

Emotional Intelligence in Healthcare workers in care centres in Ireland

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ABSTRACT

This research investigated the current levels of emotional intelligence among healthcare workers in care centres in the Dublin/Kildare region of Ireland. The research also examined the relationships between various individual variables with emotional intelligence (EI) and the importance of personal traits and emotional intelligence competencies with level of emotional intelligence. A survey was conducted in four care centres in the Dublin/Kildare region and a total of 158 responses were received. The responses were analysed and it was found that the level of emotional intelligence among care workers is good but there is a scope for further improvement in terms of awareness of team members' or others' emotions and management of others' emotions. The participants gave a very high importance to EI competencies of motivation. There was medium correlation found between levels of emotional intelligence and age, gender and number of years of work experience. Females had an average EI score that was 12% higher than that of males. Older individuals scored much higher on the EI test than younger age groups. Increasing work experience also had an effect on emotional intelligence especially with respect to awareness of own emotions. An interesting correlation was found between the importance of EI competency of motivation and high EI scores of participants. Similarly, there was a strong correlation between the importance given to personal traits of enthusiasm and conscientiousness with the emotional intelligence of the participants. All participants identified training as playing an important part in helping them with their job performance and meeting the challenges of working in the care centre. Care, compassion and empathy were rated as very relevant for the training content of healthcare workers in care centres. Overall, the competency of motivation and the personal traits of enthusiasm and conscientiousness are very relevant for high emotional intelligence and should be considered as criteria for recruitment and selection of healthcare workers. The training of healthcare workers should encourage development of EI competencies and skills for better job performance of the employees in care centres.

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LIST OF ABBREVIATIONS

EI: Emotional Intelligence

1. INTRODUCTION

1.1 Background

The healthcare sector in the UK and Ireland is increasingly giving more importance to the role of leadership in nurses for patient care and management. The advancements in healthcare technology and techniques are creating opportunities for nurses to play a significant role that is being prioritized in health institutions. The report by Institute of Medicine 2011 calls for a development of leadership in nurses at all levels and types in healthcare (Hassmiller and Reinhard, 2011). This is important because effective leadership skills in nurses enable them to develop relationships with colleagues and patients and achieve desired results of patient care and management through coordination of these relationships (Taft, 2011).

Leadership is essentially considered a people-oriented competency that requires certain types of behaviour and skills. An important predictor of successful leadership in a person is their level of emotional intelligence (EI). Within nurses, emotional intelligence and patient care has been studied by scholars to find the effect of high levels of EI on effective nursing (Birks and Watt, 2007; McQueen, 2004; Taft, 2011). Emotional intelligence has been defined by Eriguc et al (2014) as “the capacity for recognising our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and others”. Goleman (1995) argues that, in achieving life success, emotional intelligence has been found to matter twice as much as intellectual and technical skill. The healthcare profession is a helping profession or vocation that gives direct service to dependent individuals through interpersonal relationships. The relationship between the carer and the patient plays a very important role and a person's emotional intelligence helps them to identify the patient's emotions, needs and requirements and helps create an environment in which more effective care can be provided (Eriguc et al, 2014). This strongly suggests that emotional intelligence has a potential influence on the quality of care a patient receives and is therefore worthy of investigation.

Within the healthcare institutions present in Ireland, the residential institutions offering care to vulnerable individuals have come under heavy scrutiny by

media and formal reports. Despite the fact that healthcare and social care are heavily regulated sectors in Ireland, both media and formal reports have highlighted significant failings in the standard of care offered to vulnerable individuals (O'Loughlin & Duggan, 1998; Department of Health and Children, 2009; Working Group on Elder Abuse, 2002). The recent scandal of Áras Attracta has again raised significant questions regarding the safeguards and regulations in place and enforced by the Health Information Quality Authority (RTE, 2014). Whilst policies and procedures exist within these institutions, there are clear failings occurring nonetheless. In a setting such as a care home, emotional intelligence plays a significant role in understanding individual needs and providing emotional support. The absence of emotional intelligence or a low level of emotional intelligence may be an explanatory factor in cases of abuse or negligence in healthcare settings highlighted recently in Ireland. Thus the ability of organisations to identify carers with high emotional intelligence may assist in the recruitment of individuals who are less likely to engage in sub-standard or abusive care provision.

This research explores the role of emotional intelligence amongst a group of healthcare professionals working in an Irish care setting. The research seeks to understand the role, if any, that emotional intelligence has to play amongst healthcare staff and whether selecting for healthcare staff with high emotional intelligence could create better healthcare worker/patient relations.

1.2 Role of Emotional Intelligence in the recruitment and selection process of an organisation.

In a landmark book on emotional intelligence, Goleman (1995) claimed that intellectual intelligence contributed 20% towards life success and intimated that the balance of 80% may be attributable to emotional intelligence. Salovey and Meyer (1990) described emotional intelligence as a set of competencies for individuals to express their emotions, identify and understand their own behaviour and the behaviour of others, and help obtain a sense of self-awareness as they achieved success in life. Extensive and landmark research on emotional intelligence by Salovey and Meyer (1990) suggests that emotional intelligence can play a significant role in the selection and recruitment process of any organisation. The importance of emotional intelligence has been

emphasised more strenuously in the past decade in the healthcare industry (Freshwater and Stickley, 2004)

The healthcare recruitment processes need to improve their ability to choose people who are more caring and compassionate than are presently being selected. The recruitment and selection process is currently being enforced in Ireland by HIQA in the healthcare industry. The present process focuses on experience and qualifications with low levels of emphasis on emotional intelligence (Lyon and Trotter, 2013). Whilst all the relevant boxes are being ticked and policies and procedures are being followed, there is no great awareness as to how a better understanding of emotional intelligence could help the healthcare system (HIQA, 2014) Research indicates that a typical manager in the Healthcare industry can spend as much as 40% of their time managing conflict. If a manager is spending up to 40% of their time managing conflict, then the work environment is emotionally charged and stressful for both patients and healthcare providers. The healthcare providers may feel under supported, overworked or not equipped to handle the day to day challenges (Copperman, 2010).

Goleman (1995) insists that emotional intelligence can be taught with education and training in the workplace. Although mentoring and coaching can be used to facilitate this process, the influence of emotional intelligence begins with the retention and recruitment of talent. Fernandex states that the more emphasis placed on emotional intelligence when hiring employees the greater the likelihood of success in respect of those employees (Cherniss and Goleman, 2001). Many large worldwide organisations such as Hewlett – Packard utilise Emotional Intelligence to evaluate candidates externally and internally for promotion, salary decisions, annual assessments and in their recruitment and selection process.

It is recognised in the healthcare industry that it is advisable to have a clinical or medical professional skilled in the area of emotional intelligence present as part of the recruitment and selection panel. They can offer an insight into the candidate's interpersonal abilities and the researchers have found that these professionals can recognise the absence or presence of desirable qualities.

They may identify a caring, compassionate and understanding candidate because of a phrase or a comment used, a non-verbal gesture, or a sensitive question. Therefore the benefits of having such an individual as part of the recruitment process are evident (Lyon et al, 2013).

Krueger et al (2000) states that the area of Emotional Intelligence should be taken very seriously in the recruitment and selection process by using EQ competencies to help predict how potential employees will behave in the future and how they will interact with other employees. There are many Emotional Intelligence tests that can be carried out during the recruitment process, all of which have their critics. Depending upon the organisation it is important that the test or tests are reliable, safe and fit for purpose. The organisation may use a number of different tests rather than relying on one particular test. These tests will be discussed in the methodology section of this dissertation.

1.3 Barriers to the adoption of EI within healthcare organisations

The aim of this study is to explore the role of emotional intelligence in understanding the failings of the health worker/patient relations that has come to light in the media, where empathy and good healthcare worker/patient relationships are under question. Various media reports, articles by healthcare professionals and formal papers and publications have touched on various barriers and issues within healthcare settings that can strain the relationship between healthcare worker and patient and can decrease the level of care that a patient receives, while increasing the likelihood of neglect or abuse. (Drennan et al, 2012; Pillemer & Moore, 1989; Saveman et al, 1999; Goergen, 2004; Hawes & Kimbell, 2009; Shinan-Altman & Cohen, 2009).

Generally, factors associated with abuse in care settings fall into three categories: staffing factors, facility-related factors and resident-related factors (Drennan et al, 2012; Shinan-Altman & Cohen, 2009; US National Centre on Elder Abuse, 2005). According to Tim O'Connor, a healthcare consultant for BDO Simpson Xavier, despite rapid growth, the Irish healthcare industry is currently faced with a chronic shortage of healthcare workers (O' Connor, 2014). There is an increasing reliance on foreign healthcare workers, some of whom experience communication issues due to the language barrier (Migrant

Rights Centre Ireland, 2012). Working in a high-stress, and often over-crowded and under-staffed environment without sufficient support (Working Group on Elder Abuse, 2002) makes it increasingly difficult for healthcare workers to maintain empathy between healthcare workers and their patients, as time constraints burn-out and decreasing energy can cause a decrease in a healthcare worker's empathy. In a 2012 report, many nursing home workers reported being in charge of too many residents, not getting enough help and support from colleagues, having too many things to do and not having enough staff on duty (Drennan et al, 2012).

The stress of working with difficult patients may also influence a health worker's empathy. In a report issued by the National Centre for the Protection of Older People (Drennan et al, 2012), 85% of respondents reported that they had experienced a physical assault by a resident and 80% reported experiencing psychological mistreatment by a patient in the past twelve months. According to research objectification is another barrier to empathy (Kirch et al, 2001). Due to the sheer numbers of people that pass through their care, many healthcare workers can become detached from the emotional element of their work. (Wimm, 2011) states that the differences we exhibit towards gender, age differences, race, cultures and religions create another barrier. If a healthcare worker is struggling to deal with difficult past experiences, it may cause them to detach or even become hostile towards the patient (Karimi, Leggat, Donohue, Farrell and Couper, 2013). Another barrier is the difficulty of implementing wide-scale change, as Kirch et al (2001) state that in order for emotional intelligence to be integrated into the healthcare organisation it will need the full backing and support of top management and would require an extended period of time and serious commitment.

Removing the above issues that act as barriers to increased health worker empathy and better health worker/patient relations is not an easy task. However, these individual and collective barriers must be addressed in order to unblock the development of more empathetic healthcare worker/patient relationships.

1.4 Rationale for the research

The research aims to understand the role of emotional intelligence amongst healthcare professionals and how a high emotional intelligence may be helpful in providing better care for patients in care settings. The Health Information Quality Authority (HIQA), which has responsibility for regulating all the nursing homes and care centres in Ireland, was formed in 2007, with one of their objectives being to improve the safety and quality of care provided to people living in residential care (Gantly, 2014). Notwithstanding the improvements made to the health system it was reported in November 2014 that almost one hundred and sixty complaints had been made in the previous year to HIQA which had not been addressed and only came into the public arena when highlighted by an undercover television investigation programme. A modern society is gauged according to how it treats its elderly and vulnerable people. The research is worthy because the care of our elderly population and vulnerable people represents a challenge to our society as a whole, and for many people it is their final journey in life. The quality of life, not the system, should be the main priority for the citizens of the country (Phelan, 2014). It is for this reason that this research topic has been chosen to explore how healthcare can be improved for the elderly in Ireland in care settings with the help of emotional intelligence.

1.5 Structure of the thesis

To achieve the objectives set for the research, this thesis is structured according to the stages of development of the research. The research begins with setting of objectives and literature review on the topic followed by selecting the research methods and conducting the research according to those methods. There are seven chapters included in this dissertation. Brief outlines of the contents of each chapter are given below.

Section one gives a brief background of the subject of the research of the role of emotional intelligence in healthcare settings. The rationale for selection of the research topic is given for the topic.

Section two examines previous literature in the area of emotional intelligence. The definition and history of emotional intelligence are discussed and its

components and measures are examined. The importance of emotional intelligence in various fields, particularly nursing, is explored in this chapter. It explores how emotional intelligence may be helpful in improving the performance of healthcare professionals and how it can be integrated in the recruitment and selection process. The barriers to adoption of emotional intelligence as a criterion for recruitment and selection of candidates in care settings are also examined.

Section three sets the research objectives for the study and explains the hypothesis and research questions.

Section four explains the research approach and research methods chosen for this research. A justification is given for the chosen methods.

Section five is the main chapter that discusses the data collection by survey questionnaires and the results from the survey. These data is analysed using descriptive and explorative statistics

Section six discusses the results of the survey and the implications these results have on the achieving the objectives of the research. The results are explained in detail and reasons for why particular results are obtained are examined. It summarizes the research and connects the literature review and results of the research to explain how the objectives of the research are achieved.

Section seven concludes the entire thesis and gives recommendations for further research on the subject are explored.

