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Significance of Spiritual (SI) and Emotional Intelligence (EI) on the Caring Behavior of Nurses

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Introduction

Implications for practice and research

- This study analyzes the impact of dimensions of spiritual intelligence and dimensions of emotional intelligence on the dimensions of caring behavior of nurses. The model has the potential to inform nurse recruitment and nurse education and training.
- This study highlights the importance of analyzing the influence of spiritual and emotional intelligence on nurse's caring behavior. Analyzing at the construct level may not tell the complete story.
- This study also analyzes the inter-relationships between the dimensions of spiritual and emotional intelligence. Analyzing the inter-relationships can help identify the direct and indirect effects on the caring behavior of nurses.
- The findings of this research can inform researchers and practitioners in terms of recruiting the nurses with acceptable level of emotional and spiritual intelligence and training them to consistently provide patient-centric care [1].

Context

Nurses play a pivotal role in providing quality healthcare to patients. Their caring behavior contributes significantly to the satisfaction, well-being of patients, and performance of healthcare organizations [2]. Poor quality of care exhibited by the nurses can have a telling effect on the sustainability of healthcare organizations [3]. Therefore, it is imperative that nurses with right characteristics (high levels of spiritual and emotional intelligence) are educated, recruited, and trained to provide patient-centered passionate care. The current research argues that a study at the dimension level is as important as the study at the construct level to understand the complete effects of the constructs and its dimensions. This study differs from other studies as it attempts to answer a fundamental question: What are the dimensions of SI and EI that influence the dimensions of caring behavior of nurses?

SI is defined as "a set of mental capacities that contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states" [4]. According to Van Leeuwen and Cusveller [5], spirituality (measured as SI) forms the basis of nursing actions. EI is defined as "a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them, and to use the information to guide one's thinking and actions" [6] According to Kaur et al. [2], EI is a key to competent nursing practice. Caring behavior of nurses is defined as "acts, conduct and mannerisms enacted by professional nurses that convey concern, safety and attention to the patient" [7]

A study by Kaur et al. [2] has analyzed the influence at the construct-level. A study by Rego, Godinho, McQueen, and Cunha [8] has tested only the impact of dimensions of EI on the dimensions of caring behavior of nurses. Dimensions of various constructs used in the current study are given in the following table (Table 1).

A dimension-level study to understand the relationships between SI, EI and caring behavior of nurses is important for two reasons. First, the constructs used in this study are multi-dimensional constructs – dimensions that have distinct meaning and purpose. Therefore, it is important to understand the relationships between the dimensions of each construct. Second, these relationships can assist managers, educators and trainers design appropriate strategies to recruit and train nurses with the right attitude and behavior.

Methods

The framework used in this study is based on the study by Kaur et al [2] which is based on Neuman's System Model. A cross-sectional survey of nurses across seven Malaysian hospitals and six specialties was conducted using questionnaires administered in English and Bahasa Malaysia. Permission to conduct the survey was obtained from the Ethics and Research Committee of Ministry of Health, Malaysia. The questionnaire instrument was developed from the established scales from earlier studies. A total of 550 questionnaires was distributed through head nurses and 448 responses were returned usable (response rate – 81.5%). Data analysis was performed using descriptive statistics (using SPSS) and structural equation modelling (SEM) (using Lisrel). SEM was used since the research involved studying inter-relationships and intra-relationships between the dimensions of EI, SI, and caring

Construct	Dimensions
SI	Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA), and Conscious State Expansion (CSE)
EI	Perception of Emotion (PE), Managing One's Own Emotions (ME), Managing Other's Emotions (MOE), and Utilizing Emotion (UE)
Caring behavior	Respectful Deference to Other (RDO), Assurance of Human Presence (AHP), Positive Connectedness (PC), and Professional Skill and Knowledge (PSK)

Table 1: Constructs and their dimensions used in the study.

