A look at burnout psychology essay

CHAPTER 2

LITERATURE REVIEW

2. 1 Introduction

This study examined the relationship between emotional intelligence (EI) and burnout among nurses working in private hospitals in Malaysia. Theoretical literature related to this relationship will be presented in the first part of this chapter. The existing literature on the topics was examined and key pieces were brought together to establish a foundation for this study. The next part of the review explores the literature which has supported the proposed relationship between EI and burnout among the nurses in Malaysia.

2. 2 Burnout

The term " burnout" has its roots in the medical and nursing disciplines. It was first defined by a psychiatrist, named Herbert Freudenberger in 1974. The theory of burnout was developed through his clinical experience by exploring the turmoil that people experience every day. According to Maslach and Jackson (1981a), burnout occurs in the helping professions, such as nursing due to the chronic stress associated with doing work that involves people. Basically burnout occurs as feelings of emotional exhaustion, negative feelings, and attitudes within the job and the increase of negative self-concept. The earliest use of the burnout term in nursing literature was found in the articles published by Seymour Shubin in 1978. Shubin described burnout as hazardous to nursing and all other helping professions. The study of burnout, although not exclusive to nursing, continues to be an important occupational issue for the nursing profession.

2. 2. 1 Definition of Burnout

There are many definitions of burnout, however most definitions share a view of burnout as a state of fatigue and emotional exhaustion, as a result of emotional depletion and loss of motivation. The term “ burnout” that was first coined by Freudenberger in 1974 refers to “ wearing out” from the pressures of work. It was used to describe the experience of employees in professions that needs high degree of people contract. Freudenberger in 1975 further defined burnout as “ wearing out, failing, becoming exhausted, and it occurs when excessive demands on energy, strength or resources are made”.

Cherniss (1980) was among the first to describe burnout within human service field who defined burnout as “ a process that leads to an individual’s attitudes and behavior change in negative ways in response to work stress”. On the other hand, Maslach (1982) who has extensively researched about burnout has provided the most commonly accepted definition of burnout as “ a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘ people work’ of some kind”. Maslach identified three related themes: (1) painful emotional experiences often resulted in clinical practitioners feeling emotionally exhausted and drained; (2) as a result, they developed negative and cynical attitudes towards their clients; and (3) personal competence suffered resulting in feelings of failure about their ability to work in the health care profession. These three themes were summarized as emotional exhaustion, depersonalization, and reduced personal accomplishment and

later operationalized to measure burnout using the Maslach Burnout Inventory (MBI) (Maslach, Jackson & Leiter, 1996).

Garrosa, Moreno-Jimenez, Liang and Gonzalez (2008) pointed out that burnout is a specific form of chronic and occupational stress in the professional social services. According to Westman and Eden (1996), studies have shown a strong relationship between work stress and burnout in many occupations. Especially, burnout has been repeatedly linked to job stress in the human service field due to the frequent and intense interactions with clients (Cordes & Doughery, 1993; Lee & Ashforth, 1996). Additionally, studies have also shown that nurses who experience occupational stress experience greater burnout (Stechmiller & Yarandi, 1993). Thus, burnout is related to stress whereby burnout is a reaction to stress. Prolonged and unrelieved work stress often leads to burnout which results in negative attitudes towards work. Freudenberger (1975) postulates that burnout involves physical and behavioral symptoms. Behavioral consequences of burnout include decreased interaction with care recipients, ineffective absenteeism, and high levels of job turnover (Maslach, 1982; Maslach & Leiter, 1997).

2. 2. 2 Models of Burnout

The burnout literature provides several models of burnout. This section describes four models constructed in the early eighties which proceed from the simplest to the most complex model.

2. 2. 2. 1 Cherniss transaction model of burnout

Cherniss (1980) was a significant figure of the first wave of burnout researchers and offered a burnout model that articulate transactional imbalance between the personal resources of the giver and the demands of the recipient or situation. Cherniss described burnout as a transactional stress process that involves three stages. The first stage is stress whereby demands placed exceed individual resources for coping. The second stage is strain, the initial emotional response to stress which usually includes feelings of anxiety, tension, fatigue, and exhaustion. Finally, defensive coping occurs which leads to changes in attitudes and behavior such as the tendency of burnout individuals to treat clients in depersonalized way. Two years later, Cherniss modified his model and elaborated on the model that the causes of stress can either be internal or external demands. Additionally, the limited resources contributing to stress can also be external (e. g. availability of time, work space, and equipment) or internal (e. g. skills, knowledge, energy, and personality).

