Family Type and Emotional Intelligence in Nurses
of a Public Hospital in Peru

Tipo de familia e inteligencia emocional en enfermeros
de un hospital público de Perú

Tipo de família e inteligência emocional em enfermeiros
de um hospital público no Peru

Luis Miguel Camarena Chamaya [1], *ORCID 0000-0002-0147-5011*
Melina Maura Camarena Chamaya [2], *ORCID 0000-0001-9673-4938*
Werther Fernando Fernández Rengifo [3], *ORCID 0000-0001-7485-9641*
Susan Haydee Gonzales Saldaña [4], *ORCID 0000-0001-5001-4388*
María Hilda Cárdenas [5], *ORCID 0000-0002-7160-7585*

[1] [2] [3] [4] [5] *Universidad Privada Norbert Wiener, Peru*

Abstract: Introduction: The family, the oldest of human social institutions, marks the individual in his or her different stages of life and constitutes an environment favorable for the improvement of his or her identity. Objective: To determine the type of family and emotional intelligence (EI) in nurses of a public hospital in Peru during pandemic care. Method: The study is a cross-sectional study with a census sample of 80 nurses who worked in COVID-19 hospitalization of a public hospital during the month of May 2020 and who had at least 3 months of seniority. After informed consent, a survey was administered with the Trait Meta-Mood Scale (TMMS-24) in its version adapted and validated to the Peruvian context. Its reliability reached a Cronbach's alpha coefficient greater than 0.8. Results: The predominant type of family among nurses is nuclear (56.3 %) and EI is predominantly low (36.3 %); the low level of the emotional perception dimension (43.8 %) stands out, while the dimensions of understanding and regulation of emotions present a predominance of excellent (36.3 %) and adequate (41.3 %) levels, respectively. Conclusions: EI should be considered when designing health policies for human talent management and when training in health services.

Keywords: family; emotional intelligence; nursing.

Resumen: Introducción: La familia, la más añeja de las instituciones sociales humanas, marca al individuo en sus diferentes etapas de vida y se constituye en un ambiente propicio para el perfeccionamiento de su identidad. Objetivo: Determinar el tipo de familia e inteligencia emocional (IE) en los enfermeros de un hospital público de Perú en la atención de la pandemia. Método: El estudio es transversal con una muestra censal de 80 enfermeros que trabajaron en hospitalización de COVID-19 de un hospital público durante el mes de mayo de 2020 y que contaban con al menos 3 meses de antigüedad. Previo consentimiento informado, se les aplicó una encuesta con el instrumento escala Trait Meta-Mood Scale (TMMS-24) en su versión adaptada y validada al contexto peruano, su fiabilidad alcanzó un coeficiente de alfa de Cronbach mayor a 0,8. Resultados: El tipo de familia que predomina en los enfermeros es nuclear (56,3 %) y la IE es predominantemente baja (36,3%); se destaca el nivel bajo de la dimensión percepción emocional (43,8 %), mientras que las dimensiones de comprensión y regulación de emociones presentan un predominio de nivel excelente (36,3 %) y adecuada (41,3 %) respectivamente. Conclusiones: La IE debería considerarse al momento de diseñar políticas sanitarias de gestión del talento humano y a la hora de la capacitación en servicios de salud.

Palabras claves: familia; inteligencia emocional; enfermería.

Resumo: Introdução: A família, a mais antiga das instituições sociais humanas, marca o indivíduo nas diferentes etapas da vida e constitui um ambiente propício para a melhoria de sua identidade. Objetivo: Determinar o tipo de inteligência familiar e emocional (EI) dos enfermeiros em um hospital público no Peru durante o tratamento de uma pandemia. Método: O estudo foi um estudo transversal com uma amostra de 80 enfermeiros que trabalharam na hospitalização da COVID-19 em um hospital público durante o mês de maio de 2020 e que tinham pelo menos 3 meses de antiguidade. Após o consentimento informado, foi realizada uma pesquisa utilizando o instrumento Trait Meta-Mood Scale (TMMS-24) em sua versão adaptada e validada para o contexto peruano, com uma confiabilidade de mais de 0,8 coeficiente alfa do Cronbach. Resultados: O tipo predominante de família entre os enfermeiros é nuclear (56,3 %) e EI é predominantemente baixo (36,3 %); destaca-se o baixo nível da dimensão da percepção emocional (43,8 %), enquanto as dimensões de compreensão e regulação das emoções mostram uma predominância de níveis excelentes (36,3 %) e adequados (41,3 %), respectivamente. Conclusões: A EI deve ser considerado na elaboração de políticas de saúde para a gestão de talentos humanos e no treinamento em serviços de saúde.

