



Research article

The emotional intelligence among Operating room staff in Ali ebn-e-abitaleb hospital of Zahedan 2016

Mahboobeh Doostkami, Maryam Sarbishegi*

Anatomy Department, Zahedan University of Medical Sciences, Zahedan, Iran

Corresponding author: Maryam Sarbishegi, ✉ Vijdeep@gmail.com,
Anatomy Department, Zahedan University of Medical Sciences, Zahedan, Iran

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ABSTRACT

Nursing is an important profession. In this profession intrapersonal communications are really important. Emotional intelligence is a factor that seems necessary for all healthcare staff. This study aimed to investigate the emotional intelligence among Operating room staff in Ali ebn-e-abitaleb hospital of Zahedan 2016. All 48 operating room staff were picked as respondents for this study. The Bradbury-Graves emotional intelligence questionnaire was used for data collection. After that data were analyzed through SPSS v.19 by descriptive statistics, Pearson's correlation and T test. The results of this study had shown that the mean of age was 30.12 ± 5.56 . 37 (77.1 %) female and 11 (22.9 %) male respondents took part in this study. 34 (70.8 %) respondents were married and 14 (29.2 %) were single. The mean score of emotional intelligence was 108.66 ± 12.04 which means a high emotional intelligence. The mean score of Self-awareness was 24.83 ± 3.74 for Self-regulation it was 23.35 ± 4.1 for Social skills it was 19.97 ± 3.14 and for Relationship management it was 31.52 ± 5.38 . There wasn't any significant relationship between age, sex and marriage status with mean score of emotional intelligence and its dimensions ($P > 0.05$). The results of this study had shown that the emotional intelligence was in a good level among respondents. But for further progresses it is suggested to hold classes for teaching emotional intelligence to the staff.

Keywords: Emotional intelligence, Bradbury, Operating room.

INTRODUCTION

Human resources are a necessity for improving effectiveness and efficiency in every organization. Psychological matters are considered in every individual in the organization because they directly affect individual's personal and professional life. Because of this today individual's emotions and effect of them on their daily life are highly considerable for organizations. In recent decade emotions and feelings, their appropriate usage in human communications, understanding self and others relationships and positive usage of emotions and feelings in thinking process were alphabets of management. Due to importance of communication in nursing profession emotional intelligence is a factor that would be really necessary for good nurse. Emotional intelligence is not a recent concept. It was considered since 1930s as a dimension of human's intelligence. At first scientists thought that emotional intelligence is

motivator power which is based on activities. But in early 1990s the theory of emotional intelligence was extracted from thinking, emotions and abilities researches. Emotional intelligence is a collection of cognitive and emotional abilities which help the individual to make a balance between emotions and thoughts for making proper decisions. Goleman defines emotional intelligence as the capability or ability of controlling and organizing self and other's emotions and feelings for better communication. He divides emotional intelligence in two categories: personal factors and social factors. Personal factors include: self-consciousness, self-control and self-motivation. Social factors include social consciousness and social abilities. According to Akerjordet's study today concepts of emotional intelligence and its effect on critical thinking are highly considered by managers. High emotional intelligence would lead to positive attitude, more compatibility and better communicational skills.

Bar-On believes that individuals with high emotional intelligence are more likely to solve the problems in critical situations. Nurses learn so many things to do their job in the best way it can be during their education. Authorities try hard to teach them technical and scientific procedures. But still there are no certain programs for teaching the nurses about the emotional intelligence and its importance. According to this the researcher aimed to investigate the emotional intelligence among Operating room staff in Ali ebn-abitaleb hospital of Zahedan 2016 [1].

MATERIAL AND METHODS

All 48 operating room staff (surgical technologists and anesthesiology technicians) were picked as respondents for this study. The Bradbury-Graves emotional intelligence questionnaire was used for data collection. This questionnaire has 28 questions and is categorized into 4 dimensions including Self-awareness, Self-regulation, social skills and Relationship management. The questionnaire was answered through a 6-point Likert scale from 1 to 6 (Never, rarely, usually, almost always, and always). According to the key of this questionnaire scores above 80 meant a high emotional intelligence, scores 60 to 80 showed a moderate emotional intelligence and under 60 meant that the emotional intelligence is poor. The validity of this questionnaire was proved by Ghaderi and Colleagues. The reliability coefficient was calculated and it was 0.90 for Self-awareness, 0.87 for Self-regulation, 0.80 for social skills, 0.78 for Relationship management and 0.84 for emotional intelligence total score. Data were analyzed through SPSS v.19 by descriptive statistics, Pearson's correlation and T test [2, 3].

