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PERSONALITY DOMAINS AND EMOTIONAL INTELLIGENCE IN THE CARING NURSE-PATIENT INTERACTION: A META-ANALYSIS

***Jestoni D. Maniago**

Department of Nursing, College of Applied Medical Sciences, Majmaah University,
Al Majmaah, Kingdom of Saudi Arabia

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ABSTRACT

This study aimed to systematically review the existing literatures and provide a theoretical understanding of the nurses' personality and emotional intelligence that influence caring nursing relationship. CINAHL and Medline were employed in the literature search. From 140 articles initially reviewed from database sources, only 28 articles which provide a theoretical perspective of personality and emotional intelligence in nursing were included in the analysis. The literature review presented the role of both personality and emotional intelligence of a nurse in establishing a caring nursing relationship. This discussion has suggested that there may be a useful link between personality, EI and caring nursing relationship. Thus, a study should be conducted to investigate the significant role of these two personal factors towards establishing a caring nursing relationship.

****Corresponding author***

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INTRODUCTION

Personality and emotional intelligence are both concepts which pertain to the inner self aspect of an individual. They are contributory and influential factors in the behavior of a person. Therefore, what a person does is somehow the effect of his personality and emotional intelligence. Human relationships are inherent in professional nursing practice, and are influenced by personality of the nurse. Understanding the dominance of a certain trait in a nurse is vital in addressing the behavioral tendencies that may reveal during the process of interaction. Such tendencies like having an extrovert personality may lead to disclosures and gain the trust of the patient, or nurses high in neuroticism domain may greatly suffer to burn-out or emotional fatigue (Maniago, 2012). Another concept which paves the success of a nurse in his/her nursing work is emotional labor. The author believes that Emotional labor is an integral component of emotional intelligence. A nurse can be called emotionally intelligent individual if he/she knows how to work with his/her emotions.

Emotional intelligence (EI) is a concept increasingly recognized in the social psychology literature (Cherniss, 2002) and is making an appearance in nursing journals (Cadman and Brewer, 2001; Evans and Allen, 2002; Freshman and Rubino, 2002). It is considered to be an asset in contexts where it is important to understand other people and be an effective manager (Vitello-Cicciu, 2002). Emotional intelligence, therefore, seems a relevant concept in health care, when it is considered important for practitioners to understand patients' perspectives and for nursing leaders to engage in relationships that will facilitate successful management. In this paper, the author suggested that the nurses' personality and EI deserves to be given credence in nursing for its potential benefits in establishing caring nursing relationships.

OBJECTIVES OF THE STUDY

There are plenty of literatures cited that talks about the factors influencing nursing relationships. But only few of this had an attempt to explore the inner aspect of a nurse – the aspect that deals with the query about personal attributes and EI and how

these affect or influence caring nursing relationships. This study aimed to systematically review and summarize the existing literature pertaining to the personality domains and emotional intelligence of a nurse that influence the caring nursing relationship. It is the goal of this review to gain deeper insight, contribute to the understanding of the nurses' personality and emotional intelligence and improve the quality of care rendered in a nursing relationship.

RESEARCH DESIGN AND METHODOLOGY

In order to focus the search strategy on nursing the databases employed in the literature search were CINAHL and Medline. Key words used were 'personality domains' and 'emotional intelligence'. In addition to articles retrieved from the databases, other sources were acquired by hand-searching current journals and following up references listed in the papers reviewed. Inclusion of papers for the review was based on those judged to provide a theoretical perspective relating to the personality and emotional intelligence, and those considered relevant to aspects of nursing relationships. A systematic review uses transparent procedures to find, evaluate and synthesize the results of relevant research. To minimize the bias, procedures are explicitly defined in advance, in order to ensure that the exercise is transparent and can be replicated (The Campbell Collaboration, 2010). Studies included in the review are screened for quality, so that the findings of a large number of studies can be combined. Peer review is a key part of the process; qualified independent researchers control the author's methods and results. To ensure the review is fit for purpose, the following criteria were considered in the peer review process: clarity and basis of research question or hypotheses; appropriateness of sample selection; known reliability and validity of measures used and reliability and validity of measures as used in current study; appropriateness of design to research question and appropriateness of data analysis and inferences made.