Palavras-chave: família; inteligência emocional; enfermagem.

Correspondence: María Hilda Cárdenas. E-mail: hilda070466@hotmail.com

Introduction

The family, the oldest of human social institutions, marks the individual in the different stages of his life and constitutes an environment conducive to the development of his identity, personality and emotions that will be translated into the social relationships that this person will have during his life at the level of society, culture and work. [1]

The course of society cannot be separated from the role of families; in fact, today's society is a manifestation of families; their interactions and problems are complex and have repercussions on the formation of the individual and his or her capacity for social adaptation. The family influences the social behavior of the human person and its links with society; a dysfunctional family often produces maladjusted citizens. [2]

The type of family is constituted by people living in the same house, subject to a dynamic process of changes and tribulations according to the stage of the life cycle in which it develops or by the influence of stressful life events. According to the number of members that constitute it and their interrelationships, they are classified into three types: 1) nuclear: arranged in such a way that the parents have their own or adopted children; 2) extended: arranged in such a way that in the family nucleus are present the grandparents, both parents with their child(ren) and/or grandchildren; and, 3) extended: arranged by the parents, the offspring of children and siblings, other relatives such as uncles, nieces, nephews, godchildren, employee or acquaintance. [3]

The phases of the family life cycle involve new and different roles, which, if not assumed, may generate conflicts, and eventually become complicated with health problems or mental disorders that its members may present, such as anxiety, depression, phobias, among others. The problems involved with psychological health are usually linked to the undermining of fundamental human rights because of the socioeconomic vulnerability they tend to experience, such as financial and trade union precariousness, problems in access to quality public services in health and education, among others. People tend to confront in their history different levels of stress that have the possibility of worsening during the conception phase, the infancy phase, youth, in the professional environment, in the family and throughout old age. [4, 5]

On the other hand, emotional intelligence or wisdom refers to the function and capacity that people must notice, understand, govern and manage their own feelings as well as those of others; it is manifested in emotional perception, management, regulation and understanding of these feelings. [6]

Likewise, emotional intelligence or wisdom is associated with the management of individuals, families and social teams and is inevitable to strengthen humanized nursing care in health care, due to the emotional wisdom elaborated and developed by nurses, they have the possibility to make the best choices in the most difficult circumstances, build and consolidate a good work team with their coworkers and thus enhance the satisfaction of the external user during clinical practice, through assertive and effective communication with the people they care for. [7]

In fact, there is a great deal of evidence on the relationship between family structure and its functioning with the behavior and emotional intelligence of the citizen, and many social scientists claim that "the best families produce the best professionals". [8]

In this sense, optimizing emotional wisdom skills enables professionals to cope with the emotional demands of the nursing environment, which can be very strenuous and stressful, leading to fatigue and chronic burnout. Emotional wisdom provides a framework

for strengthening engagement, positive coping and healthy interrelationships in the hospital care setting. [9]

Thus, emotional intelligence in its perception dimension refers to the control of feelings, concerns, emotions, thoughts, moods and reflections; the dimension of understanding emotions is linked to being aware of what you feel, to be precise, know, perceive, say, understand and comprehend your emotions; while the dimension of regulating emotions is related to confidence, to think attractively, to find delight in life and to think positively with peace, good humor, vigor and well-being. [10]

However, emotional wisdom should be seen in two magnitudes: first, the nurse's perception and understanding of the patient's feelings; and second, the nurse's implementation of these perceptions to correctly manage complicated situations during the nurse-patient care process. [11]

The objective of the study was to determine the type of family and the predominant emotional intelligence of nurses in a public hospital in Peru during pandemic care. As specific objectives: To identify the predominant family types in nurses of a public hospital in Peru during pandemic care; to describe the level of emotional intelligence according to the dimensions of emotional perception, understanding of emotions and emotion regulation.

