

NURSES' EMOTIONAL INTELLIGENCE SKILLS IN APPROACHING THE CRITICALLY ILL

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Abstract: Framework: The control of emotions is crucial to act in the approach to the critically ill, requiring cognitive intelligence skills and, mainly, emotional intelligence skills. Since nurses are the health professionals who spend more time with patients and their families, it is important that they are able to control their emotions and understand those of patients, so that their actions are more individualized and personalized. Due to the complexity and unpredictability of the pathologies inherent to these patients, their care can lead to greater physical and psychological exhaustion, hence the importance of using emotional intelligence skills. **Objective:** To describe the scientific evidence on nurses' EI skills when approaching critically ill patients. **Methodology:** An integrative literature review study was carried out. During the month of March 2023, an *online* search was carried out in the databases *CINAHL Complete*, *Nursing & Allied Health Collection: Comprehensive* (both via *EBSCO Host*), *Scielo* and *PubMed*, and an integrative review of three studies was carried out. **Results:** After critical analysis, it was shown that nurses use the four skills defined by Goleman in 2011, with self-awareness being the most evident. Relationship management was the second most emphasized competence, followed by social awareness and self-management, the competences identified as less frequent, with the latter revealed, according to a study, to have a negative impact on the provision of care. **Conclusion:** Nurses use the four skills defined by Goleman in 2011 in their practice, namely self-awareness, relationship management, social awareness and self-management. **Keywords:** Emotional Intelligence; Nurses; Critical care

INTRODUCTION

Providing care to critically ill patients implies immediate intervention given the complexity of their multi-organ failures, raising the stress levels of health professionals (Silva, 2015). For this reason, professionals

must present not only theoretical knowledge, but also skills to manage their emotions, for their own benefit, as well as the emotions of others, benefiting the patient, the family or other professionals in the team (Ferreira & Leitão, 2017). Given that emotions are present in the daily life of any human being, their control is crucial to act in a context of unpredictability, for example, in approaching the critically ill, requiring cognitive intelligence skills and, above all, EI skills (Oliveira, 2019). On the other hand, EI has been linked to well-being, reduced stress at work, lower levels of fatigue and effective leadership (Giménez & Prado, 2017).

Over time, some authors have focused on EI, attributing different characteristics and criteria to it, resulting in the development of three models: the aptitudes model, the traits model and the mixed model (Mateus, 2017; Pedrosa, 2020). The aptitudes model, defined by Peter Salovey, John Mayer and David Caruso, in 2016, sees EI as a mental aptitude to recognize emotions and relationships and to solve problems based on aptitudes. Thus, this model highlights four skills: perceiving emotions; facilitate thinking using emotions; understand emotions; and managing one's own emotions and those of others (Mayer et al., 2016). The trait model, mostly defined by Konstantin Vasily Petrides, states that EI is associated with emotion-related personality traits that, in certain contexts, are advantageous and in others not. Thus, this model argues that there is no ideal profile of an emotionally intelligent person who is exceptional in all aspects of their life, but that they present traits that are more appropriate to certain contexts and cultures (Mateus, 2017). The mixed model, defended by Daniel Goleman, defines EI as the combination of mental cognitive skills related to emotions and personality traits. He also mentions that EI does not remain immutable, that is, the person can

develop and strengthen it throughout life. In 1998, Goleman presented five competencies that encompassed EI: self-awareness, self-regulation, motivation, empathy, and talent for dealing with relationships. In 2011, Goleman narrowed it down to just four skills: self-awareness; self-management, related to personal skills; relationship management; and social awareness, associated with social skills (Pedrosa, 2020). Concretely, self-awareness makes it possible to identify one's emotions as well as their consequences in personal and professional life; self-management encompasses various skills that reflect the mastery of emotions and their impulses and facilitates adapting to change; relationship management corresponds to the ability to manage relationships with third parties, which are based on respect, encouragement, collaboration; social awareness is based on understanding the emotions of others (Pedrosa, 2020).

Thus, EI involves a recognition, by the person, of their emotions and by others, of motivating themselves and managing their emotions, including in their relationships, allowing them to make decisions with more confidence. Thus, it covers verbal and non-verbal communication, assessing the expression of emotions, their control and their use in problem solving (Cavaco, 2015). If a health professional does not have these skills, there is a greater risk of a less accurate clinical decision, which may endanger the patient's life (Cavaco, 2015). Since nurses are the health professionals who spend more time with patients and their families, it is important that they are able to control their emotions and understand those of their patients, so that their actions are more individualized and personalized (Al-Hamdan et al, 2017).