RESULTS AND DISCUSSION

From 140 articles initially reviewed from database sources, there were 28 articles retained that met the inclusion and exclusion criteria which includes (a) only those originally published in English, (b) peer reviewed in international journals, (d) researches focused on the relative roles of personality domains and emotional intelligence in nursing and (e) theories and philosophies underlying personality domains and emotional intelligence in nursing. The articles included provide a sound theoretical understanding between the concepts being reviewed.

Personality Domains

Personality domains are broad and comprehensive; they are not nearly as powerful in predicting and explaining actual behavior as are the more numerous lower-level traits. Many studies have confirmed that in predicting actual behavior the more numerous facet or primary level traits are far more effective (e.g., Mershon and Gorsuch, 1988; Paunonon and Ashton, 2001). Each of the Big Five personality traits contains two separate, but correlated, aspects reflecting a level of personality below the broad domains but above the many facet scales that are also part of the Big Five (DeYoung, Quilty and Peterson, 2007). The aspects are labeled as follows: Volatility and Withdrawal for Neuroticism; Enthusiasm and Assertiveness for Extraversion; Intellect and Openness for Openness/Intellect; Industriousness and Orderliness for Conscientiousness; and Compassion and Politeness for Agreeableness. Openness is a general appreciation for art, emotion, adventure, unusual ideas, imagination, curiosity, and variety of experience. People who are open to experience are intellectually curious, appreciative of art, and sensitive to beauty. They tend to be, when compared to closed people, more creative and more aware of their feelings. They are more likely to hold unconventional beliefs. On average, people who register high in openness are intellectually curious, open to emotion, interested in art, and willing to try new things. A particular individual, however, may have a high overall openness score and be interested in learning and exploring new cultures but have no great interest in art or poetry. There is a strong connection between liberal ethics and openness to experience such as support for policies endorsing racial tolerance (Boileau, 2008). Another characteristic of the open cognitive style is a facility for thinking in symbols and abstractions far removed from concrete experience. People with low scores on openness tend to have more conventional, traditional interests.

They prefer the plain, straightforward, and obvious over the complex, ambiguous, and subtle. They may regard the arts and sciences with suspicion or view these endeavors as uninteresting. Closed people prefer familiarity over novelty; they are conservative and resistant to change. Conscientiousness is a tendency to show self-discipline, act dutifully, and aim for achievement against measures or outside expectations. It is related to the way in which people control, regulate, and direct their impulses. High scores on conscientiousness indicate a preference for planned rather than spontaneous behavior (Costa and McCrae, 1992). The average level of conscientiousness rises among young adults and then declines among older adults. Extraversion is characterized by breadth of activities (as opposed to depth), surgency from external activity/situations, and energy creation from external means (Laney, 2002). The trait is marked by pronounced engagement with the external world. Extraverts enjoy interacting with people, and are often perceived as full of energy. They tend to be enthusiastic, action-oriented individuals. They possess high group visibility, like to talk, and assert themselves. Introverts have lower social engagement and energy levels than extraverts. They tend to seem quiet, low-key, deliberate, and less involved in the social world. Their lack of social involvement should not be interpreted as shyness or depression; instead they are more independent of their social world than extraverts. Introverts need less stimulation than extraverts and more time alone. This does not mean that they are unfriendly or antisocial; rather, they are reserved in social situations (Rothmann, 2003). The agreeableness trait reflects individual differences in general concern for social harmony. Agreeable individuals value getting along with others (Rothmann and Coetzer, 2003). They are generally considerate, kind, generous, trusting and trustworthy, helpful, and willing to compromise their interests with others. Agreeable people also have an optimistic view of human nature. Because agreeableness is a social trait, research has shown that one's agreeableness positively correlates with the quality of relationships with one's team members. Agreeableness also positively predicts transformational leadership skills. In a study conducted among 169 participants in leadership positions in a variety of professions, individuals were asked to take a personality test and have two evaluations completed by directly supervised subordinates.

