Future Academy®
Offering excellence in Social and Behavioural Sciences

The European Proceedings of
Social & Behavioural Sciences
EpSBS

eISSN: 2357-1330

icH&Hpsy 2016 : 2nd International Conference on Health and Health Psychology

Professional Factors and Emotional Competence in Healthcare Professionals

A. Andrade[a]*., R. Martins[a], M. Cunha[a], C. Albuquerque[a], & O, Ribeiro[a]

*Corresponding author: A. Andrade, anandrade67@gmail.com

[a]*Instituto Politécnico de Viseu, CI&DETS, ESSV, Rua Don João Crisóstomo Gomes de Almeida, nº102, Viseu 3500-843 Portugal*

Abstract

http://dx.doi.org/10.15405/epsbs.2016.07.02.40

Healthcare professionals may face emotions which are hard to deal with. It's important to improve emotional skills in order to develop an appropriate control when it comes to professional situations. Professional variables interfere with the emotional competence of healthcare professionals; What are the predictor variables of emotional competence in healthcare professionals? was our research focus. We aimed to assess the Emotional Competence in healthcare professionals; To check if the professional variables are related to the Emotional Competence of healthcare professionals with and without experience in Palliative Care; To identify predictor variables of emotional competence in healthcare professionals. Cross-sectional descriptive-correlational quantitative research with a universe of 116 health professionals: 40 with experience in palliative care and 76 without experience. For the measurement of the variables it was used a socio-demographic and professional classification form and the Emotional Competence Questionnaire of Taksic (ECQ) (2000) validated by Lima Santos and Faria (2005) for the Portuguese Population had been applied. Healthcare professionals with high emotional skills are the oldest (≥35 years old), female, with a university degree and with no experience in palliative care ones. Career and the type of relationships at workplace influence the emotional competence of professionals with experience; the type of unit influences healthcare professionals with experience in palliative care. Professional variables (profession, type of relationships at work context and unit type) influence the emotional competence skills of healthcare professionals with and without experience in Palliative Care. Caregiving in the final stages of life brings a diversity of experience to the healthcare professional and it requires training in emotional and intellectual areas to ensure the promotion of stability and emotional comfort.

Keywords: Healthcare Professionals, Emotional Competence, Palliative Care.

1. Introduction

Emotional Competence is defined as a "perceived ability based on emotional intelligence that results in outstanding performance at work" (Goleman, 2005). This concept describes the individual's ability to recognise their own emotions, taking control of them and identifying the emotions of others.

Emotional intelligence is defined as the "ability to perceive emotions, to recognize and generate emotions so as to assist thought, to understand emotions and thought based on them, and to regulate emotions reflectively to promote emotional and intellectual development" (Mayer and Salovey, 1997 cited by Lima Santos & Faria, 2005, p. 276.).

Goleman's concept of Emotional Intelligence, which consists of five capabilities: Self-Awareness, Emotion Management, Self-Motivation, Empathy and Relationship Management in Groups (Veiga Branco, 2004 cited by Agostinho, 2008). The first three relate to personal skills and other social skills (Goleman, 1999 cited by Gregório, 2008).

"Self-awareness" is the perception of what one is feeling; it is the ability to recognise one's own emotions and feelings at the time they occur. (Costa, 2009). "Emotional management" refers to the way we manage emotions, we experience them in a controlled way allowing the development of behaviours and feelings (Veiga Branco, 2004; Costa 2009 cited by Lopes, 2013). "Self-Motivation" is a ability that is expressed in behaviours and attitudes and is related to the "special state of mind that leads people to give their best, whatever the task in which they engage" (Goleman, 1999). "Empathy" means the ability to know, understand, know how to observe and listen to the other through verbal and nonverbal channels, such as tone of voice, facial expressions or gestures (Lopes, 2013), and "and Relationship Management in Groups" is characterized by recognizing the feelings of another person and acting to influence those feelings (Costa, 2009).

The set of emotional skills allow us to understand, express and regulate emotional phenomena in an appropriate manner, facilitating learning processes, problem solving, interpersonal relationships and adapting to different contexts (Lopes, 2013).

In the opinion of Saarni (2002), emotionally competent individuals can manage their emotions promoting personal interaction and thus achieve the purpose that is proposed. This recognition and emotion management allow people to deal with stressful situations and develop adaptive capacities leading to a sense of well-being.

"The context of end of life is full of feelings, sensations and difficult emotions to manage by health professionals. It has become fundamental to signify important emotional scenarios in providing comfort care during this phase of the life cycle" (Xavier, Nunes & Basto, 2014, p.5).

