

(RESEARCH ARTICLE)



Role of health professionals' emotional intelligence in conflict management in a public hospital

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Abstract

Background: Conflict is a competitive interaction of people directly or indirectly related and through this interaction one part tries to thwart goals, intentions and wants of the other part.

Objective: To assess the emotional intelligence (EI) role among health professionals (HPs) and its relation to conflict management resolution in a public hospital.

Methods: A cross-sectional study was conducted in a public hospital in Greece from March to September 2020. A random sample of sample of 153 HPs participated in the study. A self-completion questionnaire was structured including questions on socioeconomic characteristics, conflict management and EI. Descriptive and inferential statistics were performed using SPSS 25.

Results: The majority of the sample (56.9%) usually conflict with colleague, 23.5% with supervisors, 22.9% with subordinates and 20.3% with the hospital administration. Regarding conflict management strategy, 71.9% try to avoid the conflict and 53.6% negotiate for mutual benefit with the opposite side. 53.3% and 44.7% of the sample stated that differences in educational levels and the unclearly messages provoke conflicts. HPs has moderate level of EI (5.6 ±0.7). The increase of employees' EI is correlated with the decrease of organizational problems. Contrariwise, employees with high EI, are more aware and satisfied with their work, they know their limits and obligations and are probably more adaptable to changes and requirements.

Conclusion: Conflicts appear to be common in hospitals settings. The detection of the factors causing them must be a priority of the modern health management which should encourage health care workers to report conflicts without being punitive.

Keywords: Conflicts; Emotional intelligence; Health professionals; Hospital environment; Management

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1. Introduction

Conflict is defined as the internal or external disagreement resulting from differences in ideas, values, and feelings between two or more people [1]. This conflict is a normal reaction in every organization and every work environment and is manifested through employee's disagreement and the attempt for one view to be prevailed [2,3]. Conflicts and the way to be resolved can have a constructive effect, however is required mutual effort from both the dissidents and the leadership of the organization [4]. The involved emotions in the conflict process are varied, including anger, threatening tension and emotional charge, while depending on the outcome of the conflict could turn into sadness, frustration or on the contrary a feeling of victory and joy [5].

Emotional intelligence (EI) is a mental and simultaneously cognitive ability of the individual, through which the person can adapt its behavior towards others, aiming at better communication of social relationships and bonds [6]. In workplace it seems that EI can contribute to better adaptation of employees in difficult and conflict situations [7]. Health care settings are sectors with work intensity, due to the daily management of life and death issues as well as the collaboration of interdisciplinary health professionals, leading often to the roles' conflict, as part of the ongoing effort to improve health care provision [8].

EI contribute to health professionals' try of resolve a conflict. More specifically, in studies conducted in health professionals, has been found that the increased Emotional Intelligence index leads employees to choose cooperation as a solution to the conflict [9,2]. Furthermore, employees with a higher level of emotional intelligence perform more effectively their tasks, they timely perceive conflict triggers and try to resolve the conflict through communication and mutual retreat [10].

The purpose of this study was to assess emotional intelligence role among health professionals and its relation to conflict management resolution.

2. Material and methods

The study was conducted on health professionals (physicians, nurses, administrative and technical-laboratory staff) working at a General Hospital of Greece. Simple random sampling was used for the research. According to the data of hospital, the number of health professionals was 220 and specifically: 46 physicians, 119 nursing staff, 33 administrative staff, 22 technical-laboratory staff. The research sample was 153 people out of 220 with a response rate of 70%. The inclusion criteria were: a) health professionals should have at least two years of experience, b) they were professionals who were on duty during the conduction of the study. The study lasted from March to September 2021.

