**Emotional Intelligence and its Application**

**Introduction**

Nursing practice is quite a challenging profession, most often, nurses come across different patient needs, physical, psychological, and emotional, all of which they have to handle. Indeed, this requires great understanding from the nurses, especially when dealing with patients with serious needs. Despite the demand by profession, until recently, not much attention had been given to the theoretical and conceptual aspects that help nurses and other medical professionals in dealing with such problems. In response to the challenge; however, emotional intelligence is a concept and theory that has since been explored widely, particularly in the field of management and medicine (Kearney-Nunnery, 2015)). These two fields involve daily dealing with human, and as such, it requires more than interpersonal traits to understand the various patients’ need. This paper explores how emotional intelligence is being used in the nursing field, and how it has enabled the improvement in the profession.

**Overview of the Theory**

Emotional intelligence (EI) is the ability of an individual to recognize his/her emotion, as well as that of others, and relate with it in a manner that suits the current situation (Marvos & Hale, 2015). The rationale behind this is that human emotion is less static, it changes from time to time, yet the professional requirement is that people can maintain a more stable emotional feeling. As a leader or a nurse, it is essential that one understand the fact that the physical or psychological condition of the patients makes them vulnerable. Moreover, such changes among the patients do not only occur once; therefore, it is prudent that consistency in how the nurses or primary caregivers respond is maintained. However, the problem associated with emotional intelligence is that it is a relatively new field and indeed, there is less evidence that it is actually effective when applied to medical practice. The following section explores the extent that EI has been used in the medical profession and the documented effects it has had since.

**Translating Theory into Practice**

Carragher and Gormley (2017) explored the relationship between emotional intelligence and leadership in nursing. The authors used a meta-analytical research design to examine the research problem. The approach involved an examination of past research publications that have been done about the subject. The results of the study indicated that indeed emotional intelligence is positively related to effective leadership in nursing. However, the authors reported the lack of statistical evidence to support their findings. Moreover, most of the past studies examined were more subjective and lacked numerical evidence to support the relationship. It is difficult to distinguish whether the effectiveness of the nurses, originated from other management practices, or from emotional intelligence. Furthermore, the academic concept of emotional intelligence has only begun to take precedence in the recent years.

Wilson (2014) examined the awareness of the concept of emotional intelligence among nurses in hospitals. A total sample of 187 nurses from different hospitals was used to obtain data. A chi-square analysis was used to analyze the data. The results of the study indicated that most of the nurses were not aware of the concept of emotional intelligence. This finding concurs with that of Carragher and Gormley (2017). Clancy (2014) conducted yet another study to examine the importance of emotional intelligence among nurses and other medical professionals. A total sample 187 respondents were issued with questionnaires. 172 questionnaires were filled and returned. The results of the study indicated an overall positive relationship between emotional intelligence and performance output among all medical professionals. However, the results revealed a more significant relationship between the concept of EI and the nurses. The authors reported that the latter observation was because of the direct contact that the nurses often have with patients. Nevertheless, the authors reported the need to improve the way by which EI is measured since it is a relatively new concept.

Cherry et al. (2014) conducted a study which explored the effectiveness of emotional intelligence in nursing education. The study used yet a meta-analysis approach. Ten past studies were reviewed. The results of the study indicated a positive relationship between emotional intelligence and the following aspects: stress, anxiety, communication, and nursing performance. The study by Cherry et al. (2014) seems to be a more robust one compared to some of the studies that have been reviewed. It indicates the mediation effects that emotional intelligence has on nursing and general human care. In particular, it explains that emotional intelligence acts as a stress buffer which consequently improves the performance of the nurses. Burnout is one characteristic that is highly associated with nursing practice and has consistently been linked with poor performance. Several measures, such as reduced work load, more training, and education among others have since been used to manage the burnout problem. Studies still indicate a consistent trend of the effects of burnout on nurses’ performance. To this extent, it is logical to argue that the measures that have since been put in place, have not quite been effective. Therefore, emotional intelligence offers a solution. It provides the interpersonal avenues through which work-related stress can be managed. Cherry et al. (2014) also link the emotional intelligence with improved communication. It is paramount that nurses effectively understand the various ways through which patients communicate, not necessarily verbally. This indeed is rarely practical without inherent personal trait of great understanding. Most of the times, this has been confused with inborn personal characteristic, yet studies have shown that emotional intelligence is a concept that can be acquired by an individual.

Shanta and Gargiulo (2014) conducted an empirical study to establish if more nursing education was related to increased performance and effectiveness of service delivery. The results of the study indicated that at 95% confidence level, senior nurses with higher education qualification scored higher in issues related to emotional intelligence. Therefore, the study concluded that emotional intelligence increased the nurses’ performance, but education acted as a mediating factor. The implications of this study further confirm the fact that EI is a concept that can be acquired, it is not inherent, as many people have often perceived it. However, the study indicated yet another problem with the measurement of emotional intelligence. In this study, for example, the variable of emotional intelligence was measured regarding the ability to reason in certain aspects that were regarded as complex. This creates the ambiguity problem. For example, one may perceive differently, a situation that is considered difficult. In essence, the measurement is rather subjective, which is always discouraged in research studies. It increases the chances of bias in reporting.

