



Bridging Health Promotion with Emotional Intelligence: A Nursing Perspective

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<p>Abstract:</p> <p>Emotional intelligence is in the spotlight as attention from theorists relate the importance of utilizing these soft skills within the Healthcare and Welfare sector. The main aim of this study is to examine the impact of emotional intelligence as it relates to the wellbeing of nurses in the workplace and explore the means through which nurses can continue to develop their emotional intelligence. The study is a literature review of thirty-two articles. The Health Promotion Model was chosen as the theoretical framework for this study. Results from this study indicate that emotional intelligence among nurses does influence wellbeing at work. Specifically, physical, mental, emotional, and social health are reported to be positively affected among those who exercise emotional intelligence at work. Performance at work, adaptability to manage a stressful environment, satisfaction with the job and the enhancement of leadership skills are all associated with emotional intelligence. Training related to self-awareness, interpersonal sensitivity and influence help nurses to identify their level of emotional intelligence. Taking time for personal reflection, keeping a journal, requesting peer feedback, skill building, expressive writing, and working with a mentor or a coach, as well as implementing coping strategies and resources at work are all thought to be helpful in the development of emotional intelligence.</p>	
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1 INTRODUCTION

Emotional intelligence (EI) to some extent is a new concept in the field of nursing. It is only recently that the nursing profession has started to show interest in the different aspects of emotional intelligence. As noted by Kooker et al. (2007), the study on the correlation between emotional intelligence and nursing is still in its early stage, with the earliest English peer-reviewed journal published in 2002. From then on, researchers started to develop interest in the value of emotional intelligence as a means to enhance different aspects of nursing including practice (Codier, et al. 2009; McQueen, 2004; Smith, et al. 2009), leadership (Akerjordet & Severinsson, 2010) and education (Allen, et al. 2012).

Salovey and Mayer (1990) initially introduced the concept of emotional intelligence and suggested that the individual's ability to reason varies. Subsequently, theorists believe hidden within EI are a set of skills or resources that can be thought to enhance coping thereby promoting well-being (Schutte et al., 2007; Martins et. al., 2010; Sánchez-Álvarez et al. 2016; Fernández-Berrocal, 2016). Additionally, researchers have associated emotional intelligence with improved nursing performance (Lewis, et al., 2017; El-Sayed & -Zeiny, 2014), in that practicing these soft skills may influence stress levels, reduces anxiety, and promote efficient communication in various healthcare domains (Lewis et al. 2017).

Owing to the relational nature of the nursing discipline, it is therefore not surprising nowadays to see nursing educators becoming more interested in focusing on the importance of exercising emotional intelligence within the field of caring. Thus, nursing educators are endeavoring to integrate aspects of emotional intelligence into their curriculum. Landa, et al. (2010) reported that emotional intelligence is positively related to self-appraisal among student nurses, and thus advised that emotional intelligence should be included in nursing curriculum in training student nurses. In Finland, some universities have already started to revise their criteria for acceptance into the nursing degree programmes so as to include an emotional intelligence test in addition to the other components of entrance exams (Keränen, 2017). According to Keränen (2017), this test could determine for instance, how an applicant for a nursing degree programme would

manage his/her feelings and that of others when encountering different situations at the workplace. This test could be an indicator used to gauge the compatibility of applicants to that of their chosen future profession within the field of caring (Keränen, 2017).

The purpose of this paper is to explore the role of emotional intelligence focusing on the field of caring. Specifically, this paper seeks to understand the impact that emotional intelligence has on the wellbeing of nurses in the workplace. This study brings forward concepts on this topic on an organizational level and individual level. Finally, it is hoped this paper will be used to create awareness among future nursing students, nursing educators and nurse managers concerning the need for identification and assessment of EI competencies at the commencement of studies for nursing degree programme so that these skills can be developed throughout their time at university. In the end, it is hoped more research could be offered to follow-up with new graduate nurses who have had the benefit of this training to see how they manage and perceive their level of EI as related to well-being during the early days of practicing nursing after graduation and long-term. This study is part of the NurSim Research Project of Arcada.

