¿Es la Inteligencia Emocional un factor protector para el personal sanitario en una pandemia?

Introducción y objetivos: Gran parte de la sociedad actual jamás ha conocido una situación tan excepcional como la que hemos vivido en esta primera mitad de 2020. Tampoco los sanitarios. Las opciones que pensábamos que teníamos bajo control se han convertido en imprevistos y se hace necesario adaptarnos para no frustrarnos. Apoyados en la literatura existente sobre la Inteligencia Emocional (IE) y estrés en sectores sanitarios, y junto con el rendimiento autopercibido, nuestro objetivo es analizar si existen diferencias entre estos tres constructos en un ambiente de trabajo libre de pandemia entre otro que en el que existe una situación pandémica establecida.

Método: se ha utilizado un diseño descriptivo longitudinal, con una muestra total de 25 sujetos de un hospital de la provincia de Valencia en una unidad de hospitalización de neurología. Se han utilizado los instrumentos MBI para burnout, el WLEIS para la IE y el IWPQ para el desempeño. El procedimiento consistió en administrar cuestionarios a través de enlace web en dos tiempos.

Resultados: no se encontraron diferencias significativas para ninguna de las tres variables. Destacar que en la dimensión *desempeño laboral* de MBI y *rendimiento* del IWPQ los valores corresponden a puntuaciones altas. Mientras que para la dimensión de *agotamiento* y *cinismo* de MBI se obtienen valores que sitúan a la muestra en un rango medio-alto y alto. Para la IE no se hallaron diferencias, pero destacar que la muestra obtiene puntuaciones de IE por encima de la media.

Conclusiones: la IE no sería un factor protector para el estrés pero sí en cambio para el desempeño. Destacar las limitaciones del estudio, que jugarían en contra de encontrar diferencias más significativas, como el propio diseño sin aleatorización de una muestra mucho más grande, el efecto del tiempo y los mismos instrumentos utilizados.

Is Emotional Intelligence a protective factor for health professionals in a pandemic?

1. INTRODUCTION.

Today´s society has never known a situation as exceptional as the one it is experiencing, much less the health professionals. Uncertainty is one of the feelings that emerge at tis time. The options that we think we had under control have become unforeseen and it becomes necessary to adapt so as not to get frustrated.

The concept of emotional intelligence (EI) was first introduced by Salovey and Mayer (1990) to describe the ability of individuals to understand their emotions and those of others and to act accordingly under this understanding. By definition of Mayer and Salovey (1993, 1997), it is an intelligence that implies the ability to control one´s own emotions and those of others, discriminate between them and use information as a guide for thoughts and actions. The EI principles are of great interest for their application in health professionals (Elam, 2000). The ability in emotional management together with the interpretation of other people´s emotions has great relevance for nursing functions. They are health professionals in general, and nursing professionals in particular, of the groups with the most exposure to chronic situations of work stress. The healthcare pressure, the daily coping with the disease, the patient and the family, as well as the conditions and demands of work, are stressful sources that make this profession with one of the highest rates of work stress (Noland, Chushway and Tyler, 1995).

Developing EI would increase job satisfaction, involvement, cohesion, good interpersonal and professional team relationships. In summary, according to the work of Pau and Sabri in 2012, the efficiency in work activities.

EI can contribute to job performance by enabling people to foster positive relationships at work, work effectively in teams, and develop social capital.

It is considered that, in the face of high stress, ineffective coping mechanisms, job dissatisfaction, low job performance or low levels of EI, the quality of care will be affected, it is important to analyze the status of nursing staff at their job.

Given the evidence that nursing activity can lead to exhaustion, both physical and emotional, the effective management of their own emotional responses can be an important dimension that helps nursing staff to assess and overcome their own work stress and allow them to take the appropriate measures or strategies (Elam, 2000).

OBJECTIVES AND HYPOTHESIS

Main objective: to find out if there are differences, both EI, job performance and stress (burnout), in T_1 compared to T_2. *Secondary objective* will be analyzed if EI is a protective factor in relation to stress, burnout and work performance.

The following hypotheses are developed: H_1: EI is negatively related to burnout. The lower EI of health professionals, the higher the burnout levels, and H_2: EI is positively related to job performance. The higher the EI of the health professionals will present higher levels of work performance.

2. METHOD.

a. Participants.

Neurology hospitalization unit of a hospital in the province of Valencia. The subjects were nursing professionals and auxiliary nursing care technicians.

b. Instruments.

Maslach Burnout Inventory-General Survey (MBI-GS), developed by Maslach et al (1986). Self-reported of 15 items on burnout. The Spanish version is adapted by Salanova et al. (2000), with a Cronbach´s alpha of .74.

Wong and Law Emotional Intelligence Scale (WLEIS; Wong & Law, 2002), EI self-report based on the theoretical framework of Mayer and Salovey (1997). It has 16 items that evaluate four dimensions: intrapersonal and interpersonal perception, emotional assimilation and emotional regulation. It has a measure of global EI, to focus interest on general EI (Wong & Law, 2002). The Spanish version (Extremera et al., 2009) shows a Cronbach´s alpha of .91 for the total EI score.

