



A STUDY TO CORRELATE EMOTIONAL INTELLIGENCE AND SPIRITUAL INTELLIGENCE WITH THE CARING BEHAVIOR AMONG STAFF NURSES WITH A VIEW TO DEVELOP A SENSITIZATION PROGRAMME.

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ABSTRACT

Background: Caring is an interpersonal process that is characterized by expert nursing, interpersonal sensitivity and intimate relationships. It is the basic factor that distinguishes between nurses and other health professions and therefore have a significant impact on the patient's perception about their hospital experience. (Kaur D, Sambas I M, Kumar N.2015,a) The aim of the study is to correlate the emotional intelligence and spiritual intelligence with the caring behavior among staff nurses with a view to develop a sensitization programme.

Methods: Descriptive correlational research design with simple random sampling was used to collect the data from 125 staff nurses from a selected hospital in Bangalore. Data was collected by three standardized questionnaires. Of which the Caring Behavior Inventory- 24 tool was administered to 3 patients for each staff nurse through Lottery method, whom the nurse cared for a minimum 3 days.

Results: The study revealed that there is a moderate positive correlation between Emotional Intelligence and Spiritual Intelligence. And the caring behavior of staff nurses as perceived by their patients was 80.89%. The study also revealed that 79.20% of staff nurses manages other's emotions, 71.6% of staff nurses has the ability to construct personal meaning and purpose in all physical and mental experiences.

Conclusion: There is significant positive correlation between Emotional intelligence and Spiritual intelligence.

Key words: Emotional Intelligence, Spiritual Intelligence, Caring Behavior.



INTRODUCTION

Care is one of the fundamental concepts and the essence of nursing. It is the basic factor that distinguishes between nurses and other health professions. Nurses are present 24x7 with the patients regardless of the physical setting in a hospital. Therefore caring behavior of the nurses contribute to the patient's satisfaction, well-being and subsequently the performance of the health care organization.(Kaur D, Sambas I M, Kumar N.2015)

Intelligence is the global capacity of the individual to think rationally, to act purposefully, and to deal effectively with his environment. Individuals differ from one another in their ability to understand complex ideas, to adapt effectively to the environment, to learn from experience and to overcome the obstacles by taking thought (Cherniss C.2000).

Examination of the individual characteristics of health professionals and how they might relate to patient-centered care is a relatively new and under explored approach.

Emotional Intelligence [EI] and Spiritual Intelligence [SI] are two such important individual factors that can affect caring behaviors of staff nurses.

METHODOLOGY

Objective

To correlate the emotional intelligence and spiritual intelligence with the caring behavior among staff nurses

Operational definitions

- 1. Emotional intelligence:**In the present study Emotional intelligence is the ability to recognize, understand and manage one's own emotions, and recognize, understand and influence the emotions of others, as measured by scores obtained from Schutte Self-Report Emotional Intelligence test. (Kaur D, Sambas I M, Kumar N.2015,b)
- 2. Spiritual intelligence:**In this study Spiritual intelligence is the expression of innate spiritual qualities through one's thoughts, actions and attitudes, as measured by scores obtained from Spiritual Intelligence Self-Report Inventory.
- 3. Caring behavior of nurses:**In the present study Caring behavior of nurse are the actions, conduct and mannerisms enacted by professional nurses that convey concern, safety and



attention to the patient, as measured by scores obtained from Caring Behavioral inventory

24. (Kaur D, Sambas I M, Kumar N.2015,c)

4. Baseline variables:In this study baseline variables refers to the age, religion, marital status , no: of siblings, birth order, educational qualification, area of work, income, total year of experience, type of school studied, type of college studied, type of institution worked, have you participated in any spiritual activities, any priests /monks/nuns in the family.

5. Staff nurses:In this study a registered nurse is one who has completed her GNM/ B.Sc. / M.Sc. in nursing and is currently working as a staff nurse.

6. Sensitization programme:In this study, sensitization programme refers to a one hour programme that includes a power point presentation which consists of case scenarios, group discussions and videos, which enables the staff nurses to refresh and rebuild the strength of emotional and spiritual intelligence and enhance their caring behavior.

Assumption

- Emotional intelligence and spiritual intelligence influence caring behavior.
- Emotional intelligence and spiritual intelligence varies from individual to individual.

