Emotional Intelligence as a Strategy for Enhancing Nurses' Work Attitude in Ogun State, Nigeria

Charlotte Bose Iro-Idoro and Olufunke Z. Ajibare

Abstract—This study investigated the effectiveness of emotional intelligence training programme in enhancing work attitude of nurses. The study also investigated whether selfefficacy would moderate the effects of treatment on the criterion variable. Experimental design was employed in the study. The population consisted of all the nurses in five (5) State Hospitals in Ogun State Nigeria. Stratified random sampling technique was used to select one hundred and eight (108). Two validated instruments - Nurses Work Attitude Inventory and Self-Efficacy Scale were employed to elicit responses from the participants. Results revealed, level of selfefficacy had effect on work attitude of participants (F(1,95) =4.568; p < 0.05). The findings demonstrated that the treatment package could be used as veritable tools in equipping nurses with necessary skills that can enhance good work attitude. The implications of this research suggest that medical education curriculum planners, government health management board and personnel/industrial psychologists are expected to incorporate the contents of assertiveness skill into their training programmes.

Index Terms—Work attitude, emotional intelligence, self-efficacy, nurses.

I. INTRODUCTION

The negative attitude of many nurses had contributed to quite a number of health, social, economic and societal problems including patients getting discouraged from coming freely to seek healthcare in the public health institutions. Many patients would prefer to suffer in silence than going to public hospitals and be insulted by nurses. They also prefer consulting private clinics where there are inadequate facilities for proper diagnosis and treatment [1] & [2]. Also, nurses' negative attitude has led to permanent disability or even death of patients in some cases. Even some patients who go to public health institutions keep their problems to themselves, and hide their true feelings for fear of insult or hostile treatment from the nurses [3], [4].

Recently, The Nursing and Midwifery Council of Nigerian, Federal and State governments, Health Administrators, Hospital Management Boards and notable individuals have expressed concern about the factors which led to decline in the work attitude among Nigerian nurses. (Decree No. 83 of 1992 [5] & [6]. These factors have not only been identified but health administrators have been actively engaged in seeking clearer understanding of the

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Charlotte Bose Iro-Idoro is with the Office Technology and Management, The Federal Polytechnic, Ilaro, Ogun State, Nigeria (e-mail: author@boulder.nist.gov).

Olufunke Z. Ajibare is with the General Studies Department All Over Polytechnic, Sango-Ota, Ogun State, Nigeria (e-mail: author@nrim.go.jp).

issues involved and in some cases proffered viable remedies, [6], [7].

It has been discovered in previous studies that nurses work attitude is complex and difficult to determine and that nurses characteristics, hospital, family, society and government also affect nurses work attitude [7]. [8] opined that external factors and interaction with other people in emotionally charged situations exert influence on nurses work attitude. However, such factors do not cause a nurse to demonstrate positive attitude to patients rather, it is the nurse's own activities that majorly bring about his or her 'good' work attitude

The concept of emotional intelligence (EI) has grown in popularity among nurses over the last two decades, generating interest both at social and professional levels [8]. [9] concludes that the modern day demands of nursing depend on the skills of emotional intelligence to achieve a patient-centered 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 [10]. The study has highlighted the nurse-patient relationship, supervision, motivation and responsibility as important factors in Emotional Intelligence.

It should be noted that emotional competencies are not mere innate talents, but learned capabilities that must be developed to achieve outstanding performance [11]. Nursing empathy, the ability of the nurse to perceive and reason, as well as the capacity to interact are seen as core characteristics of a nurse to build relationship with the ill towards care [12]. [8] suggest that emotional intelligence should be more realistically and appropriately integrated into the nursing profession by a model of transformatory learning for nurses' education. Today, emotional intelligence is proved as a necessity for building successful nursing leadership, enhancing nursing performance and reducing nurse burnout [13].

Self-efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engrossment in activities. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression [14]-[16].

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The Objectives of the Study were:

- 1) To investigate the relative effectiveness of Emotional Intelligence Skill Training Programme in enhancing nurses' work attitude.
- To investigate if Self-Efficacy and Work Experience will moderate the causal effects of the intervention programme skills training on the criterion measure.

Statement of the Problem

Health administrators and patients often complain about the negative attitude and lack of emotional competence of nurses in public hospitals. These have led to many patients opting for quacks and traditional healers thus jeopardizing the National Health Policy of the nation. Not only that, it may have damaging effect on patients' relatives and loved ones who are psychologically injured when their loved one is sick or dies. The issue of nurses' work attitude should be revisited from time to time till the problem ceases to exist. Therefore, this study was interested in determining the effects of emotional intelligence skill training programme on work attitude of nurses in public State health hospitals in Ogun State, Nigeria.