2. LITERATURE REVIEW

2.1 Introduction

Until recently the literature was focused almost exclusively on the notion of intellectual intelligence, to the detriment of all other forms such that very little was understood about other forms of intelligence. Emotions have often been considered motivational factors for success and happiness in a person's life. Understanding, controlling and management of emotions can be a major component of effective management of work and personal life (Faguy, 2012). There is now widespread acceptance of the notion of emotional intelligence (EI) as that which provides a person with a range of emotions and attributes in which they can manage relationships, motivate people and help influence others (Goleman, 1995). This section examines the concept of emotional intelligence in terms of its definition, history and components. It includes a discussion on the measures of emotional intelligence and how important EI is for improvement of professional and personal life of a person. The section further explores the importance of emotional intelligence in healthcare settings from previous research with a focus on the role of EI in nursing and care settings. The barriers to the adoption of EI in healthcare institutions are discussed and the importance of considering EI as an important factor in recruitment and selection of healthcare professionals is examined.

2.2 Definition of Emotional Intelligence

Intelligence is generally regarded as a person's capacity to act rationally and effectively in a given environment (Salovey and Meyer, 1990). Intelligence has many forms including verbal intelligence, spatial intelligence, social intelligence and emotional intelligence. Each of these capacities has its unique features, uses, roles and importance for a person. Emotional intelligence is the capacity of a person to understand emotions and purposefully manage them. One of the most influential researches on EI was by Salovey and Meyer (1990). They outlined a set of competencies for individuals to express their emotions, identifying and understanding of their own behaviour and the behaviour of others and to help obtain a sense of self-awareness as they achieved success

in life. They later amended their theory of emotional intelligence and revised their definition of emotional intelligence as follows:

“Emotional intelligence involves the ability to perceive accurately appraise and express emotion; the ability to assess and or generate feelings when they facilitate thought, the ability to understand emotions and emotional knowledge, and the ability to regulate emotion to promote emotional and intellectual growth” (Meyer and Salovey, 1997).

Many researchers have revealed the important role of emotional intelligence in motivation and changing behaviour (Goleman, 1998; Bradberry and Greaves, 2009). Both Goleman (1998) and Bradberry and Greaves (2009) identified EI as the ability of a person to recognise emotions in one self as well as the others. This was important to understand how EI was significant for perceiving another person’s emotions. Meyer et al (2004) concur this by pointing out that EI involved identification, analysis, regulation and expression of emotions in self and others. According to Goleman (1998), while cognitive intelligence is based in neo-cortex region of the brain, EI is based in the sub-cortex region and involved both the parts of the brain working together. Therefore, EI is different from cognitive intelligence in terms of its origins and mechanism. However, like cognitive intelligence, EI is a capacity that differs with individuals. It develops throughout the life of the person with exposure to different experiences and situations.

2.3 History of Emotional Intelligence

The theory of emotional intelligence was first muted by Robert Thorndike back in the 1920’s (Faguy, 2012). He divided intelligence into three types of intelligence- abstract intelligence which is the understanding of ideas, mechanical intelligence which is the understanding of objects and social intelligence or understanding of people (Kihlstrom and Cantor, 2011). He observed that social intelligence was an important part of a component of general intelligence. He identified the traits and personalities and attributes of people in the 1920’s that now form a part of emotional intelligence. Kihlstrom and Cantor(2011) explains that there were further studies done in the 1930s that defined social intelligence as the ability of the person to get along with

people and having an insight into the thoughts, moods and personalities of other people (Kihlstrom and Cantor, 2011). Faguy (2012) argues that social intelligence is different from emotional intelligence in that social intelligence focuses on the relationship between individuals whereas EI is concerned with emotions of the self and others. Therefore, EI forms a part of social intelligence. After this time, the idea of emotional intelligence was discussed by researchers but not formally recognised as a discipline until the 1990s (Faguy, 2012). In 1983 Howard Gardner further advanced the debate by publishing a book called “Frames of mind” which explored seven types of intelligence including knowledge of one’s inner world and social adeptness (Gardner and Stough, 2002). It was in the 1990s that Salovey and Meyer published a journal article formally introducing emotional intelligence as a term in academia (Salovey and Meyer, 1990). They defined emotional intelligence and discussed its’ components and features differentiating it from the earlier discussions of social intelligence and other types of intelligence.

Bar-On (1997) produced further academic research in 1997 on emotional intelligence. The research outlined that emotional intelligence consisted of a large range of factors that contribute to success in life. Bar On (1997) developed the first known scientific model to help measure emotional intelligence and to provide an explanation as to why some individuals achieve more in life and success than others. The scientific instrument is known as the Bar on Emotional Quotient Inventory. Further prominence was given to emotional intelligence by the publications of Daniel Goleman in 1995 (Goleman, 1995). He further developed the area in 1999 of emotional intelligence on which he focused on peoples five basic competencies which are: Self-Awareness, Self-Regulation, Motivation, Empathy and Social Skills (Goleman, 1998, Goleman et al, 2004). The emotional intelligence framework outlines the relationships between external and internal competencies and how people utilize their emotional abilities to become aware of what is around them and act accordingly (Murray, 2014). He strongly argues that emotional intelligence plays a larger role than intellectual intelligence in an individual’s success or failure in life. Goleman (1995) states that an individual who displays a high level of emotional intelligence is more likely to persevere when problems arise, enjoy challenges,

show personal initiative and are more likely to inspire others (Zampetakis et al, 2009). The books and research by Goleman (Goleman, 1995; Goleman, 1998, Goleman et al, 2004) were some of the most popular works that brought emotional intelligence into the limelight and extensive academic research on emotional intelligence began.

2.4 Components of Emotional Intelligence

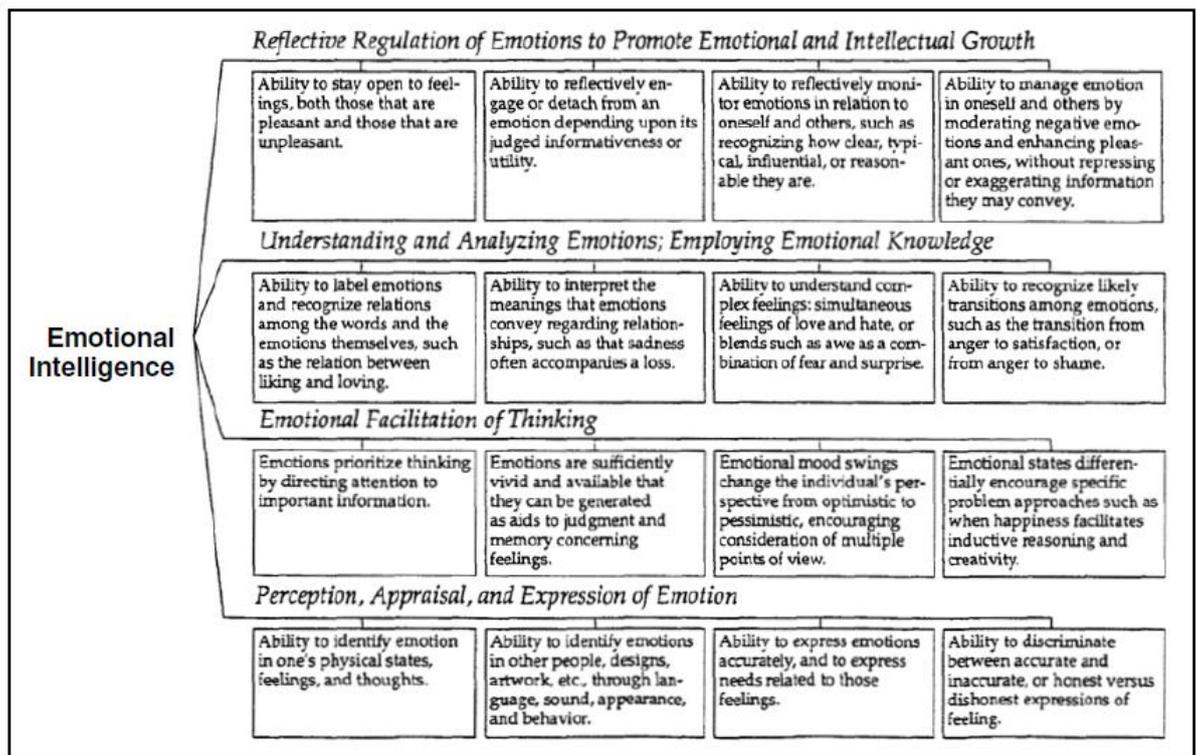
Emotional Intelligence has been conceptualised to include many different elements by different scholars. Salovey and Meyer (1990) who introduced the concept proposed that emotional intelligence is composed of three mental processes- appraising and expressing emotions, regulation of emotions and utilization of emotions.

1. Appraisal of emotions involves sensitivity and perception of the verbal and non-verbal activity of a person and interpreting them to understand their state of mind and feelings (Salovey and Meyer, 1990). Such an appraisal requires a thorough understanding of one's own emotions and their interpretation on behaviour and then translating this knowledge to read other's emotions. For example, when one notices that a person is sweating, it can be interpreted as being anxious or nervous. Expression of emotions is the ability to show the emotions in terms of body language and behaviour. This means that if a person is feeling happy, they are able to show it in their behaviour by smiling and being cheerful (Salovey and Meyer, 1990).
2. Regulation of emotions is management of one's emotions to pursue certain goals (Salovey and Meyer, 1990). This means that the person is able to control the wanted emotions and instead push the favourable emotions as and when the situation demands. For example, if a person has to make a speech, he may be able to control his nervousness and show his confidence while making the speech. An emotionally intelligent person is able to manage his or her emotions according to the circumstances (Salovey and Meyer, 1990).
3. Utilization of emotions means using the emotions to achieve goals such as motivation, creativity, flexibility, etc. According to Salovey and Meyer (1990), a person with a high EI is able to view a problem from different emotional perspectives and make a choice according to their emotions. They argue

that such an approach is helpful in being sensitive to the need of self and others.

Meyer and Salovey (1997) revised this model of emotional intelligence and reconceptualised it to include four components with each component signifying the development stages of emotional intelligence starting from the very basic advancing on to the highest level. Figure 1 shows the four stages of emotional development of emotional intelligence. Each of the stages has four components of their own that define the characteristics of the stage of emotional development. Perception, appraisal and expression of emotion are similar to appraisal and expression of emotions in the earlier model (Salovey and Meyer, 1997). It refers to the identification of emotions in oneself and the others. It also mentions the importance of being able to express emotions in one's behaviour. Emotional facilitation of thinking is the ability to use emotions to make judgments, decisions, changing perspectives, and solving problems. The next stage of understanding and analysing emotions refers to a complex understanding of emotions and interpreting them. It also involves learning the transitioning mechanisms of emotions (Salovey and Meyer, 1997). The final branch of reflective regulation of emotions to promote emotional and intellectual growth relates to the regulation of emotions in the previous models and achievement of personal goals by managing and controlling emotions according to one's need.

Figure 1 Conceptualization of Emotional Intelligence



Source: Meyer and Salovey (1997)

Goleman (1998) interpreted the model proposed by Meyer and Salovey (1997) into five key competencies of emotional intelligence: self-awareness, self-regulation, motivation, empathy and social skills. Similarly, Bradberry and Greaves (2009) identify two competencies included within emotional intelligence- personal competence and social competence. They identified two sets of skills under each competence. Self-awareness and self-management are the skills that are required for personal competence (Bradberry and Greaves, 2009). Social awareness and relationship management are the skills required for social competence. These researchers have translated the stages of development of emotional intelligence by Meyer and Salovey (1997) into specific skills sets and competencies in a person that define their level of emotional intelligence. These skills provide a direction towards measurement of emotional intelligence in a person and information about which skills must be improved to achieve a higher level of emotional intelligence.

Thus, a review of previous studies shows that the key characteristics of emotional intelligence include the importance of identifying the emotions in

oneself, learning to express them, understand them, translating this understanding to others emotions, interpreting them to identify their behaviour, finding the nuances in different types of emotions and examining the implications of each type of emotion on human behaviour, and finally regulating, managing, and controlling the emotions of oneself and the others to achieve personal and professional goals.

2.5 Importance of emotional intelligence

There has been extensive research to determine the role, importance and benefits of emotional intelligence for an individual. EI has generally been associated with happiness and well-being of a person. Schutte et al (2007) found that high EI was related with good physical and mental health in a person. Low EI, on the other hand, is associated with violent behaviour, use of drugs and delinquency (Martins et al, 2010).

Research indicates a link between emotional intelligence and individual job performance. The workplace is an ideal environment to develop one's Emotional Intelligence skills as one is motivated to develop these skills in pursuit of success and promotion (Goleman, 2004). It has been shown that the development of emotional intelligence interventions in healthcare organisations increases occupational performance, leadership and productivity (Freshman and Rubino, 2002). A study conducted by Longhorn (2004) in the UK found that there was a definite relationship between emotional intelligence and the organisation's productivity. The findings showed that restaurant managers with high emotional intelligence significantly impacted annual profit growth.