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behavior. Majority of the nurses were women (98%) with an average age of 34.5 years and an average work experience of 10 years. The nurses sampled were from the following departments: general surgical (26%), general medical (26%), pediatrics (19%), obstetrics and gynecology (15%) and orthopedics (15%). Since the respondents were nurses (single source), the possibility of existence of common method bias was tested using Herman one factor model. The test concluded that the impact of common method bias is low. The questionnaire items are given in Appendix.

Findings

The descriptive statistics suggest that nurses possessed moderate levels of spiritual intelligence, moderate to high levels of emotional intelligence, and high levels of caring behavior. The data also indicated that 90% of the patients were satisfied with the care provided by the nurses, 80% were willing to return to the same hospitals, if required, and 78% were willing to recommend the public hospitals to others. The reliability and validity of constructs are given in Table 2.

The findings of this study can be analyzed from two perspectives: inter-relationships between the dimensions of the constructs and intra-relationships within the dimensions of the constructs. The inter-relationships between the dimensions of the constructs are as follows:

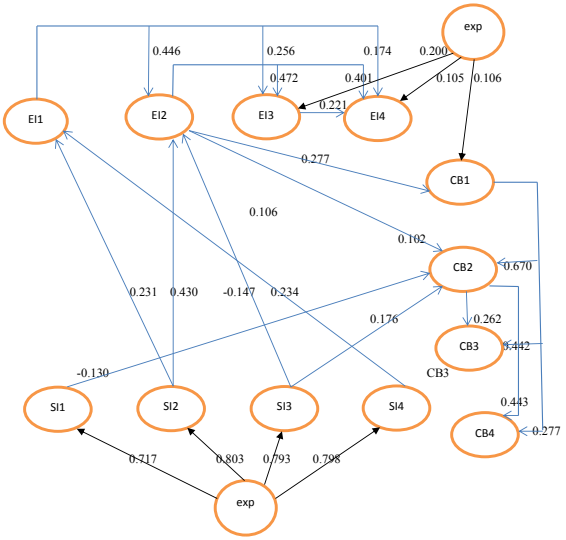
- With assurance of human presence dimension of caring behavior, critical existential thinking dimension of spiritual intelligence has a negative relationship while transcendental awareness dimension has positive relationship;
- with perception of emotion dimension of emotional intelligence, personal meaning production and conscious state expansion dimensions of spiritual intelligence have positive relationships;
- With managing own emotions dimension of emotional intelligence, personal meaning production dimension of spiritual intelligence has a positive relationship while transcendental awareness dimension has a negative relationship; and
- Managing own emotions of emotional intelligence has positive relationships with respectful deference to others and assurance of human presence dimensions of caring behavior.

Besides these relationships, the current study has also analyzed the impact of experience of nurses on the dimensions of all constructs. The analysis shows that experience has positive relationship with all dimensions of spiritual intelligence, managing others emotions and utilizing emotions dimensions of emotional intelligence, and respectful deference to others dimension of caring behavior. The intra-relationships within the dimensions of constructs are as follows:

- Emotional intelligence – perception of emotion influences managing own emotions, managing others emotions and utilizing emotions; managing own emotions influences managing others emotions and utilizing emotions; managing others emotions influences utilizing emotions; and
- Caring behavior – respectful deference to others influences assurance of human presence, positive connectedness and professional skill and knowledge; assurance of human presence influences positive connectedness and professional skill and knowledge; positive connectedness influences professional skill and knowledge of nurses. The dimensions of emotional intelligence and caring behavior show an interesting 'cascade' effect. The following framework (Figure 1) summarizes the findings of this study.

Commentary

This study adds to the body of knowledge on nursing by analyzing the impact of dimensions of spiritual intelligence and emotional intelligence on the dimensions of caring behavior of nurses. There is a study that links the dimensions of emotional intelligence on caring behavior [8] but the links between the dimensions of spiritual intelligence and the dimensions of emotional intelligence and caring behavior of nurses are new. The analysis at the dimension level can



Legend: EI1 – Perception of Emotion (PE), EI2 – Managing Own Emotions (ME), EI3 – Managing Others' Emotions (MOE), EI4 – Utilizing Emotions (UE), SI1 – Critical Existential Thinking (CET), SI2 – Personal Meaning Production (PMP), SI3 – Transcendental Awareness (TA), SI4 – Conscious State Expansion (CSE), CB1 – Respectful Deference To Others (RDO), CB2 – Assurance Of Human Presence (AHP), CB3 – Positive Connectedness (PC), CB4 – Professional Skill And Knowledge (PSK), Exp – Experience.
Model fit statistics: Chi-square/df=2.39, RMSEA=0.0556, NFI=0.976, CFI=0.986, GFI=0.972, RMR=0.0684.