Delimitation: The study is limited to staff nurses working in common ward and private wards.

Projected outcome:

The findings of the study will project the importance of emotional and spiritual intelligence on caring behavior among nurses which will help in terms of recruitment, selection, orientation and training the staff nurses. This will in turn help in providing quality patient care and will help in the development of sensitization programme as an outcome of the study.

Materials and methods: Quantitative approach Descriptive Correlational design.

Variables under study: The variables used in the present study are Emotional Intelligence, Spiritual Intelligence and Caring Behavior.

Setting:The study was conducted in St. John's Medical College Hospital, Bangalore. St. John's Medical College Hospital is a 1350 bedded multispecialty, tertiary care hospital. The total number of staff nurses working is 833.

Population: The population comprises of all staff nurses working in SJMCH, Bangalore.

Sample size and sampling technique: Simple random sampling was used, 118 was the calculated sample size with 80% power, 5% level of significance, assuming 30% correlation



between the scales. The samples of the present study was 125 staff nurses of St. John's Medical College Hospital, Bengaluru during the data collection period.

Inclusion criteria: Staff nurses working in private and common wards.

Exclusion criteria: Staff nurses who are not available at the time of data collection.

Instruments used:

Section A: Proforma to elicit baseline variables.

Section B: Schutte self-report emotional Intelligence test

Section C: Spiritual intelligence self-report Inventory

SECTION D: Caring behavioral inventory CBI-24

Data collection method

An official written permission was obtained from the concerned authority to conduct the study. Data collection was carried out during the time period between 14/11/2016-11/1/2017. The subjects were identified based on the inclusion criteria and exclusion criteria. Subjects were selected by simple random sampling method. The nursing staff roster with the name and ward of staffs was obtained from the CNS office. Staff nurses from private and common wards were taken. Of which 50 % were selected from each area by lottery method in order to obtain the sample size of 125. The study was conducted from 5th floor, 4th floor, 3rd floor and 2nd floor of SJMCH. The investigator established a good rapport with the subjects. The investigator introduced self to the subjects, explained the purpose of the study and obtained a written consent. The data collection was done according to the staff nurses' convenient time, after working hours or during their break. Demographic data and tools to assess emotional intelligence and spiritual intelligence were administered. The subjects took 15-20 minutes to complete the two questionnaires. The Caring Behavior Inventory- 24 tool was administered to 3 patients for each staff nurse through Lottery method, whom the nurse cared for at least 3 days. 6-7 days were used to collect data from each floor. On an average, data were collected from 5-6 staffs per day. Around 48 days were taken to complete the data collection.



RESULTS

The study revealed that there is a moderate positive correlation between emotional intelligence and spiritual intelligence and weak positive correlation between emotional intelligence and spiritual intelligence with the caring behavior

1. Findings related to baseline variables: 74.4% of staff nurses age was less than and equal to 25 and 55.2% of the staff nurses were having a total year of experience of 1-2 years and most (80%) of them were having less than two siblings. 78.4% belongs to Christian religion. 81.6% of staff nurses were single and most (41.6%) of them have studied in religious school. Majority (70.4%) have participated in spiritual activities whereas 29.6% have not participated in any spiritual activities. Most (58%) of the staff nurses did not have any priests/monks/nuns in the family

2. Findings related to Emotional intelligence of staff nurses: The Mean and standard deviation of Emotional Intelligence of staff nurses is 126.82 ± 11.01 . And 79.20% of staff nurses manages other's emotions and 74.41% of staff nurses has perception of emotions.

3. Findings related to spiritual intelligence of staff nurses: The mean and standard deviation of spiritual intelligence of staff nurses is 64.21 ± 11.53 . And 71.6% of staff nurses has the ability to construct personal meaning and purpose in all physical and mental experiences and 60.96% of staff nurses has the capacity to contemplate non existential issues from an existential perspective.

4. Findings related to caring behavior of staff nurses: The Mean and standard deviation of caring behavior of staff nurses is 116.49 ± 10.75 . And 86.6% of staff nurses has Assurance of Human presence, and 80% of staff nurses perceive Connectedness.

5. Findings related to correlation of emotional intelligence with caring behavior: The study revealed a weak positive correlation between Emotional intelligence and caring behavior which is not statistically significant at 0.05 level of level of significance.