The individual Work Performance Questionnaire (Koopmans, 2014), it consists of 18 items it measures task performance, contextual performance, and counterproductive work behavior. This scale has Cronbach´s alpha of .77.

c. Procedure.

The instruments are administered via web link through the instant messaging apps. The first administration was at the beginning of March. After more than one, the questionnaires were forwarded in the same way and to the same subjects. Collected all the data in both times (T_1 and T_2) we obtained a sample size of n=25. The data is analyzed using the T test for related samples, to observe differences between genders and correlations between the variables.

3. RESULTS.

Table 1

Sociodemographic characteristics

Gender	n	%	Minimum	Maximun	M	SD
Men	4	14				
Women	21	86				
Total	25					
Age	25		20	60	39.37	9.61

Table 2

Independent simple t-test and means for T1 and T2

	Sig.	*M T$_1$*	*SD T$_1$*	*M T$_2$*	*SD T$_2$*
Burnout					
Exhaustion	.96	2.29	1.47	2.93	1.50
Cynicism	.42	1.57	1.37	2.04	1.66
Efficacy	.81	4.73	.58	4.81	.68
EI					
Perception intra.	.52	5.39	.99	5.25	.83
Perception inter.	.38	5.39	1.05	5.25	.81
Assimilation	.35	5.50	.94	5.38	.73
Regulation	.13	5.65	1.06	5.55	.73
Total EI	.34	5.48	.96	5.36	.71
Performance	.82	3.18	.67	3.18	.69

4. DISCUSSION AND CONCLUSION.

No significant differences were found for any of the variables studied, nor for any of its dimensions. So in light of these data we conclude that there is no statistically significant variation in the variables studied at any time.

In the work performance the values of the means T_1 vs T_2 (3.18) lack variation. These figures are above the reference mean obtained by Koopmans et al. (2014), and indicate adequate performance. These values would also explain the result obtained on the MBI scale in the professional efficacy dimension where values are obtained in T_1(4.73) and T_2(4.81). According to the good practice NTP 732 of Bresó, Salanova, Schaufeli (2004) they would correspond to a medium-high level of efficiency. Furthermore, this efficacy is slightly increased in T_2, which could be explained by the involvement of health professionals during the pandemic to contribute to an improvement in the general health of the population.

In emotional exhaustion, it is noteworthy to observe how the sample in T_1 shows corresponding mean values, according to normative data from the good practice NTP 732

of Bresó et al., (2004), with a medium-high level (2.29) and going high (2.93) in T_2. In line with the results of this exhaustion we find in the cynicism values corresponding to a medium-high level both in T_1(1.57) and T_2(2.04). Emotional exhaustion could be explained by the exhaustion suffered during the entire time that the pandemic has been fought and the observation that a certain control situation was not achieved. This would be intimately linked with the increase in cynicism for T_2 in which, to the aforementioned sensations, there would be added that the work done is not sufficient because the data is getting worse and it is not perceived that what is does imply an improvement in the situation.

Regarding the results in EI, compared with the data in the validation of WLEIS scale by Extremera et al. (2002), we found that the analyzed sample is located in higher means than the reference values, superior for both times.

H_1 is false; adequate EI is not related to low stress levels. In this sense, we can also affirm according to our data that EI is positively related to performance, as we expected for our H_2. We can also conclude that EI acts as protective factor against work performance but not with stress. The explanation is that, for healthcare professionals, who are part of a situation of high stress, it is not enough to show high EI. And that these professionals in adverse situations such as those experienced in these times are motivated to give the best of themselves.

First limitation is the type of design, in which the sample selection has not followed a randomization process, and the surveyed subjects do not form a sufficiently representative. Second limitation is time factor limitation, T_1 corresponds to the beginning of March 2020, and T_2 corresponds to the middle of April 2020. The last limitation is the fact that the instruments used to assess the variables of EI and perceived performance are not the most suitable to measure these constructs. On the other hand, it is for burnout through the MBI.

It has been shown that EI is not a protective factor for healthcare professionals in terms of stress. The ignorance of how it is going to be the so-called "new normal", and that there is not yet full consciousness of what all this has supposed, presupposes and will eventually suppose. Therefore, this great uncertainty plays totally against, although they show scores above the average in EI. These may be related to the type of chosen profession that is supposed to be vocational.

Future studies should contemplate making a long-term follow-up to observe possible changes in relation to the specific situation that develop at those specific moments, or that when this happened, these professionals finally land and are aware of everything that has happened and of how it has affected them.

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Miquel Leiva Atencia (Tutor: Edgar Bresó)

TFG Psicología 2019-2020 (PS1048)

Introducción

El concepto *inteligencia emocional* (IE) se introdujo por Salovey y Mayer (1990) para describir la capacidad de los individuos para comprender sus emociones y las de los demás y para actuar en consecuencia bajo esta comprensión.