Gardener (1993) also stresses the importance of interpersonal and intrapersonal intelligence. Intrapersonal intelligence concentrates on one's self and the ability to be self-aware. Interpersonal intelligence concentrates on four separate abilities. They include the ability to organise groups, negotiate solutions, make personal connections and engage in social analysis. Goleman (1998) argues that a high emotional intelligence provides a distinguishing competency in a person and improves performance. In his research, Goleman (1998) found that emotional competencies in an employee are two times more

important than cognitive and intellectual capacity to contribute to excellence in the organisation.

2.6 Emotional Intelligence and Healthcare

The exploration of the role of emotional intelligence shows the application of emotional intelligence in professional and personal life of a person and how EI can contribute to bring improvements in both. Emotional intelligence in healthcare settings is an important component of the competencies of the health professionals and quality of the service provided in the health institution (Freshman and Rubino, 2002). It is all the more important in the health industry because the health professionals are dealing with people who are under extreme emotional stress and may or may not be able to express these emotions (Colie, 1998). The healthcare professional needs to be sensitive to the needs of the patients and develop relationships that would encourage communication and confidence in the patient (Dye, 2000). It is often assumed that healthcare professionals have high emotional intelligence levels because of their choice of a profession involving a lot of interaction with people and the experience of dealing with patients on a daily basis. However, the level of emotional intelligence may vary among different professionals according to their role in the institution and the importance they give to the application of emotional intelligence in performing their roles (Freshman and Rubino, 2002).

Healthcare is a term that includes all the institutions and professionals that are associated with treatment of patients of all kinds of ailments in all kinds of health institutions. The role of emotional intelligence in healthcare settings is debated and EI is often given secondary importance when judging the competency levels of healthcare professionals and employees (Faguy, 2012). However, there has been research that has proven that a high EI among professionals can increase their performance and be effective in treatment of patients. Goleman (1998) found that sensitiveness of physicians towards the patient's emotional led to more successful treatments as compared with physicians who showed less sensitivity to their patient's emotions. According to Goleman (1998), patients generally feel uncomfortable and anxious when they want to visit their physician. Often, they are unable to ask the questions that they want because of the interruptions by the physician which hesitates the patient to

proceed with other questions in mind. Good communication is the key to good physician-patient relationship. Empathy and communication provide an effective patient treatment and patient experience (Goleman, 1998). Wagner et al (2002) measured the levels of emotional intelligence in physicians and the levels of patient satisfaction in the institution. They found that there was a weak relationship between the emotional intelligence of the physician and patient satisfaction. The physician's level of happiness was found to be strongly related to patient satisfaction. Stein and Book (2010) found that physicians showed low EI scores than the general population with lowest scores in empathy, happiness and social responsibility. This shows that physicians generally have low self-awareness of emotions that is indicative of a low EI score. Unless the physicians are not self-aware of their own emotions, they would not be able to identify and translate their patient's emotions. And unless the physicians are happy about their jobs and their roles, it will affect the physician-patient relationship leading to less patient satisfaction. According to Faguy (2012), a team of health professionals with high EI function better in terms of performance. They have low levels of conflict, high levels of trust, they are sensitive towards each other's needs and can manage their emotions to collaboratively achieve their common goal (Hughes and Terrell, 2008).

Birks et al (2009) conducted a study on levels of stress and emotional intelligence among healthcare students and found that high EI was co-related with lower stress levels. This means that if a person has high emotional intelligence, they are able to manage the stress much better than others with low EI. This shows the component of regulation of emotions that was studied in the previous chapter in the model of emotional intelligence proposed by Meyer and Salovey (1997). Therefore, EI is a moderator of stress levels among health professionals at some level (Birks et al, 2009). A similar study was done by Pau and Croucher (2003) among dental students that also revealed similar results of high EI being related to lower stress levels. Pau and Croucher (2003) also found that people with high EI were more confident in their time management and organisational skills. Por et al (2011) studied nursing students and their levels of stress and emotional intelligence and also found a negative correlation between perceived stress and the level of emotional intelligence. The findings

from these study show that people with high emotional intelligence are able to regulate and control their emotions and direct them towards achieving their goals of less stress. This is particularly important in a health professional because their professional lives are highly stressful and they need to be able to control this stress and direct their energies towards treatment of the patient.

2.7 Emotional Intelligence in Nursing

Nurses are professionals who have a direct and frequent relationship with patients and need to be highly sensitive to the needs and emotions of the patient. The performance of the nurse has direct implications on the effectiveness of the treatment and the well-being of the patient. Codier et al (2009) compared the levels of emotional intelligence in a sample of nurses in Hawaii USA with their levels of retention, performance and commitment. The study found that there was a strong positive correlation between EI and performance and also between EI and retention. This means that high EI in a nurse is better performance and better retention rate in the organisation. This is an important finding because it shows that high EI is significant not only for the patient's well-being but also for organisational well-being. Another study by Humpel and Caputi (2001) found that there is a direct and statistically significant relationship between the years of experience of a nurse and their emotional competency. Gerits et al (2004) found the emotional intelligence has a major effect on reducing nurse burnout. Similarly, Montes-Berges and Augusto (2007) found that emotional intelligence has a positive effect on the mental health of nursing students by reducing negative stress. Akerjordet and Severinsson (2007) insist that emotional intelligence in nursing brings positive attitudes among nurses and better relationships with patients. The literature review conducted by McQueen (2004) concludes that emotional intelligence in nursing leads to a more patient centred care by nurses.

Merkey (2010) discusses the role of EI in managerial role of the nurse. He emphasises the need for high EI when nurse managers are interacting with physicians and other nurses. A lack of EI can lead to strained relationships with physicians, with the organisation and with other nurses (Merkey, 2010). This is because a lack of EI indicates low self-awareness and identification and sensitivity to other people's emotions (Merkey, 2010). The role of emotional

intelligence is even more important when a nurse has a role of a manager because he or she needs to manage relationship with the patients as well as staff members of the institution.

2.8 Improvement of performance through EI

Having understood the components of emotional intelligence, its measures and its role in improving performance of healthcare professionals, this section explains the ways in which emotional intelligence can be developed and improved in healthcare professionals. Freshman and Rubino (2002) state that healthcare lends itself to having leaders with high EI. They recommend having a corporate training programme for development of EI that includes four phases. 1. Preparation 2. Training 3. Transfer and Maintenance and 4. Evaluation (Freshman and Rubino, 2002). The preparation phase involves evaluation of the needs of an EI program and start involving the staff to join in and understand the importance of attending the program. The training includes various learning techniques that are used to transfer the knowledge about emotional intelligence and develop EI among the health professionals. Transfer phase refers to the transfer of the skills learnt in the program into practice in their daily professional life. Evaluation phase involves giving feedback about the program and evaluating the effects of the program in application of EI by the professionals so that improvements can be made for further efforts of EI training. When put into operation and successfully monitored, such a programme shows an improvement across the organisation for the development of good, healthy, empathetic relationships (Freshman and Rubino, 2002).

There have been many other similar programs designed for training professionals to develop and improve their EI levels for better performance. Goleman (1998) recommends methods such as individual counselling, role plays, simulations, games, online support groups and many more and insists that the choice of method of training would depend on the type of organisation and type of training needed. An effective technique to increase self-awareness among professionals is writing of learning journals that help the person to reflect on his thinking, observation and learning (Bradberry and Greaves, 2009). Training for self-management, which is the next step of development of EI after

self-awareness, could include methods such as relaxation techniques of yoga, meditation, walk, aerobic exercise, and long baths (Faguy, 2012). For development of empathy and social awareness would require active listening (Goleman, 1998). For management of relationships, helping others, communication and active involvement in professional organisations may be helpful (Faguy, 2012).

2.9 Summary

The literature review discussed the role of emotional intelligence in healthcare setting and nursing. Emotional intelligence is the capacity of the mind to understand, analyse and manage emotions of oneself and the others. After discussing the components of emotional intelligence and barriers to its adoption in healthcare, it was found that emotional intelligence could have a major influence on the performance of healthcare professionals if EI levels were a criterion for recruitment and selection of the professionals. This research would explore the influence of EI levels of recruitment and selection of healthcare professionals in Irish care settings. The methodology approach of this research is discussed in the next section.

3. RESEARCH QUESTION

3.1 Introduction

The previous section reviewed the literature on emotional intelligence in the context of the healthcare industry. This section explains the aims and objectives of the research.

3.2 Importance of inclusion of EI as a criterion for recruitment and selection of healthcare professionals

The healthcare industry is changeable, fluid and pressurised. Healthcare workers must often deal with a variety of stressors ranging from understaffing, physical and verbal abuse from patients, low pay, communication issues and lack of support (Birks et al, 2009). Despite these stressors, a healthcare organisation requires workers who are always flexible, compassionate and empathetic to their patients (Birks et al, 2009). Role of emotional intelligence in efficient performance of healthcare professionals is significant for the well-being of the patient and for the overall performance of the organisation (Freshman and Rubino, 2002). The needs and barriers related to emotional intelligence must be identified in organisation to understand the type of EI training that is needed for improvement in performance of the health professionals. Emotional intelligence training would be extremely beneficial to healthcare workers because if workers are taught to understand and manage their emotions and express them appropriately, they are then better equipped to deal with stress and negative situations, to better manage interpersonal relationships, empathise with patients and their needs, and be part of a team working to achieve common goals. (McQueen, 2004).

Emotional intelligence training should also identify areas of weakness, which can be worked on generally or through individual coaching (Birks et al, 2009). The aim for management and staff should be attain a work environment in which all employees would have high levels of emotional intelligence (Cadman and Brewer, 2001). An employer in the healthcare industry recruiting staff will typically tend to focus on experience and qualifications rather than emotional intelligence. This suggests that there is a need for interview techniques for emotional intelligence to be incorporated into the hiring processes of healthcare

organisations (Cadman and Brewer, 2001). Measuring a candidate's emotional intelligence would give additional information, which could be used to hire suitable employees.

Despite all the challenges evident in the healthcare industry, there is a need to ensure that emotional intelligence is an important part of the employment and recruitment process. Patients expect certain standards and the selection process and training given must reflect this.

3.3 Aim of the Research

The aim of this research is to examine the role of emotional intelligence amongst a group of healthcare professionals working in an Irish care setting. This research is worthy of study as emotional intelligence may have a key role to play in terms of the quality of care a patient receives and as such should inform the recruitment and selection processes adopted by organisations. The researcher will also investigate the training and development received by healthcare professionals in the selected care settings.

This research aims to examine the correlations between the emotional intelligence capabilities of self-awareness, self-management, awareness of others' and management of other's emotions and how these affect good quality of healthcare in care settings. Therefore, the main research question of the dissertation is:

What is the role of emotional intelligence in the delivery of quality healthcare services among healthcare workers in care settings?

3.4 Objectives of the Research

The research intends to examine the following areas.

1. To measure the current emotional intelligence of the healthcare workers in the chosen care settings.
2. To determine if there is any correlation between functional areas, length of service, age and gender.
3. Investigate to what extent the healthcare worker felt the provision of their training impacted on their ability to deal with the demands of their role.

4. To examine the importance being placed on empathy, care and compassion within the healthcare training courses in the selected care settings.

By achieving these objectives, the research would help management and healthcare workers to understand the importance of emotional intelligence in healthcare.

4. METHODOLOGY

4.1 Introduction

This section explains the methodology of the research in terms of the research approach, research paradigm and research methods that are used. The aim of this section is to discuss the effectiveness in the methods in addressing/answering the research questions and or hypothesis.

4.2 Research Approach

According to Saunders et al (2011) research is the development of knowledge of a particular subject area in a particular field. It is an activity that explores and determines reasons for a subject to be examined in order to describe, explain, forecast and control the subject matter in order to increase knowledge (Saunders et al, 2011). It is of utmost importance for the researcher to utilize the correct methods for collecting and analyzing the data. This will affect the design of the research project.

This research explores the levels of emotional intelligence among healthcare workers in care settings in Ireland. It examines the relationship between their emotional intelligence and effectiveness of the care provided by them to the patients. This means this is an exploratory research understanding the relationships between variables (Kane and O'Reilly-De Brun, 2005). Saunders et al (2011) implies that research can take two types of approaches- deductive approach or the inductive approach. In short, the deduction approach is where you develop a theory and hypothesis and design a research strategy to test the hypothesis whereas the inductive approach is where the research collects data and then develop a theory as a result of the data analysis (Saunders et al, 2011). For the purpose of this research the researcher will use the deductive approach from the research process. The researcher will explore, present, describe and examine the relationships and trends in the data collected with the use of graphs and charts.