2.1. Study instruments

An anonymous and self-completion questionnaire was distributed to the sample aiming to assess the conflict management and their emotional intelligence. The questionnaire was divided into three sections. The first section included questions on the socio-demographic and occupational characteristics of the sample. The second section measured the conflict management, using the questionnaire developed by Tengilimoglu and Kisa [11] and validated in the Greek population by Pavlakis et al. [12]. The questionnaire consisted of questions related to role conflict, ambiguity, and conflict management. The third section assessed health professionals' emotional intelligence using the Wong Law Emotional Intelligence Scale. This is a self-report questionnaire based on the four dimensions of the Mayer and Salovey Model: (a) Self-Emotions Appraisal (SEA), (b) Others' Emotion Appraisal (OEA), (c) Use of Emotion (UOE), and (d) Regulation of Emotion (ROE) (Mayer, et al., 2011). The Scale was translated and validated in Greek by Kafetsios and Zampetakis [13].

2.2. Ethical considerations

The study protocol was approved by the ethical committee of the hospital (No: 90404/5/09/2018). The voluntary participation and the anonymity of the sample were ensured. An introduction letter was attached to the questionnaire in order to explain the study purpose. Confidentiality was maintained by using sequential identification numbers when entering the data.

2.3. Statistical analysis

Data collected by health professionals were entered into the S.P.S.S. 25 in order to carry out the statistical analysis. The level of research significance was set at 0.05. Descriptive statistics was performed and presented with percentage distributions, mean values and standard deviations. In order to assess the relationship between conflict management

and emotional intelligence of health professionals' spearman correlation coefficient was realized, as the variable is not normally distributed.

3. Results

The majority of the samples (66.7%) were women. The mean age was 47 ± 8.4 years, and the mean years of experience were 20.4 years. 45.8% of health professionals were university graduates, whereas 28.3% held administrative positions (Table 1).

Table 1 Demographic characteristics of the study population

	Frequency (n)	Percentage (%)
Gender		
Male	51	33.3
Female	102	66.7
Age: $47 (\pm 8,4)$ year		
Years of experience: $20.4 (\pm 9.1)$ year		
Profession		
Physician	33	21.6
Nurse	78	51.0
Administrative staff	20	13.1
Technical-Laboratory staff	22	14.4
Education		
Higher School	55	35.9
University's degree	70	45.8
Master's degree	23	15.0
PhD	5	3.3
Administrative position		
Yes	43	28.3
No	109	71.7

Regarding the health professionals' conflict management, the majority of the sample (56.9%) answered that they usually conflict with colleagues, 23.5% with supervisors and 22.9% with subordinates or those who were belonged to the same professional category and 20.3% declared that they had conflicts with administration executives.

As far as the organizational factors that elicit conflicts, it seems that the lack of job description and autonomy in decisions as well as the workload may lead into conflict (Table 2).

Table 2 Health professionals' concerns about organizational factors

	Not at all %	Little %	Moderately %	Much %	Very much %
How much are you personally and professionally satisfied by the roles and duties you are assigned?	4	6.6	42.4	37.1	9.9
How much do your expectations of the organization match with the organization's expectations of you?	3.4	20.8	49	24.2	2.6
Does your organization respond negatively to your actual or potential membership or activities in professional organizations?	52.8	14.4	21.9	8.2	2.7
Do you think you work more when you compare your workload with the workload of other professional groups?	7.2	10.5	17.8	36.2	28.3
Do you think your wage is enough to motivate you sufficiently for your workload?	32.2	29.6	27	9.9	1.3
How much does your current job resemble your ideal job?	27.8	21.9	32.5	15.9	1.9
Do you think you would be more happy, peaceful, and efficient if you worked in another profession than your current one?	25	15.8	19.7	23.7	15.8
If you are responsible to more than one executive, does this affect your work performance negatively?	17.8	16.4	17.1	30.9	17.8
If you are responsible to more than one executive, does this cause conflicts among them?	19.9	24.5	13.9	28.5	13.2
Do you consider your authority sufficient for the duties you are responsible for?	6.7	8.7	42.6	38	4
How much do you think legal regulations define your duties and help you accomplish them efficiently?	17.8	23	41.4	14.5	3.3
Do you have conflicts with other departments due to the highly interactive and collaborative nature of health service production in hospitals?	28.8	26.1	30.1	11.8	3.3
When making professional decisions, how autonomous and independent do you feel, in terms not feeling pressured, obstructed, or directed by others?	7.9	25	29.6	33.6	3.9
How much do you think resource distribution is done fairly between departments?	16.6	26.2	46.2	9.7	1.3

More than 40% of health professionals believe that organizational ambiguities (e.g. insufficient authority for the duties that a professional is responsible for, ambiguity of job description and fair distribution of resources between departments), created conflicts in the hospital environment. Approximately 30% of the participants agree that their workload is higher compared with other professional groups or compared with their wages. One-third of the respondents stated that receiving directions from more than one manager affects negatively their productivity and may lead to conflicts. Less than half of the sample believes that will be happier and more efficient if they will practice another profession (40.8%), opposite to the 39.5% who felt satisfied with their work.