Los principios de la IE tienen gran interés para su aplicación en los profesionales de la salud (Elam, 2000). La capacidad en el manejo emocional y la interpretación de las emociones ajenas es vital para las funciones de enfermería.

La IE aumentaría la satisfacción laboral, la implicación, la cohesión, las buenas relaciones interpersonales y profesionales del equipo. En resumen, según el trabajo de Pau y Sabri en 2012, la eficiencia en las actividades laborales.

La IE puede contribuir al rendimiento laboral al permitir que las personas fomenten relaciones positivas en el trabajo, trabajen eficazmente en equipos y desarrollen capital social.

Se considera que, ante estrés elevado, mecanismos de afrontamiento inefectivos, insatisfacción laboral, bajo rendimiento laboral o bajos niveles de IE, la calidad asistencial estará afectada, es importante analizar el estado del personal de enfermería en su puesto de trabajo.

Objetivos

- *1º:* ¿diferencias entre IE, desempeño y estrés en T_1 vs T_2?
- *2º:* ¿IE es factor protector para estrés y desempeño?

Hipótesis

- H_1: a + IE - estrés.
- H_2: a + IE + rendimiento laboral.

Método

Participantes:
- Unidad de neurología de hospital provincia de Valencia.

Instrumentos:
- **MBI**; burnout (estrés).
- **WLEIS**; IE con escala IE total.
- **IWPQ**: desempeño laboral.

Procedimiento:
- Instrumentos vía web.
- T_1: principios de marzo 2020.
- T_2: mediados de abril 2020.

Resultados

Tabla 1

Características sociodemográficas

Género	n	%	Mínimo	Máximo	*M*	*SD*
Hombre	4	14				
Mujer	21	86				
Total	25					
Edad	25		20	60	39.37	9.61

Tabla 2

t de muestras independientes y medias en T_1 y T_2

	Sig.	M T_1	SD T_1	M T_2	SD T_2
Burnout					
Agotamiento	.96	2.29	1.47	2.93	1.50
Cinismo	.42	1.57	1.37	2.04	1.66
Eficacia	.81	4.73	.58	4.81	.68
EI					
Percepción intra.	.52	5.39	.99	5.25	.83
Percepción inter.	.38	5.39	1.05	5.25	.81
Asimilación	.35	5.50	.94	5.38	.73
Regulación	.13	5.65	1.06	5.55	.73
IE total	.34	5.48	.96	5.36	.71
Desempeño	.82	3.18	.67	3.18	.69

Conclusiones

H_1: IE se relaciona de forma negativa con el estrés. Falsa. Nuestra muestra parte con niveles de burnout de base.
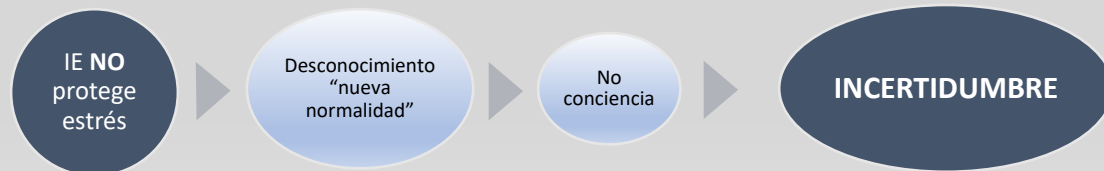
H_2: IE se relaciona de forma positiva con el rendimiento laboral. Verdadera.

No encontramos diferencias significativas entre diferentes tiempos para ninguna de las variables. Por lo tanto, la IE no sería un factor protector para burnout pero sí para el desempeño.

En IWPQ obtenemos mismos valores para T_1-T_2 (3.18). Según validación Koopmans (2014) la muestra posee un rendimiento óptimo. En línea con resultado dimensión *eficacia* de MBI, T_1(4.73) y T_2(4.81). Según NTP 372 de Bresó (2004) correspondería niveles medio-alto con ligero incremento en T_2 por posible implicación durante la pandemia.

En *agotamiento* para T_1 niveles medio-alto (2.29) y alto en T_2(2.93), en línea con *cinismo* T_1(1.57) – T_2(2.04).

Para la IE la muestra parte con niveles elevados según validación de Extremera (2002).

IE **NO** protege estrés → Desconocimiento "nueva normalidad" → No conciencia → **INCERTIDUMBRE**

Estudios futuros deberían contemplar *follow-up* a medio-largo plazo. El desconocimiento de la "nueva normalidad" y la incertidumbre de nuevas pandemias hace que sea interesante medir cómo se desenvuelve el personal sanitario ante esos hechos. También, si el escenario fuera de normalidad sería interesante evaluar de nuevo estos aspectos para ver cómo ha influido el factor tiempo.

Limitaciones → Diseño → Tiempo → Instrumentos

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