2 BACKGROUND

During this investigation, it seems that, theorists focused predominantly on understanding the concept intellectual intelligence, to the disadvantage of all other forms to such an extent that other forms of intelligence were scarcely understood. It was often considered that emotions serve as determinant factors for the happiness and success in one's life. Understanding, regulating and managing emotions can be a major component of effectively negotiating working life and other aspects of personal life in general (Faguy, 2012). The assumption that utilizing the attributes of emotional intelligence can help a person manage relationship, persuade others, and have an impact to others' thoughts and feelings has been widely accepted (Goleman, 1995). In this chapter, the authors bring forward the concepts of the nursing profession, the definition and components of emotional intelligence, and the definition of wellbeing and wellbeing in the workplace. It includes a discussion on the importance of emotional intelligence in enhancing the professional and personal wellbeing of an individual over time. This chapter further explores the importance of emotional intelligence within the healthcare setting. Also presented are theorists ideas on the role of emotional intelligence in nursing and within care settings and a nurses' wellbeing.

2.1 The Nursing Profession

The nursing profession and role of nurses have evolved since the days of Florence Nightingale. She is considered the founder of modern nursing and is credited with being the first nurse to conduct research. Additionally, she founded the first school of nursing. Through her extensive work and dedication, the use of what we refer today as evidenced-based practice is in use (Hunt & Dolan, 2014). In 1854, during the Crimean war, she helped to improve the conditions of the wounded resulting in the dramatic reduction of mortality rates among soldiers. After the war, she returned to England and continued writing. Her books were first published in 1859 and contained notes on the hospital setting and notes on caregiving practices. Her views on the healthcare reform were sparked during her experiences in the war where more soldiers died because of the lack of aseptic conduct and poor hospital conditions than died on the battlefield. Her theories and strong

values, vision and voice influenced the personification of important ideas that are crucial to nursing today (International Council of Nurses, 2013).

At present, nursing education programs must fulfill the regulatory and accrediting requirements set by the licensure and accrediting agencies within the country they operate. Each country has professional boards of nursing that regulate nursing practice and esteem to promote high standards in training, education, and professional conduct. The nursing programs are guided by legal, ethical and moral codes; therefore, it can be considered vital to conduct these types of investigation to better understand how these concepts influence nursing practice (Hunt & Dolan, 2014).

American Nurses Association (ANA) define professional nursing as, “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.” Another definition states that nurses are well-educated, competent, skilled, compassionate individuals who lead innovative and evidence-based practice (American Nurses Association, 2010; Nursing and Midwifery Council, 2015). It is said that some of the unique functions of nurses are, (i) caring for the sick, (ii) promoting healthy lifestyles, (iii) assess clients’ responses to treatment plans, and (iv) assist patients toward recovery when ill and (v) assist clients during the end of life stage. Henderson (1991) continues by saying that nurses are essential in that they provide a vast array of services that allow individuals to gain partial or full independence as quickly as possible so that they can enjoy quality of life.

According to the statistics report in 2012 by the World Health Organization (WHO), the number of nursing and midwifery personnel recorded from 2005-2010 were 16, 689, 250; however, these numbers have fallen.

World Health Statistics year of Report	Nursing and Midwifery Personnel		Duration Data Collected
Year	Number of nursing and midwifery personnel	Density per 10 000 population (Global)	Timeframe
2009	17 651 585	28	2000 - 2007
2010	17 548 759	28	2000 - 2009
2011	19 379 771	29.7	2000 - 2010
2012	16 689 250	28.1	2005 - 2010
2014	n/a	29.2	2006 – 2013
2015	n/a	28.6	2007 - 2013
2016	n/a	17.6	2000-2013

Table 1. Integrated Data from World Health Statistics Reports on Health Workforce Globally (WHO).

In the table above, sources were limited to calculate the exact number of nurses during that year. However, the table above, it also shows a notable drop in the number of nurses and midwifery personnel per 10 000 population globally. In Finland, statistics (2016) shows in the table below that there is an increase in numbers of nurses every year from 2011 to 2015.