Palliative care is understood "as an approach to improve the quality of life of patients and their families facing problems arising from an incurable disease and limited prognosis, through the prevention and relief of suffering by means of early identification and rigorous treatment of not only physical problems such as pain, but also of psychosocial and spiritual issues" (WHO, 2002). It is also seen as "active, coordinated and comprehensive care, including family support, provided by teams and specific units in hospital or at home in accordance with differing levels" (Direção Geral de Saúde, 2005; Bragança, 2011).

http://dx.doi.org/10.15405/epsbs.2016.07.02.40
eISSN: 2357-1330 / Corresponding Author: A. Andrade
Selection and peer-review under responsibility of the Organizing Committee of the conference

In order to achieve teams made up of health professionals able to deal with terminal patients and their families, the emotional involvement between professionals, patients and their family is closer (Ribeiro, 2011). Hence, the need for organization heads to be concerned with health professionals acquiring emotional skills.

Health professionals must demonstrate professional sensitivity to identify the vulnerability the patient is undergoing and at the same time consciously to differentiate their own feelings from the patient's (Akerjordet & Severinsson, 2007 cited in Rebelo, 2012).

So that health professionals are effective and competent in the exercise of their profession, knowledge and human resources are needed to allow them to become aware of their own emotions and recognise others' emotions, thus helping patients they provide care for, to manage their emotions efficiently (Lopes, 2013).

Caring is an art, an attitude which, in addition to appropriate knowledge for each situation, requires responsibility, availability and sensitivity between carers and those who are cared for (Barreira, 2014). Thus, health professionals are people who have feelings and emotions and who, throughout their personal and working lives, become aware of the difficulty in living and working with the suffering of others, in particular dealing with sadness and even with the death of the person they care for (Sousa, 2012).

The importance of emotions in health has been shown as health professionals are involved in emotionally complex situations where there is a symbiosis of emotions, which may reflect on the patient as well as interfere with care provided (Domingues, 2009).

Some research shows that the development of emotional skills promotes the increase of other skills, particularly in terms of social interaction and behaviour more efficient and adapted to situations (Faria, Costa & Costa, 2008; Faria & Lima Santos, 2006, 2011; Lima Santos & Faria, 2005).

The more self-aware health professionals are, the greater their ability to know the other and at the same time convey known what is known to that other. This capability is extremely important in any health care professional, we do not know how to care without self-knowledge and without knowledge of the other.

With regard to the managing social or group emotions, the emotionally competent are certainly those who reveal what they think and act in conformity with their feelings rather than acting according to what the other wants or expects them to be (Costa, 2009).

In training professionals, the emotional component should be focused on, producing self-aware individuals with the necessary tools to manage their emotions and at the same time able to empathize with others (Goleman, 2003 cited by Lopes, 2013).

2. Problem statement

Health professionals deal with emotions daily, either with themselves or with the human beings in their context: with other professionals and superiors, with the ill and their respective families (Agostinho, 2008).

Palliative care demands skills and competencies of health professionals, because as social and cultural beings, this care is subject to the influence of society with regard to the values acquired

throughout life, reacting as human beings with negative emotions and feelings and rejection in dealing with death and the terminally ill (Carvalho, 2011).

Some studies show that contact with suffering patients together with a demanding emotional environment predispose health professionals to a higher level of stress, affecting their emotional skills (Sousa, 2011). It is important to develop strategies and resources to help them deal with patients' anguish and suffering at the end of life (Ribeiro, 2011).

3. Research questions

In environments which generate emotions and stress, health professionals must acquire emotional skills so their daily performance is productive and has quality. Thus, palliative care requires that these professionals possess the fundamental skills for their adjusted and effective practice of end of life care (Ribeiro, 2011). Based on these assumptions, the research questions which formed the basis of this study were: "What professional variables affect the emotional skills of health professionals with and without experience in palliative care?" and "What are the variables that have been shown to be predictors of these health professionals' emotional skills?

4. Purpose of the study

To assess the emotional skills of health professionals and determine if professional variables are related to the emotional skills of health professionals with and without experience in palliative care. To identify predictors of health professionals' emotional skills.

5. Research methods

This is a cross-sectional, quantitative, comparative and descriptive correlational study with a non-probabilistic sample, composed of 116 health professionals of which 40 have experience in palliative care and 76 do not. To measure the variables a socio-demographic and professional characterization form and the Emotional Competence Questionnaire (QCE) by Taksic (2000) validated for the Portuguese population by Lima Santos and Faria (2005) were used.