Figure 1: Research Framework (with significant relationships at 0.05 significance level).
(Source: Kaur et al., 2015: p. 296)

Construct	No. of items/dimensions	Cronbach Alpha/CR/AVE (N=448)	Validity (CFA)*
EI	33/4	0.89/0.84/0.57	Factor loading: Min – 0.684, Max – 0.825
SI	24/4	0.92/0.91/0.72	Factor loading: Min – 0.773, Max – 0.900
Caring Behaviors	24/4	0.92/0.91/0.72	Factor loading: Min – 0.668, Max – 0.860

*CFA (Confirmatory Factor Analysis) was done using LISREL 9.01; CR -- Composite Reliability; AVE – Average Variance Extracted
Model Fit Statistics: Chi-sq/df – 1.71 (p-value – 0.87), RMSEA=0.040, RMR=0.029, GFI=0.97, NFI – 0.98, CFI – 0.99
Legend: Chi-sq – Chi-square value, df – degrees of freedom, RMSEA – Root Mean Square Error Approximation (must be <0.08), RMR – Root Mean Square Residual (must be <0.08), GFI – Goodness of fit index (must be >0.9), NFI – Normed fit index (must be >0.9), CFI – Comparative fit index (must be >0.9)

Table 2: Results of reliability and CFA (Confirmatory Factor Analysis).
(Source: Kaur et al., 2015: p. 295)

help the recruiters, educators, and trainers to concentrate on the right characteristics required for patient-centered care. This study suggests that spiritual intelligence is the main driver by showing that (1) dimensions of spiritual intelligence drive the dimensions of emotional intelligence and caring behavior and (2) dimensions of emotional intelligence in turn drive the dimensions of caring behavior. A detailed analysis of the results reveals the following: (Figure 1).

- Nurses' ability to manage own emotions is critical to provide high quality care;
- Nurses' ability to have transcendental awareness (feeling of oneness with humanity) is important to provide high quality care;
- Nurses' abilities to have personal meaning production (construct a purpose in life and have a sense of direction, a sense of order, and a reason for existence) and conscious state expansion (higher or spiritual state of consciousness) are critical to have a better control over their own emotions.

The patient-centered care is fundamental to nursing [9]. Studies in nursing have always revolved around the quality of health care and efficient health care delivery. Without patient-centered care, it is impossible to achieve these objectives. Even though spiritual intelligence and emotional intelligence can play major roles in achieving patient-centered care, these constructs are not the only factors. The antecedents of patient-centered care continues to attract more researchers as there are more evidences that reveal the absence of conducive healthcare environment and culture [3,9,10]. In fact, demanding healthcare environments and profit-oriented culture of private healthcare organizations can be detrimental to providing quality patient-centered care to all patients irrespective of their economic background.

This study has reiterated the role of spirituality in the nursing curricula and supports the spiritual care education model developed by Narayanasamy [11]. Emotional intelligence can be made a vital prerequisite for recruitment in nursing as nursing is a therapeutic interpersonal process [2,12]. Emotional intelligence cannot be developed quickly through training and therefore, it is essential to recruit the nursing students with right characteristics. It is then possible to provide the appropriate training to enhance the spiritual and emotional intelligence of nurses. During the training process, the healthcare managers must ensure that junior nurses are mentored by senior nurses with sufficient experience. The current study shows that experience of nurses can have a telling effect on their spiritual intelligence, emotional intelligence, and caring behavior. The future nursing curricula must emphasize on the significance and development of spiritual and emotional intelligence of nurses.

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