In summary, Cherniss theorized that burnout is a coping response in a transactional process that begins with excessive and prolonged exposure to job stress. The uncontrollable stress causes strain in the individual which influences the coping process. If the stress is prolonged or becomes more intense, it will deplete the coping resources of an individual and force the individual to withdraw psychologically.

2. 2. 2. 2 Edelwich and Brodsky: Five stages of burnout

Edelwich and Brodsky (1980) suggested five stages of burnout: (1) enthusiasm; (2) stagnation; (3) frustration; (4) apathy; and (5) intervention.

At the first stage, employees have great enthusiasm for their new jobs. They do not know much about their job and have unrealistic expectations about outcomes of their effort. Therefore, when the outcome is not as expected, they become disillusioned. During the period of stagnation at stage two, realities of the job become evident. The job is no longer satisfying as it first appeared. Employees are now more concerned with meeting personal needs, working hours, and career development. The third stage is called the period of frustration. Employees begin to question their job effectiveness and the value of their job. The limits imposed by bureaucracy frustrate the individuals and they become dissatisfied with the job situation. At this stage, employees begin to develop emotional, physical, and behavioral problems.

Proceed to stage four; employees' frustration turns to apathy because individuals feel trapped. On one hand, they feel frustrated by the job situation but on the other hand, they need the salary. The emotional and physical responses of individuals become worse whereby they would avoid clients whenever possible. The final stage is intervention. Nevertheless, it cannot be determined whether this stage would occur in an organization or the individual who is experiencing burnout would recognize their psychological state as undesirable. In summary, Edelwich and Brodsky viewed burnout as an evolutionary process that begins with idealistic enthusiasm and commitment. Subsequently, the loss of idealism, vigor, and purpose is triggered largely by work conditions (Edelwich & Brodsky, 1980).

2. 2. 2. 3 Maslach: Burnout caused by social interaction

Maslach, a social psychologist, who became a stellar figure in the emerging research of burnout, has provided the conceptual definition that begun the

second wave of research. Maslach (1982) described burnout as “ a three-dimensional syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment”. Another specific contribution Maslach made was the theoretical emphasis on the relational causes of burnout which linked to the social roots of emotional expenditure (Leiter & Maslach, 1988; Maslach & Leiter, 1997).

Maslach (1982) saw that emotional overload and subsequent emotional exhaustion is the heart of the burnout syndrome. Thus, the first response to a stressful interaction with other people is emotional exhaustion. As people become emotionally depleted, they cope by cutting back on their involvement with others. This detached response which called depersonalization is the second aspect of burnout and leads to various negative attitudes and behaviors. At this stage, individuals who experience burnout feel more emotional distress and guilt about how they have treated those that they are trying to help. Finally, the feeling of reduced personal accomplishment which is the third aspect of burnout appears. At this point, the individuals feel inadequate about their ability to treat or help others. They tend to believe that they have failed professionally and chosen the wrong profession.

A major contribution by Maslach was the development of the Maslach Burnout Inventory (MBI). Maslach and Jackson (1981a, 1981b) developed the MBI, which was one of the first reliable instruments for valid measurement of burnout. MBI is still the most widely-used measure of burnout in current research. MBI assesses psychological burnout and has three different versions, which include one general survey, one for human service

professionals, and one for educators. The most commonly used measure of burnout is the Maslach Burnout Inventory-Human Services Survey or MBI-HSS (Maslach, Jackson & Leiter, 1996) which was developed to measure occupational burnout among people working in the field of human services.

2. 2. 2. 4 Golembiewski, Munzenrider and Carter: Rigorous scientific research

While other models focused on the order in which burnout aspects occur and the helping professions, Golembiewski, Munzenrider and Carter (1983) were concerned to make the study of burnout more rigorous and to broaden the population in which burnout was examined. Golembiewski et al. noticed that research was lacking in terms of empirical investigation of the stages of burnout. To rectify both the lack of empiricism and extend the study of burnout to wider work settings, the authors used Maslach and Jackson's MBI (1981a, 1981b) to measure burnout among nursery school teachers and nurse educators.