	2011	2012	2013	2014	2015
Population	5,401,267	5,426,674	5,451,270	5,471,753	5,487,308 5,503,297 (2016)
Nurses	71 170	72 483	73 664	74 793	77 459
Nursing and midwifery personnel density per 10 000 population (Finland)	155.2 (2000-2010)	239.6 (2005-2010)	155.2 (2000-2015)	108.3 (2006-2013)	108.6 (2007-2013)

Table 2. Integrated data on the number of nurses according to Finland statistics 2016 (Finland in Figures 2016) and nursing and midwifery personnel density per 10 000 population (WHO).

These tables then indicate that though reported numbers of nurses have increased over the years to try and cope with the needs of societies, there still remains a gap in the number

of healthcare personnel per 10 000 population of Finland. The shortage of nurses is a global issue and turnover of nurses is greater in comparison with other healthcare professions (Lee, Kim, Yoon, 2011). Therefore, if it is true that nurses provide services that allow persons within societies to access the help needed during the different stages of life, a shortage in nursing staff could not only impact an individual's quality of life but could have long-term societal and economic ramifications.

2.2 Defining Emotional Intelligence Concept

Salovey and Mayer (1990) generally regarded intelligence as a person's capacity to act rationally and effectively in a given environment. Intelligence has many forms including spatial intelligence, verbal intelligence, social intelligence and emotional intelligence. Each of these capabilities has its unique features, uses, roles and importance for a person. Emotional intelligence is the capability of a person to understand emotions and purposefully manage them. Salovey and Mayer (1990) were considered as the most influential researchers on the topic of emotional intelligence. They brought out a set of competencies that enables individual to express their emotions, recognize and perceive own behavior and of others'. These competencies also can help one to obtain a sense of self-awareness as they move through life. These concepts have been modified leading to a definition of emotional intelligence as follows:

"Emotional intelligence involves the capability to perceive accurately, appraise and express emotion; the capability to assess and or generate feelings when they facilitate thinking, the capability to understand emotions and emotional knowledge, and the capability to regulate emotion to promote emotional and intellectual growth" (Mayer and Salovey, 1997).

Many researchers have acknowledged the importance of emotional intelligence in motivation and modifying behavior (Goleman, 1998; Bar-On, 2002). As identified by Goleman (1998) and Bar-On (2002), emotional intelligence is the ability of a person to distinguish emotions in one self as well as the others. This is important to understand how emotional intelligence influences the perceptions of another person's emotions. Meyer et. al (2004) concurs by specifying that emotional intelligence includes identification, analysis, regulation and expression of emotions in one's self and in others. While

cognitive intelligence is based in the neo-cortex region of the brain, emotional intelligence is based in the sub-cortex region and involved both the parts of the brain working together (Goleman, 1998). Thereupon, emotional intelligence is different from cognitive intelligence in terms of its origins and mechanism. Nevertheless, like cognitive intelligence, emotional intelligence differs due to the individual's capability. Emotional intelligence like cognitive intelligence can develop throughout the life of the person, as they are exposure to different experiences and situations (Goleman, 1995).

2.2.1 Components of Emotional Intelligence

Different scholars and philosophers have conceptualized emotional intelligence to include varying elements. Mayer and Salovey's (1997) model of emotional intelligence include four components with each component signifying the development stages of emotional intelligence starting from the very basic psychological processes advancing on to the highest level. There are four stages of emotional development of emotional intelligence. Emotional perception, the first component, is the ability to be aware of own emotions and to express these emotions and emotional needs accurately to others. It also includes the ability to recognize between honest and dishonest expressions of emotion. The second component, emotional assimilation, is the ability to recognize among the different emotions a person feels and to identify those that influences their thought processes. Emotional understanding, the third component, is the ability to understand complex emotions like feeling two emotions at once and the capacity to identify differences from each other. The fourth component, emotional management, is the ability to manage emotions and adapt from varying situations (Mayer & Salovey, 1997). Figure 1 below outlines the four components and corresponding phases in emotion processing and correlating with each component.