Evaluation parameters

The results of this study had shown that the mean of age was 30.12 ± 5.56 . 37 (77.1 %) female and 11 (22.9 %) male respondents took part in this study. 34 (70.8 %) respondents were married and 14 (29.2 %) were single. The mean score of emotional intelligence was 108.66 ± 12.04 which means a high emotional intelligence. The mean score of Self-awareness was 24.83 ± 3.74 for Self-regulation it was 23.35 ± 4.1 for Social skills it was 19.97 ± 3.14 and for Relationship management it was 31.52 ± 5.38 .

There wasn't any significant relationship between age, sex and marriage status with mean score of emotional intelligence and its dimensions ($P > 0.05$). The relationship between sex and emotional intelligence and emotional intelligence dimensions are shown in table 1.

RESULTS

The results of this study showed a good emotional intelligence among respondents, which was consistent with a study in Khuzestan on nursing students, which had a high emotional intelligence. In Jannati and colleagues' study, which was conducted on nursing and midwifery students in Mazandaran, 77% of students had

moderate emotional intelligences. Emotional intelligence is important for proper compatibility. It is proved that thinking abilities are not enough on their own for success. In fact it is the emotional intelligence that teaches us how to use thinking skills for getting successes. There are some skills in emotional intelligence which help the individual to process the emotional information and gather their thoughts. So people who have a high emotional intelligence skill can face the problems and solve them easier and this would lead to physical and psychological health in them.

The results of this study had shown that there wasn't any significant relationship between sex and emotional intelligence. In Aghajani and colleagues study males had a higher emotional intelligence score than females. But Ghaderi and colleagues study had shown the females had a higher emotional intelligence than males. Ghaderi mentioned that this is because of female's stronger emotions and communicational skills.

The results of this study prove that there wasn't any significant relationship between age and emotional intelligence. But results of some other studies had shown that the emotional study is higher among adults than children. Also studies proved that emotional intelligence improves by experience and aging during the life.

Despite the good emotional intelligence among respondents of this study still the emotional intelligence can be better than this among these staff. A study had shown that teaching emotional intelligence can be effective for improving the emotional intelligence. This study suggests some classes for healthcare providers about emotional intelligence to improve their emotional intelligence so they can face daily problems and work complications easier.

The results of this study had shown that the emotional intelligence was in a good level among respondents. But for further progresses it is suggested to hold classes for teaching emotional intelligence to the staff [4, 5].

DISCUSSION

The median exclusive breastfeeding period in months for the year 2009 was 2 months. Within the same period, early initiation of breastfeeding among women in the region was 24.5%. All these figures are far below the 90% level recommended by the WHO. [2] Child mortality remains high in a developing country like ours [8]. India is one of the developing countries having high under-five rural mortality rate.

Successful breastfeeding is crucial to the curbing of infant malnutrition and achieving a state of steadiness both for the mother and the baby. This is as evident from many studies done in some underdeveloped countries in Africa as well. Based on available evidence, achievements of the goals are still far from the desired progress. Breastfeeding practices, including initiation and duration, are

influenced by multiple factors that are interwoven and depend on one another. These include health, psychosocial, cultural, political and economic factors. Among these factors, decisions regarding initiation and duration of breastfeeding in low-income countries are influenced by education, employment, place of delivery, family pressure, and cultural values. In India, although breastfeeding initiation practice has risen, the duration and practice of exclusive breastfeeding among women who had their delivery in a health facility has remained low. The early introduction of complementary feeding, based on erroneous assumptions, affects breastfeeding initiation and sustainability. Among the general population, the common misconception about infant feeding is that exclusive breastfeeding is beneficial to both infants and mothers, but complementary feeding is essential for babies to adapt to other meals with ease. Besides normative expectations, personal experiences and networks of support have an influence on the forms and quality of breastfeeding practices. Largely, these factors exert pressure on breastfeeding mothers, thereby making their experience pleasurable or painful within time and space [6, 7].

Despite the available body of knowledge on breastfeeding practices in India, studies interrogating the agency of breastfeeding mothers as lived within their socio-cultural context are limited. As an embodied experience, breastfeeding practices and experiences are context-bound and culture-dependent. Earlier, Spencer argued that exploring mothers' breastfeeding experiences as defined within a social context could reveal the inherent [8].

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