Statement of Hypotheses

Two hypotheses were generated for the study and tested for significance at 0.05 level

 H_{01} . There is no significant difference in the effectiveness of emotional intelligence skill training programme in enhancing nurses' work attitude.

 H_{02} . There is no significant self-efficacy difference in nurses' work attitude.

II. METHODOLOGY

The study adopted experimental design using a factorial design. This is because of the fact that this experimental design accomplished in one experiment what otherwise might require two or more separate studies. Apart from this fact, the design provides an opportunity to study the interactive effects of the moderating variables. This variable exist at one level' treatment (Assertiveness) and self-efficacy at 2 levels (High and Low)

The population of the study consisted of the entire nurses working in State Hospitals in Ogun State, Nigeria. There are five (5) State Hospitals in Ogun State. These are Ijebu-Ode State Hospital, Ijebu-Ode; Ishara State Hospital, Ishara, Remo; Ijaiye State Hospital Sokenu Ijaiye, Abeokuta; Ilaro State Hospital, Ilaro and Ota State Hospital, Ota.

III. DATA ANALYSIS

Hypothesis One

 \mathbf{H}_{01} : There is no significant difference in the effect of Self-Efficacy on the effectiveness of the Emotional Intelligence in enhancing Nurses' Work Attitude.

TABLE I: ESTIMATES OF THE INTERACTION EFFECT OF TREATMENT AND SELF-EFFICACY IN ENHANCING NURSES' WORK ATTITUDE

Treatment group	Self efficacy	Mean	Std. Error	95% Confidence Interval		
				Lower Bound	Upper Bound	
Emotional	Low	97.791 ^a	2.025	93.770	101.811	

intelligence	High	99.755°	1.522	96.733	102.776

Covariates appearing in the model are evaluated at the following values: $PRETEST\ ATTITUDE = 90.8333$.

The results in Table I revealed that there was a significant two-way interaction effects of Treatment and Self-Efficacy ($F_{(2.95)}=5.706$; p<0.05) on Nurses' Work Attitude. Therefore, the null hypothesis which stated that there is no significant difference in the effect of Self-Efficacy on the effectiveness of the Emotional Intelligence in enhancing Nurses' Work Attitude was rejected by this finding.

The implication of the results is that Self-Efficacy would interact significantly with Emotional Intelligence to affect the Work Attitude of participants. This was revealed in the results in Table 1 which showed that participants with Low Self-Efficacy in the Emotional Intelligence group who had a mean score of 97.791 and a Standard Error of 2.025.

Also, participants with High Self-Efficacy in the Emotional Intelligence group who had a mean score of 99.755 and a Standard Error of 1.522.

Hypothesis Two

 H_{02} : There is no significant Self-efficacy difference in the Nurses' Work Attitude

TABLE II: ESTIMATES OF SELF-EFFICACY ON NURSES' WORK

	HIIIIODE						
Self			95% Confidence Interval				
efficacy	Mean	Std. Error	Lower	Upper Bound			
efficacy			Bound				
Low	98.214ª	1.389	95.457	100.970			
High	101.802a	.878	100.060	103.545			
Covariates appearing in the model are evaluated at the following values:							
PRETEST ATTIT	UDE = 90.83	333.					

The results in Table II indicated that participants with Low Self-Efficacy had a mean Work Attitude score of 98.214 and a Standard Error of 1.389 while participants with High Self-efficacy had a mean score of 101.802 and a Standard Error of .878. To determine if these mean scores are significantly different, an Analysis of Covariance was conducted. Results are as presented in Table III.

TABLE III: UNIVARIATE TEST OF SELF-EFFICACY ON NURSES'
WORK ATTITUDE

	Sum of Squares	Df	Mean Square	F	Sig.
Contrast	211.667	1	211.667	4.568	.035
Error	4401.630	95	46.333		

The F tests the effect of SELF-EFFICACY. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

The results in Table III revealed that there was a significant effect of Self-Efficacy ($F_{(1,95)}=4.568$; p<0.05) on Nurses' Work Attitude. The null hypothesis which stated that there is no significant Self-Efficacy difference in Nurses' Work Attitude was rejected by this finding. The implication of this result is that participants with Low and High Self-Efficacy will significantly differ in their Work Attitude. However, to determine the direction of the difference, a pairwise comparison was carried out using the Least Squared Difference. The results are presented in

Table IV.

TABLE IV: PAIRWISE COMPARISON OF SELF-EFFICACY ON NURSES' WORK ATTITUDE Sig.a 95% Confidence (I) Self (i) Self-Mean Std. Efficacy Efficacy Diff. (I-Error Interval for J) Differencea Lower Upper Bound Bound Low High -3.589* 1.679 .035 -6.922 -.255 3.589* High Low 1.679 .035 .255 6.922

- Based on estimated marginal means
 *. The mean difference is significant at the .05 level.
- a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The results in Table IV revealed that there was a significant difference in the Work Attitude of Nurses with Low Self-efficacy and High Self-efficacy (MD = -3.589; Std error = 1.679; p < 0.05) in favour of those with High Self-Efficacy. In effect, Self-Efficacy would significantly affect the Work Attitude of Nurses.