Leaders with high levels of agreeableness were more likely to be considered transformational rather than transactional. Although the relationship was not strong, (r=0.32, β=0.28, p<0.01) it was the strongest of the Big Five traits. However, the same study showed no predictive power of leadership effectiveness as evaluated by the leader's direct supervisor (Judge and Bono, 2000). Agreeableness, however, has been found to be negatively related to transactional leadership in the military. A study of Asian military units showed leaders with a high level of agreeableness to be more likely to receive a low rating for transformational leadership skills (Lim and Ployhart, 2004). Therefore, with further research organizations may be able to determine an individual's potential for performance based on their personality traits. Disagreeable individuals place self-interest above getting along with others. They are generally unconcerned with others' well-being, and are less likely to extend themselves for other people. Sometimes their skepticism about others' motives causes them to be suspicious, unfriendly, and uncooperative.

Neuroticism is the tendency to experience negative emotions, such as anger, anxiety, or depression. It is sometimes called emotional instability, or is reversed and referred to as emotional stability. According to Eysenck's (1967) theory of personality, neuroticism is interlinked with low tolerance for stress or aversive stimuli (Norris, Larsen and Cacioppo, 2007). Those who score high in neuroticism are emotionally reactive and vulnerable to stress. They are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. Their negative emotional reactions tend to persist for unusually long periods of time, which means they are often in a bad mood. For instance, neuroticism is connected to a pessimistic approach toward work, confidence that work impedes personal relationships, and apparent anxiety linked with work (Fiske, Gilbert, and Lindzey, 2009). Furthermore, those who score high on neuroticism may display more skin conductance reactivity than those who score low on neuroticism (Norris, Larsen and Cacioppo, 2007) These problems in emotional regulation can diminish the ability of a person scoring high on neuroticism to think clearly, make decisions, and cope effectively with stress. Lacking contentment in one's life achievements can correlate with high neuroticism scores and increase one's likelihood of falling into clinical depression.

At the other end of the scale, individuals who score low in neuroticism are less easily upset and are less emotionally reactive. They tend to be calm, emotionally stable, and free from persistent negative feelings. Freedom from negative feelings does not mean that low scorers experience a lot of positive feelings (Dolan, 2006). Neuroticism is similar but not identical to being neurotic in the Freudian sense. Some psychologists prefer to call neuroticism by the term emotional stability to differentiate it from the term neurotic in a career test. It is believed that the Big-Five traits are predictors of future performance outcomes. Job outcome measures include job and training proficiency and personnel data (Mount and Barrick, 1998). However, research demonstrating such prediction has been criticized, in part because of the apparently low correlation coefficients characterizing the relationship between personality and job performance. In a 2007 article (Morgeson, Campion, Dipboye, Hollenbeck, Murphy and Schmitt, 2007) co-authored by six current or former editors of psychological journals, Dr. Kevin Murphy, Professor of Psychology at Pennsylvania State University and Editor of the Journal of Applied Psychology (1996-2002), states: The problem with personality tests is … that the validity of personality measures as predictors of job performance is often disappointingly low. The argument for using personality tests to predict performance does not strike me as convincing in the first place (Murphy, 2002 p.106). Such criticisms were put forward by Walter Mischel whose publication caused a two-decade long crisis in personality psychometrics. However, later work demonstrated (1) that the correlations obtained by psychometric personality researchers were actually very respectable by comparative standards, (Rosenthal, 1990) and (2) that the economic value of even incremental increases in prediction accuracy was exceptionally large, given the vast difference in performance by those who occupy complex job positions (Hunter, Schmidt and Judiesch, 1990).