Communication problems were a significant factor based on health professionals' concerns (Table 3). 53.3% and 44.7% stated that differences in educational level and unclearly messages provoke conflicts. More than 30% believe that there is a lack of performance-based rewards for employees and felt that the hospital management is not aware of their contribution.

Table 3 Health professionals’ concerns about the factors causing conflict

	Not at all %	Little %	Moderately %	Much %	Very much %
How much do you think educational differences lead to communication problems between professional groups?	3.9	13.2	26.3	44.8	11.8
Are your messages clearly understood and your job expectations shared by other professional groups?	3.3	16.4	53.3	25	2
Do you get the rewards you think your performance deserves? (early promotion, financial gain, vacation, appreciation, etc)	26.5	25.2	32.5	13.2	2.6
Do you think there is fair distribution of rewards across different profession groups?	35.3	24	33.3	6.7	0.7
How much do you think hospital management is aware of your contribution to health service production?	15.5	30.4	31.1	20.3	2.7
How much do your promotions and career advancement match your expectations?	14.6	18.5	39.8	24.5	2.6

In Figure 1 is presented the health professionals’ strategy in a conflict incidence with another person. 71.9% stated that they tried to avoid the conflict and 53.6% had chosen to negotiate with the opposite side, for mutual benefit. For the 87.6% of the participants, the preferred role of mediator in the resolve a conflict is a colleague of the same hierarchical level or a superior in the department.

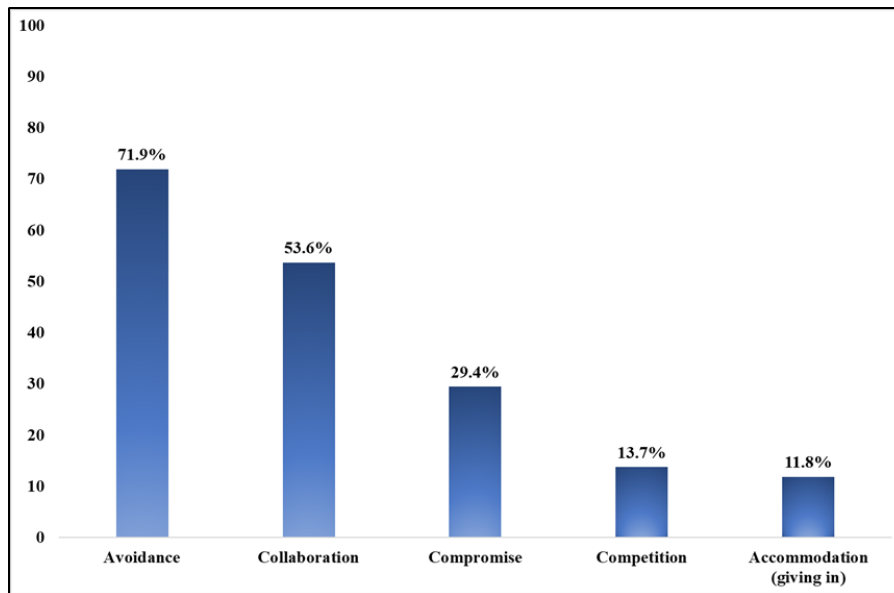


Figure 1 Conflict Management Strategy reported by the health professionals

Regarding suggestions for conflict resolution, health professionals believe the fair distribution of resources among department and the establishment of good communication and cooperation as the most important aspects for preventing conflict (Figure 2).