The sociodemographic and professional form allows us to determine health professionals' profiles with regard to age, gender, educational background, profession, type of professional bond with the institution, experience in palliative care, length of service, unit where they exercise their functions.

The Emotional Competence Questionnaire (QCE) was originally developed by Taksic (2000), according to the theoretical perspective of Mayer and Salovey (1997) and is a self-report measure used in a working context. It was adapted to the Portuguese population by Lima Santos and Faria (2005). The questionnaire consists of 45 items and assesses three dimensions or subscales of emotional competence: "Emotional Perception" (15 items), "Emotional Expression" (14 items) and "Ability to Deal with Emotion" (16 items) (cf. Table 1).

http://dx.doi.org/10.15405/epsbs.2016.07.02.40
eISSN: 2357-1330 / Corresponding Author: A. Andrade
Selection and peer-review under responsibility of the Organizing Committee of the conference

Table 1. Items corresponding to each QCE subscale

Subscales	Items
Emotional Perception	3,6,9,12,15,18,21,24,27,30,33,36,39,42,44
Emotional Expression	2,5,8,11,14,17,20,23,26,29,32,35,38,41
Ability to Deal with Emotion	1,4,7,10,13,16,19,22,25,28,31,34,37,40,43,45

Each item is rated on a Likert scale and ranges from "never" to "always", with scores of 1 to 6, respectively. The total value of the scale is obtained by adding the score for each item.

For our study cohort groups were prepared, classifying emotional competence as:

High Emotional Competence: ≥200 points

Moderate Emotional Competence: between 193 and 199 points

Low Emotional Competence: ≤192 points.

All ethical and legal procedures were followed in conducting the investigation. Statistical analysis was performed using the SPSS (Statistical Package for Social Sciences) version 22.0.

6. Findings

6.1 Sociodemographic Characterization

Of the 116 health professionals, 20.7% are male and 79.3% female. Ages range from 22 to 62 years, with a mean age of 29 years and a standard deviation of 9.32 years. Males have a higher mean age compared to females (32 vs. 28.5).

As for the qualifications 57.8% of health professionals completed higher education and only 13.8% have a qualification less than or equal to 12 years of schooling.

6.2 Professional characterization

Most (79.2%) of health workers are nurses.

As for the employment status, 38.8% have a "fixed term contract" and 20.4% a "contract for an indefinite period".

With regard to length of service, 37.4% worked for two years or less and 30.4% have seven or more years of service.

As for the type of unit, 33.6% perform duties at continuous care units and 29.9% in palliative care units. It should be noted that only 6.5% are in primary health care units.

6.3. Characterization of the Emotional Skills

Health care professionals with high emotional competence belong to the older age group (35 years or older), are female (78.8%). Have a university degree (57.8%) and state they do not have experience in palliative care (65.5%).

The professionals who have low emotional competence are aged between 28 and 34 years (46.0%), are female (78.0%), with a higher education (56.0%) and do not have experience in palliative care (72.0%).

With regard to the three subscales “Emotional Perception”, “Emotional Expression” and “Ability to Deal with Emotion”, professionals with experience in palliative care have higher mean scores compared to those with no experience in palliative care.

6.4 Emotional Skills vs Sociodemographic Variables

Regarding the influence of sociodemographic variables on the emotional skills of health professionals with experience in palliative care there are no statistically significant differences with age group and gender. There are statistically significant differences with regard to qualifications in the subscales “Emotional Perception” ($p=0.001$) and “Emotional Expression” ($p=0.012$).

As for the subscales, the mean order values are higher for “Emotional Perception” in individuals aged over 35 years, males and with qualifications less than or equal to 12 years of schooling. As for “Emotional Expression”, it is higher in professionals aged 28-34 years, males and holders of a degree. For the subscale “Ability to Deal with Emotion”, it is higher in professionals aged 28-34 years, females and with qualifications of 12 years of schooling or less.

In health professionals without experience in palliative care there is a statistically significant relationship with regards to age only in the subscale “Emotional Expression” ($p=0.017$). The subscales have higher mean orders in professionals aged over 35, women and college graduates. Only “Emotional Expression” is more relevant in males whose qualifications are 12 years of schooling or less.

6.5 Emotional Skills vs Professional Variables

For health professionals with experience in palliative care there are statistically significant differences in the subscale “Emotional Perception” with the profession ($p=0.033$) and the type of professional bond with the institution ($p=0.014$).

For professional with no experience in palliative care there are only significant differences with the type of unit in the three subscales of emotional competence ($p>0.000$).