IV. DISCUSSION OF FINDINGS

Hypothesis one stated there is no significance difference in the effect of self-efficacy on the effectiveness of the assertiveness in enhancing nurses' work attitude. Self-Efficacy interacted significantly with Assertiveness to affect the Work Attitude of participants. Participants with Low Self-Efficacy had the higher mean Work Attitude score than their counterparts with High Self-Efficacy. In the Study of Anne [9], by a literature review concludes that the modern day demands of nursing depend on the skills of emotional intelligence to achieve a patient centered 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 (Adetoyeje, 2006) [6]. A clear relation between emotional intelligence and adaptive success has been detected in nurses caring for people with mental retardation.

Ref. [17] studies show that emotional intelligence reduces stress and predicts 66% of key success factors in healthcare. Researchers found that healthcare professionals high in emotional intelligence are far more effective in a number of key performance areas, including stress management, showing that these skills are critical for healthcare professionals and especially those in leadership positions.

Hypothesis two stated that there is no significant self-efficacy difference in nurses work attitude. Therefore, by the findings of this study, the null hypothesis was rejected. This means that the study revealed that there was a significant difference in the effect of self-efficacy on nurses work attitude. Studies have shown that personal estimates of self-efficacy are really a form of meta-cognition or self-awareness [18] and self-efficacy is closely bound up with an individual's capacity to identify the causes of his or her successes and failure (attribution style). This finding is well expected as the self-efficacy level of individuals had been found to have positive influence on their behaviour especially in accomplishing a task [19], [20].

This finding confirms the earlier findings which have

shown that human behaviour can be influenced by self-efficacy [21]. It can be deduced that self-efficacy beliefs play a key role in setting the course of intellectual development and operate as an important contributor of behaviour change, which influence individuals' thinking faculty. These judgments influence how individual think, motivate themselves and act [18].

The studies conducted by Naidoo and Pau [22], also reveal similar results. So it can be said that emotional intelligence is the ability to restrain negative feelings such as anger, self-doubt, stress, anxiety and instead focus on positive ones such as confidence, empathy and congeniality.

V. CONCLUSION AND RECOMMENDATIONS

This study has provided meaningful insight and direction into the effectiveness of emotional intelligence training programmes in enhancing nurses' work attitude in State Hospitals in Ogun State, Nigeria. It has also shown that emotional intelligence technique is potent in enhancing nurses' work attitude.

- The efficacy of the the predictor variable is a pointer to the fact that nurses could perform better if these skill is imparted to them periodically. Therefore, curriculum planners, government, health management board and personnel/industrial psychologists are expected to incorporate the contents of emotional intelligence skill into their training programmes and for in-service workplace programmes. This will not only enhance work attitude among nurses but could also foster coping skills and motivation of management and staff.
- Understanding how emotional intelligence skill training programme influence attitudes, feelings and behaviours can help practitioners provide the best quality of services for those who seek help.

REFERENCES

- [1] M. J. Chung Yuen, S. J. Chan Tak, R. Yeung Sai, H. R. Wan Chi, and T. Ho Sau. (2003). *Hong Kong Journal of Emergency Medicine*, [Online]. Available: http://www.contemporarynurse.com
- [2] J. A. Adepoju, M. P. Watkins, and A. M. Richardson, "A quick survey of an HBCU's first year nursing student' perception of the HIV/AIDS phenomenon," *Journal of National Black Nurses Association*, vol. 18, no. 2, pp. 24–29, 2007.
- [3] S. Thomson, "Nurse-physician collaboration: A comparison of the attitudes of nurses and physicians in the medical-surgical patient care setting," *Journal of MedSurg Nursing*, 2007.
- [4] Y. O. Adetoyeje, O. O. Bashir, and S. Ibrahim. "AIDS care in Nigeria: Are nurses comfortable performing procedures?" *International Journal of Nursing Practice*, vol. 14, no. 1, pp. 11-18, 2008.
- [5] Federal Government of Nigeria established by Decree 89 of 1979 of the Federal Republic of Nigeria and amended by Decrees No. 54 of 1988, No. 18 of 1989 and No. 83 of 1992. The Nursing and Midwifery Council of Nigeria. The Council is the only regulatory body for all cadres of Nurses and Midwives in Nigeria. [Online]. Available: http://nmcnigeria.org/standards.php
- [6] J. Ukah-Ogbonna.(2010). An Address delivered by President Nigerian Nurses Association In America, Inc. NJ. USA. [Online]. Available: http://www.kwenu.com/nigeria/2010/president_address_nigerian_nur.
 - http://www.kwenu.com/nigeria/2010/president_address_nigerian_nurses.htm
- [7] O. Adetoyeje, "Caring for patients living with AIDS: Knowledge, attitude and global level of comfort," *Journal of Advanced Nursing*, vol. 53, no. 2, pp. 196-204, 2006.