Golembiewski et al.'s results in 1983 suggested that depersonalization occurs first and increases greatly before reduction in personal accomplishment occurs and finally emotional exhaustion follows. Their argument was based on the fact that when people sense a loss of control and autonomy, their self-image is threatened. Initially, individuals may seek constructive ways out of the situation such as leaving the job. However, if the situation persists, they may begin to treat others as objects resulting in depersonalization. This will lead to diminished personal accomplishment and ultimately worsening emotional exhaustion. Based on Golembiewski et al.'s findings and discussion of the burnout model in 1983, it can be classified

that their model is similar to the earliest version of burnout model proposed by Cherniss (1980).

Additionally, based on their model, Golembiewski et al. used a modified version of MBI and administered the instrument to a small population. The results allowed them to propose a model of burnout with eight stages. However, their model did not clarify or simplify the understanding of burnout. They moved to more rigorous methods of data collection and analysis using MBI as measurement instrument and expanded the population of employees to which results can be generalized.

2. 2. 3 Burnout and Nursing

Employees in general experience burnout on the job, especially those in jobs with high contact with people. Nevertheless, nurses are considered at high risk of work-related stress and particularly susceptible to burnout among the different healthcare providers (Keane, Ducette & Alder, 1985; Kilpatrick, 1989; Schaefer & Moos, 1993; Schaufeli & Janczur, 1994; Duquette, Kerouac Sandhu & Beaudet, 1994; Farrington, 1995; Decker, 1997; Marsh, Beard & Adams, 1999; Koivula, Paunonen & Laippala, 2000; Taormina & Law, 2000; Shimizu, Mizoue, Kubota, Mishima & Nagata, 2003; Jenkins & Elliott, 2004; Piko, 2006). This is also proven by the fact that burnout in nursing has received world-wide attention (Demerouti, Bakker, Nechreiner & Schaufeli, 2000). Several studies have identified nurse burnout rates are as high as 40-50% (Hapell, Martin & Pinikahana, 2003; Vahey, Aiken, Sloane, Clarke & Vargas, 2004). Nurses are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their profession.

Nurses experience considerable stress in their job because they have long working hours, a wide range of tasks, interpersonal conflict with patients and their families, doctors, and other co-workers, exposure to death and dying, and noise pollution (Schmitz, Neuman & Opperman, 2000; Maslach, Schaufeli & Leiter, 2001; Shimizu et al., 2003). Studies have also confirmed that stressful circumstances for hospital nurses are escalating and including work load (Foxall, Zimmerman, Standley & Bene, 1990; Healey & McKay, 2000; Koivula et al., 2000). Basically, nurses are subjected to many demands in the workplace which include physical demands and the psychological/emotional demands. The physical demands are related to the physical energy required to perform the daily duties of nursing such as transferring patients in and out of bed and lifting patients onto a bed. On the other hand, psychological/emotional demands are related to the emotional energy required to care for patients with chronic illness (Van Servellen & Leake, 1993). Therefore, nurses who feel overloaded perceive a lack of meaningful connection with the patients.

2. 3 Emotional Intelligence (EI)

Emotional intelligence (EI) is complementary to cognitive abilities (IQ) (Devrim, Nadi, Mahmut, Mustafa & Mustafa Kemal, 2005). Goleman (1995) stated that EI is significant to success. Goleman further explains the difference between people with high IQs who experience difficulties in their personal and professional lives and people with moderate IQs who are very successful in all their endeavours. Emotions are separated from that of the rational mind having independent views and a mind of their own (Freshwater & Stickley, 2004). Therefore, one has two minds, a rational mind that thinks

and an emotional mind that feels. In conclusion, both the rational mind and emotional mind, store memories and influence our responses, actions, and choices. Furthermore, EI such as academic intelligence can be learned and developed with age (Mayer, Caruso & Salovey, 2000).

Research has shown that people with high EI understand their own and others' feelings, know how to manage themselves, deal successfully with others, and respond effectively to work demands (Dulewicz & Higgs, 2003; Goleman, 2005). Cooper (1997) stated that people with high levels of EI experience more career success, build stronger personal relationships, lead more effectively, and enjoy better health than those with low EI. Hence, developing EI competencies in existing employees or finding individuals who posses these skills will enhance the organization's bottom line (Goleman, 1998a, 1998b) and ensure long-term success for the company.