In all of the subscales, the highest values for professionals with or without experience in palliative care were found in “other professionals”, with a length of service up to but not exceeding two years and performing duties in palliative care units. “Emotional Expression” is higher in non-experienced professionals in palliative care with length of service of seven years or more.

7. Conclusions

In individuals personal and professional lives the influence of emotions is recognized as a structural part in various spheres of life and human activity (Vilela cited by Rebelo, 2012).

Technical skills, knowing how to be, the ability to communicate, empathy, knowing how to feel, knowing how to understand others is key to professional success in the field of care (Rebelo, 2012).

Health professionals who have high emotional competence are mostly female, aged between 28 and 34 years, graduates and with no experience in palliative care.

With regard to sociodemographic variables we can say that age influences the “Emotional Expression” of professionals without experience in palliative care. Qualifications interfere with the

"Emotional Perception" and "Emotional Expression" of professionals with experience in palliative care.

With regard to professional variables, we found that the profession and the type of relationship influence the "Emotional Perception" of professionals with experience in palliative care. The type of unit showed statistical significance in the three subscales of emotional competence in professional without experience in palliative care.

Qualifications, profession and the type of bond with the institution have been shown to be predictors of the emotional skills of health professionals with experience in palliative care. Age and type of unit influence the skills of professionals without experience in palliative care.

The area of palliative care is specific and demanding for the health worker, causing emotional distress and a variety of experiences which can increase stress. Health professionals with high emotional intelligence can be decisive and crucial actors in decision-making in patient care (Costa & Faria, 2009).

In this sense, it is urgent to train health professionals in the area of emotions to promote stability and emotional comfort. This will have an impact on the quality of care for individuals and their families.

Acknowledgements

The Instituto Politécnico de Viseu, the Center for Studies in Education, Technologies and Health (CI&DETS) and the Portuguese Foundation for Science and Technology (FCT).

References

Agostinho, L. (2008). *Competência Emocional em Enfermeiros: Um estudo em hospitais públicos.* Dissertação apresentada para a obtenção do grau de Mestre em Gestão Pública. Aveiro: Universidade de Aveiro. Disponível em: http://ria.ua.pt/bitstream/10773/3350/1/2008001353.pdf

Barreira, L. (2014). *Inteligência emocional: associação com job engagement em enfermeiros, no contexto da oncologia.* Dissertação apresentada para a obtenção do grau de Mestre em Gestão de Unidades de saúde. Lisboa: Universidade Lusófona. Disponível em: http://hdl.handle.net/10437/5854

Bragança, J. (2011). Enfermeiros de cuidados paliativos. Dissertação apresentada para a obtenção do grau de Mestre em Cuidados Paliativos. Lisboa: Faculdade de medicina de Lisboa. Disponível em: http://repositorio.ul.pt/bitstream/10451/6056/1/641657_Tese.pdf

Carvalho, S. C. C. & Botelho, M. A. R. (2011). Os Cuidados Paliativos no âmbito dos Cuidados de Saúde Primários: As intervenções dos enfermeiros. *Revista Pensar Enfermagem*, 15 (1), 1-24.

Costa, A. (2009).*Inteligência emocional e assertividade nos enfermeiros*. Dissertação apresentada para a obtenção do grau de Mestre em Psicologia da Saúde. Faro: Universidade do Algarve. Disponível em: https://sapientia.ualg.pt/bitstream/10400.1/240/1/Disserta%25c3%25a7%25c3%25a3o%20Intelig%25c3%25a ancia%20Emocional%20e%20Assertividade%20nos%20Enfer.pdf

Costa, M. & Faria, L. (2009) *Inteligência Emocional e Satisfação Profissional de Enfermeiros e Voluntários.* Livro de Actas do X Congresso Internacional Galego-Português de Psicopedagogia. Braga: Universidade do Minho, 2009. ISBN- 978-972-8746-71-1. Acedido em http://www.educacion.udc.es/grupos/gipdae/documentos/congreso/xcongreso/pdfs/t9/t9c331.pdf

Costa, A. C., & Faria, L. (2009). *A inteligência emocional no contexto de enfermagem: estudo exploratório com o Questionário de Competência Emocional (QCE*). Comunicação apresentada no X Congresso Internacional Galego-Português de Psicopedagogia. Braga. Acedido em: http://www.educacion.udc.es/grupos/gipdae/congreso/Xcongreso/pdfs/t9/t9c295.pdf

Direção Geral de Saúde (2005), *Programa Nacional de Cuidados Paliativo*s. Acedido em http://www.dgs.pt/upload/membro.id/ficheiros/i008151.pdf

Domingues, A. R. (2009). *Inteligência Emocional, Empatia e Satisfação no Trabalho em Médicos.* Dissertação de Mestrado em Temas de Psicologia. Universidade do Porto, Faculdade de Psicologia e de Ciências da Educação. Acedido em: https://sigarra.up.pt/flup/pt//pub_geral.show_file?pi_gdoc_id=563698

Faria, L., Costa, A., & Costa, M. (2008). *Validação do Questionário de Competência Emocional (QCE): Estudo em contexto hospitalar com enfermeiros.* Livro de Atas da XIII Conferência Internacional de Avaliação Psicológica: Formas e Contextos, 923-930. Braga: Psiquilíbrios.