Marvos and Hale (2015) conducted an empirical study to examine the relationship between emotional intelligence and nurses’ performance. The study used 104 nurses. The results of the study indicated that more than 30% of the nurses in the study had high scores in accuracy of identifying emotionally related cases, especially with the patient. The study further reported that accurate emotional intelligence was significantly related to performance.

**Interpretation of Literature Findings**

The application of theories and concepts in practice is nevertheless not an easy encounter. In most occasions, there is often a disjoint between the two. Yet, the importance of theory and concept in practice cannot be overlooked. They form the foundation on which effective medical service delivery are grounded. But it is paramount that more study and strategies are explored in an attempt to bridge the gap between the two issues. Emotional intelligence as a case in point has been confirmed as an effective way of improving individual performance, yet less effort has since been made in making it one of the core subjects in leadership and medical profession.

The application of emotional intelligence in practice is indeed not a simple matter. First, as has already been mentioned, EI is a subject that is relatively new and has not been effectively incorporated in the mainstream education system. Second, most people still perceive it as an ability that is rather inferred to an individual nature. Lastly, it is challenging to measure the effectiveness of EI, although the issue is currently receiving adequate research.

**Recommendation**

Research is required to improve the efficiency and effectiveness of emotional intelligence; however, due to the problem of evidence-based performance measurement, a guideline on how this process needs to be undertaken is essential. In this paper, the PICOT format is recommended. PICOT stands for population/patient problem, intervention, comparison, outcome, and time.

**Dissemination Plan**

**Population**

Population in this regard refers to the patients involved in medical service delivery. It is essential to understand the different dynamics that are often associated with the patients. The nurses, for example, need to understand better the different medical need of the patients they handle. It needs to go beyond following the instructions of physicians; nurses need to establish a good rapport with the patient. This is an essential aspect in the healing process for the patient. Furthermore, it enables the nurse to understand other medical attention necessary further, that otherwise could have been overlooked by the physician. In most cases, the physicians only conduct the necessary medical procedures; they rely on the immediate information provided by patients to make a diagnosis. As such, it is essential that nurses be fully integrated into the medical service delivery process. Yet, it all depends on the ability of the nurses to understand the patients they deal with, better than anyone else involved in the necessary medical procedures.

**Intervention**

Intervention aspect is better handled by the physician since they are the ones who are responsible for the diagnosis and subsequent medical service delivery. However, it is essential as well that the nurses are involved in the intervention process. It is not clear how emotional intelligence relates in this situation, but as an aspect of the medical profession, it is generally expected that the physicians are adequately aware of the importance and use of EI in different situations. The nurses should as well understand the physicians whom they deal with to improve the healthcare service effectively to patients. As it was mentioned earlier, people have fluctuating emotions; even a well-trained medical profession is vulnerable to such variability. Therefore, it is prudent that the relationship between the nurses and the respective physicians is based on great understanding.

**Comparison**

Comparison of the effectiveness of EI is vital as a way of performance measurement. However, this is only possible through examinations of past studies related to the problem. Collaboration between medical institutions in a given region can be used to conduct a study to provide at least a benchmark, on which further comparisons can be based.

**Outcome**

The outcome of the intervention especially for a theory, or concept like the one in question is not simple, but quantitative measures of the same can be established.

**Time**

The time frame under which the program is evaluated is important as well. It should be reasonable given the resources needed.

**Summary**

The review of the literature in the studies outlined above indicates a positive relationship between emotional intelligence and performance of nurses. Although there is no clear method of measuring emotional intelligence as a variable, the evidence so far presents an adequate ground on which conclusion of the effectiveness of the concept can be drawn. The problem associated with measuring this concept is not entirely new nevertheless. Numerous studies have indeed reported the problem of quantifying performance in the medical field. Particularly argues that most of the strategies that exist as a way of measuring performance in the medical field are often less result-oriented. Most researchers have since responded to the problem by asserting the need to develop an evidence-based strategy of measuring performance in the medical field. Furthermore, the call for effective performance measurement is grounded on the increasing demand by the public for high-quality service delivery, given the high cost that is associated with medical care.

**References**

Carragher, J., & Gormley, K. (2017). Leadership and emotional intelligence in nursing and midwifery education and practice: a discussion paper. *Journal of Advanced Nursing*, *73*(1), 85-96.

Cherry, M. G., Fletcher, I., O'sullivan, H., & Dornan, T. (2014). Emotional intelligence in medical education: a critical review. *Medical Education*, *48*(5), 468-478.

Clancy, C. (2014). The importance of emotional intelligence. *Nursing Management (2014+)*, *21*(8), 15.

Kearney-Nunnery, R. (2015). *Advancing Your Career Concepts in Professional Nursing*. FA Davis.

Marvos, C., & Hale, F. B. (2015). Emotional intelligence and clinical performance/retention of nursing students. *Asia-Pacific journal of oncology nursing*, *2*(2), 63.

Shanta, L., & Gargiulo, L. (2014). A study of the influence of nursing education on development of emotional intelligence. *Journal of Professional Nursing*, *30*(6), 511-520.

Wilson, J. (2014). The awareness of emotional intelligence by nurses and support workers in an acute hospital setting. *Journal of Health Sciences*, *2*(9), 458-464.