There have been studies that link national innovation to openness to experience and conscientiousness. Those who express these traits have showed leadership and beneficial ideas towards the country of origin (Fairweather, 2012). Some businesses, organizations, and interviewers assess individuals based on the Big 5 personality traits. Research has suggested that individuals who are considered leaders typically exhibit lower amounts of neurotic traits, maintain higher levels of openness (envisioning success), balanced levels of conscientiousness (well-organized), and balanced levels of extraversion (outgoing, but not excessive). Further studies have linked professional burnout to neuroticism, and extraversion to enduring positive work experience. When it comes to making money, research has suggested that those who are high in agreeableness (especially men) are not as successful in accumulating income. It is possible that these individuals are too passive and do not aspire to obtain higher levels of income (Judge, Livingston, and Hurst, 2012). The literature review demands the researchers in nursing to undergo an investigation on the role of personality domains in nursing relationships. Since human relationships in an integral component in nursing profession, the manner in which nurses establish such relationship is reflective of the personality he/she obtained from life journey. It is therefore suggested to understand the experiences of nurses and identify the dominating personality domain of nurses which greatly affects the process of establishing nursing relationships.

Emotional Intelligence

Goleman (1996) claimed that this wide perspective, incorporating a multiplicity of talents, provided a richer picture of abilities relating to potential success in life than performance in standard IQ tests. The multiple intelligences can be usefully brought together in three groups: abstract intelligence; concerned with verbal and mathematical skills; concrete intelligence; concerned with manipulation of objects; and social intelligence; concerned with understanding and relating to people. Emotional intelligence has its roots in the social intelligences first proposed by Thorndyke (1920), who noted that it was of value in human interactions and relationships. He concluded that social intelligence was discrete from academic abilities and was a key to success in the practicalities of life. Within the group of social intelligences, Gardner (1993) distinguished between two types of personal intelligences: interpersonal and intrapersonal. Interpersonal intelligence was concerned with the ability to understand other people and to work well in co-operation with

them. Intrapersonal intelligence involved being able to form an accurate picture of one's self and to use this to operate successfully in life. The latter included the ability to be self-aware, to recognize one's own feelings and to take account of them in social behavior. There were four separate abilities within interpersonal intelligence. They included the ability to organize groups, negotiate solutions, make personal connections and engage in social analysis. According to Goleman (1996, p. 118) these skills demonstrate 'interpersonal polish' and facilitate social success. People who possess such skills can form connecting relationships with others easily, read other people's feelings and responses accurately, lead and organize other people and handle disputes successfully. It seems appropriate, therefore, to foster interpersonal intelligence in nursing, where it is advantageous to form good rapport, and indeed form connected relationships with patients (Morse, 1991). The skills of social analysis are undoubtedly part of nursing work, whereby nurses interpret and understand how patients feel, ascertain their motives and concerns, and demonstrate empathy in their care. Furthermore, organizational and negotiating skills are required in teamwork, both within nursing and in co-operative working with other health care professionals. Intrapersonal intelligence is also demanded in nursing when nurses empathize with patients, try to understand their perspectives and engage in counseling skills. In these circumstances, it is recommended that nurses have engaged in a self-reflective process to become aware of their own values and prejudices. Any personal prejudices that conflict with those of patients or clients can then be set aside in helping patients come to their own decision, appropriate to their circumstances (Burnard, 1994). The social adeptness referred to above is demonstrated in the definition of EI proposed by Freshman and Rubino (2002, p. 1) as:

Proficiency in intrapersonal and interpersonal skills in the areas of self-awareness, self-regulation, self-motivation, social awareness and social skills. Mayer and Salovey (1993) are more explicit when they describe EI, indicating that it involves verbal and non-verbal assessment and expression of emotions, control of emotions and the use of emotion in solving problems. This can be demonstrated in nursing when, for example, in the course of assessing patients and identifying their needs, nurses are sensitive to patients' emotions. The interpretation of emotional expression and intelligent response in the application of appropriate professional skills, such as emotional work, empathy and counseling skills can result in patients' emotional states being modified and anxiety being ameliorated. Furthermore, it is claimed that EI adds significantly to performance attributed to the cognitive abilities associated with general intelligence (Strickland, 2000; Lam and Kirby, 2002). Lam and Kirby (2002), using the Multifactorial Emotional Intelligence Scale (MEIS), investigated the claim that EI increases performance in excess of that attributed to general intelligence. This tool incorporates three EI abilities: perceiving, understanding and regulating emotions. The authors concluded that the abilities of EI improved the cognitive based performance in their sample, supporting the claim that EI gives added advantage to cognitive abilities. Others have also investigated the additive value of EI, agreeing that people with this form of intelligence show better interactive skills are more co-operative and form closer relationships. Indeed, Strickland (2000) asserts that EI is twice as important as IQ and technical skills combined. Goleman (1996) suggests that when people come together to collaborate they work together with a group IQ, i.e. 'the sum total of the talents and skills of all those involved'. He claims, however, that 'The single most important element in group intelligence…is not the group IQ in the academic sense, but rather in terms of emotional intelligence'. Evans (2001) also believes that intelligent action results from a helpful mix of both reason and emotion. In traditional training programs nurses were encouraged to conceal their emotions and to maintain a professional barrier. This conferred some protection from the emotional concerns of patients (Menzies, 1960). The way in which work was organized, with nurses approaching patients to carry out particular tasks of a physical nature, helped to maintain this. In recent decades, however, there has been a move away from maintaining distance and detachment towards an appreciation of involvement and commitment (Williams, 2000). Furthermore, the introduction of the named nurse concept and primary nursing has resulted in less formal nurse–patient relationships than those traditionally encouraged. Many concepts now valued in health care, such as partnership, open communication and 'new nursing' (Savage, 1990), emphasize the importance of nurse–patient relationships. The value of each nurse adopting a holistic approach to patient care and addressing psychological, social and spiritual needs has been acknowledged, and necessitates closer relationships, as well as continuity in the delivery of nursing care (Benner, 1984).

The move to encourage partnership in health care requires open communication and mutual understanding that can be facilitated when there is good rapport between patient and professional (McQueen, 2000). Getting to know patients helps nurses to interpret concerns, anticipate patients' needs and adds to job satisfaction. In adopting values of holistic care, partnership and intimacy, nurses get to know their patients as individuals and experience emotional responses to their suffering. They are, therefore, now more exposed to both physical and emotional distress of the patients and have to deal with this as part of their work. While it is now considered acceptable for nurses to show their emotions as they empathize with patients and show their humanity (Staden, 1998), there is clearly also a need for them to manage their emotions if they are to offer help and support.

In this respect, Omdahl and O'Donnell (1999) differentiate between empathetic concern and emotional contagion. They advise nurses to use strategies that promote empathetic concern and avoid emotional contagion. The work of Hocshschild (1983) is key to understanding emotional management, and her analysis demonstrates that work is involved in managing emotions. Her study was based on airline stewards, who were paid to engage in emotional management with the airline passengers. Recognizing the mental work involved, and acknowledging that the airline stewards were paid to perform in this way as part of their work, Hochschild referred to the emotional work as emotional labor. Emotional labor is defined by Hocshschild (1983) as the induction or suppression of feeling to sustain the outer appearance that results in others feeling cared for in a safe place. According to her: This kind of labor calls for a co-ordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality. (Hocshschild, 1983). It is immediately clear that there are similarities here to the mental processes involved in EI. I am not suggesting that EI and emotional labor are similar concepts, but rather that emotional labor calls upon and engages interpersonal and intrapersonal intelligences.

This view will be developed further in a later part of the paper. In order to help patients feel cared for, nurses welcome patients, they are polite, respectful and considerate. In the course of nursing, they engage in various activities that correspond with caring behavior, e.g. providing helpful information and advice; physically helping patients when necessary; engaging in supportive behavior and administering technical care. Associated with these behaviors can be emotions such as sadness, joy and compassion (McQueen, 1997). In addition to these positively valued emotions, nurses can also experience negative emotions such as frustration, disgust, irritation and anger. If patients are to feel cared for these latter emotions will require to be controlled to present a front appropriate for the situation (Goffman, 1959).