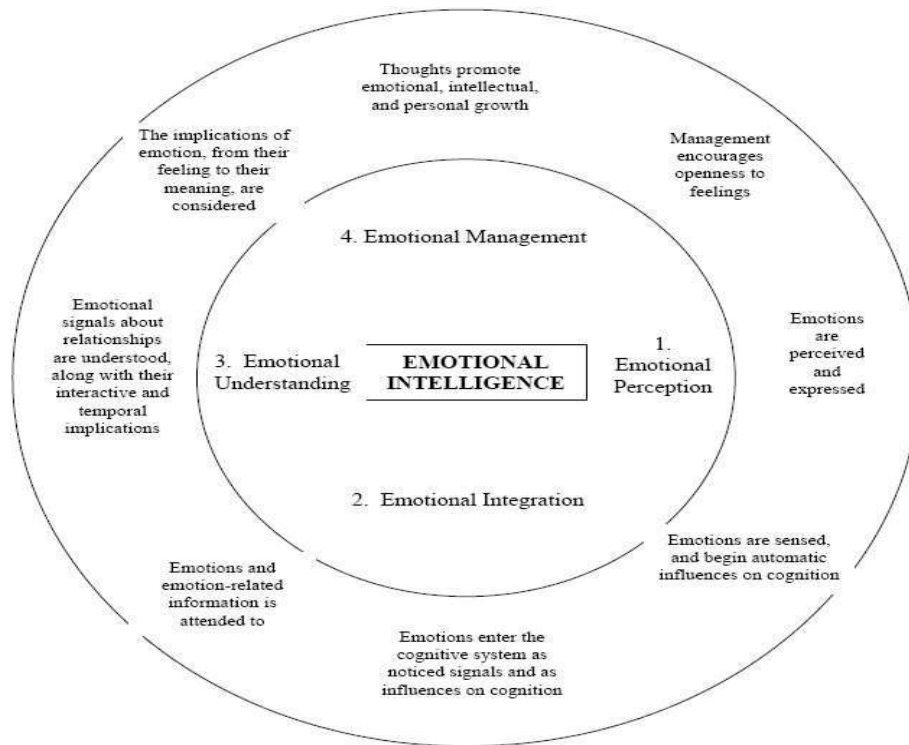


Figure 1. Mayer and Salovey's (1997) Four-Component Model of Emotional Intelligence

Goleman (1998) conceptualized the model proposed by Mayer and Salovey (1997) by forming four key competencies of emotional intelligence. They are, self-awareness, self-management, social awareness and relationship management. Self-awareness is the ability to perceive one's emotions and the ability to recognize the impacts of emotions in decision making. Self-management involves control of one's emotions and adapting to changing situations. Social awareness is the ability to perceive, be receptive, and respond to other's emotions while understanding social networks. Lastly, relationship management necessitates the ability to persuade and inspire others while managing differences (Goleman, 1998). Figure 2 below represents Goleman's conceptual model of emotional intelligence and corresponding emotional competencies. The constructs and competencies fall under one of four categories, which are categorized as recognition of emotions in oneself or others and regulation of emotion in oneself or others.

	SELF Personal Competence	OTHER Social Competence
RECOGNITION	<u>Self-Awareness</u> Emotional Self-Awareness Accurate Self-Assessment Self-Confidence	<u>Social Awareness</u> Empathy Service Orientation Organizational Awareness
REGULATION	<u>Self-Management</u> Self-Control Trustworthiness Conscientiousness Adaptability Achievement Drive Initiative	<u>Relationship Management</u> Developing Others Influence Communication Conflict Management Leadership Change Catalyst Building Bonds Teamwork and Collaboration

Figure 2. Goleman's (1998) Emotional Intelligence Competencies

Bar-On (1997), on the other hand emphasized five components of emotional intelligence. They are interpersonal, intrapersonal, adaptability, stress management and general mood. Figure 3 below shows the sub-components within each component. Bar-On (2002) claims that emotional intelligence can be improved through programming, training and therapy and can developed over time.