2. 3. 1 Background and Definition of Emotional Intelligence (EI)

The idea of EI has its roots in the social intelligences. EI was first proposed by Thorndike in 1921, who noted that it was of value in human interactions and relationships. Gardner's (1983) multiple intelligence theory later also contributed to the theory of EI through the identification of intrapersonal and interpersonal intelligences. Interpersonal intelligence comprised of the ability to understand others and to co-operate with them, whereas intrapersonal intelligence comprised of the ability to be self-aware, to recognize one's own feelings, and to use this to operate successfully in life. However, the term EI was not brought into mainstream psychology until 1990s (Mayer, DiPaolo & Salovey, 1990; Salovey & Mayer, 1990). Hence, EI is a new construct since

the first peer-reviewed article that was published in 1990 (Salovey & Mayer, 1990). The concept is also described as a new theory which is still in the initial stage of development and testing (Ashkanasy, Hartel & Daus, 2002; Cherniss, Extein, Goleman & Weissberg, 2006). As a result, definition of EI varies.

Salovey and Mayer (1990) first coined the term of EI and defined EI as " the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions". Mayer et al. (2000) further defined EI as " an ability to recognize the meanings of emotions and their relationships, and reason and problem-solve on the basis of them. EI is involved in the capacity to perceive emotions, assimilate emotion related feelings, understand the information of those emotions, and manage them". However, the concept of EI was popularized by Goleman (1995) through his book Emotional Intelligence, which became a best-selling book for business and education leaders. Goleman (1998a) identified EI as " the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships". In addition, Bar-On (2005) defined EI as " a cross-section of interrelated emotional and social competencies, skills, and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands".

In conclusion, recognizing feelings and controlling emotions are described as the core competencies of EI. Individuals who are emotionally intelligent can understand one another and each other's views to overcome conflict and

avoid damaging the relationship. Therefore, EI is about sensing what others are feelings and handling relationships effectively (Dulewicz & Higgs, 2000). Previous research also addressed the relationship between EI and work outcome variables such as stress perceptions in the workplace (Bar-On, Brown, Kirkcaldy & Thome, 2000; Nikolaou & Tsaousis, 2002), job satisfaction (Wong & Law, 2002), job commitment (Nikolaou & Tsaousis, 2002), leader effectiveness (Higgs & Aitken, 2003), and performance (Lam & Kirby, 2002; Van Rooy & Viswesvaran, 2004; Lopes, Grewal, Kadis, Gall & Salovey, 2006).

2. 3. 2 Theories of Emotional Intelligence (EI)

Since the emergence of the concept of EI in 1990s, many theories have been proposed. Nevertheless, three theories have gained acceptance among scholars and practitioners (Dulewicz, Higgs & Slaski, 2003). These three major theoretical constructs each focused on understanding the roles of skills, traits, and abilities in EI (Emmerling & Goleman, 2003). EI has been defined as an ability (Salovey & Mayer, 1990), a set of traits and abilities (Bar-On, 2005) or a combination of skills and personal competencies (Goleman, 1995).

The ability model is based on an individual’s ability to use emotion as part of the reasoning process (Mayer et al., 2000). Mayer et al. asserted that EI depends on the ability to process emotional information and to use core abilities related to emotions. Bar-On (2005) conceptualized EI as “ a set of personality traits and abilities that predict emotional and social adaption within environments”. Bar-On also affirmed that EI is “ teachable and learnable”. According to Goleman (1995), EI is “ a set of learned skills and competencies and this conceptualization is most widely accepted outside

academia". Goleman's ideas have contributed to the development of leadership models that outline skills and competencies related to emotionally competent leadership (Emmerling & Goleman, 2003).

Additionally, the literature has evolved into two main categories of EI models: (1) ability model; and (2) mixed model (Feyerherm & Rice, 2002). The Salovey and Mayer theory is considered an ability model of EI, while the Bar-On and Goleman theories are considered mixed model of EI (Mayer et al., 2000). Basically, the ability model encapsulates EI as a skill and the mixed model go beyond ability by including additional personality characteristics that leads to certain behavior.

2. 3. 2. 1 Ability Model

The ability model of EI is the Salovey and Mayer (1990) model which officially launched the field of EI. Salovey and Mayer viewed EI as " an ability that exists, interacts, and complements an individual's cognitive capabilities. Ability theory promotes the relationship between cognition and emotion based on mental abilities (Mayer, Salovey & Caruso, 2004). Salovey and Mayer conceptualized EI as " a set of interrelated skills composed of four branches of abilities, which include: (1) perception and expression of emotion; (2) using emotions to facilitate thought; (3) understanding and analyzing emotions; and (4) managing emotions" (Mayer et al., 2004). The four branches can be described as follows: (1) the perceiving emotions branch relates to the ability to detect emotions in oneself and in others; (2) the using emotions branch relates to the ability to use emotions in cognitive activities such as problem solving; (3) the understanding emotions branch relates to the ability to comprehend the complexity of emotional language

and emotional relationships; and (4) the managing emotions branch relates to the ability for one to regulate emotions in oneself and in others.