The nurse acts by understanding the patient's emotions in order to direct him towards the therapeutic goal, interacting

with him and the rest of the multidisciplinary team. Currently, quality health care implies humanized and individualized care in order to include respect for treatment objectives, the patient's preferences and choices and respect for emotional, social and spiritual needs, requiring the mobilization of interdisciplinary resources (Oliveira, 2019). Taking these relationships into account, it is crucial that nurses have skills that allow them to control their emotions and recognize, interpret and manage those of the patient, in order to identify their needs and act individually. Thus, EI has a decisive role in nursing, as it allows nurses to perceive and understand their emotions and those of the patient, as well as the use of these perceptions to manage complex situations, namely when approaching critically ill patients (Giménez & Prado, 2017).

The critically ill is conceptualized as a person whose life is threatened by failure or imminent failure of one or more vital functions and whose survival depends on advanced means of surveillance, monitoring and therapy (OE, 2020). Due to the complexity and unpredictability of the pathologies inherent to critically ill patients, their care can lead to greater physical and psychological strain, hence the importance of using EI skills in order to better manage their emotions in stressful situations experienced in providing of care.

In view of the above, we ask: "What are the nurses' EI skills in approaching critically ill patients?" and we defined the objective of describing the scientific evidence on nurses' EI skills in approaching critically ill patients.

METHODOLOGY

An integrative literature review study was carried out. An online search was made in the databases *CINAHL Complete*, *Nursing & Allied Health Collection: Comprehensive* (both via *EBSCO Host*), *Scielo* and *PubMed*, using

the research equation: *Emotional Intelligence AND Nurses AND Critical Care*. The inclusion criteria used were: English, Portuguese and Spanish languages, time horizon from 2017 to 2022 and open access articles. Review articles were excluded from the search. The web search took place during the month of March 2023. We had access to a total of 665 articles and after applying the inclusion and exclusion criteria, through automatic tools, 53 articles were selected. After reading the title and abstract of these, 5 articles were selected and after their full reading, 3 articles were included for critical analysis. In Figure 1 is the flowchart of the revision process (adapted from the PRISMA-ScR instruction), as suggested by *Joanna Briggs Institute* (Aromatis & Munn, 2022).

RESULTS

After a critical analysis of the selected articles, information was collected about the author and origin, methodology, participants, objectives and main conclusions. This information has been grouped and summarized in Table 1 below.

DISCUSSION

After a critical analysis of the selected research results, it was found that most of the published articles come from Asia, demonstrating that there is particular interest in the subject in the countries of this continent. However, the study from Portugal shows that EI is also a dimension of interest in providing quality care. We found that the results of the three studies are of a descriptive nature.

After analyzing the selected evidence, we found that self-awareness was the competence that nurses used most when providing care to critically ill patients. According to Moradian et al. (2022) self-awareness was the competence with the highest levels in the assessment carried out. These results were in line with

the study carried out by Adem (2013), which revealed that this was the competence that achieved the best result. Taylor et al. (2021), identified that a higher level of self-awareness increased safety, the level of knowledge and skills, respect and connectivity when providing care. Likewise, Sousa et al. (2020), described that the identification of emotions and self-awareness of emotional capabilities have a positive impact on professional performance. Thus, the way nurses perceive their emotions influences how they adapt to each situation, promoting their self-confidence and guiding their decision-making (Soeima, 2021) improving the provision of care.

As already mentioned, the critical patient needs complex care. Moradian et al. (2022) demonstrated that nurses who provided care to these patients had higher levels of emotional intelligence with regard to relationship management skills. After analyzing the studies, we found that this was the second most highlighted skill. This result corroborates the study by Nagel et al. (2016) who demonstrated that EI has four characteristics: empathy, perception and expression of emotions and relationships. These characteristics allow them to develop and maintain close relationships with their peers (Nagel et al., 2016). Sousa et al. (2020) identified sharing emotions in the professional environment among peers as a strategy that increased EI in approaching critically ill patients. We considered that this strategy encompassed not only the relationship management competence, as it implies the relationship with others and the creation of relationships based on respect, but also the social conscience competence, as it involves the correct assimilation of the emotions of others. These results corroborate Soeima (2021) who observed that nurses adopted behaviors that were part not only of the relationship management competence, namely conflict management, communication, collaboration