Components	Sub-Components
Intrapersonal	Self Regard Emotional Self-Awareness Assertiveness Independence Self-Actualization
Interpersonal	Empathy Social Responsibility Interpersonal Relationship
Adaptability	Reality Testing Flexibility Problem Solving
Stress Management	Stress Tolerance Impulse Control
General Mood Components	Optimism Happiness

Figure 3. Bar-On's (2002) Emotional Intelligence Components

2.2.2 Developing Emotional Intelligence

As stated earlier, emotional intelligence is related to and used to manage the effects of work related stress in nursing (Smith, 2008). This involves an individual's own awareness of their emotions and management in different contexts (McQueen, 2004). There are different methods and strategies that when practiced over time, develop a person's emotional intelligence. Goleman (1998) reiterates that methods such as individual counselling, role-plays, simulations, games, online support groups aid in the development of EI, however it is important to note that the choice of method depends on the needs represented in each organization. Bradberry and Greaves (2009), suggest writing learning journals because of their ability to help an individual to reflect on his/her thinking, observation, and learning. As a result, learning diaries that focus on reflection instead of simply logging events and experiences increase self-awareness. Training for self-management, is the next step in the development of EI after self-awareness. Faguy (2012), recommends including methods such as relaxation techniques like yoga, meditation, walking, aerobic exercise, and long baths. For the development of empathy and social awareness, active listening is in focus (Goleman, 1998). To this end, the management of relationships, helping others, communication, and active involvement in professional organizations, may be helpful (Faguy, 2012).

2.2.3 Importance of Emotional Intelligence

One of the extensive topic for research recently is the role, benefits and significance of emotional intelligence for an individual. Emotional intelligence has largely been associated with happiness and well-being of an individual. High EI is thought to be related to the good physical and mental health in a person (Schutte et al. 2007). On the contrary, low EI has been associated with violence, use of unregulated and dangerous drugs and involvement in crime (Martins et al. 2010). Research pointed out a connection between emotional intelligence and job performance. Goleman (2004) claimed that enhancement of emotional intelligence skills could be best attained in the workplace, as one is highly motivated to develop these skills pursuant to success and promotion. Freshman and Rubino (2002), found that there is an increase in job-related performance, productivity and leadership in healthcare organizations, when emotional intelligence interventions are

improved in the workplace. Gardener (1993) also stresses the significance of interpersonal and intrapersonal intelligence. Intrapersonal intelligence focuses on one's self and the ability to be self-aware whilst interpersonal intelligence focuses on four separate abilities. It includes the ability to organize groups, negotiate solutions, make personal connections, and engage in social analysis. As argued by Goleman (1998), high emotional intelligence provides an outstanding competency in a person and improves performance. Indeed, in his study, he found that emotional competencies in an employee is twice as important and contribute to excellence in an organization over that of cognitive and intellectual capacity (Goleman, 1998).

2.2.4 Emotional Intelligence in Nursing

Nurses are professionals who have close and routine relationships with those in their care and therefore they need to be exceptionally sensitive to the needs and emotions of the patient. Akerjordet and Severinsson (2007), insist that emotional intelligence brings positive attitudes among nurses resulting in better relationships with patients. Additionally, the performance of the nurse has direct implications on the effectiveness of the treatment and the wellbeing of the patient and leads to a more patient centered care by nurse professionals (McQueen, 2004). Moreover, Codier et al (2009) compared the levels of emotional intelligence in a study that sampled nurses in Hawaii, USA. The indicators in focus were the level of retention, performance, and commitment. The study found that there was a strong positive correlation between performance and emotional intelligence and between retention and emotional intelligence. This means that a nurse with high EI has better performance. In the same manner, a nurse with high EI has a better retention rate within an organization. This is a compelling finding because it shows that high EI is important not only for the patient's well-being but also for an organizations well-being. Finally, the study showed that the level of EI has a major effect on reducing nurse burnout (Gerits et al, 2004). When it comes to emotional intelligence among nursing student, it was found that EI has a positive effect on the mental health of nursing students by reducing negative stress (Montes-Berges and Augusto, 2007).

The role of EI in the managerial role of the nurse is discussed by Merkey (2010). He stresses the need for high EI when nurse managers are interacting with physicians and

other nurses. A lack of EI can lead to strained relationships with physicians, and other nurses within an organization (Merkey, 2010). This is because a lack of EI indicates low self-awareness and identification and sensitivity to other people's emotions. Thus, the role of emotional intelligence is even more important when a nurse has the responsibilities of a manager because he or she needs to manage relationship with the patients as well as various staff members within an institution (Merkey, 2010).