6. Findings related to correlation of spiritual intelligence with caring behavior: The present study found a weak positive correlation between spiritual intelligence and caring behavior which is not statistically significant at 0.05 level of significance

7. Findings related to correlation of emotional intelligence with spiritual intelligence

Study variable	Mean	SD	r value	p value
EI	126.82	11.01	0.34	<0.001
SI	64.21	11.53		

There is a moderate positive correlation between Emotional Intelligence and Spiritual Intelligence which is statistically significant at $p < 0.01$ level.

8. Findings related to association of emotional intelligence, spiritual intelligence and caring behavior with selected baseline variables: The present study revealed there is no significant association between EI, SI, and CBI with selected baseline variables.

DISCUSSION

Findings related to baseline variables of staff nurses: In the present study 74.4% of staff nurses age was less than and equal to 25 which would be due to the fact that majority of the staff nurses were youngsters. Also, 78.4% belonged to Christian religion and majority (70.4%) had participated in spiritual activities. As the present setting was a religious private institution, the staff nurses might have shown interest in attending the spiritual activities and therefore would have taken care of their patient's spiritual needs.

A similar study conducted in Turkey showed that 73% (51) were female, 66% (46) were aged between 20 and 29, 46% (32) were married and a great majority 91% (64) graduated from university. Average age of participants was 28 ± 4.75 (range: 21-38). (Meryem K, Gürsel Ö.2015). In the present study 78.4% belongs to Christian religion and majority (70.4%) had participated in spiritual activities.



Also in the present study, 67.2% of staff nurses have completed their Basic B.Sc Nursing course. This could be due to the fact that the present setting where the investigator conducted the study is a teaching institution.

Findings related emotional intelligence of staff nurses: The scores of emotional intelligence showed that the majority of the staff nurses had high emotional intelligence scores. In the present study, staff nurses with an experiences of two years had higher emotional intelligence than less than one year. This was supported by a study by Humpel and Caputi in 2001 in UK which showed a significant relationship between emotional competency and nurse's years of experience with the relationship in direct proportion (Humpel N, Caputi P.2001). Another study which was conducted in India also showed the mean and SD of Indian students to be 125.72 ± 14.49 (Rahel T, Uma R, Mohammad M, Cynthia L.2014) Hence, emotionally intelligent individuals are more likely to be helpful. On the other hand, individuals who are insensitive to the feelings and emotions of others are not likely to identify opportunities to help and hence are likely to be less helpful. The dimension scores of emotional intelligence showed that majority of the staff nurses knew how to manage other's emotions. In order to manage other's emotions, understanding the emotions are crucial which enables a nurse to intervene in emotional situations more creatively and constructively. This study also revealed that nurses who had a right perception of emotion and how well she performs in her job is dependent on how well she manages own emotions, which in turn will have profound impact on managing other's emotions and utilizing emotions.

Findings related to Spiritual Intelligence of staff nurses: In the present study, the mean and SD of Spiritual Intelligence of staff nurses was 64.21 ± 11.53 with the range of score between 21- 87. A study conducted in Jaipur city had shown the result of mean and SD to be 58.36 ± 14.52 (Sushma K.2015). This study revealed that the capacity of staff nurses to create and master in life purpose and moral problem solving may help them to accurately assess their own emotions, recognize the feelings of others and manage the emotions effectively. In fact these abilities of nurses is critical to provide effective care to patients.



Findings related to caring behavior of staff nurses: In this study, caring behavior of staff nurses was assessed by the patients whom the staff nurses cared for minimum of 3 days. Results revealed the mean and SD of caring behavior to be 116.4 ± 10.75 with the range of score between 92- 137. The high caring behavior [mean%= 80.89%] of staff nurses as perceived by their patients may be due to the correct identification and comprehension of perception of the patients by the staff nurse and provide care might have helped to increase the quality of caring and thus might have increase the quality of services.

The scores in assurance of human presence dimension indicates that nurses gave importance in concerning the patient, reducing patient's pain while patients defined more privileged nursing behavior as giving the patient's treatments and medications on time.