Both quantitative and qualitative research approaches were carefully considered as they both have their own strengths and weaknesses. Qualitative research is linked with an interpretive philosophy and induction approach

whereas quantitative is linked with the positivism and deductive approach. The quantitative methods of research are objective methods of research that provide a rational perspective on the situation. They are deductive methods that show the existing situation in the form of numbers and explain the facts with an emphasis on prediction (Kaplan, 2004). They are based on making observation on the situation as it is and draw conclusions about hypothesis testing (Kaplan, 2004). The quantitative methodology does not include subjective views of human beings but instead poses an external frame of reference (Neuman & Neuman, 2006). This research study follows the realist paradigm of research which means that the research situation is viewed from an objective point of view but it is also understood that the researcher's knowledge will help in making the observations (Aliaga & Gunderson, 2000). Based on the objective of the research to study the emotional intelligence levels of healthworkers in care centres and how this emotional intelligence differs with different variables, a quantitative approach was adopted to measure the levels of emotional intelligence of health workers. Quantitative methods have been used by several researchers in research papers on measuring emotional intelligence (Quoidback and Hansenne, 2009, Fernandez et al, 2012, Beauvais et al, 2011). The quantitative approach helped in understanding the extent to which the levels of emotional intelligence varied with different individuals.

4.3 Research Methods

4.3.1 Measurement of Emotional Intelligence

The identification of components, competencies and skills associated with emotional intelligence has made it possible to measure the level of emotional intelligence in a person. There are a number of well-established theories for measuring emotional intelligence (Bar-On, 1988, Meyer & Salovey 1997, Goleman 1998). While each theory has its strengths and weaknesses, all the theories have a common desire to identify the skills, traits and abilities associated with emotional intelligence. There have been several tests that have been designed to measure an individual's emotional intelligence level and compare the scored with other people who have taken the same tests to determine the level of development of the EI and how highly they rate against other people's EI. The content and approach for each test varies in assessing

emotional intelligence, and each of the tests has its detractors and its advocates, which will be discussed herein.

Most of these tests are self-reporting which means they require the person to answer certain questions about their own emotions to determine their level of EI. In some cases, the tests may be taken about a person from another known person to give a different perspective to their level of EI.

The initial emotional intelligence test was a self-report emotional intelligence test (SREIT) which involved people having to rate themselves on a number of various characteristics such as awareness, stress, tolerance, happiness and problem solving. However, Brackett & Meyer (2003) criticised this method and raised their concerns regarding the ability of respondents to assess their own emotions, and their inclination to answer questions truthfully in this test. While Brackett & Meyer (2003) criticised this method there was a number of benefits of this test as it was easy to administer and very time effective as it only takes ten to fifteen minutes to complete.

One of the most popular and well-established EI tests is the Schutte Emotional Intelligence Scale. The Schutte Emotional Intelligence Scale (SEIS) is a measuring scale for EI that is based on Salovey and Meyer's early conceptual model in 1990. It is a self-explanatory test including 33 questions about the person that must be rated on the Likert scale of 1 to 5. The responses are analysed to give a score that determines the level of EI. Another popular self-assessment test is the Emotional Quotient Inventory test designed by Multi-Health Systems in Canada that includes 133 questions with a similar pattern of rating each question on Likert scale from 1 to 5 and the responses are later analysed to give the result score. Emotional Competence Inventory is a test that is designed to measure the EI of a person by other people's assessment of the person.

In 1997, Meyer & Salovey developed an Ability Performance Measure of Emotional Intelligence to deal with the concerns of the (SREIT) test. This was known as the Multifactor Emotional Intelligence Scale (MEIS) The people being tested were asked to perform tasks which were designed to assess their ability in a 4-Branch Model of Emotional intelligence. 1.To Perceive 2.To Identify 3.To

Understand 4.To Utilise emotions. The MEIS was not able to provide satisfactory, reliable and consistent information and amendments were made to the Model, which is now called MSCEIT (Meyer, Salovey, Caruso Emotional Intelligence Test). As the MSCEIT test is an ability performance test a benefit of this test is that an individual cannot fake their performance so it gives a true reading. The MSCEIT test takes forty-five minutes to complete but to complete this test on individuals the tester must have a certificate in MSCEIT.

The WEIP (Workgroup Emotional Intelligence Profile evolved from the Meyer & Salovey framework and is now regarded as a proven and reliable measure of emotional intelligence. It comprises a team-based measure of emotional intelligence capabilities in a group context (Jordan et al 2002). The WEIP uses a five-point Likert type response scale where 1 represents strong disagreement and 5 indicates strong agreement. Because the WEIP is the most commonly used test nowadays, I propose to use the WEIP framework throughout my research to measure the emotional intelligence of a group of healthcare professionals working in an Irish care setting. Research states Davies et al (1998) that whilst there is general acceptance of the validity of measuring EI on a personal or individual there are problems associated with the measurement of a teams' emotional intelligence. Atwater & Yammarino (1992) cited in Jordan et al, (2002) argues that the teams emotional intelligence level will be taken from the leader of the team which is a weakness. However Pate et al (1998) put forward the theory that the EI level of the group is based on the decision making ability of the team and is generally a better indicator of performance than the best decision maker in the team.

One of the major drawbacks of measuring EI is that most of the tests depend on the individual to report about self or about someone known. Therefore, the accuracy of this test is doubtful in both these cases because the person giving the test may want to exaggerate or tone down the responses. Also, the tests are highly dependent on the way the person is feeling at the time of giving the test. Also, the tests are highly dependent on the way the person is feeling at the time of giving the test that may alter his or her responses. Thus, an accurate measurement of emotional intelligence of a person is a challenging task that still needs development in terms of measurement tools in academic research.

This study uses a self-reporting emotional intelligence test for measuring the emotional intelligence of healthcare professionals in care settings.

4.3.2 Data Collection

The data collection for this research is done with the help of surveys of healthcare workers working in care settings in Ireland. Questionnaires will be used and it is important to note that the survey must be explained clearly so that the participants understand what is being asked of them in the survey. The researcher is aware that in the production of the questionnaire it is important that the questions will collect the precise data that the researcher needs to answer the research question and help achieve the main objective of this research. Surveys are a good technique for testing hypothesis of emotional intelligence having an effect on effectiveness of the care and will therefore be an appropriate choice for this research (Kane and I'Reilly-DeBrun, 2005). It is a standard technique for getting a large number of responses to set questions about the hypothesis. The surveys will be both descriptive and analytical in nature to determine the level of emotional intelligence among the employees and how the EI of the employees affects their work. While a descriptive survey helps in simply understanding the existing situation, analytical surveys help in identifying what kind of cause and effect relationships are present between two factors (Kane and O'Reilly-DeBrun, 2005). This survey will give the perspective of the healthcare professionals on the importance of EI in providing care for patients.

4.3.3 Sample Population

The sample population are healthcare workers working in centres for the elderly and vulnerable people. A sample of 158 participants was taken from four care centres in Ireland. A pilot study was conducted with five participants to test the questionnaire before the surveys were conducted with the sample population.

All the care centres are located in the Dublin/Kildare Region. The care centre owners were contacted for permission to complete the emotional intelligence test on a number of the healthcare workers. The researcher briefed the participants on how the test will work. In order to participate in the study, the following qualifying criteria were followed:

1. They need to be employees of the TLC Group.
2. They must have a minimum of Fetac Level five or equivalent qualifications.
3. Must be over 18 years of age.

All healthcare workers who participated in the test were assured anonymity and confidentiality of the test. The test was administered physically rather than electronically as it provides a convenient way to collect the data for the research as the study population is restricted to the care setting premises.

4.3.4 Data Analysis

The analysis of the survey data will include descriptive analysis and exploratory analysis of the statistical data. The collected data will be compiled to measure the level of emotional intelligence of the care workers. The descriptive analysis will give the general background information about the population and the mean, median and mode for emotional intelligence levels. Exploratory analysis will be done using correlation analysis done for the level of emotional intelligence and how EI helps them in providing care for patients. A comparative analysis will be done for the four care centres to analyse the differences in EI levels and performance of care workers and the effectiveness of care provided in the centres. The data analysis will be facilitated by Microsoft Excel and SPSS softwares.

4.4 Limitations

The limitations for the study are:

1. Individuals or groups who agreed to participate in the research may not be reflective of the majority of health care workers and hence results cannot be generalised (Beauvais et al, 2011)
2. The measurement of emotional intelligence and its impact is done by using a self-administered questionnaire that may lead to bias in the responses by the participants.
3. Cultural and religious barriers may prove a difficulty for the participants undertaking the questionnaire. The sample group came from a diverse range of countries.

4. Bias and fear may exist that the researcher is not aware of due to high staff turnover.

5. The size of the sample may not be large enough to be reflective in order to draw definite conclusions (Quoidbach and Hansenne, 2009).

4.5 Summary

This chapter explained the research approach and research techniques that will be followed in this study. This provides a background and plan for conducting the study and analysing the results. The next chapter discusses data collection carried out during the study detailing the technique and data collection process.

5. ANALYSIS AND FINDINGS

5.1 Introduction

This chapter analyses the surveys done for the research and presents the results from this analysis. The results for the survey are divided into first giving the basic details of the employees proceeding to understanding the levels of emotional intelligence present in the sample population. A comparative analysis is then done between the four care centres to understand the differences, if any, between the care-centres. A correlation analysis is also done between the different variables in the survey that measure emotional intelligence to understand the strong relationships that may emerge between different factors.

5.2 Pilot Study

Before the survey was conducted in the four care centres, a pilot study was conducted for validation of the questionnaire so that improvements can be made before the main study is carried out. The pilot study included a survey of five nurses and three carers working in one of the care centres selected for the study. They completed the questionnaire and provided feedback about the comprehensiveness of the questions. Their responses were analysed and it was found that the survey questionnaire should also include questions about healthcare workers' training and their level of satisfaction with its applicability. This would help in achievement of the objectives of the research about the relevance of training and the content of the course of training for role of healthcare workers. Also, the format of the questions was changed in terms of how the questions were written in the survey so that they were easy to read and understand. The final questionnaire for the survey is given in Appendix 1.

5.3 Details of selected care centres for surveys

TLC LTD is a group of nursing homes in the Dublin/Kildare region. TLC aims to provide an excellence for the care of older people (TLC, 2015). Four care centres from the group were selected for the study. These are Cara care centre, TLC Santry, TLC Maynooth and TLC Citywest. All centres have staff with full time positions, part time and relief staff. The centres have various departments and facilities such as nurses, carers, activities, reception, maintenance, administration, domestic staff, cooking staff and catering staff.

The details of the number of staff members and residents in each of the care centres are given in Table 1.

Table 1 Care centres selected for the study

Care Centre	Number of Residents	Number of staff members
Cara care centre	103	168
TLC Santry	127	138
TLC Citywest	140	220
TLC Maynooth	84	148

5.4 Basic Details of the participants

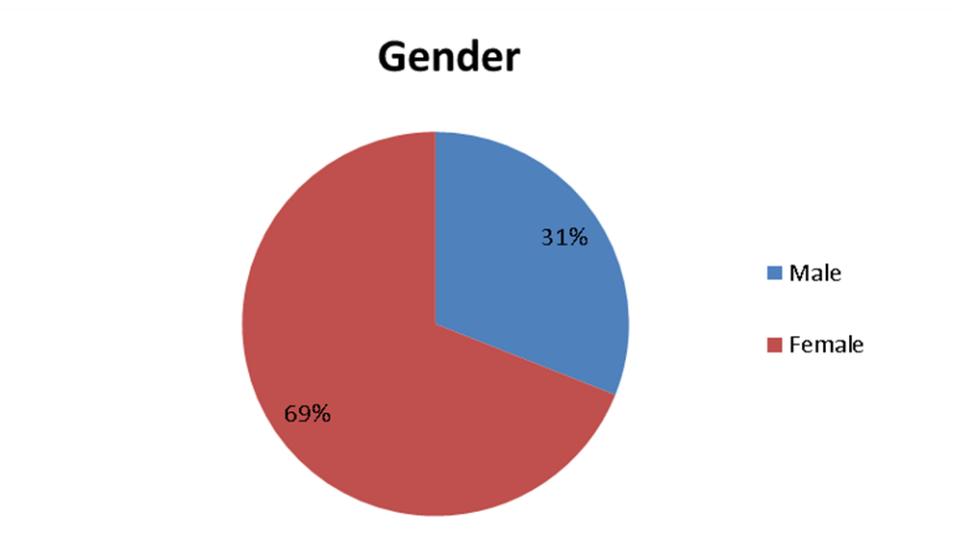
There were a total of 158 responses recorded from healthcare employees from four care centres in the Dublin/Kildare region. The number of respondents in each of the care centers is given in Table 2.

Table 2 Number of survey respondents in each care centre

Care centre	Number of survey respondents
TLC Cara Care Centre	40
TLC Santry	44
TLC Citywest	39
TLC Maynooth	35
TOTAL	158

A majority of the sample population were females. As shown in Figure 2, it was found that almost 70% of the population were females. This means that the results of the research may be biased as the emotional intelligence of females may differ from males.

Figure 2 Gender of survey participants



The age of the participants mostly ranged between 25 to 50 years. There were many participants who were between 18-25 years age range as well. The difference between the ages determines the level of maturity and years of life experience that may affect the development of emotional intelligence in individuals. The distribution of age of the participants is given in Figure 3.