Method

Study design: It's a descriptive cross-sectional study. **Participants**: We worked with a census sample of 80 nurses from the COVID-19 inpatient area of a public hospital in Peru during the month of May 2020 and who had at least 3 months of seniority. The study was approved by the Ethics Committee of the University of Sciences and Humanities. **Instrument**: The instrument Trait Meta-Mood Scale (TMMS-24) [10] in Spanish was applied, with cultural adaptation to the Peruvian context, whose Cronbach's alpha yielded a coefficient of 0.96 ($\alpha > 0.8$), which reaffirmed the high psychometric reliability of this scale. [12] The TMMS-24 Emotional Wisdom or Emotional Intelligence Scale contains three subscales or dimensions: emotional attention, concerning the competence to evaluate and examine emotions (emotional perception); emotional enlightenment which involves the judgment of emotions (understanding of emotions) and emotional repair, which estimates emotional regulation (emotion regulation). The levels of emotional intelligence and its dimensions are ordered into low, adequate, and excellent. [10-12] **Statistical analysis**: A descriptive analysis was performed using measures of frequency and central tendency, averages for numerical variables and proportions for categorical variables.

Results

From the results of the study, it can be deduced that the nursing professionals who attended the health emergency due to the COVID-19 pandemic were predominantly married women whose average age fluctuated around 42 years (Table 1).

Table 1. Sociodemographic data of nurses in a Peruvian Hospital during pandemic care, 2020

Ages			Sex (N=80)		Marital status (N=80)				
Min.	Max.	Media	Male	Female	Singles	Married	Cohabitants	Divorced	Widower
28	60	42	24 (30 %)	56 (70 %)	37 (46.3 %)	30 (37.5 %)	9 (11.3 %)	3 (3.8 %)	1 (1.3 %)

Source: Own elaboration (2021)

The results denote that the nurses assigned to health emergency care by COVID-19 come from a predominantly nuclear family structure or type of family with 56.3 %, followed by extended family type with 22.5 % and extended with 21.3 % (Table 2).

Table 2. Family type of nurses in a Peruvian hospital during pandemic care, 2020

Family type	Total	
	N	%
Nuclear	45	56.3
Extended	17	21.3
Enhanced	18	22.5
Total	80	100

Source: Own elaboration (2021)

The emotional intelligence of the nurses who attended the national emergency due to COVID-19 was predominantly low at 36.3 % (Table 3).

Table 3. Emotional intelligence and its dimensions in nurses of a hospital in Peru during pandemic care, 2020

Emotional intelligence and dimensions	Emotional Intelligence Level						Total	
	Low		Adequate		Excellent			
	n	%	*n*	%	*n*	%	*n*	%
Emotional intelligence	29	36.3	25	31.3	26	32.5	80	100
Emotional perception	35	43.8	19	23.8	26	32.5	80	100
Understanding emotions	24	30.0	27	33.8	29	36.2	80	100
Emotion regulation	18	22.5	33	41.3	29	36.3	80	100

Source: Own elaboration (2021)

The study also showed that the emotional perception dimension was low in nurses with extended and extended families with 64.7 % and 50.0 %, respectively. It was also evidenced that, in the dimension understanding of emotions the nurses with nuclear families have an adequate and excellent emotional intelligence with 35.6 % and 42.2 % respectively and it is the women who present a higher predominance with 88.5 %. It was also noted that, in the emotion regulation dimension, nurses with nuclear families have an adequate and excellent emotional intelligence with 40.0 % and 44.0 % respectively.

