MEDICAL NURSE STAFF EMOTIONAL INTELLIGENCE QUOTIENT STUDY

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The work of medical nurse staff is characterized not only by hard physical labor, but also by a big emotional tension. Nurses are exposed to many stressful demands, their constant contact with people pain, fear, anxiety, suffering leads to an emotional burnout syndrome. Medical care efficiency could be significantly improved by paying special attention to the medical staff emotional state which is based on the formed emotional intelligence.

Emotional Quotient (EQ) — is a number of mental abilities that help perceive and understand one's own emotions and surrounding emotions (Ability Pattern). In the context of the emotional intelligence study, we can distinguish the following hierarchically organized abilities: perception and expression of feelings, thinking efficiency improvement with the help of emotions, understanding of one's own emotions and emotions of the others, emotional control [7].

The theoretical and methodological basis of the study were the Emotional Intelligence Model by P. Salovey/ J.Mayer (1990r.) and psychological emotional models (by K. Langhe, A.N. Leontiev, S.L. Rubenshtein and others).

The study looked into the emotional intelligence components in different spheres of activity (*Psychiatry, Hospital Admission, Outpatient Clinic, Paramedics, Oncology, Anesthesiology Critical Care, Surgical Nurses*).

The study was carried out at the premises of the Advanced Training Unit of Vladimir Medical College. 324 medical officers from the city of Vladimir and from Vladimir Region took part in the study.

The following methods and techniques were used:
— theoretical analysis of published surveys;
— Emotional Intelligence level detection method (N. Hall);
— personality emotional burnout diagnostic method (V.V.Boiko);
— diagnostic method for «troubles» in establishing emotional contact (V.V.Boiko);
— mathematical statistics method (correlation analysis).

The practical and theoretical importance of the study is that its results and materials can be used in the formation of emotional competence and in the prevention of emotional burnout syndrome in nursing staff.

The scientific novelty of this research is in the study of nursing staff emotional intelligence components, and comparison of EQ level and degree of manifestation of emotional burnout syndrome.

Interpretation of the results:

1.The results of the study show that 37,8 % of the nursing staff have low EQ. It means that the problem is significant, as it affects both patients and wellbeing of the medical staff itself.

2. Regarding the EQ component called ***Emotional self-control*** — the results are below the norm in all activity spheres. Inability to cope with one's internal tension leads to the state of emotional and intelligent dead-end. This is confirmed by the results of the correlation analysis. There exists a significant direct negative correlation with the emotional burnout syndrome called *Being driven into a cage* ($r = -0,34p \le 0,01; n \ge 125$)).

3. Regarding the EQ component called ***Self-motivation*** — the results are average in all activity spheres of the nursing staff. If people do not know their emotional capacities they might become aware of stressful factors in their profession and as a rule it will make them either change their job or transfer to another department with less stressful activity. This is confirmed by the results of the correlation analysis. There exists a significant direct negative correlation with the emotional burnout syndrome called «Getting through stressful situations» ($r = -0,32 p \le 0,01; n \ge 125$).

4. Regarding the EQ component called ***Empathy*** — the results are below the norm in the spheres of *Hospital Admission*, *Anesthesiology Critical Care* and *Paramedics*:

—Working conditions in the *Hospital Admission* are characterized by stressors, constant contact with physical and psychological suffering of the patients and big flow of patients during one shift, which leads to reluctance to perceive emotions, necessaries and anxieties of other people. And there comes an obstacle to establishing an emotional contact *Reluctance to become emotionally closer to people*. For the sphere *Hospital acceptance*, a developed phase of emotional burnout syndrome called *Exhaustion* is a distinctive feature.
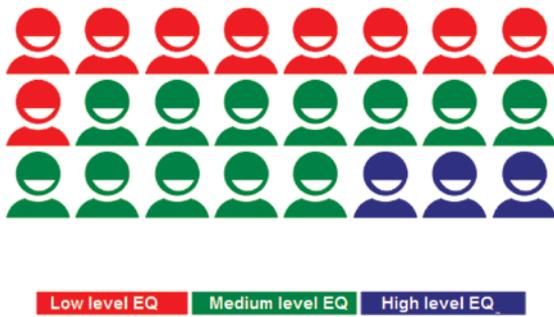
Fig. 1. *EQ level in average nursing staff*

—In the spheres *Anesthesiology Critical Care* and *Paramedical*, it can be explained by brevity of contact duration but at the same time maximum responsibility for a patient life. Obstacles to establish a contact are considered to be *inflexibility and emotional inexpressiveness*. This is confirmed by the results of the correlation analysis. There exists a significant direct negative relation between the component *Recognition of other people emotions* and the above mentioned obstacle in establishing emotional contact (r = -0,35, p ≤ 0,01; n = >125).

5. It is also necessary to point out that in the course of the study there has been discovered a significant correlation between the following factors: the obstacle to establish an emotional contact ***Inability to control one's emotions*** and symptoms *Getting through stressful circumstances* and *Expansion of the sphere of economy of emotion*, which furthermore leads to a formation of Emotional burnout syndrome phases (r =0,45, r =0,43, r =0,43 p ≤ 0,01; n ≥125). Inability to control one's own emotions leads to the fact that getting through the stressful situations becomes more acute, and this in its turn leads to Emotion burnout syndrome.

The following conclusions have been made to summarize the results of the study:

1. Emotional components have been studied in average nursing staff in different spheres of medical activity.
2. Obstacles to establishing emotional contacts have been defined in average nursing staff (the main of them are *Inability to control one's own emotions*, *Inflexibility and inexpressiveness of emotions*, *Reluctance to get emotionally closer to people*).
3. Correlation between the low level of emotional intelligence and formation of the emotional burnout syndrome has been shown.
4. Recommendations on work arrangement for the nursing staff have been presented:
    — a course of lectures on «*Emotional intelligence components in nursing staff work*» has been developed;
    — a training course *Emotional intelligence development in nursing staff* has been created;
    — a timely EQ diagnosis in nursing staff is necessary;
    — psychological follow-up is necessary for nursing staff at any stage of their work in medical institutions.

If we speak about health care in general, it is necessary to pay attention to the development of the emotional intelligence in nursing staff to increase the quality of the rendered services. In the study, an obvious correlation between the development of the emotional burnout syndrome and a low level of emotional intelligence quotient had been shown, which does affect the life quality of the medical staff. A broader view on usage of psychological knowledge in health care system is necessary as well as its practical application.

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