Extensive research also confirms that those with high emotional intelligence scores demonstrated a more noteworthy capacity and eagerness to engage socially, were more positive about their capacity to adapt and had enhanced hierarchical and time administration abilities. Therefore, nurses with elevated amounts of emotional intelligence had larger amounts of perceived competency and lower levels of stress. Those with a low emotional intelligence score did not utilize social circles and were at a high risk for coping using destructive practices during stressful encounters, situations. Therefore, the emotional intelligence levels of nursing and other healthcare staff are thought to influence their capacity to manage their workload while maintaining wellbeing (Goleman, 1996).

2.3 Defining Wellbeing Concept

The concept of human wellbeing is ambiguous by nature in that cannot be quantified. There is no unanimity around a single universally accepted definition of wellbeing (McGillivray et al. 2007), but there is general agreement that at the core, wellbeing includes the presence of positive moods and emotions such as contentment, happiness; the absence of negative emotions such as depression and anxiety; satisfaction with life; fulfillment and positive functioning (Diener et al, 2009). In simple terms, wellbeing can be described as judging life positively and feeling good (Veenhoven, 2008); wellbeing relates to “the degree to which a person experiences a sense of wellness” (Deci et al. 2008); and, wellbeing focuses on the level of happiness, an individual's perspective of life, and life satisfaction (Landa et al. 2010).

Wellbeing has two aspects: subjective wellbeing and objective wellbeing. Gärling & Gamble (2017) stated that subjective wellbeing consists of an intellectual viewpoint of

life satisfaction and emotional wellbeing, in which it is influenced by the balance of experienced positive and negative affect. They further revealed factors that can affect a person's wellbeing. These are individual factors, which includes personality, life-cycle stage; economic factors, which includes material wealth, income; and social factors, which include social support. It has been noted that these factors are often complicated, to such an extent that the relation between cause and effect is difficult to conceptualize (Gärling & Gamble, 2017). Current scientific proof shows that subjective wellbeing impacts a large range of behavioral characteristics and life outcomes. In an experimental research of De Neve et al. (2013), wherein some of the participants' moods and emotions were triggered, it revealed that a person's good mood resulted in participants being more creative, sociable, selfless, and other physiological patterns that are beneficial when considering subjective wellbeing. Objective wellbeing on the other hand, refers to the aspects of wellbeing that are independently observable, and takes into account an individual's actual situation instead of a respondent's own view. In other words, objective wellbeing is calculated through an individual's income or a country's GNP per capita (Smith & Clay, 2010).

As interest in wellbeing has grown in the recent years, a variety of measuring instruments with different approaches have been developed. Cooke et al. (2016) have identified a number of self-report instruments that are used to assess wellbeing, quality of life, and wellness. One example is the WHO Quality of Life Scale, which measures a person's perception of his current life status, considering his own culture and values, correlated to expectations, life standards and goals (WHOQOL, 1998). This assessment instrument was developed so that one could measure the quality of life of different multicultural groups in a comparable manner internationally (WHO, 2018). Another example is the Oxford Happiness Questionnaire, which provides a general measurement of a person's happiness (Hills & Argyle, 2002). This is an easy tool to assess how happy a person is by answering a survey with 26 questions and a 6-point score interpretation criteria.

The Organization for Economic Cooperation and Development (OECD, 2013) stated that measuring a person's wellbeing includes identifying the primary components of a good life, and then deciding on a set of indicators that provide information on how the society progresses in response to these outcomes. They have identified three main elements of wellbeing that are important to measure: 1) its trend over time; 2) outcome distribution

across the different members of the society; 3) outcome distribution across different countries. It is vital for the government and for the public to measure well-being. Some businesses and voluntary sector organizations may also be interested in keeping track of wellbeing, as national trends impact the business environment.

Other authors have also suggested the combined assessment of both subjective and objective measures of wellbeing. This will allow for better insight on a person's level of all aspects of wellness, as the presence of conditions of objective well-being does not mean that subjective wellbeing is present too, and vice versa. They also proposed the “dashboard approach” of measurement, wherein more interesting and helpful ways of presenting the information on subjective and objective wellbeing are encouraged, and not just numeric results (Forgeard et al. 2011).