Moreover, EI was measured and compared with health professionals’ conflict management. According to our findings, the sample has moderate total emotional intelligence (5.6 ± 0.7), appraisal of one’s own emotions (5.9 ± 0.8), appraisal of others’ emotions (5.6 ± 0.8), use of emotion (5.6 ± 0.9) and regulation of emotion (5.4 ± 0.9).

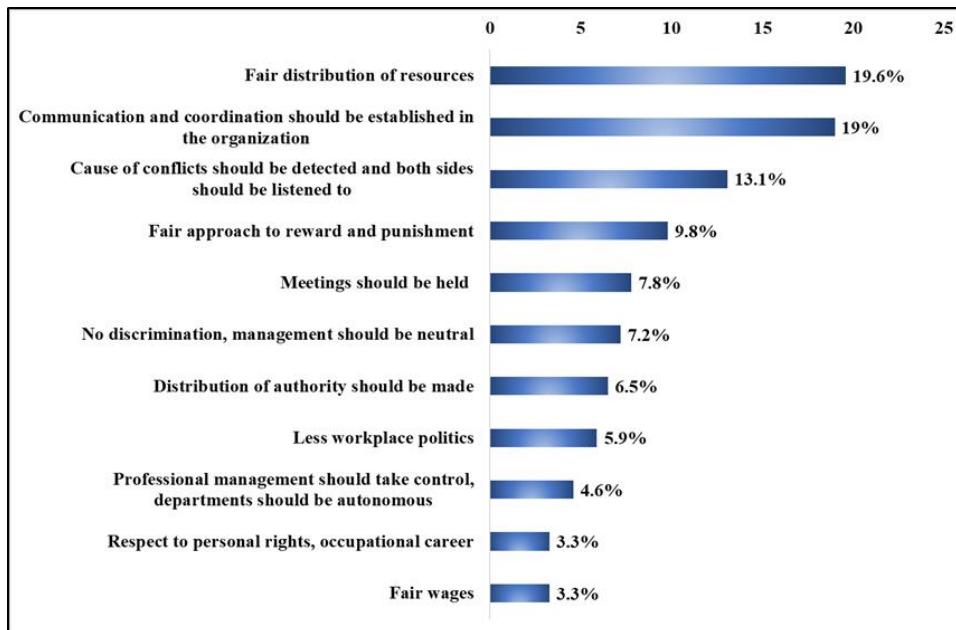


Figure 2 Suggestions for conflict resolution

Table 4 Correlation analysis between conflict management and health professionals’ emotional intelligence

	Total emotional intelligence r (p value)
Accommodation (giving in)	-0.165* (0.041)
How much are you personally and professionally satisfied by the roles and duties you are assigned?	0.206* (0.011)
How much do your expectations of the organization match with the organization’s expectations of you?	0.214** (0.009)
Do you think you would be more happy, peaceful, and efficient if you worked in another profession than your current one?	-0.176* (0.031)
If you are responsible to more than one executive, does this affect your work performance negatively?	-0.164* (0.044)
If you are responsible to more than one executive, does this cause conflicts among them?	-0.182* (0.025)
Do you have conflicts with other departments due to the highly interactive and collaborative nature of health service production in hospitals?	-0.301** (0.001)
When making professional decisions, how autonomous and independent do you feel, in terms not feeling pressured, obstructed, or directed by others?	0.164* (0.044)
How much do you think resource distribution is done fairly between departments?	0.182* (0.029)

* Correlation is significant at the 0.05 level, ** Correlation is significant at the 0.01 level.

Correlations were found among emotional intelligence and organizational problems (Table 4). The increase of health professionals’ EI is connected with the approach of accepting the desire of the opposite side as a strategy of a possible conflict’s reduction ($r=-0.165$), as well as with the belief that they would be more happiness in another job ($r=-0.176$), their performance is affected or conflicts arise when they are instructed by more than one executive ($r=-0.164$, $r=-0.182$), conflicts with other departments for reasons of cooperation ($r=-0.301$).