- [8] J. S. Y. Lee and S. Akhtar, "Job burnout among nurses in Hong Kong: Implications for human resource practices and interventions," *Asia Pacific Journal of Human Resources*, vol. 45, no. 1, 2007.
- [9] F. Dawn and T. Stickley, "The heart of the art: Emotional intelligence in nurse education," *Nursing Inquiry*, vol. 11, no. 2, pp. 91-98, 2004.
- [10] C. H. M. Anne, "Emotional intelligence in nursing work journal of advanced nursing," *Journal of Advanced Nursing*, vol. 47, no. 1, pp. 101-108, 2004.
- [11] A. Kristin and S. Elisabeth, "Emotional intelligence: A review of the literature with specific focus on empirical and epistemological perspectives," *Journal of Clinical Nursing*, vol. 16, no. 8, pp. 1405-1416, 2007.
- [12] D. Goleman, "The emotionally intelligent workplace," *Jossey-Bass*, New York, NY. 2001
- [13] J. M. Vitello-Cicciu, "Exploring emotional intelligence: Implications for nursing leaders," *Journal of Nursing Administration*, vol. 32, no. 4, pp. 203-210, 2002.
- [14] A. O. Ogunyemi, Differential Effectiveness of Provocation, Brainstorming and Emotional Mastery in Fostering Creativity and Emotional Intelligence of Adolescent. Olabisi Onabanjo University Unpublished Ph.D Thesis, 2005.
- [15] A. B. Akindele-Oscar, Emotional Intelligence and CORT-5 Training Programme as Strategies for Fostering Innovation Competence among Undergraduate Students in Ogun State, Nigeria. Guidance and Counselling Dept., University of Ibadan: Unpublished Ph.D Thesis, 2006
- [16] C. B. Iro-Idoro, Students Perceptions of their Abilities to mater Academic Tasks as Correlates of Academic Success among Secretarial Studies Students of the Federal Polytechnic Ilaro, Contemporary Humanities, vol. 4, no. 2, pp. 166-172, 2010.
- [17] G. J. Hallahan and R. H. Moos, "Life stressors, resistance factors and improved psychological functioning: An extension of stress resistance paradigm," *Journal of Ppersonality 7 Social Psychology*, vol. 58, pp. 909-917, 1991.
- [18] A. Bandura. Self-Efficacy in Changing Societies. New York Cambridge University Press, 1995.
- [19] N. O. Bulik, "Emotional Intelligence in the Workplace: Exploring its Effects on Occupational Stress and Health outcomes in Human Service Workers," *International Journal of Occupational Medicine* and Environmental Health, vol. 18, no. 2, pp. 167-75, 2005.

- [20] G. Matthews, A. K. Emo, G. Funk. et al. "Emotional intelligence, personality, and task-induced stress," *Journal of Experimental Psychology Applied*; vol. 12, no. 2, pp. 96-107, 2006
- [21] E. Montes-Berges and D. Augusto, "Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students," *Journal of Psychiatric and Mental Health Nursing*, vol. 14, no. 2, pp. 163-171, 2007.
- [22] S. Naidoo and A. Pau, "Emotional intelligence and perceived stress," vol.63, no. 3, pp. 148-51, 2008.



Charlotte Bose Iro-Idoro is a principal lecturer in the Federal Polytechnic, Ilaro, Ogun State. She is currently the head of Department (HOD) of Office Technology and Management (OTM). She has Higher National Diploma (HND) in Secretarial Studies, Post-Graduate Diploma in Education (PGDE), a M. Sc. business administration (OTM Option), masters and

doctor of philosophy in applied psychology specializing in personnel psychology. She has published over twenty Research Papers in learned Journal both locally and internationally and has authored published textbooks. Dr. C. B. Iro-Idoro has great passion and concern for students generally especially the indigents and those who are below average academically.



Olufunke Z. Ajibare is an educational psychologist holds a bachelor of education degree in educational psychology, a master degree in counselling psychology from University of Ibadan, Ibadan (UI) respectively and a doctor of philosophy in applied psychology specializing in educational psychology from Olabisi Onabanjo University, Ago Iwoye, Ogun

State. The Author has written articles in learned journal and also has to her credit a publication of two textbooks. She is currently a lecturer at Allover Central Polytechnic Ota, Ogun State.