The lower scores might be due to the increased workload of staff nurses which might have restricted them to spent time with their patients. A similar study was conducted in Turkey to compare care perception of patients who had surgical operation and of those of nurses. The results showed the mean and standard deviation of Assurance of human presence as mean=5.19, SD=0.97 and connectedness to be mean= 4.96, SD=1.04 (Meryem K, Gürsel Ö.2015)

Findings related to Correlation between emotional intelligence with caring behavior:

The present study revealed that there was a weak positive correlation between emotional intelligence and caring behavior but not statistically significant whereas a similar study which was conducted to assess the impact of emotional intelligence and spiritual intelligence on the caring behavior in Malaysia had shown the result of positive significant correlation of emotional intelligence with caring behavior [p=0.000] (Kaur D, Sambas I M, Kumar N.2015, d).

The result of the present study showed a positive correlation but weak positive correlation which may be due to the workload in the clinical setting.



Findings related to Correlation between spiritual intelligence with caring behavior: The present study revealed that there was a weak positive correlation between spiritual intelligence and caring behavior but not statistically significant. A similar study which was conducted to assess the impact of emotional intelligence and spiritual intelligence on the caring behavior among 550 nurses in Malaysia had shown the result of no significant relationship between SI and caring behavior [$p=0.255$]. (Kaur D, Sambas I M, Kumar N.2015, e).

The results of the present study inferred that as the current setting is a religious private institution, the spiritual intelligence or behavior of staff nurses has a positive relationship with the care provided by them to their patients.

In the present study as the instrument which was used to assess the spiritual intelligence of staff nurses was too technical to understand although glossary was provided and also as it was a self-report inventory, the interpretation of statement might have resulted in weak positive correlation.

Findings related to Correlation between Emotional Intelligence and Spiritual

Intelligence: The present study found that there is significant positive correlation between Emotional Intelligence and Spiritual Intelligence [$p=0.000$]. A similar study which was conducted to assess the impact of emotional intelligence and spiritual intelligence on the caring behavior in Malaysia had also shown the result of positive significant relationship between EI and SI [$p=0.000$] (Kaur D, Sambas I M, Kumar N.2015). The present study revealed that emotional intelligence and spiritual intelligence go hand in hand. A nurse who has the ability to behave with wisdom and compassion, while maintaining inner and outer peace regardless of the situation' may have the ability to perceive the emotions, manages her own emotions, manages others emotions and knows how to utilize the emotions.

Findings related to association of Emotional Intelligence with selected baseline

variables: No statistical significance has been found between emotional intelligence and baseline variables. But it revealed that staff nurses worked in private wards had a higher emotional intelligence than those worked in common wards and those staff nurses who had



participated in spiritual activities had a higher emotional intelligence than those who had not participated in spiritual activities. This may be because of the influence of spiritual activities.

In the present study, the staff nurses who belonged to age group of greater than 25 years had high EI, which may be due to the concept that as age increases, caring behavior also increases. It was also found that staffs who had more than 2 siblings had high emotional intelligence which may be due to their interactions and concerns towards their siblings, which might have influenced their caring behavior towards the patients.

Findings related to association of Spiritual Intelligence with selected baseline variables:

No statistical significance has been found between spiritual intelligence and baseline variables. A descriptive correlation study conducted in Tehran University showed that there is no significant association between spiritual intelligence and demographic characteristics such as age, sex, nurses' working location, and their work experience (Evridiki P, Andreas C, Georgios E.2011).

In the present study staff nurses worked in private wards had higher spiritual intelligence than those in common wards. This was also seen in a cross- sectional study conducted in Iran which showed that among the demographic characteristics (age, gender, working ward, marital status, job experiences, and education), working ward significantly correlated with spiritual intelligence (Arménio R, Lucinda G, Anne M, Miguel P.2010).

Findings related to association of caring behavior with selected baseline variables:

No statistical significance has been found between caring behavior and baseline variables. A descriptive correlation study conducted in Egypt revealed that there was no significant differences of patients' satisfaction between age and level of education.

CONCLUSION: In this study the emotional intelligence, spiritual intelligence and the caring behavior of the staff nurses were assessed. Caring behavior scores of staff nurses as perceived by their patents were more 80% and there is a positive correlation between emotional intelligence and spiritual intelligence. These findings of the study strengthens the need for



sensitization programme to prepare and sensitize staff nurses the concept of emotional intelligence and spiritual intelligence which would enable them to enhance the emotional and spiritual behavior which would directly influence the caring behavior.

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