Contrariwise, as the EI is increased, employees’ satisfaction from their roles and duties ($r=0.206$), employees’ autonomy ($r=0.164$), the belief that resource distribution is fairly, ($r=0.182$), as well as the belief that expectations of the

organization are related to the employees' expectations ($r=0.214$) are also increased. From the above it is observed that employees with high EI, are more aware and satisfied with their work, they know their limits and obligations and are probably more adaptable to changes and requirements.

4. Discussion

Hospitals are special work environments, focusing on anthropocentric care, where conflicts are part of the health professionals' daily practices. These conflicts can be simple disagreements towards the approach of patient care, but they can also consist more complex procedures, which arise from professional or personal disagreements and involve all levels of a hospital management hierarchy [14,15].

Emotional intelligence has a positive relationship and interaction in conflict management promoting cooperation and communication between professionals. Thus, EI enables not only conflict's resolution but also its prevention and can significantly contribute to the continuing improvement of the patients' care quality [16].

The sample of our study consisted of health professionals from a regional hospital, including different specialties, and hierarchy levels. According to the results, about 60% of the sample had experienced conflicts in the workplace, while these conflicts were equally distributed with both hierarchically superior and inferior colleagues. This is consistent with similar studies showed slightly less conflict reports by nurses [15], whereas other studies agree on the negative emotions experienced by all categories of professionals involved in these conflicts [17,18].

Approaching the factors that cause conflicts, our study found that the main causes were the ambiguity of roles and professional duties, workload as well as the inequality of human resources' distribution among departments. Duty issues is an important factor leads to conflicts mainly between nursing staff as pointed out by research by Ifanti et al. [19]. Additionally, health professionals' workload considered higher compared to this of other occupational groups, a factor which has also been also identified as a major cause of conflicts by other researchers [20,21]. The productivity of the sample appears to be affected by the simultaneously demands or instructions of many seniors, increasing conflicts. As a result, almost half of the participants states that they wanted to change profession, a finding that is consisted to other researches [22,23].

Another key aspect in conflict's provoking is the lack of communication between team members, the heterogeneity in terms of educational level, the lack of motivation and also the impersonal management. The international literature shows that the diversification in the educational level of hospital staff, devaluation by the administration, incompetence, low pay and lack of motivation are causes of a bad working climate, causing reduction of productivity and often conflicts [24,25].

The main way of conflicts' resolving for most of the participants in our study was the avoidance, while about one half of the sample reported compromising, with a colleague or a senior manager playing the role of a mediator. These results are consistent to those of Moisoglou et al. [14] and Kaitelidou et al. [17] where it was found that most common management strategies, were firstly avoidance, and secondly, the negotiation for mutual benefit. However, this avoidance strategy can result in the continuation of the conflict or the creation of another conflict in the future, which is preventable if conflicts are being recorded, teams communicate is better and managers have conflicts management knowledge [26].

As far as the emotional intelligence, the participants showed moderate levels, in assessing their and the others' emotions as the ability of regulation these emotions. According to studies, people with low emotional intelligence do not understand or do not know how to manage their emotions and the emotions of others, or to deal with work stress and are not able to overcome obstacles and resolve conflicts [27,28].

Detecting the emotional intelligence involvement in creating or resolving conflicts through correlation analysis, was showed that as the emotional intelligence is increased in health professionals, the strategy of accepting the other's desires as a way of conflicts' resolving is also decreased. It seems that one of the advantages of employees with a high EI is resistance to burnout, because not only helps them manage their emotions, but they can also better manage and understand the emotions of others [29,30].

Finally, our study showed that as emotional intelligence is increased, health professionals' satisfaction also increased, reinforcing the belief that a high emotional intelligence can create better working conditions and reduce conflict, as they know their limits and are easily adaptable to the changes and requirements of their job. Other researchers agree that people with high emotional intelligence have self-awareness, self-confidence, an open mind and abilities that allow them

to appreciate and receive critical feedback on their conflicts and emotions of their colleagues [31,32]. On the contrary, people with a low EI index usually consider that they are easily offended, are constantly on the defensive and have difficulties even denial of communication, while in terms of conflicts; they consider that they are not responsible [33,34,35].