The ability model of EI is different from other theories because the model is the only one which utilizes an instrument designed to measure ability (Dulewicz et al., 2003). This model operationalizes EI using ability-based measures: the Mayer-Salovey-Caruso Emotional Intelligence Test (MECEIT) (Mayer, Salovey & Caruso, 2002) and its predecessor, the Multifactor Emotional Intelligence Scale (MEIS) (Salovey & Mayer, 1990). The ability tests measure how well people perform tasks and solve emotional problems, as opposed to other EI scales which rely on the individual's subjective assessment of his or her perceived emotional skills. However, ability tests are expensive and require more resources to administer and score. MSCEIT instrument is difficult to score and lacks workplace applicability (Brackett, Rivers, Shiffman, Lerner & Salovey, 2006). Consequently, self-report assessment outnumbers ability tests are more widely used in the mixed models.

2. 3. 2. 2 Mixed Models

EI mixed theories highlight the emotional and social functioning of individuals (Goleman, 2005; Bar-On, 2006). Therefore, Bar-On categorizes his model of EI as a key of emotional-social intelligence (ESI). Bar-On (2005) asserted five key competencies are associated with ESI, whereby the five domains of this mixed model are: (1) intrapersonal capacity (the ability to be aware and understand one's own emotions and to express one's feelings and ideas); (2) interpersonal skills (the ability to be aware, understand, and appreciate others' feelings as well as to build and maintain effective and

satisfying relationships with others); (3) adaptability (the ability to adapt to various situations by effectively managing personal, social, and environmental changes by employing various skills such as problem solving, reality testing, and flexibility); (4) stress management strategies (the ability to manage emotions and to use those emotions to stay motivated and persistent); and (5) motivational and general mood factors (the ability to be optimistic, to enjoy oneself and others, and to maintain positive feelings) (Bar-On et al., 2000).

The Emotional Quotient Inventory (EQ-i), a self-report measure is considered as the most widely used measure of ESI (Bar-On, 2005). The EQ-i analyzes the concept of emotional and social functioning by measuring a person's ability to deal with daily demands and pressures. People who are taking EQ-i answer questions based on five competencies: (1) intrapersonal skills such as emotional self-awareness, self-regard, self-actualization, or independence; (2) interpersonal skills such as interpersonal relationships, empathy, and social responsibility; (3) adaptability, including problem solving, flexibility, and reality testing; (4) stress management, including tolerance and impulse control; and (5) general mood of optimism and happiness.

Goleman developed his mixed model theory of EI by building on the work of Salovey and Mayer, in addition to other researchers in the field (Emmerling & Goleman, 2003). Basically, Goleman's model of EI can be grouped into personal competencies and social competencies that affect personal success in the workplace. Goleman (2005) stated that a personal competence is the ability to keep self-awareness and manage one's behaviors while a social competence is the ability to understand the behaviors of others and manage

relationships effectively. These competencies are described in detail as: (1) self-awareness (knowing one's internal states, preferences, resources, and intuitions); (2) self-management (managing one's internal states, impulses, and resources); (3) motivation (emotional tendencies that facilitate reaching goals); empathy (awareness of others' feelings, needs, and concerns); and (4) social skills (adeptness at inducing desirable responses in others) (Goleman, 1998a).

Based on the emotional competencies identified by Goleman (1998a), the Emotional Competence Inventory (ECI) was designed to assess EI. ECI is " a 360-degree scale which gathers self, subordinate, peer, and supervisory ratings on social and emotional competencies of individuals in organizations. Subsequently, Boyatzis (2007) designed Emotional Social Competency Instrument (ESCI), a multi-rater assessment in real organizational contexts which comprised of four emotional and social competencies, which include: (1) self-awareness; (2) self-management; (3) social awareness; and (4) relationship management.

