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Impact of Integrated Emotional Self Enhancement (IESE) Program on **Emotional Intelligence**, **Intrinsic Motivation**, **Self-Compassion** and **Emotional Labor** among staff nurses of a selected hospital at Mangalore: a quasi-experimental study

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Executive Summary

Nurses' work environment is always emotionally charged. Nurses work with patients and their families, and most often deal with demanding situations, both emotionally and physically. Being self-aware of own emotions, empathizing, having meaningful relationships, and being compassionate are important aspects of professional nursing. Thus, understanding and applying emotional intelligence skills are important to the nursing profession because of its nature and the challenges it brings with it.

This study adopted a quasi-experimental research design, which aimed at developing a training program and to observe its effect on nurses' emotional intelligence, intrinsic motivation, self-compassion, and emotional labor. 38 staff nurses from a tertiary care hospital in India completed this study from February 2021 to April 2022. The results show a statistically significant improvement in the nurses' emotional intelligence and other study variables, which were measured with appropriate instruments and statistical analysis. It is recommended that organizations and hospitals bring about changes in their policies and pay attention to the emotional well-being of nurses which would not only benefit nurses, but also improve patient care outcome.

Acknowledgements

Introduction

"Use your human intelligence in the best way you can; transform your emotions in a positive way." - The Dalai Lama

Nursing is a caring profession. In the process of nursing care, there is an interaction between the nurses and patients through an exchange of emotions, actions, and experiences (Jimenez- Herrera, et al. 2020). Thus, to provide a holistic nursing care, it is important for nurses to be aware of their own emotions, to understand others and to have effective communication skills (Karakas, Altun, Okanli, Polat, Olcun, 2020). However, due to a wide range of emotions that nurses might face on a regular basis at the workplace, it is reasonable to assume that nurses might become emotionally drained while executing their nursing responsibilities (Frenzel, Pekrun & Goetz, 2010; Lee, 2019).

Therefore, it is critical to address nurses' emotions since they influence not just their own well-being but also their reciprocal experiences of others' emotions (Frenzel et al, 2009; Lee, 2019). Addressing nurses' emotions ultimately plays an important role in providing the best nursing service to patients. Needless to add, it is deeply significant for nurses to develop efficient strategies for regulating their emotional responses at workplace which might help them become more aware of their own emotions and better deal with emotional demands in different nursing circumstances (Gonnelli et al., 2016).

Literature Review

Emotional intelligence is the ability to monitor one's own and others' feeling and emotions, to be able to discriminate among them and to use that information to guide and navigate one's thinking and actions (Salovey & Mayer, 1990). This ability of an individual to combine intellectual reasoning with emotion regulation and management gives better outcomes in the personal front as well as in the workplace and in relationships (Lewis, 2019).

Nurses' work environment is always filled with varying emotions. They provide medical attention and essential emotional support to patients and their families. Regardless of the type of care setting, or the hours of work, nurses face a high level of stress and experience strong emotions triggered by the observation of patients who are suffering (Costello, 2001; Kostka et al., 2021). Long-term exposure to such high intensity stress can affect nurses' physical and emotional health leading to burnout, and poor quality of care. Results from previous research has also shown that nurses' emotional intelligence is associated with caring behavior (Nightingale et al., 2018), chronic fatigue (Huang, Liu, Yang et al., 2019), negative emotions (Szczygiel & Mikolajczak, 2018), job stress (Rakhshani et al., 2018), effective coping strategies (Ebstein et al., 2019), overall well-being (Karimi et al., 2014), and self-compassion (Senyuva et al., 2014). Research has also amply demonstrated the importance of a strength-based approach in fostering the ability of various organizations to assist their employees. Emotional intelligence, intrinsic motivation, and self-compassion are among the many identified factors and primary prevention resource, linked with psychological health and well-being. (Fabio & Saklofske, 2021).

Although it is widely acknowledged that emotions play a critical role in the care process, there are few scholarly studies which ties nursing to emotion (Jimenez-Herrera et al.,

2020), or have given a training program to improve emotional well-being, more specifically emotional intelligence skills of staff nurses. After recognizing these gaps in the literature, following objectives were made to conduct this study: a) to develop, validate and implement a structured Integrated Emotional-Self Enhancement (IESE) Program for nurses; b) to examine the program's impact on the staff nurses' Emotional Intelligence (EI), Self-compassion (SC), Intrinsic Motivation (IM) and Emotional Labor (EL); c) to observe any difference in the Nurse Supervisors' (NS) and patients' perception of nursing care, before and after the training program.