Emotional labor, however, is more than presenting a front to patients or observers: it also involves work on the emotions to correspond with this front. Emotional labor is guided by 'feeling rules' derived from social conventions, the reactions of others or from within the individual (Hocshschild, 1983). Hochschild therefore argues that emotional life is socially controlled. In a nursing context, when nurses do not feel as they think they ought to feel in particular situations they engage in emotional labor to manage, control or alter their emotional status to correspond with what they believe is appropriate for the situation. The emotional work involved achieving correspondence between the emotions experienced and behavior demonstrated helps to give the behavior authenticity. Hocshschild (1983) describes two processes involved in emotional labor: surface acting and deep acting. Surface acting requires altering the outer expression to achieve correspondence between feelings and the behavior demonstrated. Deep acting requires a change of inner feelings to those considered appropriate for the situation, so that these feelings are mirrored in facial expressions and outer behavior. The feeling rules used to monitor emotional feelings and emotional labor may be unconscious or semiconscious (Hocshschild, 1983). While Hochschild's work was carried out with airline stewards, and is not without its critics (Wouters 1989, Tolich 1993), it has been shown to have wider application and its relevance in nursing has been clearly demonstrated (James, 1992; Smith, 1992; Phillips, 1996, and McQueen, 1997). The purpose of emotional labor is to promote in others a feeling of being cared for (Hocshschild 1983). Thus, its relevance in nursing is reinforced since caring is a central element in nursing (Watson, 1990, Swanson, 1993).

Caring is a complex phenomenon and many definitions have been suggested. The two that follow indicate the physical and emotional nature of this concept for both carers and recipient of care: Intentional actions that convey physical care and emotional concern and promote a sense of security in another. (Larson and Ferketich, 1993) The mental emotional and physical effort involved in looking after, responding to and supporting others. (Baines et al. 1991 p. 11) Caring for someone, in its fullest sense, includes an emotional element, i.e. to care for and about the person (Fealy, 1995). Caring for someone is associated with the performance of physical tasks, whereas caring about someone implies care at a deeper level, where feelings are explicitly involved in the relationship and resulting care. If nurses are to form therapeutic relationships and engage with patients, to care for and about them, this involves their emotions. James (1992) suggests that emotional labor operates in the context of caring about, since it involves a 'personal exchange'. She does, however, recognize that the feelings of the airline stewards in Hochschild's study may not have been based on such a personal exchange, but could have appeared genuine because the stewards were trained to behave in this way. This lack of authenticity is, however, disputed by Wouters (1989). To engage with patients at a level at which nurses can feel for and empathize with them may in some cases be reflexive or automatic, but in others will demand emotional work if their behavior is to show genuine emotional responses. Such work on the emotions requires that nurses give of themselves and this can have personal costs in terms of feeling emotionally drained or exhausted (Hocshschild, 1983). Clearly, not all patients require intense emotional engagement. However, in situations when they are emotionally upset, or when nurse–patient contact is maintained over a period of time (Morse 1991), the relationship is likely to develop as nurse and patient get to know each other and negotiate a relationship that satisfies both parties.

Nurses in Henderson's (2001) study experienced detachment or engagement on a continuum along which there was movement according to specific patient circumstances. Ability to move along such a continuum, according to individual circumstances, may confer an advantage and protect nurses from undue emotional stress. Emotional work can involve nurses in managing instinctive emotions such as disgust, annoyance or frustration in patient interactions. By trying to view the situation from patients' perspectives and empathizing with their emotions, nurses' facial expressions and behavior can be managed to display caring behavior. Alternatively, hen nurses reflexively identify with patients in suffering, a degree of emotional management may also be required to enable them to function in a manner that is beneficial for patients. While it is appreciated that showing emotion that reflects feelings for patients shows humanity on the part of the nurse (Staden, 1998), the aim of emotional management is to facilitate the best possible outcome for patients or clients. If one is overcome with emotion, cognition and behavior can be adversely affected (Ramos, 1992). Benefits of emotional labor in caring relationships Emotional labor on the part of nurses may have benefits for both patients and nurses. The advantage to patients of feeling cared for can be demonstrated in physical behavior, attentiveness, and the time that nurses give to meeting their needs (Smith, 1992). The quality of care may be enhanced when nurses can engage with patients, detect and act on cues, anticipate needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care.