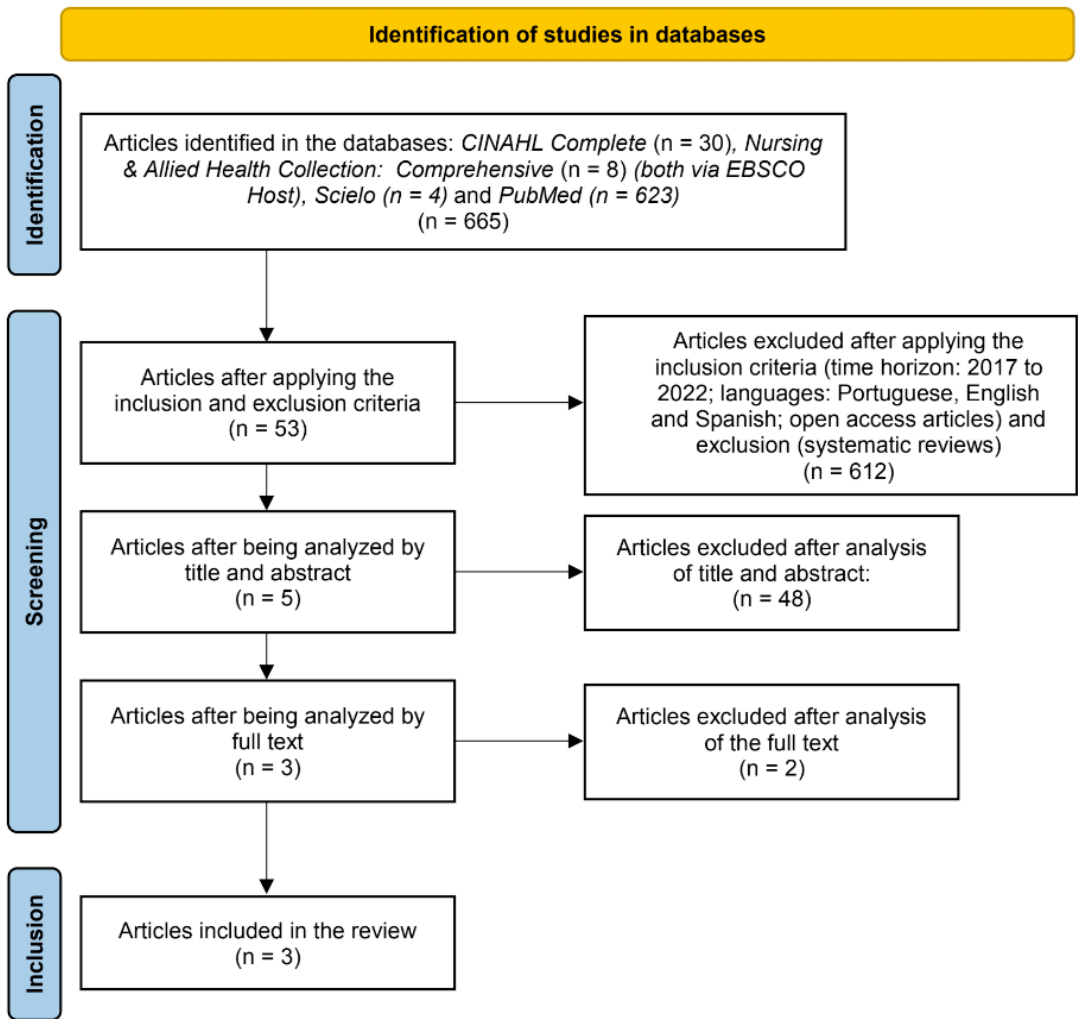


Figure 1 – PRISMA flowchart (adapted): reference selection process

	Author, Year, Title, Country	Kind of study Data collection instrument	Participants Sample	General objective
Article 1	Moradian, S., Movahedi, M., Rad, M. & Said, Y., 2022, <i>Emotional Intelligence of Nurses Caring for Covid-19 Patients – A Cross – Scional study, Irão.</i>	Descriptive cross-sectional study. Emotional Intelligence Questionnaire developed by Brad Berry and Greaves in 2005.	Nurses, N=250 n=211	Evaluate the EI of nurses who care for patients with Covid 19.
Main conclusions	The nurses' average EI was 63.19 (8.22). In the different subscales of the IE, the nurses revealed to have higher levels regarding self-awareness and the lowest levels were observed in self-management. No statistically significant difference was demonstrated in relation to the average level of EI between general care nurses and nurses who work with patients with moderate to severe severity. However, nurses who worked with more complex patients had a higher level in relation to the relationship management subscale.			
Article 2	Taylan, S., Özkan, İ. & Şahin, G., 2021, <i>Caring behaviors, moral sensitivity, and emotional intelligence in intensive care nurses, Turquia.</i>	Descriptive cross-sectional study. Schutte Emotional Intelligence Scale adapted in Turkish.	Nurses, N=213 n=156	Evaluate the relationship between the care of intensive care nurses and their levels of ethical sensitivity and EI
Main conclusions	The increase in the level of emotional intelligence in relation to the evaluation of emotions increases the level of security in the provision of care, however, this decreases with the increase in the level of emotional intelligence in relation to optimism/mood regulation. As for the level of knowledge and skills in providing care, this is higher the higher the EI level in relation to the assessment of emotions, and it is lower the higher the EI level in relation to optimism/mood regulation. As for the respect inserted in the provision of care, it increases with the increase in the EI level in relation to the evaluation of emotions and decreases with the increase in the EI level in relation to optimism/mood regulation. Connectivity in care delivery increases with increasing EI level in relation to the assessment of emotions. In short, the level of caregiving in general is lower the higher the level of emotional intelligence in relation to optimism/mood regulation.			
Article 3	Sousa, L. et al., 2020, <i>Nurses' emotional intelligence in approaching critically ill patients: a qualitative study, Portugal.</i>	Qualitative descriptive and exploratory study. <i>Focus group</i>	Nurse, N=8	To describe the nurses in the area of care for critically ill patients and identify the behavioral strategies used by them.