Figure 3 Age Group of the participants

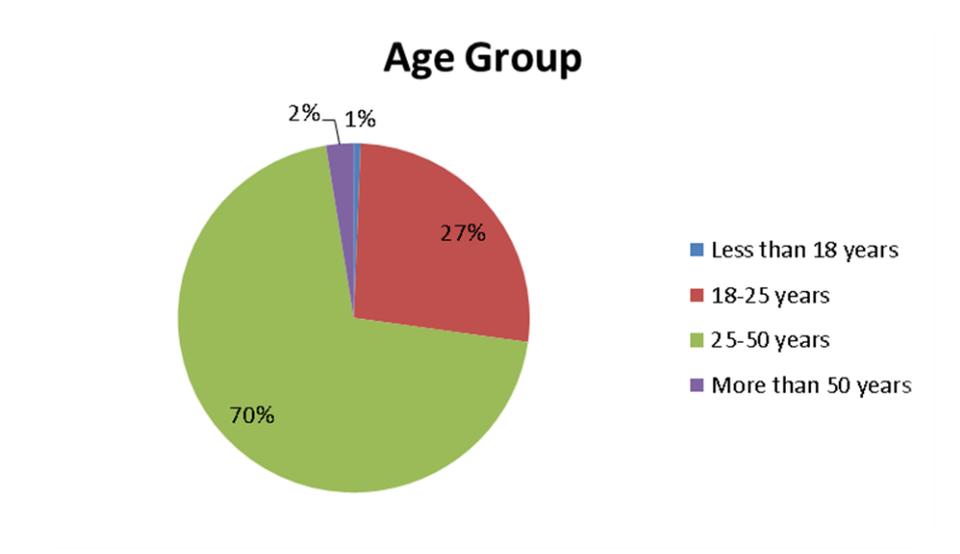
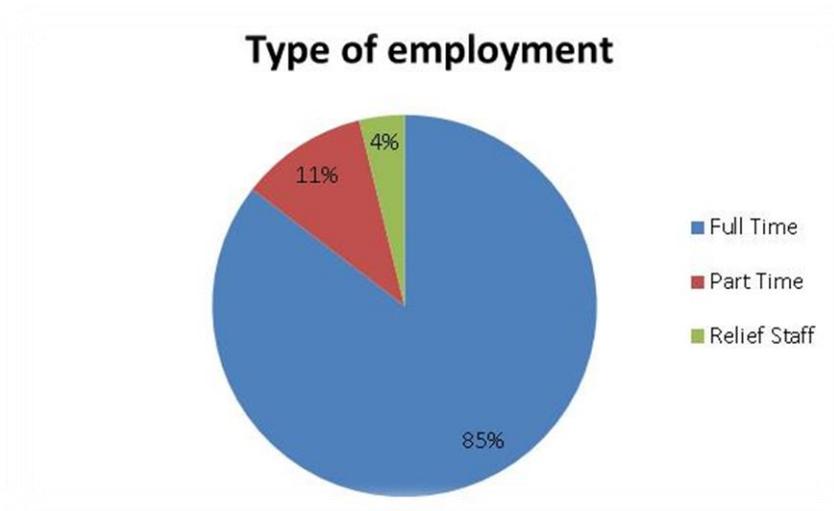


Figure 4 shows the type of employment of the survey population. As shown in Figure 2, 85% of the staff was employed full time, 11% were working part time and the rest 4% of the respondents were relief staff. The attitudes and

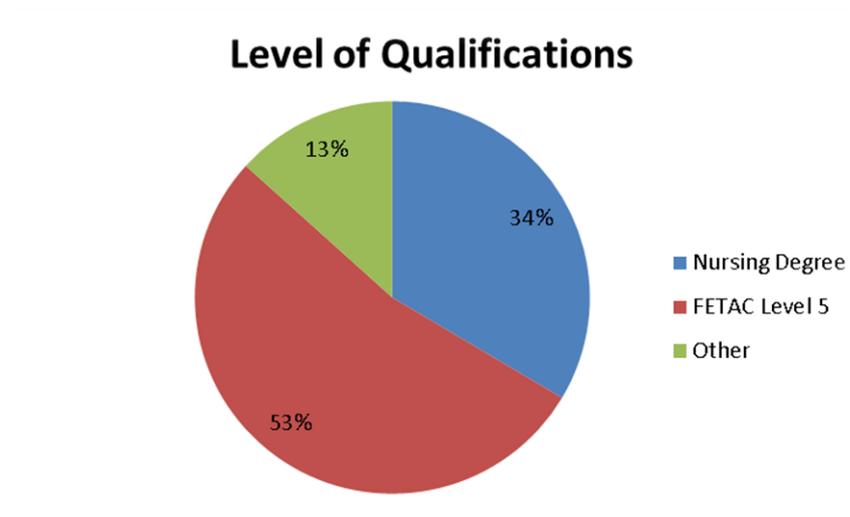
emotional intelligence of the staff may vary according to the type of employment that they are in and this will be analysed later in the chapter.

Figure 4 Type of employment of the participants



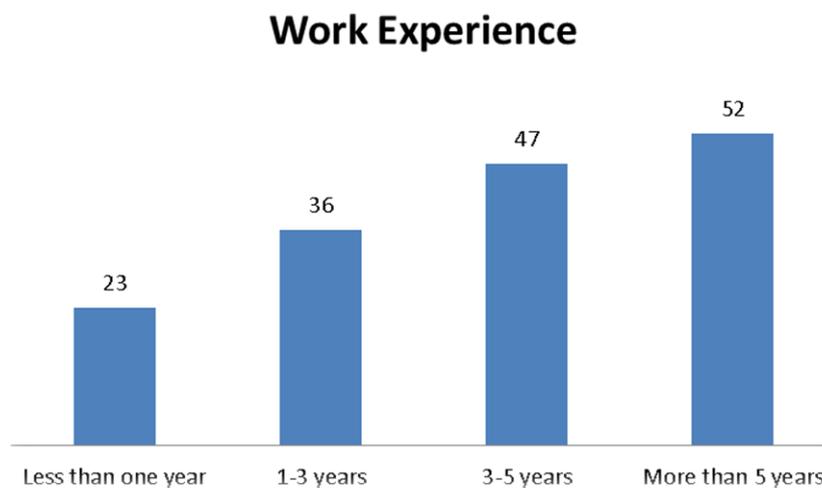
The level of qualification of a majority of the respondents was FETAC Level 5 while 34% of the participants had a nursing degree. 13% of the respondents had qualifications other than FETAC Level 5 or Nursing degree (Figure 5). The structure and content of the courses determines whether or not emotional intelligence was included in the training and education stage of the health care workers. This may largely affect the level of emotional intelligence in the candidates and importance given to emotional intelligence.

Figure 5 Level of qualifications of the participants



As shown in Figure 6, 62.7% of the survey participants had a work experience of more than three years working as a care worker in the healthcare industry. This means that most of the respondents were long term employees. 22.8% of the employees had an experience of between one year and three years while 14.6% had a work experience of less than one year. Emotional intelligence may be affected by the work experience of the participant and this will be explored later in the chapter.

Figure 6 Work Experience of survey participants



5.5 Test for Emotional Intelligence

The test for measuring the emotional intelligence of the participants was divided into sections that measures awareness of the individual's own emotions, management of own emotions, awareness of others' emotions and management of others' emotions.

Table 3 shows the results of the questions on emotional intelligence related to individual emotions and team emotions. These results show how well the participants are able to work in a team and to what extent are emotions identified and managed by the person in healthcare setting. This is important to understand because the management and awareness of emotions determines the role of emotional intelligence in the workplace. Please note that tabulated numeric data is displayed to 2 decimal places. However, summary statistics such as "Sum" are based on the exact raw data and then rounded to 2 decimal places. Hence Round Off Error is not multiplied, but is unique to each data

point. This can however lead in some cases to a slight mismatch between displayed raw data sets and their summary statistics. But each data point (raw or summary) is accurate to 2 decimal places."

Table 3 Emotional Intelligence of participants in four care centres

Measurement Variables		Total Average Score	TLC Cara Care	Santry	Citywest	Maynooth
Awareness of emotions	Explain feelings to team members	3.97	4.00	4.00	3.97	3.89
	Discuss emotions with team members	3.85	3.83	3.91	3.82	3.86
	Can tell team what will make me feel better	3.60	3.63	3.70	3.64	3.40
	Talk about my emotions with team members	3.83	3.93	3.93	3.72	3.71
	Total score for awareness of own emotions	15.25	15.38	15.55	15.15	14.86
Management of own emotions	Respect team opinion even when they're wrong	3.81	3.88	3.48	4.10	3.83
	Overcome frustration with team members	3.96	3.88	3.82	4.15	4.00
	See all sides in a dispute between team members	4.18	4.18	4.00	4.31	4.29
	Fair hearing to team member ideas	4.23	4.30	4.16	4.26	4.20
	Total score for management of own emotions	16.18	16.23	15.45	16.82	16.31

Awareness of others' emotions	Read true feeling of team even if they try to hide them	3.54	3.48	3.61	3.62	3.46
	Describe other team members' feelings	3.51	3.58	3.61	3.44	3.40
	Gauge true feelings of team member from body language	3.75	3.60	3.89	3.69	3.80
	Can tell when team members says what they don't mean	3.65	3.70	3.80	3.59	3.49
	Total score for awareness of other's emotions	14.46	14.35	14.91	14.33	14.14
Management of other's emotions	My enthusiasm is contagious for team	3.72	3.88	3.66	3.64	3.69
	Can cheer team members when down	3.91	4.10	3.84	3.77	3.94
	Get team to feel keen for a project	3.66	3.72	3.68	3.69	3.54
	Provide spark for team enthusiasm	3.57	3.64	3.68	3.49	3.46
	Total score for management of other's emotions	14.86	15.33	14.86	14.59	14.63
TOTAL Score		60.75	61.29	60.77	60.89	59.94

The table shows that measures for management of own emotions and awareness of own emotions scores the highest total scores for participants in all the four centres. In fact, it is the management of own emotions that scores higher than awareness of own emotions. This shows that although the participants may not be as sensitive to the nature of their emotions and the reasons for their emotional status, they are able to manage their emotions in a

much better way. Within management of own emotions, listening to all sides in a disagreement and giving a fair hearing to all team member ideas scored the highest indicating the sense of justice and fairness within the participants while working in stressful team situations in the centre. Overcoming frustration with team members was another variable that scored a high average score showing the ability of the participants to overcome their emotional stress caused while working in a team. Within measures for awareness of own emotions, ability to explain own emotions to team members and discuss these emotions with team members showed a high score indicating the potential sharing of emotions within the team.

Awareness of other's emotions scored the lowest total score in the measures of emotional intelligence showing the relatively lower ability of the participants to understand the emotions of their fellow team members. The ability to read the true feelings of other team members and describe what the team members are feeling scored the lowest average scores among all variables showing a weakness within the participants to gauge emotions of their team.

If the four centres are compared, the scores of all individual centres were mostly around the overall average of the study. Cara care centre scored the highest total score for management of others' emotions among all the other centres but scored a lower than average total score for awareness of others' emotions. Santry care centre scored the highest total score for awareness of own emotions and awareness of others' emotions but the lowest total score for management of own emotions. Citywest care centre scored the highest total score for management of own emotions. However, Citywest scored lower than average total scores for all other measures and got the lowest total score for management of others' emotions. Similarly, Maynooth scored a lower than average score for all measures except management of own emotions. Overall, Cara care centre scored the highest score for emotional intelligence test followed by Citywest and Santry. Maynooth scored the lower score for emotional intelligence that was less than the overall average of all four centres.

5.6 Emotional Intelligence Competencies

The participants were then asked to rate the importance that they gave to emotional intelligence competencies for team performance and importance of personal traits for team work. This would help in understanding the kind of skills and competencies that the participants consider important for emotional intelligence in the workplace.

Table 4 shows the responses of the participants for the ratings of importance that they gave for emotional competencies necessary for better team performance and team work. The table shows that all the emotional intelligence competencies were scored very highly by the participants giving an average rating of between somewhat important and very important. Empathy and motivation were the two competencies that were rated the highest by the participants while self-regulation was scored as the lowest. Among the four care centres, Santry gave the lowest score of importance to all emotional intelligence competencies. On the other hand, Maynooth and Citywest care centres gave the higher than average importance scores to all emotional intelligence competencies.

With respect to the importance scores given to various personal traits, the trait of dominance scored the lowest score and was only considered somewhat important by the participants for team work. Enthusiasm was found as the personal trait that was given the highest importance by the participants. Among the centres, Maynooth gave the highest total score for importance to personal traits for team work giving an above average importance score for all the traits. Citywest gave the least total score of importance for personal traits. Santry gave the lowest score for the trait of dominance among all the centres. These results show that while all the listed emotional intelligence competencies were considered important by participants for better team performance, the personal traits for emotional stability, enthusiasm, conscientiousness and self-assurance were considered important for team work.