Discussion

Emotional intelligence or wisdom has sprouted in other disciplines and sows the peace in the humanized care of the nursing care process, which then influences patients and their families. Therefore, it has been considered necessary to address the subject in these times of uncertainty and where emotional intelligence is required to control the intense emotions to which health professionals are subjected. [13]

The nuclear family type is predominant in nurses while emotional intelligence is predominantly low, a situation that should be given more attention when assessing and strengthening competencies for the performance of emotional skills that are probably damaged by the high emotional pressure exerted by this health emergency generated by the pandemic COVID-19 disease, as suggested by Restubog et al. [14]

Emotional perception was the most affected dimension of all, and this could be affecting the quality of care, as revealed by Nightingale et al. [15] in their study on emotional intelligence in the nursing care process linked to humanized care, behaviors and interpositions, being necessary to deploy skills and strengthen competencies for the benefit of staff and patients.

In the same sense, Sarabia et al. [16] propose training focused on emotions to improve ways of coping with emotional intelligence horizons in healthcare personnel subjected to a high stress load. It is suggested that it is urgent to address this issue to transform and correct different aspects of emotional intelligence or wisdom during clinical practice, as well as to promote effective coping, clarity of mind and emotional composure in the nursing care process as part of the humanized care of hospitalized individuals, which will lead to strengthen their emotional self-control, functioning and proper management of stressful situations and thus ensure a good performance in complicated or difficult situations.

During the pandemic, the families of health professionals play an extremely important role in shaping the behavior and emotional state of these individuals. Raghubir [17] indicated that emotional intelligence in clinical practice admits and allows that during the nursing care process, emotions, thoughts and determinations are linked in a positive way, and therefore it is a fundamental capacity in making dispositions and creative mechanisms that manage to establish the feelings and intuition of humanized care.

Inga's research [8] indicated that circumstances with considerable emotional pressure are an important fraction of nurses' work. However, too much pressure tests the capabilities and competencies of professionals to be objective and work efficiently as a team in difficult situations. and where family and emotional intelligence are an unavoidable binomial. On the other hand, Symeou et al. [18] mention the role of the family and reveal low and incredibly worrying measures of the emotional state of nurses.

On the other hand, in the dimension of understanding emotions, an adequate and excellent level is highlighted in women, a situation that was already noted in the study by Alshammari et al. [19] where it is corroborated that women have greater emotional intelligence than men. Probably because women assimilated better behaviors and know how to manipulate relationships due to fruitful experiences within the family, which allows them to better adapt their feelings.

Regarding the dimension of regulation of feelings, it is highlighted that nurses with nuclear families present an adequate and excellent emotional intelligence, evidence that supports the thesis that the family exerts a positive regulation of feelings and is determinant in minimizing negative feelings and improving peace, good treatment and work compromise. The most achieved tactics involve a holistic approach to dealing with critical, difficult circumstances and negative emotions. Empowering oneself and taking control of one's feelings, such as opening one's eyes to emotions and quickly looking for ways to improve and manage them, creates safe and positive psychological effects in healthcare workers. [6]

Conclusions

The predominant type of family among nurses in a public hospital in Peru during pandemic care is nuclear and their emotional intelligence (EI) was eminently low. It would be opportune and relevant to study EI in different subgroups of the sample (by age group, gender, years of experience, etc.). In this way, "at-risk" groups could be presented in which it would be suggested to offer support to strengthen their EI, since, if not addressed in time, they can lead to internal and external conflicts and to the detriment of the nurse's mental health. EI should be considered in the design of health policies for human talent management and when offering coaching/training or strengthening competencies and skills in health services.

References

1. Sharma R. The Family and Family Structure Classification Redefined for the Current Times. J Family Med Prim Care. 2013 Oct-Dec;2(4):306-310.

2. Cuba M, Jurado A, Romero Z, Cuba M. Características familiares asociadas a la percepción de la calidad de en pobladores de un área urbano-marginal en el distrito de Los Olivos, Lima. Revista Médica Herediana. 2013 Dec;24:12-16.