Limitations

Our study describes findings from a population of health professionals in a small regional hospital, which seem to agree with those of relevant Greek and international studies. Extending this study to a larger and more representative sample of health professionals in Greece would give greater validity and reliability. Another limitation of the study is that the measurement of conflicts and emotional intelligence and these parameters was done with self-report tools. This can be influenced by social expectations and representations of the various professional groups but also by the characteristic personalities of the professionals, depending on the culture that governs the organization.

5. Conclusion

Conflicts appear to be common in a hospital setting. Our findings showed that health professionals had conflicts mostly with their colleagues, and the main causes were the organizational ambiguities, workload, and communication problems. In addition, the health professionals used avoidance and collaboration strategies. According to the sample, the suggestions for conflict resolution were the fair distribution of resources and the good communication and cooperation. The health professionals' emotional intelligence was at moderate level. The EI was positively associated with job satisfaction and autonomy of the sample, as well as with the fairly distribution of resources. Thus, the increased EI enhances employees to cope with the emotional demands of the healthcare environment, to collaborate, to have positive behaviors during conflict, and healthy relationships in their work.

The detection of the factors that cause conflicts must be in the daily practice of modern health management, as well as their recording, so that it is documented as a fact. To create a better work environment, the organization should encourage health care workers to report conflicts without being punitive.

Emotional intelligence is a key asset to implementing effective leadership in a health organization. Leaders of a health care organization must be characterized by a high index of emotional intelligence, so they have a consistent understanding of how their emotions and actions affect the people around them and can cultivate this in employees as well governing through continuing education.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors have no conflicts of interest to declare.

Statement of ethical approval

The study protocol was approved by the ethical committee of the hospital (No: 90404/5/09/2018).

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Marquis BK, Huston CJ. Leadership Roles and Managers Function in Nursing: Theory and Application. 6th ed. Philadelphia. PA: Wolters Kluwer Health/Lippincott Williams & Wilkins 2009.
- [2] Samson D, Daft RL. Management, 3rd Asia Pacific ed., Cengage Learning, South Melbourne, Australia. 2009