Table 4 Ratings of importance given to EI competencies and personal traits for job performance

Competencies		Average	Care centre	Santry	Citywest	Maynooth
Importance of Emotional Intelligence Competencies for team performance	Self-awareness	4.70	4.62	4.66	4.77	4.77
	Empathy	4.75	4.79	4.59	4.87	4.77
	Self-regulation	4.55	4.54	4.45	4.64	4.60
	Motivation	4.75	4.72	4.66	4.77	4.86
	Social Skills	4.70	4.62	4.57	4.79	4.86
	Total	23.45	23.28	22.93	23.85	23.86
Importance of personal traits for team work	Emotional Stability	4.63	4.63	4.77	4.44	4.69
	Dominance	4.04	4.26	3.82	4.00	4.11
	Enthusiasm	4.69	4.71	4.75	4.54	4.77
	Conscientiousness	4.63	4.66	4.59	4.54	4.77
	Self-assurance	4.58	4.74	4.55	4.36	4.69
	Total	22.58	23.00	22.48	21.87	23.03

5.7 Training in emotional intelligence for healthcare settings

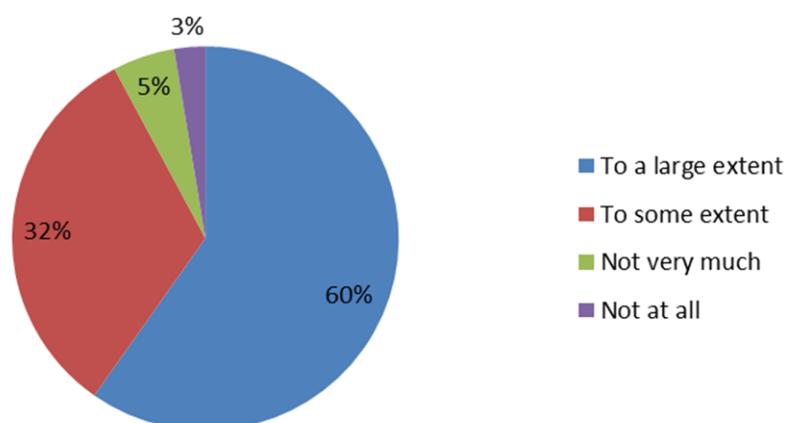
The participants were asked to what extent their training in healthcare has had an effect on their ability to deal with the demands of their role. The participants were asked to rate this impact on a scale of 1 to 4 and as given in Table 5, the participants thought that their training had mostly helped them to a large extent. Figure 7 shows that 92% of the participants found that their training had helped them to meet the demands of the role either to some extent or to a large extent. The role of empathy, care and compassion were explored in the survey to understand the importance of these traits in healthcare courses. All the participants scored all these three traits with a high score showing the relevance of empathy, care and compassion in training.

Table 5 Importance and impact of training for survey participants

Training		Average	Cara care centre	Santry	Citywest	Maynooth
Impact of training on role		3.49	3.45	3.59	3.31	3.60
Importance in training courses	Empathy	4.81	4.82	4.75	4.79	4.91
	Care	4.88	4.87	4.95	4.82	4.89
	Compassion	4.88	4.87	4.84	4.82	5.00

Figure 7 Impact of training on job performance for survey participants

Impact of training on role as healthcare worker



5.8 Correlation Analysis

The correlation analysis of measures of emotional intelligence and emotional intelligence competencies with variables such as gender, type of employment etc. was analysed. Table 6 shows the results of the correlation analysis. Some of the results showing a relatively strong correlation have been highlighted.

The strongest impact of the variables in the participants was that for age of participants. Age of the participant shows a positive correlation with the total EI score of the participant, awareness of own emotions of the participant, awareness of other’s emotions in the participant and the impact training courses in helping the participants for better job performance. All of these correlations have been positive which means as the employee gets older, the emotional intelligence of the person in terms of being aware of own emotions and team’s emotions increases. Also, as the person ages, they find that their training is

more helpful to their jobs and their performance. It was also found that gender and work experience also have an effect on the score of awareness of own emotions. It was found that females are more aware of their own emotions than males. Also, as the work experience of the person in the care centre grows, there is a higher awareness of own emotions.

Table 6 Correlation Analysis of Emotional Intelligence and individual variables

Measures for EI	Gender	Work Experience	Qualification	Age	Type of employment
Total score for EI	0.135	0.160	0.074	0.219	-0.026
Awareness of own emotions	0.283	0.202	0.047	0.227	0.001
Management of own emotions	0.136	0.035	0.015	0.017	-0.145
Awareness of others emotions	0.044	0.168	0.099	0.243	0.032
Management of others emotions	-0.114	0.031	0.051	0.119	0.020
Importance of EI Competencies	0.117	0.104	0.038	0.178	-0.024
Importance of Personal traits	0.034	0.099	0.166	0.104	-0.010
Impact on role due to training	-0.002	0.134	0.115	0.341	0.059

When the scores that showed a strong correlation were further analysed in more detail particularly for the detailed scores of awareness of own emotions in terms of age, work experience and gender and for awareness of other's emotions on age of the participants, the results obtained are given in Table 7.

Table 7 Correlation Analysis of EI measures with age, gender and work experience of participants

Correlation with detailed EI measures	Gender	Work Experience	Age
Awareness of own emotions			
Explain feelings to team members	0.334	0.252	0.177
Discuss emotions with team members	0.257	0.232	0.018
Can tell team what will make me feel better	0.190	0.125	0.248
Talk about my emotions with team members	0.192	0.086	0.142
Awareness of other's emotions			
Read true feeling of team even if they try to hide them	0.043	0.073	0.174
Describe other team members' feelings	0.002	0.158	0.170
Gauge true feelings of team member from body language	0.138	0.099	0.232
Can tell when team members says what they don't mean	-0.033	0.208	0.207

5.8.1 Correlation with Gender

From the table, some of the specific emotional intelligence that could be related to variables of age, gender and work experience emerges. It is found that there is a strong correlation between gender and ability to explain own feelings to the team members and the ability to discuss emotions with team members. In the analysis, males were coded as 1 and females were coded as 2. Since there is no further detailed way to conduct a correlation analysis, this relationship can be checked by measuring the average score of males and females for EI to get a better understanding. Table 8 shows the average scores of both males and females for emotional intelligence measures. The table clearly shows that there is a difference in average scores of 7-10% between males and females for all scores of awareness of own emotions and for overcoming frustration with team members. In all these cases, females score better than males in terms of their EI in awareness and management of own emotions.

Table 8 Differences in the EI scores of males and females

Measurement Variables		Males	Females	Difference	% Difference
Awareness of own emotions	Explain feelings to team members	3.55	4.16	0.60	12.10%
	Discuss emotions with team members	3.51	4.01	0.50	9.98%
	Can tell team what will make me feel better	3.33	3.72	0.40	7.96%
	Talk about my emotions with team members	3.57	3.94	0.37	7.47%
	Average score for awareness of own emotions	13.96	15.83	1.88	9.38%
Management of own emotions	Respect team opinion even when they're wrong	3.71	3.85	0.14	2.78%
	Overcome frustration with team members	3.69	4.07	0.38	7.59%
	See all sides in a dispute between team members	4.16	4.19	0.03	0.59%
	Fair hearing to team member ideas	4.14	4.27	0.12	2.46%
	Average score for management of own emotions	15.71	16.39	0.67	3.36%
Awareness of others' emotions	Read true feeling of team even if they try to hide them	3.49	3.57	0.08	1.58%
	Describe other team members' feelings	3.51	3.51	0.00	0.07%
	Gauge true feelings of team member from body language	3.59	3.82	0.22	4.49%
	Can tell when team members says what they don't mean	3.69	3.63	-0.06	-1.22%

	Average score for awareness of other's emotions	14.29	14.53	0.25	1.23%
Management of other's emotions	My enthusiasm is contagious for team	3.76	3.70	-0.06	-1.16%
	Can cheer team members when down	3.98	3.88	-0.10	-1.98%
	Get team to feel keen for a project	3.82	3.59	-0.22	-4.47%
	Provide spark for team enthusiasm	3.67	3.53	-0.15	-2.91%
	Average score for management of other's emotions	15.22	14.63	-0.59	-2.96%
	TOTAL Score	59.18	61.39	2.20	2.75%

5.8.2 Correlation with Work Experience

In terms of work experience, the ability of the participants to explain their own feelings to team members and to discuss their own feelings with team members is positively correlated. Also, the ability of the participant to give a fair hearing to all team members is positively correlated to work experience. Age was found to be positively correlated with ability of the participant to talk about their emotions to team members. The participants responses for management of own emotions in terms of seeing all sides of the dispute and giving a fair hearing to all team members were also correlated with age of participants. This means that as the work experience and age of a person increases, the healthcare workers are more aware of their emotions and are able to discuss them with the team.

Table 9 shows the detailed averages for EI measures according to the work experience categories of the participants. The three EI measures that showed a positive correlation have been highlighted. On analysing the trends with each of the work experience categories for the highlighted EI measures of awareness

of own emotions, it is noted that the average score increases as experience increases up to 5 years of experience. After five years of experience, the ability to explain and discuss on emotions with team members decreases. For the highlighted EI measure for awareness of other’s emotions with respect to the ability to tell when team members say something they don’t mean, this understanding steadily increases with work experience. Overall, the work experience of 3-5 years shows a high EI score for awareness of own emotions and work experience of more than 5 years shows a high EI score for awareness of other’s emotions.

Table 9 Difference in EI score between participants with number of years of work experience

Details of EI measures	Less than 1 year	1-3 years	3-5 years	More than 5 years
Awareness of own emotions				
Explain feelings to team members	3.57	3.72	4.19	4.12
Discuss emotions with team members	3.35	3.69	4.11	3.96
Can tell team what will make me feel better	3.57	3.22	3.81	3.69
Talk about my emotions with team members	3.70	3.69	3.96	3.87
Awareness of other’s emotions				
Read true feeling of team even if they try to hide them	3.43	3.47	3.60	3.60
Describe other team members' feelings	3.30	3.50	3.40	3.71
Gauge true feelings of team member from body language	3.61	3.78	3.64	3.88
Can tell when team members says what they don’t mean	3.35	3.47	3.74	3.83

5.8.3 Correlation with Age

Table 10 shows the relationship of age categories with EI measures. The measures that showed a positive correlation with age have been highlighted. From the table, it is found that that as the age of the participants increased, there is more awareness of own emotions and higher overall EI score. Also, the

participants were able to improve in terms of gauging the true feelings of team members from body language and are more able to tell when the team member says what they don't mean. Since the age range that has been taken for the survey was quite large, this relationship between age and emotional intelligence can be explored much further.

Table 10 Difference between EI scores by age

Details of EI measures	Less than 18 year	18-25 years	25-50 years	More than 50 years
Awareness of own emotions				
Explain feelings to team members	2.00	3.86	4.00	4.75
Discuss emotions with team members	2.00	3.67	3.92	4.50
Can tell team what will make me feel better	2.00	3.26	3.73	4.00
Talk about my emotions with team members	2.00	3.74	3.86	4.50
Awareness of other's emotions				
Read true feeling of team even if they try to hide them	4.00	3.83	3.82	3.25
Describe other team members' feelings	4.00	3.93	3.96	4.00
Gauge true feelings of team member from body language	4.00	4.17	4.18	4.50
Can tell when team members says what they don't mean	4.00	4.17	4.25	4.25
TOTAL EI Score	48.00	58.57	61.48	64.75

5.8.4 Correlation between EI Scores and Importance ratings for EI competencies and personal traits

Another correlation analysis was done to understand if there is a relationship between the EI scores of the participants and the importance ratings that they had given to emotional intelligence capabilities and personal traits for working in care settings.

Table 11 Correlation between EI scores and importance given to EI competencies and personal traits

	Total EI Score	Awareness of own emotions	Management of own emotions	Awareness of other's emotions	Management of other's emotions
Total importance rating for EI competencies	0.33	0.28	0.28	0.19	0.23
Self awareness	0.19	0.16	0.11	0.12	0.15
Empathy	0.12	0.17	0.17	0.02	-0.02
Self regulation	0.17	0.12	0.23	0.06	0.08
Motivation	0.25	0.23	0.26	0.09	0.15
Social Skills	0.14	0.14	0.14	0.04	0.07
Total importance rating for personal traits	0.36	0.31	0.16	0.23	0.32
Emotional stability	0.16	0.24	0.01	0.10	0.07
Dominance	0.03	-0.02	-0.03	-0.08	0.25
Enthusiasm	0.34	0.27	0.11	0.26	0.33
Conscientiousness	0.25	0.32	0.12	0.11	0.13
Self assurance	0.19	0.16	0.06	0.11	0.20

Table 11 shows that there are some correlations those are likely to suggest a relationship between emotions intelligence scores of the participants and their importance ratings. Firstly, it is important to note that the total EI score of participants is positively correlated to importance given by the participants to EI competencies and to personal traits. The participants that showed a higher awareness and management of own emotions gave a higher rating to EI competencies. The participants that showed a high awareness of own emotions and high management of other's emotions gave higher importance to personal traits. Specifically in terms of EI competencies, motivation was identified as a key competency that is related to high EI score. This means that participants with high EI score think that motivation is the most important competency that is necessary to work in care settings. In terms of personal traits, enthusiasm

and conscientiousness was rated as being the most important traits for a person to work in care settings by participants with high EI score.