Faria, L.; Lima Santos, N. (2006). Competência emocional: Adaptação e validação intercultural do Emotional Skills and Competence Questionnaire (ESCQ). Livro de Actas da XI Conferência Internacional de Avaliação Psicológica: Formas e Contextos, 349-356. Braga: Psiquilíbrios

Faria, L. & Lima Santos, N. (2011). *Questionário de Competência Emocional*. In C. Machado, M. Gonçalves, L. Almeida, & M. Simões (Eds.), Instrumentos e contextos de avaliação psicológica, 67-80, Coimbra: Almedina.

Goleman, Daniel (1999). *Estruturas da mente: a teoria das inteligências múltiplas*. São Paulo: Graffex.

Goleman, D. (2005). *Emotional intelligence*. New York: Bantam.

Gregório, F. (2008). *Competência emocional e satisfação profissional dos enfermeiros*. Faro. Acedido em http://sapientia.ualg.pt/bitstream/10400.1/732/1/Microsoft%20Word%20-%20teseIIIII.pdf

Lima Santos, N; Faria, L. (2005). *Inteligência emocional: Adaptação do "Emotional Skills and Competence Questionnaire" (ESCQ) ao contexto português*. Revista da Faculdade de Ciências Humanas e Sociais da UFP, 2: 275 - 289.

Lopes, T. (2013*). Competência Emocional nos Enfermeiros na Rede Nacional de Cuidados Continuados Integrados.* Dissertação apresentada para a obtenção do grau de Mestre em Cuidados Continuados. Bragança. Instituto Politécnico de Bragança. Disponível em: https://bibliotecadigital.ipb.pt/bitstream/10198/9592/1/TANIA%20LOPES.pdf

Rebelo, A. C. J.. (2012). *Inteligência emocional dos profissionais de saúde da rede nacional de cuidados continuados integrados.* Dissertação apresentada para a obtenção do grau de Mestre em Gestão. Viseu. Universidade Católica Portuguesa: Centro Regional das Beiras . Disponível em: http://repositorio.ucp.pt/bitstream/10400.14/15466/1/Intelig%C3%AAncia%20Emocional%20nos%20Profissionais%20de%20Sa%C3%BAde%20da%20Rede%20Na.pdf

Ribeiro, L. (2011). *As competências dos profissionais em cuidados paliativos.* Dissertação apresentada para a obtenção do grau de Mestre em Cuidados Paliativos. Porto. Faculdade de Medicina do Porto. Acedido em: https://repositorio-aberto.up.pt/.../4/Trabalho%20de%20Projecto.docx

Saarni, C. (2002). *Competência emocional. Uma perspectiva evolutiva.* In R. Bar-On & J. Parker (Eds.), Manual de inteligência emocional. Porto Alegre: Artmed Editora.

Sousa, L.M.C. (2011). *Síndrome de Burnout em profissionais de saúde*. Dissertação apresentada para a obtenção do grau de Mestre em Cuidados Paliativos. Porto. Faculdade de Medicina do Porto. Acedido em: https://sigarra.up.pt/ffup/pt/pub_geral.show_file?pi_gdoc_id=551202

Sousa, A. D. (2012). *Relação enfermeiro - Idoso, Crenças e Valores.* Acedido em http://www.ordemenfermeiros.pt/sites/madeira/informacao/Documents/Artigos%20Enfermeiros/Rela%C3%A7%C3%A3o%20Enfermeiro%20-%20Idoso,%20Cren%C3%A7as%20e%20Valores%20por%20enfermeira%20Dulce%20Silva.pdf

Veiga-Branco, M.A.V. (2004). *Auto-motivação*. Coimbra: Quarteto Editora.

WHO (2002). *Definition of Palliative Care.* Acedido em: http://www.who.int/cancer/palliative/definition/en

Xavier, S., Nunes, L. & Basto, M. L. (2014). Emotional Competence of the Nurse: The significance of the construct. *Revista Pensar Enfermagem*. 18 (2): 1-19