Recent theorists like Cooke et al. (2016), found that with the huge variety of measuring instruments for wellbeing, the diversity in both defining and measuring wellbeing and its constructs such as life satisfaction and positive affect, is significant. Forgeard et al. (2011) have mentioned how some researchers do not focus on all aspects of wellbeing anymore, but on one (often life satisfaction) or only just a few. Other researchers and clinicians who use other instruments as a basis of their own studies on wellbeing and health may also experience confusion due to different terms and wordings used (Cooke et al. (2016). The progress made in this field in the past years has resulted in a better understanding of the components of wellbeing, how it can be measured and developed (Forgeard, et. al, 2011).

2.3.1 Wellbeing at the Workplace

Akin to an individual's wellbeing, is his wellbeing at the workplace. As stated by the Ministry of Social Affairs and Health in Finland, wellbeing at work means that working life is safe, healthy, and pleasant. They assert that employees 'professionalism and positive environment is stimulated by the healthy level of perceived wellbeing. Additionally, wellbeing at work increases productivity and commitment to the job while reducing incidence of sick leave (Ministry of Social Affairs and Health).

The meaning of what constitutes wellbeing at work differ not only between individuals but also varies within and across cultures and within different organizations due to the influence of societal processes. For example, an organization maybe influenced by cultural and societal processes and constraints (Gervais et al. 2013). For common ground, the International Labour Organization (ILO) defines wellbeing at work as a term that is related to all aspects of working life, from the nature and safety of physical environment to employees' perception about their work, the quality of their working environment and work organization. Measures for workplace wellbeing aims to correspond to Occupational Safety and Health Measures to ensure that employees' health, safety, satisfaction and engagement at work are guarded. The organization's long-term effectiveness is determined by the wellbeing of their workers'. Studies show a direct relation between levels of productivity and the workforce's general health and wellbeing (ILO).

Within the Nordic region, researchers have discussed the similarities and differences among the Nordic countries when it comes to work wellbeing (Foldspang et al. 2011). In Sweden, work wellbeing is specifically connected with the employee's condition at his workplace. It is centered on the situation of the relationship between the worker and the workplace. Occupational health is also being focused on in this context, which is described to be the employee's higher level of protection at work. This involves implementing measures of accident prevention by providing necessary training for workers and their representatives. It also focuses on a healthy organization, where the aim is to give its employees excellent wellbeing at the workplace. It involves a variety of factors including individual health practices, occupational health and security, and organizational culture. Together, these factors give the workers the information they need and the support to make good choices, which aids in risk reduction. When utilized correctly, the aspects above are thought to enhance wellbeing at the workplace (Foldspang et al. 2011).

In Finland, work wellbeing has been defined as "the concept of promoting and maintaining work ability". Its focus is on the importance of a united effort on behalf of the employer, the employees, and the organization that leads toward the promotion of one's ability to work, over their entire lifespan. The focus is not solely on the companies. The cooperation between the members of the community and other networks are given

importance as well. This means that work wellbeing does not solely focus on an individual level, but also on an organizational level and societal level (Foldspang et al. 2011).

Wellbeing at the workplace can be described as either physical or mental. The overall health and safety, as well as the awareness of the possible causes of accidents and illnesses within the workplace are a part of the physical wellbeing of an employee. The psychosocial wellbeing on the other hand, includes how an employee interacts with others, with his work, and with the organization (Foldspang et al. 2011).

Issues around the idea of physical and mental wellness of a large percentage of the adult population can be addressed at and by the workplace. For example, when workers' struggles within the workplace, an organization can offer support, which opens a possibility for health promotion and the development of needed competencies within the realm of wellbeing. In addition to the possible benefits to public wellness, this type of intervention for wellbeing can help improve safety at work and an organization's efficiency. The chances of employees developing work-related problems and illnesses are also decreased (Knapp et al. 2011). Absenteeism and presenteeism (being less productive at the workplace, resulting to staying longer hours than necessary) might occur more often in the workplace if the workers' well-being declines. This might mean more costs for organizations, which might result in the organizations' withdrawal from the labor market in the end. Improved wellbeing can help lessen the utilization of services for some physical and mental health problems helping to ensure an organization's productivity and efficiency (Knapp et al. 2011). There are many possible approaches in promoting good health within the workplace. Allowing for more flexible working hours, possibilities for career growth and development, and recognizing signs of mental health troubles by managers are some of the examples. Also, good food served in the canteen, encouraging involvement in sports, exercise, and use of gyms may also help promote workers' wellbeing (Knapp et al. 2011).

