).

Literature Review

Communication with patients, families, and healthcare teams is a continuous aspect of nursing. Therefore, greater patient-centered care can result from nurses with high EI being better able to recognize and address the feelings and worries of their patients (Khademi et al., 2021). Additionally, EI helps nurses communicate successfully by allowing them to modify their approach depending on the person and the circumstance (Giménez-Espert et al., 2023).

EI enables nurses to better regulate their own stress levels and deal with the difficulties they encounter in their high-stress line of work (Kikanloo et al., 2019). High EI nurses are better able to handle pressure and avoid burnout while preserving their wellbeing (Liu et al., 2023). By comprehending and communicating the social and emotional facets of healthcare, nurses with EI are better equipped to advocate for their patients. A thorough awareness of patients' emotional and psychological wellbeing is necessary in order to effectively advocate for their needs and rights (Al-Ruzzieh & Ayaad, 2021). The promotion of EI in nursing ultimately results in improvements to patient satisfaction, care quality, and the overall efficacy of healthcare delivery (Khademi et al., 2021).

Multifaceted and complex, coping is a process of behavior and attitude involving a range of coping methods.

Stressful situations can affect a person's disposition and behavior, depending on whether they decide to confront the issue head-on or not. These differences in mindset, actions, and thought patterns combine to form a variety of stress-reduction strategies. Constructive coping strategies increase mental wellbeing, stimulate good feelings and performances, increase work satisfaction, and lessen mental exhaustion (Sagaca et al., 2023). According to Hennekam et al. (2020), they can also help people feel less sad, more confident, more supported, and more capable of performing their professions successfully. Conversely, those who resort to more passive coping strategies such as avoidance, denial, suppression of emotions, distraction, dependency, isolation, and substance abuse are generally experience worse mental health and a worse feeling of self-worth, both of which impair their quality of life (Li et al., 2021). Ding et al. (2015) stated that "Effective coping in the workplace leads to a state of imminent well-being, marked by substantial advancements in both professional and personal domains. This condition is characterized by notable improvements in one's abilities and a broadening of personal resources. The positive outcomes derived from adept coping strategies contribute to overall growth, resilience, and an enhanced capacity to navigate challenges, fostering a state of well-being and continuous development in individuals."

Nurses are more likely to experience chronic stress and engage in unhealthy behaviors due to the rising demands of medical care, which have an impact on every aspect of their personal and professional life (Tsaras et al., 2018). Additionally, nurses in ICUs tend to patients in potentially fatal circumstances (Limbu et al., 2019; Tronstad et al., 2021). Nurses are at risk for health issues including musculoskeletal pain, headaches, and a weakened immune system (Shaw et al., 2018), clinical instability, the need for monitoring, ethical conundrums with patient care, tense environments, the high number of interventions, and the possibility of error, mortality, and morbidity (Danielis et al., 2020; Jakimowicz et al., 2018). However, EI is a core competency of critical care nurses, with professional, personal, and organizational implications (Lampreia-Raposo et al., 2023). EI may have an impact on coping strategies, as a higher EI level was correlated with the greater use of effective coping strategies in ICU nurses (Ali Mahmoud et al., 2023; Cichoń et al., 2023). Therefore this study aimed to assess the relationship between the EI and coping behaviors of nurses in the ICUs in the West Bank.

Method

Design

A cross-sectional study was conducted on nurses working in ICUs in West Bank hospitals. The study was carried out between March and August 2023.

Population and Sampling

There are over 600 nurses working in the Palestine-targeted ICUs. The sample size, with 50% response rate, 5% margin of error, and 95% confidence level, was determined using the RaoSoft tool. This study required a convenience sample of 235 participants to be carried out, and 20% were added to overcome withdrawal and incomplete questionnaires, in which the sample size was increased to 282 in total. The nurses who completed the study were 266 nurses.

Inclusion and Exclusion Criteria

The study covered all full-time nurses working in the selected ICUs, with the exception of those who were on leave or absent from work at the time of the data collection.

Research Question

What is the relationship between EI and coping strategies among nurses in the ICUs in the West Bank of Palestine?

Instruments

The questionnaire consisting of the subsequent components:

Part 1: Demographic characteristics that the researcher developed after looking through relevant literature. Age, gender, marital status, level of education, and experience are all included.

