Like it or not, emotions are an intrinsic part of our biological makeup and every morning they march into the office or workplace with us and influence our behaviour. Golman (2005) mentions that emotional intelligence (EI) or emotional quotient (EQ) accounts for 80 percent of success and it outperforms intelligence quotient (IQ) in predicting academic achievement. IQ is, of course important; but having just enough of it is not sufficient to hold a given job and perform well. Emotional intelligence is in the heart of every individual. Nursing is one service profession that requires a high degree of emotional labour. As an example, the nurses are expected to display emotions that convey caring, understanding and empathy towards patients and their loved ones.

EQ plays an important role in forming successful relationships. VonDietze & Orb (2000) propose that it is important for nurses to experience compassion, because it affects their decision-making and actions, contributing to excellence in the practice of nursing. Similarly, Handerson (2001) claims that emotional involvement by nurses may contribute to the quality care, because majority perceive emotional engagement as a requirement of excellence in nursing practice. Thus, it seems that emotions are not to be dismissed; but, rather, have an important place in the quality of care one can provide. Evans & Allen (2002) acknowledge that nurses’ ability to manage their own emotions and to understand those of their patients is an asset in providing care. Modern nursing demands skill of EQ to meet the need of direct patient care and co-operative negotiations with the multi-disciplinary team.

Emotional quotient also helps to gain awareness and control of one’s emotions in the workplace. It can show how to improve performance, personally and professionally. A high EQ can improve decision-making by using one’s heart and not just one’s head.

There are five areas of emotional quotient: (i) Self-awareness; (ii) Self regulation; (iii) Motivation; (iv) Empathy; and (v) Social-skills.

1. **Self-awareness**
   The ability to recognise and understand your moods, emotions and drives as well as their effect on others; e.g., I can name my greatest strengths.

2. **Self-regulation**
   The ability to control or redirect destructive impulses and moods and ability to suspend judgement and thinking before acting; e.g. I am calm even in tense situations.

3. **Motivation**
   A passion to work for reasons that go beyond monetary gains or status and the ability to pursue goals with energy and persistence; e.g. I seek out innovative ways of getting the jobs done.

4. **Empathy**
   The ability to understand emotional make-up of other people; e.g. I can sense someone’s true feelings based on their body language.

5. **Social Skills**
   The proficiency in managing relationships and building networks; e.g., I find it easy to establish common ground with somebody I have just met.

   The nursing profession demands the nurses, in the process of care, to interact with the patients, the medical fraternity and the health-care workers constantly. Hence, intra-personal relationship is the pulse of nursing practice. Nurses should develop skills to assess patients’ responses to illness by means of self-awareness of the events, empathy with patients, and above all the genuine concern for their well-being.

Factors that influence nurses’ applications of emotional intelligence include gender, age and health condition of the patients. For example, it is difficult to properly interact with an elderly patient with impaired hearing or diminished perception despite genuine willingness on the part of the nurses for the same, who have

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to find alternate interaction non-verbal means like patient-directed eye gaze, affirmative head nod, smiling, leaning forward, touch and instrumental touch for the purpose – which would come handy to the nurses if they are emotionally strong.

Anne (2004) concluded that the modern day demands of nursing depend on the skills of emotional intelligence to achieve a patient-centred care. There is no doubt that emotional intelligence in nursing leads to more positive attitudes, greater adaptability, improved relationships and increased orientation towards positive values (Kristin & Elisabeth, 2007). A clear relation between emotional intelligence and adaptive success has been detected in nurses caring for people with mental retardation.

Emotional intelligence plays a pivotal role in building mental health of the nurses, which in turn affects the quality of nursing care being imparted by them, as an emotionally healthy nurse will always perform better. A study conducted with 180 Dutch nurses using the Bar-on-Emotional Quotient Inventory, Utrecht-Coping List, Utrecht-Burnout Scale, MMPI-2, and GAMA has revealed the importance of emotional intelligence in reducing nurse burnout (Linda Gerits et al., 2004). Kristin & Elisabeth (2004) likewise conclude their study with mental health nurses that emotional intelligence stimulates the search for a deeper understanding of a professional mental health nursing identity.

It is therefore imperative that due importance be given to EQ in nursing training and curriculum; as it provides the ability to take optimal advantage of one’s innate capabilities by regulating and making use of one’s own emotions; which would add to the strengths of the nursing professionals and bring about qualitative improvements in the area of deliverance of nursing care to the patients as well as their interaction with other members of healthcare teams. The quality of relationships within an organisation significantly impacts productivity or the quality of the product itself and health care organisations are no exception.

References


Corrigendum

1. In Vol CI, No 1 (January 2010 issue) of NJI, under the item ‘Purse Money Donations’ (page 22), the first entry Rs. 5,00,000 has appeared inadvertently, and may be treated as void. In fact a sum of Rs. 5 lakh received from TNAI Maharashtra State Branch was received for CIN/ECH project which has been acknowledged at same page below.
2. In footnote about the author in the article, ‘Hypothermia and Role of Community Health Nurse’ (page 33) the first author i.e. Surinder Jaspal may be read as Principal, Gian Sagar School of Nursing, Village Ram Nagar, Banur, Dist Patiala. Second author i.e. Pritam Kaur is Vice Principal, Gian Sagar College of Nursing, Village Ram Nagar, Banur, Dist. Patiala, as printed.

Lost & Found

I, Kerenhappuch Sharon Joseph, from the Karigiri School of Nursing, SIHRLC, Karigiri, Tamilnadu, have lost the original Marksheet of my DGNM training issued by the Board of Nursing Education, South India Branch (BNESIB), CMAI in Chennai (TN). If the above mentioned Certificate is found, it may be kindly returned to me at the following address: Ms JK Sharon, C/o Mrs Beulah Joseph, 15/20 Kannan Flour Mill Street, Stuertpet, Arakkonam, Vellore Dist - 631001 (TN). Costs incurred in return of the certificate, if found, will be reimbursed.