Methodology

Conceptual framework: This study has adapted King's Theory of goal attainment and Betty Neuman's system model to support the conceptual framework. In the current study, nurses' internal/ emotional environment composes of their Emotional Intelligence (EI), Intrinsic Motivation (IM), Self-Compassion (SC), and Emotional Labor (EL), which help nurses to cope effectively with the stressors from their external environment. Also, through their behavioral responses' nurses are always in constant touch with their patients' physical and emotional environment, and work towards achieving the goal of attaining positive patient outcome. This study assumes that when nurses' emotional environment/ components are stronger, they are more effective in dealing with stressors leading to better emotional health and patient care outcomes.

Research design: This study adopted a quantitative methodology with a quasi-experimental research design. A quasi-experimental study with one-group pre-and-post-test design was deemed appropriate for the study, keeping in mind the number of staff nurses in the hospital, their work schedule and workload.

Study sample: The participants of the study were staff nurses & nurse supervisors working in the general wards, and patients who were taken care by the nurse participants in a tertiary care hospital at Mangalore city, Karnataka, India.

Sampling technique: To select the study setting a convenient sampling technique was used, whereas, to select the staff nurses, complete enumeration technique was used. Patients and nurse supervisors were selected with purposive sampling technique.

To include the study sample, they were matched against the inclusion and exclusion criteria. The participants who matched the inclusion criteria were then given a Participant Information Sheet with details of the study and their role in the study. Only when the participants gave their verbal and written consent to participate in the study, they were asked to fill the questionnaires.

Sample size: After doing a pilot study and feasibility check, the sample size calculated for the present study was 80 staff nurses. However, due to the unprecedented event of COVID-19 pandemic many staff nurses who provided could not participate as they were either shifted to COVID-19 wards, ICU's and clinics or were posted as floating nurses. Thus, only 38 staff nurses completed the study.

Data collection: Data were collected from the participants at five time points, i.e., pre-tests were collected at baseline (day-1) and three-months later; post-tests were collected immediately after the intervention/ training program, then later at three months and six months from the day of intervention. The purpose of collecting data at five-time points was to infer whether a training program would enhance and sustain the emotional well-being for a long period of time.

Instruments used: The study variables viz Emotional Intelligence (EI), Emotional Labor (EL) and Self-Compassion (SC) were measured using standardized tools i.e., GENOS EI Scale (Short form), Emotional Labor Scale (Brotheridge et al), and Self Compassion Scale

(short form) (Neff et al), whereas intrinsic motivation, nurse supervisors' and patients' perception of nursing care were measured using tools that were developed by the investigator. The patients' perception of nursing care scale was translated to Kannada language and back translated to English language by language experts. All the tools developed by the investigator were validated by experts from the field of psychiatry, mental health nursing, psychology, human resource development, and nurse administrators. Cronbach's alpha reliability score for GENOS EI Scale (concise version), Intrinsic Motivation Scale, Self-Compassion Scale (short form), Emotional Labor Scale, Patients' Perception of Nursing Care Scale and Nurse Supervisors' Perception of Nursing Care Scale were 0.9, 0.91, 0.92, 0.83, 0.81 and 0.93 respectively.

Intervention: The Integrated Emotional-Self Enhancement (IESE) Program was developed by the investigator with the help and validation from experts in the field of Emotional Intelligence, psychology, mental health nursing, human resource development, and nursing administration. The investigator also took training and certificate courses on Emotional Intelligence to develop the IESE program. The program was a total of eight hours (2 hours per day) which was delivered by the investigator through lectures, PowerPoint presentations, group activities, games, situation analysis, videos, worksheets, and workbooks to involve the participants in active adult learning process. A booklet was also given to the participants for future reference. There were two sessions each day and nurses could join either session according to their convenience and availability. The program did not instruct the nurses on how to feel, rather, it encouraged the nurses to reflect on their mental and emotional well-being.