Part 2: The second section was the Schutte Self Report Emotional Intelligence Test (SSEIT). The SSEIT was used to assess EI and was developed by Schutte et al. (1998). It is a self-administered instrument containing 33 items distributed on four subscales including the perception of emotions, social skills or managing others' emotions, managing emotions in the self, and utilizing emotions. Each item is ranked on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scale scores were computed by summing all items. The scores ranged from 33 to 165, and scores below 111 or above 137 are unusually low or high EI (Schutte et al., 1998). This tool is valid and reliable, in which Cronbach's alpha was 0.90 (Ciarrochi et al., 2001; Jonker and Vosloo, 2008; Schutte et al., 1998). The Cronbach alpha for the current study was 0.86.

Part 3: The third section was the Coping Behavioral Inventory Scale (CBI), was created by Sheu et al. (2002) and used to assess nurses' coping behaviors. The 19 items of the CBI are categorized as follows on a 5-point Likert scale (0–4): "problem-solving action (6 items), optimistic coping action (4 items), avoidance action (6 items), and transference action (3 items)." Total score range between 0 and 76, and score of 0 to 25 was rated as mild level, 26 to 49 as moderate level and 50 to 76 as high

level (Labrague, 2013; Sheu et al., 2002). According to Sheu et al. (2002), the CBI's Cronbach's alpha was 0.76.

Data Collection and Ethical Consideration

Ethical approval was taken from the Arab American University. In order to get a list of nurses working in the ICUs and to explain the purpose of the study, the researcher went to see each nurse manager at the targeted hospitals. The nurse who made the decision to take part assigned the informed consent. The study's participants were informed that their involvement was completely voluntary and would not affect their professional experience. The questionnaires were completed in English at each hospital.

Data Analysis

Statistical analysis was completed using SPSS version 23. Descriptive statistics as frequency, percentage, mean, and standard deviation were used. Also, Pearson correlation was used to measure the relationship between the EI and coping behaviors.

Results

Participants' Characteristics

Two hundred and sixty-six nurses out of 288 of nurses completed the study, with a response rate of 92.4%. According to the data, 166 (62.4%) of the participants were males, and 179 (67.3%) of the participants were between the ages of 25 and 45. Among them, 150 (56.4%) were married. The majority of them—183(68.8%)—have a bachelor's degree, and 101(38.0%), have 1 to 5 years of experience, as seen in Table 1.

Table 1. Demographic Characteristics of the Participants (N = 266).

Characteristics	N (%)	
Age	<25	13 4.9
	25–45	179 67.3
	> 45	74 27.8
Gender	Male	166 62.4
	Female	100 37.6
Marital status	Single	111 41.7
	Married	150 56.4
	Other	5 1.9
Educational level	Diploma	66 24.8
	Bachelor	183 68.8
	Postgraduate studies	17 6.4
Experience	< 1 year	63 23.7
	1–5 years	101 38.0
	6–10 years	63 23.7
	> 10 years	39 14.7

The analysis indicated that EI was high (mean \pm SD = 150.8 ± 2.1 , range 33–165). Also, “perception of emotions” was the highest domain 47.0 ± 1.0 , as seen in Table 2.

The CBI of the participants was moderate (mean \pm SD = 29.3 ± 15.2 , range 0–76). The most common coping strategy used by participants was problem solving ($M = 9.5 \pm 5.6$), followed by avoidance ($M = 8.8 \pm 5.7$) and being optimistic ($M = 6.4 \pm 4.0$), while transference was the least commonly used ($M = 4.4 \pm 3.0$), as seen in Table 3.

The analysis showed that there was a moderately positive correlation between nurses’ EI and their coping behaviors ($r = 0.542$, $p < 0.05$). Nurses’ EI and social skills, or managing others’ emotions, showed a low positive correlation ($r = 0.361$, $p < .05$). However, nurses’ coping behaviors and perception of emotions, managing emotions in the self, and utilizing emotions showed negligible correlation ($r = 0.283$, 0.161 , 0.214 , $p < .05$), respectively, as seen in Table 4.

Discussion

The current study indicated that the EI mean was high. Previous studies provided support for this (Hua et al.,

Table 2. Distribution of Emotional Intelligence Domains (N = 266).

Emotional intelligence domain	M(SD)
Perception of emotions	47.0 (1.0)
Social skills or managing others’ emotions	40.4 (1.0)
Managing emotions in the self	36.0 (1.0)
Utilizing emotions	27.5 (0.8)
Total emotional intelligence	150.8 (2.1)

Table 3. Coping Behaviors Nurses Utilized (N = 266).

Coping behavior	M(SD)
Coping behavior inventory	29.0 (15.2)
Avoidance	8.8 (5.7)
Problem solving	9.5 (5.6)
Stay optimistic	6.4 (4.0)
Transference	4.4 (3.0)

Table 4. The Relationship Between Emotional Intelligence and Coping Behavior (N = 266).