5.9 Conclusion

This chapter showed the results of the survey for healthcare workers in four care centres in the Dublin/Kildare region. The survey measures the emotional intelligence of the participants in terms of their awareness and management of own emotions and other's emotions. The results of the survey were analysed statistically by calculating the average of the emotional intelligence scores for the participants. A correlation analysis revealed that there is a direct relationship between age, gender and work experience for awareness of own emotions and awareness of other's emotions. These results will be discussed in detail in the next chapter.

6. DISCUSSION ON FINDINGS

This chapter discusses the findings from the survey in detail and relates them to the research objectives and the literature review done for the dissertation. The discussion about the research is structured according to the research objectives so that it is clear how far the research objectives have been met and if the research has fulfilled its overall aim. The research implications are also examined in the chapter for HR management in care settings.

6.1 Emotional Intelligence of healthcare workers

The first objective of the research is to measure the current EI of healthcare workers in chosen care settings. As discussed in the literature, emotional intelligence is the ability to express, perceive and regulate emotions for emotional and intellectual growth (Salovey and Meyer, 1997). Keeping this definition in mind, the emotional intelligence of the healthcare workers in four care centres in the Dublin/Kildare region were measured by a series of questions in the survey. As stated by Meyer et al (2004), EI involves identification, analysis, regulation and expression of emotions in self and others. With this understanding of emotional intelligence, the survey assessed the participants' ability to be aware of and manage their own emotions and be aware and manage emotions of others while working in a team. These particular measures were chosen as they examine the ability to manage themselves and the team members while working in a team.

The results of the survey showed in Table 3 that the participants scored an average of 60.75 out of a total of 80 in the emotional intelligence test which is 75% of the total score. This shows that the current emotional intelligence among healthcare workers in Dublin is good but can be improved further. Specifically, within the various measures of emotional intelligence, management of own emotions scored the highest score 80.9%. Also, awareness of own emotions scored a high score of 76.2%. This means that the participants were much more efficient at being aware and managing their own emotions than others. A high score of management of emotions is a good indication of how the participants are regulating unwanted emotions within them and directing the positive emotions for their job performance. Awareness of own

emotions is important to identify positive and negative emotions and understanding their implications on work. This is crucial to be able to manage emotions. When compared with the five competencies of emotional intelligence as given by Goleman (1998), the participants seem to have developed Self-Awareness but not Self-Regulation. The relatively low score of awareness and management of other's emotions in the team indicate that there is a scope of further development of emotional intelligence to understand emotions of others and influencing these emotions for a positive work environment. When this finding is compared with the model of emotional intelligence given by Meyer and Salovey (1997) discussed in the literature review, the current emotional intelligence of the survey participants is developed to the stage of understanding and analysing emotions and partially up to reflective regulation of emotions to promote intellectual growth. This is because although the participants show a good understanding and control of own emotions, they are not able to perceive the emotions of team members and influence these emotions to achieve the objective of a good working environment and team cohesiveness.

When the emotional intelligence of participants from the four care centres was compared, it was found that Cara care center had the highest score of emotional intelligence of 76.6% and also showed a higher than average score for management of other's emotions. This means that the participants from Cara care centre were better than other centres in working as a team and managing each other's emotions. This would lead to a better team rapport between the healthcare workers in the centre in turn influencing the overall job performance. Citywest care centre scored the second highest EI score for its healthcare workers and showed the highest score among all centres for management of own emotions. This means that the participants from Citywest care centre are able to control and regulate their emotions in a much better way. Maynooth care centre scored the lowest EI score for its healthcare workers with the lowest score in both awareness of own emotions and awareness of other's emotions. This means that some of the basic development of emotional intelligence may be lacking in some of the healthcare employees in Maynooth.

On calculating the importance that the survey participants gave to emotional intelligence competencies and role of personal traits, it was found that all participants gave a high importance to both emotional intelligence competencies and personal traits required for high emotional intelligence. Within the emotional intelligence competencies, empathy and motivation were given the highest importance by the survey participants. According to Murray (2014), the internal and external competencies of a person play a significant role in achieving success in personal and professional life. Among the personal traits, enthusiasm was given the highest importance and dominance was given the lowest importance by the survey participants. This shows the most desirable personal traits and competencies for an employee for working in care settings.

6.2 Correlation between emotional intelligence and other variables

The correlation analysis did not reveal any strong correlations between the variables but there were several moderate correlations. It was found that gender, age and work experience had a correlation with emotional intelligence scores measured in the survey. These are discussed below.

6.2.1 Gender

The strongest correlation was found between gender and awareness of own emotions among the participants. When this relationship was explored further it was found that there were differences of 7.5% to 12.5% in emotional intelligence of male and female participants in the favour of females. This was especially the case with respect to the awareness of own emotions of the participants. The strongest correlations were found for gender and the ability of the participants to explain and discuss emotions with team members. This suggests that females have more sensitivity towards their own emotions and are able to perceive and manage emotions better than their male colleagues in general. This means that female participants had a relatively better personal as well as social competence (Bradberry and Greaves, 2009) that would contribute towards increasing their job productivity (Freshman and Rubino, 2002) However, the sample population in this study was 69% females that may bias the results towards females and this relationship requires further research.

6.2.2 Work Experience

There was a positive correlation between work experience and awareness of own emotions of the participants. As the experience increases, the awareness of own emotions also increases especially in terms of the ability to explain and discuss emotions with team members. This may be because working in the healthcare setting makes an individual more aware and sensitive towards their own emotions and also makes them comfortable to be able to discuss and explain their feelings with their team members. As explained by Goleman (1998), emotional intelligence develops with increasing experience and exposure to different life situations. The results also support the results from the study by Humpel and Caputi (2001) that there is a direct and statistically significant relationship between the years of experience of a nurse and their emotional competency. When a person is just starting out their work experience, they may be unsure of their work environment and may find it difficult to share their feelings and emotions with their colleagues and team members. It was observed that the ability to be aware of own emotions increased with work experience up to an experience of 3-5 years but decreased for individuals with experience of more than 5 years. With respect to awareness of other's emotions, this ability increased with work experience and was the maximum for participants with experience of more than five years. This shows that while the learning of own emotions continues through work experience, this learning may get saturated at a point and may start decreasing with more experience. On the other hand, as an individual gains more work experience, they understand their team much better and are able to gauge the emotions of their team members in a much better way. This means that as personal competency of EI of a person increases with work experience their social competency of EI decreases (Bradberry and Greaves, 2009). It could be argued that the awareness of own emotions may be compromised for awareness of team members' emotions but this would require evidence based on further studies on this particular phenomenon.

6.2.3 Age

Age was also found as an important factor that influenced the total emotional intelligence score of the participants and the score for awareness of own and

other's emotions. The results from the survey revealed that as the age of the person increased, their emotional intelligence scores were better especially with respect to awareness of own emotions and awareness of other's emotions. Again, this supports the finding from Goleman (1998) and other researchers who argue that emotional intelligence increases with age and experience. This trend was observed for all the specific measures of emotional intelligence in the survey. The strongest correlations were found between age and ability of the team that will make the person feel better, to be able to gauge the team member emotions from their body language and to be able to tell when a team members says what they don't mean. The reason for this may be because of the level of maturity and life experience that a person gains with age that may develop better levels of emotional intelligence. The results suggest that the older a person is, the better is their level of emotional intelligence. However, this relationship should be explored much further because the age categories take broad age groups such as 25-50 and 50 years or older. Instead, if the age categories are more focussed and are equally represented, they will give much more relevant results to validate this relationship.

6.3 EI competencies and Personal traits of healthcare workers

There was a strong correlation between the score of emotional intelligence of healthcare workers and the importance that they had given to emotional intelligence competencies and personal traits that are important for the role. Within EI competencies, motivation was a key competency that was strongly correlated with the high score of emotional intelligence of participants. This suggests that the participants with higher EI consider the five competencies as very important for better team performance. In particular, the participants who had high emotional intelligence consider motivation as the most importance competency for better team performance. Motivation was also identified as one of the highest scoring importance rating in the survey that supports this finding. This supports the findings by Goleman (1998) and Bradberry and Greaves (2009) who find that EI is crucial for increasing motivation and changing behaviour. This indicates that as the EI of a person increases, they give motivation a higher rating perhaps because they find themselves more motivated.

Within personal traits that are important for team work, enthusiasm and conscientiousness showed a strong correlation with high emotional intelligence. This is supported by findings by Zampetakis et al (2009) who found that persons with high EI are more likely to persevere, show initiative, enjoy challenges and inspire others all of which are related to the traits of enthusiasm. Similarly, it has been found by Hughes and Terrell (2007) that a health worker with high EI show high trust, low conflict with colleagues, more sensitivity towards team and can manage their emotions to collaboratively achieve their common goal. This means that the higher the levels of emotional intelligence of the individual, the more importance they place on enthusiasm, team work and conscientiousness. The reason for this may be because the participant may be employing these skills in their work that may be contributing to their high emotional intelligence or vice versa. It can be inferred that enthusiasm and conscientiousness are traits that must be present in a person to achieve higher levels of emotional intelligence and perform better in their team and in their job. On the other hand, the personal trait of dominance showed negative correlation with many EI measures suggesting that this trait may be countering or not be contributing to higher levels of EI.

The findings of the study support the findings of many previous studies that support the role of emotional intelligence in improving the performance of the healthcare workers. In the literature review, it was discussed that Merkey (2010) found that high emotional intelligence is related to better work relationships and performance of the nurses. Similarly, Freshman and Rubino (2002) insist the high emotional intelligence leads to better healthcare leadership. The findings of this study support the previous research on this topic.

6.4 Impact of training on role as healthcare worker

The third objective of the research was to explore how far the training of healthcare workers is able to help them in performing better at the work place and face the challenges of the role efficiently. In the survey it was found that 92% of the participants found the training helpful in preparing them for the demands of this role. An average rating of 87.1% was obtained in terms of scores indicating that training is largely considered an important part of being prepared for the role and is necessary for better job performance.

In the correlation analysis, age was found to be strongly correlated with the impact that the person's training has had on their job performance and dealing with the demands of their role. It was found that as the participants age increased, they felt that the training has had an important impact on their job performance. This may be because a younger person may not immediately grasp the relevance of the training and how it is related to the role as a health worker while a mature person is able to understand that training is necessary for dealing with the demands of the role. As noted previously, the age categories in the survey were broad and another study with more focused age categories should be done to explore this relationship further.

6.5 Importance of empathy, care and compassion

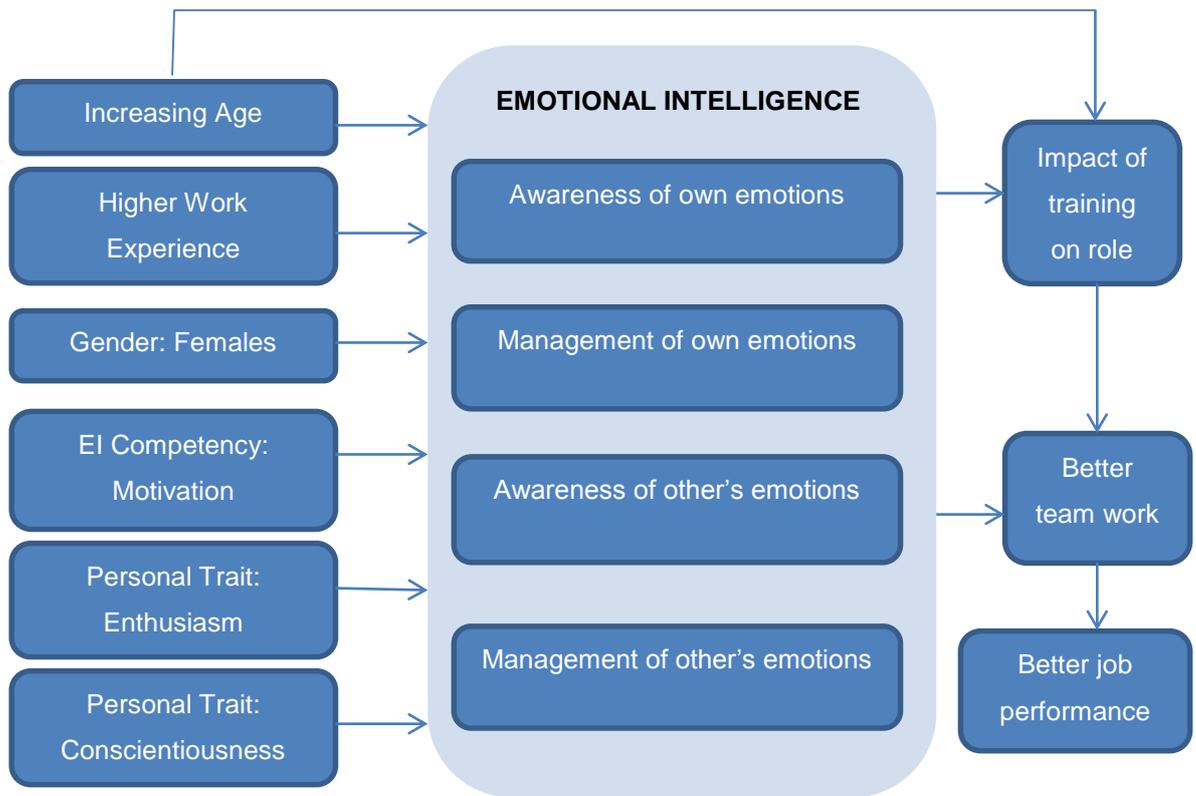
The fourth objective of the study was to find if care, compassion and empathy are considered important part of the training courses for healthcare workers. It was found that the participants gave a very high rating of importance to care, compassion and empathy as a part of training for working in their care centre. On an average, the ratings were 96-97% showing a strong support for these components to be present in the healthcare training courses. These findings are supported by the many definitions of emotional intelligence given by Goleman (1995), Goleman (1998), and Meyer and Salovey (1997). This shows that these are the key learning points in a training course and have practical implications in job performance for healthcare workers.