Findings

The findings show that most of the nurses (71.1%) were in between the age of 20 to 33 years, were married (63.2%), living in a nuclear family (81.6%), had the maximum

education qualification of General Nurse Midwifery (60.5%), with 1-10 years of work experience (68.4%). As the data were not normally distributed, Friedman Test was performed to observe the effectiveness of IESE program on the nurses' level of EI, IM, SC, and EL over time. The data shows that there was a significant (<0.05) improvement in the level of EI, SC, IM, Frequency EL, Variety EL, Surface Acting EL, and nurse supervisor's perception of nursing care from pre-test to post-test. It is also observed from the results that the highest score in all the variables were achieved at time-point 4, i.e., at three months after the intervention. Also, a decline in the score of all the variables at the fifth time-point was observed. The result indicates that the IESE program was effective in improving nurses' emotional well-being, but some time was needed for the nurses to practice those skills and for it to be reflected in the test scores. However, we can also infer from the slight decline in test scores at the fifth time-point that booster/ repeated interventions in forms of workshops/ seminars every three-four month would be effective in maintaining the high-test scores. A significant change in the scores of patients' perception of nursing care over the time-points was not observed. Patients' perception of nursing care was mostly good at all time-points.

Qualitative data were also collected from the participating staff nurses through Focus Group Discussions. 11 staff nurses consented to participate in the FGD, and each FGD had 3-5 staff nurses. The objectives of the FGD were to understand the participants' opinions on the IESE program; To elicit the participants' views on the difficulties or barriers while applying the EI skills in daily life; To get the perspective of participants on the importance of such programs. Questions were asked about their experience of IESE program; the difficulties they encounter regarding their emotion at work; and whether such interventions/ programs helped them in any way. The result of the FGD is divided into four themes, viz. 1. Experience of the training program, 2. Opinion on use of EI skills, 3. Barriers and difficulties faced, 4. Suggestions on improving such training programs.

Most of the participants said that *"it was a new learning"* and that they *"enjoyed the program"*. While expressing their opinion on the use of EI skills in daily life, one participant said, *"I think I am calmer than I was before"*, while another nurse said that *"I do consciously try and take time before responding specially when I am angry"*. One participant however said, *"I do apply the learnings but sometimes it is difficult to remember what was learned when I am very angry or stressed"*. On asking about the barriers/ difficulties they face while applying thee EI skills, one nurse said, *"it is difficult to always to notice your emotion and act the way others believe I should act"*. One nurse said, *"the training program was a little long. Eight hours is a long time. Because of our duty schedule, night shift and workload, it is a little difficult to make time for long programs."* On asking to participants to provide suggestions to improve such training programs one nurse said, *"one-two day training programs are more comfortable because of our duty schedule."* Another nurse said, *"a short program every two-three month will be highly appreciated"*. The findings of this qualitative assessment shows that staff nurses were eager to learn about EI and EI skills and practiced in their workplace and daily life and could also experience the benefits of practicing EI skills. However, due to their duty schedule and heavy workload, frequent short programs would be more comfortable in the learning process.

Social Significance of Findings

Nursing as a profession requires patience and an understanding of other's emotions to provide a holistic care. However, constantly being surrounded by pain and suffering, and an organizational & professional need to be always welcoming and positive can take a toll on the nurses' emotional health, leading to emotional burnout, apathy, and emotional dissonance. With a high rate of nurses leaving for jobs in developed nations for better opportunities, the nurses who are available are ever so more burdened by the

additional physical and mental workload. Thus, a supportive environment where the nurses' emotional needs are taken care of is of utmost necessity. The findings of this study provide a window to the ways in which the emotional well-being can be improved. At a broad level, this study might help nurse leaders, nurse educators and policy makers to make changes at workplace, educational institutions, and nursing curriculum by recognizing the importance of mental and emotional health.

Conclusion

As emotional well-being can be improved through EI skills, organizations and hospitals should take initiatives to set up programs that facilitate the development of nurses' EI. This study was conducted to observe whether a training program would improve staff nurses' emotional well-being, more specifically, emotional intelligence, intrinsic motivation, self-compassion, and emotional labor. The statistically significant increase in the mean scores between first time point and fifth time point among the study participants provides the evidence that training programs that are tailored to the emotional needs and well-being of staff nurses are effective. A significant increase in the mean scores in the fourth time point, as compared to third time point, also indicates that some time is needed for the nurses to practice and implement the EI skills in their life to be reflected on their test-scores. However, the results also show a decline in the mean scores of the nurses' study variables from fourth time point to fifth time point, indicating that supportive programs every two-three month would be highly beneficial. Some limitations of this study were the study design and the number of participants. Future research must evaluate effectiveness of such programs in a larger population with more robust study designs.

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Appendix

Glossary

IESE   Integrated Emotional – Self Enhancement Program

EI   Emotional Intelligence

IM   Intrinsic Motivation

SC   Self-Compassion

EL   Emotional Labor

FGD   Focus Group Discussion

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