Muetzel (1988) describes this level of engagement as 'being there', nurses connecting with patients physically, psychologically and spiritually. Von Dietze and Orb (2000) propose that it is important for nurses to experience compassion because it affects their decision-making and actions, contributing to excellence in the practice of nursing. Similarly, Henderson (2001) claims that emotional involvement by nurses may contribute to the quality of care because the majority perceive emotional engagement as a requirement of excellence in nursing practice. Thus, it seems that emotions are not to be dismissed, but rather have an important place in the quality of care one can provide. Brechin (1998) identified other factors that may be associated with nurse–patient relationships and relevant to evaluating the quality of care. These include the importance of macro and micro communications, suggesting that these are fundamental to the way care is perceived.

Brechin (1998) also acknowledged the value of 'intrapersonal experience' and the impact of caring relationships on the self-esteem of both carers and those being cared for and the satisfaction experienced by both. Nurses have also enjoyed benefit from emotional labor. Engaging with patients at a personal level has been reported to be satisfying, and job satisfaction is also achieved when feedback of appreciation is given by patients (McQueen, 1995). However, emotional labor is skilled, demanding work (James, 1992), and intense or continuous emotional work can be stressful and exhausting. Unrelenting work of this nature can adversely affect nurses' physical and psychological health, potentially leading to burnout (Benner and Wrubel, 1989). A balance is therefore required to provide intimate, personal attention to patients while recognizing personal limitations and engaging in coping mechanisms to protect oneself from burnout. Some such techniques are careful patient allocation so that the more demanding patients are shared amongst nurses, and provision of peer support and supervision (Staden, 1998).

Emotional intelligence supports the concept of partnership in nurse–patient relationships, and consumers are encouraged to be more involved in decisions about their care. The consultation required in partnership necessitates good interpersonal skills to convey information and provide support to patients and their families. However, the literature suggests that nurses often do not feel well prepared for giving psychosocial support (Secker, 1999). In the current climate, when patients are hospitalized for shorter periods of time, there is a need for hospital nurses to be able to form good rapport rapidly with patients. This is necessary for the development of trusting relationships, so that patients feel able to discuss personal, sensitive issues associated with their recovery. It is questionable whether education programs prepare nurses adequately to be self-aware and to provide psychological support in the course of their work. There is evidence that the importance of self-awareness and understanding patients' perspectives is recognized in nursing education (Mason, 1991 and Wells-Federman, 1996). However, some nurses feel inadequately prepared for the social, interpersonal and emotional demands of their roles (Henderson, 2001).

In nursing literature, Evans and Allen (2002) acknowledge that nurses' ability to manage their own emotions and to understand those of their patients is an asset in providing care, but that EI is generally overlooked in nursing curricula. Cadman and Brewer (2001) claim that EI is developed over time by interpersonal skills training, and propose that an assessment of EI should be made prior to recruitment of people into preregistration nursing programs. Although EI evolves over time, this does not necessarily mean that it should not be addressed during nursing education. It is a quality that can be learned and taught throughout life (Segal, 2002). Carrothers et al. (2000) reported on the use of a 34 item semantic differential tool for measuring EI of medical school applicants. They identified five dimensions of EI (maturity, compassion, morality, sociability and a calm disposition) and validated their instrument for measuring desirable personal and interpersonal qualities. Data gathered using the tool was found to reinforce the belief of Raty and Snellman (1992) that women are more competent than men in interpersonal skills. Professional–patient relationships in both medical and nursing work are important and share many of the same features, including trust between patient and health care professional. Therefore this tool may be of value is assessing the EI of student nurses and qualified practitioners. There may be a relationship between gender and emotional skills, as suggested by Raty and Snellman (1992), but Caruso et al. (2002) have shown that EI is independent of personality traits. In addition to the benefits of EI described in dyadic relationships, Druskat and Wolff (2001) emphasize its value in teamwork. Nurses are familiar with the concept of teamwork, not only in working with nursing personnel within a unit, but also in co-operating with other health care professionals. It is clear that the five domains of personality according to the Big Five Theory, namely openness, conscientiousness, extraversion, agreeableness and neuroticism and the five components of EI identified by Goleman (1998), namely self-awareness, self-regulation, motivation, empathy, social skill, are relevant to nurses as they interact with others. Personality domains and emotional intelligence requires that traits and emotions are recognized and surfaced. The concept provides understanding of how the personality traits and emotions experienced by individuals affect the work of the team (Druskat and Wolff, 2001). Personality domains and emotions, therefore, are not suppressed or ignored but are actually acknowledged and their value appreciated when there is awareness of the importance of EI. The significance of personality and emotions in nursing work has come to be recognized in the literature. While nursing work involves cognitive and technical skills, there has been increasing recognition of the interpersonal and intrapersonal skills required to cope with the complex demands of modern health care systems (Bellack, 1999). The personality domains and qualities in EI that are relevant to this discussion are the abilities to understand other people, work well in co-operation with them and be self-aware. These are relevant to direct patient care and multidisciplinary teamwork, and Graham (1999) indicates that nurses need 'emotional competence', the ability to question themselves and provide patient-centred care. Being aware of the personality traits, knowing the tendencies on nurses' behavior and management of emotions are required in successful interactions, so that professionals show understanding of others and in turn influence the feelings of others (who may be patients or colleagues).