3. Mazo Y, Mejía L, Muñoz Y. Calidad de vida: la familia como una posibilidad transformadora. Revista Poiésis. 2019 Jan;36:98-110.

4. Vargas H. Tipo de familia y ansiedad y depresión. Revista Médica Herediana. 2014 Dec;25:57-59.

5. Rodriguez J. Conexión Esan. [Internet]. 2019 [cited 11 Nov 2020]. Available from: https://www.esan.edu.pe/conexion/actualidad/2019/12/12/salud-mental-productividad-laboral-y-rentabilidad/

6. Akerjordet K, Severinsson E. Emotional intelligence: a review of the literature with specific focus on empirical and epistemological perspectives. Journal of Clinical Nursing. 2007 Aug;16(8):1405-1416.

7. Mahmut A, Işik O. Effects of health employees on motivations of emotional intelligence levels. Dumlupınar Üniversitesi Sosyal Bilimler Dergisi. 2015;32:6-20.

8. Inga L. Emotional Intelligence Among Surgical Nurses in Latvia. Procedia - Social and Behavioral Sciences. 2011 Dec;30:1908-1912.

9. Codier E, Molina B, Shoultz J. Measuring the emotional intelligence of clinical staff nurses: an approach for improving the clinical care environment. Nursing Administration Quarterly. 2008 Jan;32(1):8-14.

10. Fernandez P, Extremera N, Ramos N. Validity and reliability of the Spanish modified version of the Trait Meta-Mood Scale. Psychological Reports. 2004 Jun;94(3):751-755.

11. Espinoza-Venegas M, Sanhueza-Alvarado O, Ramírez-Elizondo N, Sáez-Carrillo K. Validación de constructo y confiabilidad de la escala de inteligencia emocional en estudiantes de enfermería. Revista Latino-Americana de Enfermagem. 2015 Jan-Feb;23(1):139-147.

12. Chang M, Mey R. Relación entre inteligencia emocional y respuesta al estrés en pacientes ambulatorios del servicio de psicología de una clínica de Lima Metropolitana [Tesis de grado]. Lima: Universidad Peruana Cayetano Heredia; 2017. Available from: https://repositorio.upch.edu.pe/handle/20.500.12866/818

13. Raghubir AE. Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. International Journal of Nursing Sciences. 2018 Apr;5(2):126-130.

14. Restubog SL, Ocampo AC, Wang L. Taking control amidst the chaos: Emotion regulation during the COVID-19 pandemic. Journal of Vocational Behavior. 2020 Jun;119:103440. DOI: 10.1016/j.jvb.2020.103440

15. 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. International Journal of Nursing Studies. 2018 Apr;80:106-117.

16. Sarabia C, Gonzales S, Menéndez E, Sarabia B, Pérez V, Pablo L, et al. Emotional intelligence and coping styles: An intervention in geriatric nurses. Applied Nursing Research. 2017 Jun;35:94-98.

17. Raghubir AE. Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. International Journal of Nursing Sciences. 2018 Apr;5(2):126-130.

18. Symeou M, Evstathiou A, Charalambous G, Jelastopulu E. The impact of emotional intelligence on the emotional state of nurses in public hospitals in Cyprus. European Psychiatry. 2017 Apr;41(52):1-5.

19. Alshammari F, Pasay-an E, Gonzales F, Torres S. Emotional intelligence and authentic leadership among Saudi nursing leaders in the Kingdom of Saudi Arabia. Journal of Professional Nursing. 2020 Nov; 36(6):503-509.

Contribution of the authors: a) Study conception and design, b) Data acquisition, c) Data analysis and interpretation, d) Writing of the manuscript, e) Critical review of the manuscript.

L. M. C. C. has contributed in a, b, d, e; M. M. C. C. in a, b, d, e; S. H. G. S. in a, b, c, d, e; W. F. F. R. in a, b, c, d, e: M. H. C. in a, b, c, d, e.

Managing scientific editor: Dr. Natalie Figueredo