- [3] Başoğul C, Özgür G. Role of Emotional Intelligence in Conflict Management Strategies of Nurses. *Asian Nurs Res* 2016;10(3):228–233
- [4] Rahim MA. *Managing Conflicts in Organizations*. New Brunswick: Transaction Publishers. 2011
- [5] Ann BY, Yang CC. The moderating role of personality traits on emotional intelligence and conflict management styles. *Psychol Rep* 2012;11(3):1021-1025
- [6] Vergara MB, Smith N, Keele B. Emotional intelligence, coping responses, and length of stay as correlates of acculturative stress among international university students in Thailand. *Procedia Soc. Behav. Sci* 2010;5:1498–1504
- [7] Deshpande SP, Joseph J. Impact of Emotional Intelligence, Ethical Climate, and Behavior of Peers on Ethical Behavior of Nurses. *J Bus Ethics* 2009;85(3):403-410
- [8] Zipperer L. *Knowledge Management in Healthcare*. New York: Routledge. 2014.
- [9] Mohamed FR, Yousef HR. Emotional intelligence and conflict among nurse managers at Assiut university hospital. *J Educ Pract* 2014; 5(5):160–165
- [10] Lee HJ. How emotional intelligence relates to job satisfaction and burnout in public service jobs. *Int Rev Adm Sci* 2018;84(4):729-745
- [11] Tengilimoglu D, Kisa A. Conflict management in public university hospitals in Turkey: a pilot study. *Health Care Manag (Frederick)* 2005;24(1):55-60
- [12] Pavlakis A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O. Conflict management in public hospitals: the Cyprus case. *Int Nurs Rev* 2011;58(2):242–248
- [13] Kafetsios K, Zampetakis LA. Emotional intelligence and job satisfaction: Testing the mediatory role of positive and negative affect at work. *Pers Individ Dif* 2008;44(3):712–722
- [14] Moisoglou I, Panagiotis P, Galanis P, Siskou O, Maniadakis N, Kaitelidou, D. Conflict Management in a Greek Public Hospital : Collaboration or Avoidance? *Int J Caring Sci* 2014;7(1):75–82
- [15] Jerng JS, Huang SF, Liang HW, Chen LC, Lin CK, Huang HF, et al. Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center. *PloS one* 2017;12(2):e0171696
- [16] Moreland JJ, Apker J. Conflict and stress in hospital nursing: Improving communicative responses to enduring professional challenges. *Health Commun* 2016;31(7):815–823
- [17] Kaitelidou D, Kontogianni A, Galanis P, Siskou O, Mallidou A, Pavlakis A, et al. Conflict management and job satisfaction in pediatric hospitals in Greece. *J Nurs Manag* 2012;20(4):571–578
- [18] Chan T, Bakewell F, Orlich D, Sherbino J. Conflict Prevention, Conflict Mitigation, and Manifestations of Conflict During Emergency Department Consultations. *Acad Emerg Med* 2014;21(3):308–13
- [19] Ifanti E, Gketsios G, Naka F, Mastrpa E, Tsiriga S, Petropou L. Role ambiguity and role conflict among employees in a provincial public hospital. *Vima Asklipiou*, 2012;11:235-247
- [20] Nayeri ND, Negarandeh R. Conflict among Iranian hospital nurses: a qualitative study. *Hum Resour Health* 2009;7(1):1-8
- [21] Lancman S, Mângia EF, Muramoto MT. Impact of conflict and violence on workers in a hospital emergency room. *Work* 2013;45(4):519–527
- [22] Walrath JM, Dang D, Nyberg D. An organizational assessment of disruptive clinician behavior: findings and implications. *J Nurs Care Qual* 2013;28(2):110–121
- [23] Pozoukidou A, Theodorou MM, Kaitelidou D. Job satisfaction of nursing and paramedical personnel of a public general hospital. *Nosileftiki* 2007;46:537-44. (in Greek)
- [24] Greer LL, Saygi O, Aaldering H, de Dreu CK. Conflict in medical teams: opportunity or danger? *Med Educ* 2012;46(10):935–942
- [25] Mathauer I, Imhoff I. Health worker motivation in Africa: the role of nonfinancial incentives and human resource management tools. *Hum Resour Health* 2006;4(1):1-7

- [26] Rosenstein AH, Naylor B. Incidence and impact of physician and nurse disruptive behaviors in the emergency department. *J Emerg Med* 2012; 43(1),139–148
- [27] Vergara MB, Smith N, Keele B. Emotional intelligence, coping responses, and length of stay as correlates of acculturative stress among international university students in Thailand. *Procedia Soc Behav Sci* 2010;5:1498–1504
- [28] Zipperer L. *Knowledge Management in Healthcare*. New York: Routledge. 2014
- [29] Rehman S, Qingren C, Latif Y, Iqbal P. Impact of psychological capital on occupational burnout and performance of faculty members. *Int J Educ Manag* 2017;31(4):455–469
- [30] Gong Z, Chen Y, Wang Y. The Influence of Emotional Intelligence on Job Burnout and Job Performance: Mediating Effect of Psychological Capital. *Front Psychol* 2019;10:2707
- [31] Codier E, Kooker B, Shoultz J. Measuring the emotional intelligence of clinical staff nurses: an approach for improving the clinical care environment. *Nurs Adm Q* 2008;32(1):8-14
- [32] Cavaness K, Picchioni A, Fleshman JW. Linking Emotional Intelligence to Successful Health Care Leadership: The Big Five Model of Personality. *Clin Colon Rectal Surg* 2020;33(4):195-203
- [33] Lee HJ. How emotional intelligence relates to job satisfaction and burnout in public service jobs. *Int Rev Adm Sci* 2018;84(4):729-745
- [34] Nightingale S, Spiby H, Sheen K, Slade P. The impact of emotional intelligence in health care professionals on caring behaviour towards patients in clinical and long-term care settings: Findings from an integrative review. *Int J Nurs Stud* 2018;80:106-117
- [35] Pool LD, Qualter P. Improving emotional intelligence and emotional self-efficacy through a teaching intervention for university students. *Learn Individ Differ* 2012;22(3):306–312.