While the value of personality and emotion are becoming recognized in the nursing literature, there is now a need to address this in nursing curricula. Nurses feel that they lack essential social skills (Secker, 1999), and employers indicate that qualifying nurses are not equipped to adapt to the working world (Bellack, 1999). The aims of incorporating personality enhancement and EI competency training into nursing curricula should be to improve understanding of oneself and others and to develop improved skills when addressing psychosocial needs. McMullen (2003, p. S19) states that 'Cognitive intelligence on its own offers little preparation for the emotional challenges that you will meet in the course of your medical career'. While this quotation is taken from the British Medical Journal and was intended for doctors, it appears to be relevant to nurses because of the close nurse–patient contact and relationships that can develop during the course of nursing work. Furthermore, personal challenges which involve traits and emotions may not be restricted to relationships with patients, but also arise with colleagues and with patients' relatives. Understanding the tendencies of an individual nurse and recognition of the importance of EI in relationships and in work performance seems to be an important starting point.

Its relevance in recruitment and nursing curricula has been acknowledged but has still to be included as a requirement in nursing education programs. Approaches can be incorporated into educational program to foster these skills, in particular self-awareness, self-regulation and social skills. Cook (1999) highlights the need for self-awareness in nursing and is concerned that a more structured, rigorous approach to teaching be taken to address this quality than that of experiential learning currently adopted. He draws attention to the financial drive that resulted in pressure on universities to teach students in large groups and the unsuitability of large group teaching to the realization of some teaching aims and learning outcomes. Teaching methods and specific learning outcomes in the development of personality and EI must be made explicit if this is to be included in the teaching program. Based on the theory emerging in this area, approaches that incorporate reflective practice and self-evaluation may be ways to approach the issue. These may be important skills for life-long learning and professional development. The environment within which learning takes place also needs to be addressed to provide a trusting and supportive setting within which students feel safe to explore their feelings and voice their opinions. It has become clear that there is much scope for further research to ascertain the most advantageous ways of improving personality, managing behavioral tendencies advancing EI and of teaching and supporting nurses in their practice, most especially in establishing nursing relationships.

Conclusion

The success of a nursing relationship has been carried out with great weigh for nurses. The triumph depends on his personality and level of emotional maturity to initiate and maintain the relationship. It is recognized that nurses engage in human relationships as part of their professional work. This discussion has suggested that there may be a useful link between personality, emotional intelligence and nursing relationship. While some nurses show a tendency towards more nursing engagement with patients than others, the question remains as to the domain dominating his/her personality or whether he/she has a higher level of EI. There is still an argument for inclusion of personality and EI competency training in nursing curricula. But clearly this is an area for further research that may have personal, professional and economic benefits. If knowledge in managing behavioral tendencies related to nurses' personality domains and improving nurses' EI can help them deal more ably with their nursing relationships, this will be of benefit to the nursing profession and the welfare of the patients.

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