Variable	Perception of emotions	Social skills or managing others’ emotions	Managing emotions in the self	Utilizing emotions	Total emotional intelligence
	r	r	r	r	r
Avoidance	.189**	.306**	.157**	.160**	.428**
Problem solving	.277**	.348**	.155**	.212**	.513**
Stay optimistic	.225**	.193**	.172**	.166**	.376**
Transference	.255**	.339**	.153**	.164**	.471**
Coping behavior	.283**	.361**	.161**	.214**	.542**

*Correlation is significant at level of 0.05.

**Correlation is significant at the 0.01.

2019; Angelna et al., 2020). The nurses’ high emotional awareness enabled them to effectively control their emotions even in the face of challenging circumstances while providing high-quality nursing care.

Also, the study showed that the participants’ coping behavior was moderate. This was supported by the Abou Hashish and Ghanem Atalla’s (2023) study. The study showed nurses have a moderate use of coping strategies (2.13 ± 0.35).

The current study indicated that coping behaviors had a moderately positive relationship with EI. This implies that nurses can effectively handle challenges while providing exceptional patient care because they are able to identify, comprehend, and regulate their emotions. According to research published in the literature, coping strategies, and EI are positively correlated (DePierro et al., 2020; Kok et al., 2020). EI and coping behaviors are psychological qualities (including self-awareness, assertiveness, and stress management) that are associated with the capacity to overcome problems, according to Holston and Talor (2017). In addition to helping nurses think more clearly and make better decisions under pressure, they also help them control psychological emotions (Kelishami et al., 2017). Through ongoing training, this discovery presents a special chance for nurses to maintain and raise their EI and coping skills. Also, the current study showed a moderately positive relationship between coping behaviors and EI. This is inconsistent with a study by Schneider et al. (2013), who found that coping behaviors have a weak-positive association with self-emotion and that EI helps people cope with stress. The findings of this study also indicated that there is low positive correlation between coping behavior and social skills, or managing others’ emotions. Coping nurses actively cultivate their cheerful outlook and positive emotionality to elicit the good vibes that come from helping people manage their emotions (Glantz & Johnson, 2006). This shows that since nurses have the social and relational skills to deal with unexpected and unpleasant events, they may survive and thrive after a life catastrophe. There was negligible relationship between coping behaviors and managing emotions in the self or utilizing emotions among the nurses in this study. This is

consistent with a study by Lu et al. (2022) who found that emotion management and others' emotional management have very low relationship with coping behaviors among Chinese nurses. This implies that in the face of difficulty, nurses may modify their emotional reactions. From an emotional perspective, nurses understand their feelings and the necessity of going through them (Davenport, 2017). They are proactive in using both internal and external resources and retain realistic optimism in the face of a disaster (Sisto et al., 2019). Consequently, these nurses are able to manage their emotions in a positive and healthy way, which enhances the clinical performance of nursing care (Jang et al., 2016). This important study implies that coping strategies and EI should be taught to nurses as part of their ongoing professional development so they may learn how to handle problems, stand up for themselves, and ask for help when they need it.

Limitations of the Study

The cross-sectional design and self-reported measures were noted as study limitations. The causal-effect relationship among factors was not examined using a cross-sectional method, and the subjectivity of self-reported surveys is a problem (Polit and Beck, 2018). As a result, further longitudinal studies must be done in the future.

Implications for Practice

The results of this study indicate that managers should be aware of the coping mechanisms and EI of nurses. This can assist nurses in proactively determining how to avoid mental health issues, stress, and anxiety. In order to avoid emotional tiredness, improve work engagement, and enhance function when faced with workplace problems, it is also necessary to comprehend coping behavior and EI. In the end, this will help to cultivate job resources and achieve both personal and professional progress. It is imperative that hospital administrators create instructional programs that improve both professional and personal results in order to better train their staff to be emotionally intelligent and to have better coping skills.

Conclusions

Coping behavior was indicated to have a moderately positive relationship with EI. However, social skills or managing others' emotions indicated low positive relationship with EI. There is a negligible correlation between EI and perception of emotions, managing emotions in the self, and utilizing emotions. Training in EI is essential for nurses since it improves both their personal and professional life and coping mechanisms. The ability to cope can help nurses avoid problems by anticipating them, lowering emotional exhaustion, increasing work commitment, enhancing

function when faced with obstacles at work, supporting job resources, and ultimately achieving both personal and professional advancement.

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ORCID iD

Nida Jawabreh  <https://orcid.org/0009-0008-2938-207X>

Supplemental Material

Supplemental material for this article is available online.

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