Main conclusions	Participants showed that the recognition of emotions and self-awareness of emotional abilities have an impact on professional performance. The participants identified the sharing of emotions in the professional environment among peers, highlighting it as a strategy that aims to improve EI in the area of care for the critically ill. In the process of emotional self-control in the context of approaching the critically ill, adaptability, relationship with the patient and emotional self-management are identified as necessary characteristics, these being the identified strategies.			

Table 1– Summary of studies included for analysis

and cooperation, but also of social awareness, namely the assimilation of emotions of others, adjusting to them and acting to influence them.

Self-management, according to Moradian et al. (2022), it was a skill less used by nurses, which showed the lowest levels. These results corroborate those measured by Soeima (2021) and Nagel et al. (2016), who revealed that nurses managed their emotions infrequently. In addition, self-management revealed repercussions in the provision of care because, according to Taylan et al. (2021), optimism/mood regulation had a negative impact on safety, on the level of knowledge and skills, and on respect when providing care. In contrast, Sousa, et al. (2020) identified that this is a necessary competence in approaching the critically ill patient and that it implies the use of some strategies such as the ability to adapt, the relationship with the patient and emotional self-management. Thus, a nurse capable of managing their emotions influences the management of the emotions of the patients they care for (Soeima, 2021).

In conclusion, nurses use the four competencies defined by Goleman in 2011, with self-awareness being the most evident, as demonstrated in the studies by Moradian et al. (2022), Taylor et al. (2021) and Sousa et al. (2020). Relationship management was the second most emphasized competence,

identified in studies by Moradian et al. (2022) and Sousa et al. (2020). Then, social awareness and self-management were the skills identified as less frequent, with the latter revealing, according to Taylan et al. (2021), have a negative impact on the provision of care.

CONCLUSION

It has been gaining more and more interest in nursing, as this profession is characterized by being highly demanding and stressful, particularly in the critically ill area, which involves more complex care.

Since the objective of this review is to describe the scientific evidence on nurses' EI skills in approaching critically ill patients, we can say that nurses use the four skills defined by Goleman, the most frequent being self-awareness, followed by relationship management and, by end, social awareness and self-management.

The results of this study demonstrate that nurses apply EI skills in their clinical practice. Thus, it would be important to realize the benefit of the applicability of these skills not only in critically ill care, but also in different areas of nursing. Later, based on the results, these competences could be developed in the study plan by nursing schools.

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