6.6 Implications of the Findings

This research attempted to understand the emotional intelligence capabilities of healthcare workers in care settings and how their EI is affected by individual variables and training. The study has revealed some interesting results that can be summed up in Figure 8. The figure shows the possible effect of gender, age, work experience, motivation, enthusiasm and conscientiousness on emotional intelligence of a healthcare worker in care settings that may influence an improvement in their ability to work in a team leading to better job performance. The practical implications of this research are for the recruitment and selection of candidates for care centres where emotional intelligence is a key aspect of job performance. The research suggests that candidates that show a higher work experience potentially have a higher EI. Also, females and older

individuals would be higher in their emotional intelligence. Motivation is the key competency that an HR manager should look for in the candidates as it may be an indicator of high EI of the person. The personal traits of enthusiasm and conscientiousness are highly desirable as they are related to higher EI in this study. The study also has implications on the training courses for healthcare workers suggesting that training is considered to be very important for their roles by healthcare workers. The role of care, compassion and empathy is considered to be significant for better job performance. This means that learning values of motivation, enthusiasm and conscientiousness along with understanding care, compassion and empathy should be an important part of the training courses.

Figure 8 Findings of the Research



7. CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion of the Research

The aim of this dissertation was to investigate the current levels of emotional intelligence in healthcare workers in selected care centres and understand the factors that influence the emotional intelligence among healthcare workers. The study also attempted to examine the importance of training for better job performance of the healthcare workers. To achieve these objectives, a literature review was carried out to understand the basic definition and components of emotional intelligence. The review also revealed the importance emotional intelligence in healthcare settings especially for nursing. This review gave an overall perspective on the importance of emotional intelligence in healthcare workers. The measures of emotional intelligence gave a basic idea about how the emotional intelligence of healthcare workers can be measured for better team performance. A survey of 158 participants in four care centres in the Dublin/Kildare Region was done and the results were analysed to find their EI levels and influence of EI by individual factors. The findings of the survey revealed that females had better emotional intelligence than males. The study also found that with an increase in work experience and age, the emotional intelligence of the participants increased. These results suggested that there may be relationship between gender, age and work experience on better emotional intelligence for healthcare workers. Another important finding of the study was that importance given to EI competencies and personal traits for better team performance were directly correlated with scores of emotional intelligence. This means that individuals with high emotional intelligence may show these competencies and traits. Motivation was found as the key competency that is associated with high levels of emotional intelligence. Enthusiasm and Conscientiousness were the two personal traits that were revealed to be related to high emotional intelligence. These results show that motivation, enthusiasm and conscientiousness are the key characteristics that the HR manager should look for during recruitment and selection of healthcare workers in care centres.

The participants gave a high importance to the impact of training on their job performance. Within the training courses, care, compassion and empathy were rated as highly important for better team performance and better job performance of the healthcare workers. These results have revealed an important potential relationship between training, emotional intelligence and job performance that can be explored in further research.

7.2 Limitations

The study was limited to four care centres in the Dublin/Kildare region with a limited sample size of 158 participants. This means that the results of this study may be focussed on these centres and may not apply to other care centres in Dublin. The results of the surveys showed that 69% of the participants were a female that shows that the results may be biased towards female opinion. Similarly, not all age groups were sufficiently covered in the surveys that may indicate a bias in the results of the study. The age categories for the survey were very broad that led to results being very generic and not specific to particular age groups.

A major limitation of the study was that the emotional intelligence questions in the survey were self-administered that may lead to certain bias responses given by the survey participants. The participants may have rated themselves higher or lower than their actual level of EI. Also, in certain cases the respondents may not have understood the nuances of the questions properly in order to answer them correctly.

7.3 Personal Learning (CIPD)

This dissertation has been a major step towards learning about emotional intelligence, healthcare and employees in the healthcare industry. The entire research has taught me the importance and role of emotional intelligence in both personal and professional life of a person. In context of healthcare, emotional intelligence plays a further significant role because of the importance for the healthcare professionals to understand their emotions, the patients' emotions and their team emotions for better job performance. In recent times, there have been many reports in media and society about the sub-standard care given to the patients. This was the main issue that I wanted to address in

my dissertation and understand what could be the problem and solution to improve healthcare given in care centres. Through this research, I have found that the solution lies with the most important resources in the healthcare industry- human resources. The findings of the literature review and the study suggest that the healthcare workers must be aware of their emotions, aware of others' emotions, must be able to manage their own emotions and manage others' emotions to achieve a high level of emotional intelligence that is directly related to their job performance. I found that emotional intelligence is something that is developed through age and experience and that through relevant training, EI can be developed further. Within the training, it is important to incorporate the importance and role of EI, development of competencies and personal traits that contribute to EI and to include the key elements of care, compassion and empathy. This training is relevant for both the healthcare professionals as well as the human resource management personnel in the healthcare industry. This is because emotional intelligence can potentially be used as a recruitment and selection criteria for healthcare professionals. This would help in selection of employees who are more inclined towards good patient care and team work that ultimately add to the organisation's productivity.

From this research I have learnt that although emotional intelligence has been researched extensively in the field of psychology and healthcare, there is limited research in context of human resource management. Although intellectual intelligence plays a huge role in in our education system that a greater emphasis should be placed on the teaching of EI and people being aware of their own Emotional Intelligence in order to have a happy and fulfilled life. A high EI can potentially lead to employees that perform better in many industries. This is an area of research that I would wish to undertake in my career.

7.4 Recommendations for Further Research (CIPD)

The study shows many avenues for further research on the topic. Firstly, the study can be done by taking many more care centres as case study with a larger sample size and an equal representation of gender, age and work experience. This will reveal results that are more relevant and applicable for other centres. The relationships that were found in this research should be examined further to find out the nature and reasons for such correlations.

Particularly, the correlation between work experience and emotional intelligence should be studied in detail because of the interesting results that were revealed in this study regarding the correlation of work experience with awareness of own emotions and awareness of other's emotions. Age is another factor that will be interesting to investigate with its influence on emotional intelligence as well as impact of training on job performance. The competencies that were found to be correlated with EI should be examined in further studies to reveal other interesting relationships. Another direction of the research should be particularly related to the course content in training courses for healthcare workers and which content is having the maximum influence on their job performance.

7.5 Financial and Resource Implications (CIPD)

The implementation of the findings of this research are mainly related to encouraging the development of emotional intelligence among healthcare workers, improvement of the training courses to improve emotional intelligence of healthcare students and to include emotional intelligence scores as a valid criteria for recruitment and selection of healthcare professionals. These practical implications of the research would require the human resource management personnel to understand the concept of emotional intelligence and its importance for the healthcare industry. This would require resources for training of human resource personnel. For training of healthcare students and professionals to improve their emotional intelligence, special classes can be conducted in care centres and education institutions. This would also require investment of financial resources and time to train the healthcare workers and students. The prioritisation of such an initiative can be done in a way that would require minimum investment in the beginning and based on the results of the initial activities; further investment can be done in inclusion of emotional intelligence as an important part of training and recruitment. A small investment of time and resources can be done for training of the human resource personnel at first so that they can further design the recruitment and selection criteria along with the design of training courses for rest of the staff. The implementation of training of human resources personnel should take approximately three months and further plans for implementation of the staff

will depend on the number of healthcare professionals and resources present within the organisations. In training courses for students, a separate class on emotional intelligence can be included as a part of the course content in the final semester.

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APPENDIX 1 SURVEY QUESTIONNAIRE

Dear All,

I am currently preparing a Dissertation for my Masters in Human Resource Management at the National College of Ireland. The purpose of this survey is to understand the role of emotional intelligence amongst healthcare professionals and if a better understanding of Emotional Intelligence may be helpful in providing better care for patients in care settings. I have spoken to Michael Fetherston and Rose Stanley and they have kindly given me their permission to carry out this survey and which I am very thankful. All information provided through the survey is provided anonymously and will only be used for the purpose of my Dissertation. It is strictly private and confidential.

Thank you in advance as I am very grateful for your assistance.

With Best Regards,

Jessica Tighe

Daniel Goleman defines Emotional Intelligence 'as the ability to recognise your emotions, understand what they are telling you, and realise how your emotions affect people around you. Emotional Intelligence also involves your perception of others: when you understand how they feel, this allows you to manage relationships more effectively'.

Demographics

1. Are you Male or Female?

- Male
- Female

2. How many years' experience do you have caring for people?

- Less than one year
- 1-3 years
- 3-5 years
- More than 5 years

3. What qualification do you have?

- Nursing Degree
- Fetac Level 5
- Other _____

4. What age are you?

- Less than 18 years
- 18-25 years
- 25-50 years
- More than 50 years

5. Are you Full Time or Part Time?

- Full Time
- Part Time
- Relief Staff

Awareness of Emotions

	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
6. I can explain the emotions I feel to team members	<input type="radio"/>				
7. I can discuss the emotions I feel with other team members	<input type="radio"/>				
8. If I feel down, I can tell team members what will make me feel better.	<input type="radio"/>				
9. I can talk to other members of the team about the emotions I experience.	<input type="radio"/>				

Management of Own Emotions

	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
10. I respect the opinion of team members, even if I think they are wrong?	<input type="radio"/>				
11. When I am frustrated with fellow team members, I can overcome my frustration	<input type="radio"/>				
12. When deciding on a dispute, I try to see all sides of a disagreement before I come to a conclusion.	<input type="radio"/>				
13. I give a fair hearing to fellow team members ideas.	<input type="radio"/>				

Awareness of Others' Emotions (other aware)

	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
14. I can read fellow team members 'true' feelings, even if they try to hide them.	<input type="radio"/>				
15. I am able to describe accurately the way others in the team are feeling.	<input type="radio"/>				
16. When I talk to a team member I can gauge their true feelings from their body language.	<input type="radio"/>				
17. I can tell when team members don't mean what they say.	<input type="radio"/>				

Management of Others' Emotions (Other Manage)

	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
18. My enthusiasm can be contagious for members of a team.	<input type="radio"/>				
19. I am able to cheer team members up when they are feeling down	<input type="radio"/>				
20. I can get fellow team members to share my keenness for a project.	<input type="radio"/>				
21. I can provide the 'spark' to get fellow team members enthusiastic	<input type="radio"/>				

Emotional Intelligence Competencies.

22. Rate the following Emotional Intelligence capabilities in the order that you consider for better team performance.

	Very Important	Somewhat Important	Neither Important not unimportant	Somewhat unimportant	Unimportant
Self Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Which of the following personal traits do you consider to be most important in team work?

	Very Important	Somewhat Important	Neither Important not unimportant	Somewhat unimportant	Unimportant
Emotional Stability - the emotional self awareness and the ability to control your own emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominance - the desire that drives individuals to be successful leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm - to be optimistic and inspire others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conscientiousness - be dependable and responsible in character and self discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self- Assurance - confidence in own judgement and fosters confidence in others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training

24. To what extent do you think the provision of your training has impacted on your ability to deal with the demands of this role?

- To a large extent
- To some extent
- Not very much
- Not at all

25. How important do you think the following are within the healthcare training courses in the selected care setting.

	Very important	Somewhat important	Neither important not unimportant	Somewhat unimportant	Unimportant
Empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submission of Thesis to Norma Smurfit Library, National College of Ireland

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Student number: x13111604

School: School of Business

Course: MAHRM

Degree to be awarded: Masters in Human Resource Management

Title of Thesis: Emotional Intelligence in Healthcare workers in Care Centres in Ireland.

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