In general, EI mixed models stress performance based on behavioral competencies and personality traits suitable for a wide range of work contexts, job roles, and job levels (Petrides, Furnham & Martin, 2004; Goleman, 2005; Boyatzis, 2007). The mixed model is also comprised of other measurement instruments. For examples, measures such as the Schutte Self-Report Emotional Intelligence Test (SSEIT) (Schutte, Malouff, Hall, Haggerty, Cooper, Golden & Dornheim, 1998), and Wong and Law's (2002) leadership-focused measure of EI. Many studies in the literature utilize self-report measures of EI based on mixed model perspective that incorporates

both disposition and ability (Chan, 2006). According to MacCann, Matthews, Zeidner and Roberts (2003), mixed model scales vastly outnumber ability tests at the stage of EI development, meaning that EI is more commonly assessed as a disposition, rather than as an ability. Additionally, self-report or peer-report measures require less amount of time to complete and are most cost-effective than the ability based measure.

2. 3. 3 Emotional Intelligence (EI) and Nursing

There is a large body of knowledge related to EI exists outside nursing whereas EI theory and research within nursing is scarce and a more recent phenomenon (Akerjordet & Severinsson, 2007; Smith, Profetto-McGrath & Cummings, 2009). Smith et al. (2009) conducted a literature review related to EI and nursing during 1995-2007. Smith et al. found only 21 theoretical and 9 empirical articles related to the subject and concluded that although the body of theoretical literature in nursing is growing, scientific research about EI and nursing is just beginning. Apart from that, researches that link EI and nursing are mostly correlation designs using small sample sizes.

Akerjordet and Severinsson (2007) asserted that EI has significant implications for nurses' quality of work in healthcare. Therefore some qualitative studies have been conducted to explore the concepts and ideas of EI in nursing (Akerjordet & Severinsson, 2004; Freshwater & Stickley, 2004; Kooker, Shoultz & Codier, 2007; Hurley & Rankin, 2008). Akerjordet and Severinsson (2004) used qualitative interviews to gain insight into mental health nurses' emotional experiences in practice and sought to understand the connection between nurses' articulations of emotions in practice and EI concepts. Four main themes emerged from the study, which

include: (1) relationship with the patient; (2) the substance of supervision; (3) motivation; and (4) responsibility which are related to different aspects of EI. For instance, ‘ relationship with the patient’ which was a central research finding is linked to EI through the ability to interpret and communicate emotional information. Akerjordet and Severinsson concluded that EI implies important personal and interpersonal skills in nurses’ therapeutic use of self, critical reflection, and stimulates the search for a deeper understanding of professional nursing identity.

Additionally, quantitative studies in nursing have linked EI with coping strategies (Rochester, Kilstoff & Scott, 2005; Montes-Berges & Augusto, 2007) and burnout (Gerits, Derksen, Verbruggen & Katzko, 2005). Montes-Berges and Augusto (2007) investigated links between nursing students’ EI, coping with stress and success at school or work. They indicated that nursing students who possess EI competencies are more likely to manage the pressures of school and continue throughout the nursing programs. The findings further pointed out a moderate correlation between nurses’ EI and coping within work-related environments. Another study found a clear link between EI and burnout in nurses measured at two different points in time (Gerits et al., 2005). Gerits et al. conducted a two-year longitudinal study on the EI profiles with 380 nurses working in 56 Dutch residential facilities for people with mental retardation. The fewest symptoms of burnout were reported by female nurses with relatively high EI profiles and relatively low social skills.

EI has been identified as important for leaders in healthcare environments (Vitello-Cicciu, 2002; Cummings, 2004; McQueen, 2004). Organizational

literature supports the notion that strong leaders who know how to manage emotions within complex healthcare systems is needed and will further benefit patient care, nurses, and organizations (Snow, 2001; Herbert & Edgar, 2004; Feather, 2009). Emotionally intelligent leaders use emotionally intelligent skill to recognize the professional and emotional needs of colleagues, establish positive relationships with nurses, motivate passion and dedication in the workplace and ultimately influence patient care practices (Vitello-Cicciu, 2003). In a nutshell, emotionally intelligent leaders secure a commitment for excellence in practice through emotionally intelligent relationships that promote improvements in thinking, critical decision making, and care delivery (Strickland, 2000; Snow, 2001; Goleman, 2005).

In summary, EI concept is increasingly recognized and is making an appearance in nursing journals (Cadman & Brewer, 2001; Evans & Allen, 2002; Freshman & Rubino, 2002). The literature revealed EI is important and relevant to nursing from both an empirical and a theoretical perspective. EI influences emotion within caring relationships, quality of care and stress management. Emotionally intelligent leaders influence employee’s retention, quality of patient care, and pati