2.4 Linking Emotional Intelligence and Wellbeing in Nursing

Emotional intelligence is thought to be fundamental to nursing (Bolton, 2001; Mann & Cowburn, 2005; Gray 2009). Nurses have sustained an intensive contact with patients and are required to deliver compassionate care often under challenging interpersonal conditions (Chou et al. 2012; Grandey et al. 2012). They are not only supposed to regulate their own emotional reactions to practice, but also to alleviate the fear and distress of their patients (Strazdins, 2000). Moreover, nursing has a set of shared unspoken rules concerning the emotions that should be expressed and those that should remain hidden (Diefendorf et.al, 2011). Engaging in skills associated with emotional intelligence can be a source of satisfaction when performed for philanthropic reasons (Bolton, 2004), but it can also threaten the wellbeing of healthcare workers (Mann & Cowburn, 2005). For example, daily diary research suggests that nurses who have difficulty managing the emotional requirements of the job, tend to report increased levels of negative affect, emotional exhaustion, and general fatigue (Donoso, et al. 2015).

As stated earlier, emotional intelligence is important for nurses. Studies have shown that emotional intelligence provides therapeutically relationships between caregivers and their charges and supports patients and their significant others manage the stress of their situation (Landa & Lopez- Zafra, 2010). Sharif et al. (2013) have discussed in their study that training in emotional intelligence had a good effect on the overall health of nurses. Their findings were compatible with other reports about the positive impacts of emotional intelligence on different topics such as, mental health, general health, depression, and stress tolerance, among others. Likewise, Lawal and Idemudia (2017) have stated that emotional intelligence may also have some relevance to decreasing stress in the workplace, in a way that, nurses who possess high levels of emotional intelligence will be able to recognize emotions, assimilate and understand the feelings of patients and co-workers, and manage them well. Additionally, well developed emotional intelligence skills may aid nurses in creating and maintaining a caring environment. Consecutively, this helps nurses to adjust to the stressful demands of their profession, which results in less burnout and lower staff turnover rates (Beauvais, 2012).

In closing, it is interesting to note that, Por, et. al (2011) believes that emotional intelligence in nursing is a protective factor against stress and has a facilitative factor for health. As mentioned by the author, nurses who possess emotional intelligence are more in control of their emotions and develop more effective coping strategies against stress, which result to improved subjective well-being.

3 THEORETICAL FRAMEWORK

Experts have stressed the importance of using a theoretical framework within a research study, as it serves as a helpful guide and organizes the information gathered. Grant and Osanloo (2014), have defined the term theoretical framework as the blueprint or the foundation of a thesis. Its purpose is to provide guidance on which to construct and support a dissertation. It also equips the author with a structure on how to approach the thesis "philosophically, epistemologically, methodologically, and analytically, as a whole" (Grant and Osanloo, 2014). Within the field of nursing, Fawcett (1984) mentioned that in the earlier years, nursing conceptual frameworks have functioned as models that tackle the concepts and values of nursing. They were utilized to organize the nursing program curricula. In the recent years, qualitative researchers interpret research results with the use of nursing theory frameworks. These relationships are complementary and help cultivate the advancement of nursing science in this era of theory utilization (McCrae, 2012).

For this research study, the authors have chosen the Health Promotion Model (HPM). The Health Promotion Model, developed by Nola J. Pender in 1982, was revised in 1996 and 2002 based on the changes in theoretical perspectives and empirical findings. This model was developed using a nursing perspective and it is used internationally for research, education, and practice worldwide.

3.1 Elements of Health Promotion Model

Based on Pender's health promotion model manual (2011), The Health Promotion Model (HPM) identifies background factors that influence health behavior as a basis for behavioral counselling in the promotion of healthy lifestyles. The philosophical foundation of this model is to view humans holistically. It is directed towards the increase of an individual's level of wellbeing. It describes the multi-dimensional nature of individuals as they interact with their environment in pursuit of the advantages in health (Pender, 2011). The model focuses on three major areas that are critical factors in nursing actions. The theoretical framework model is shown below:

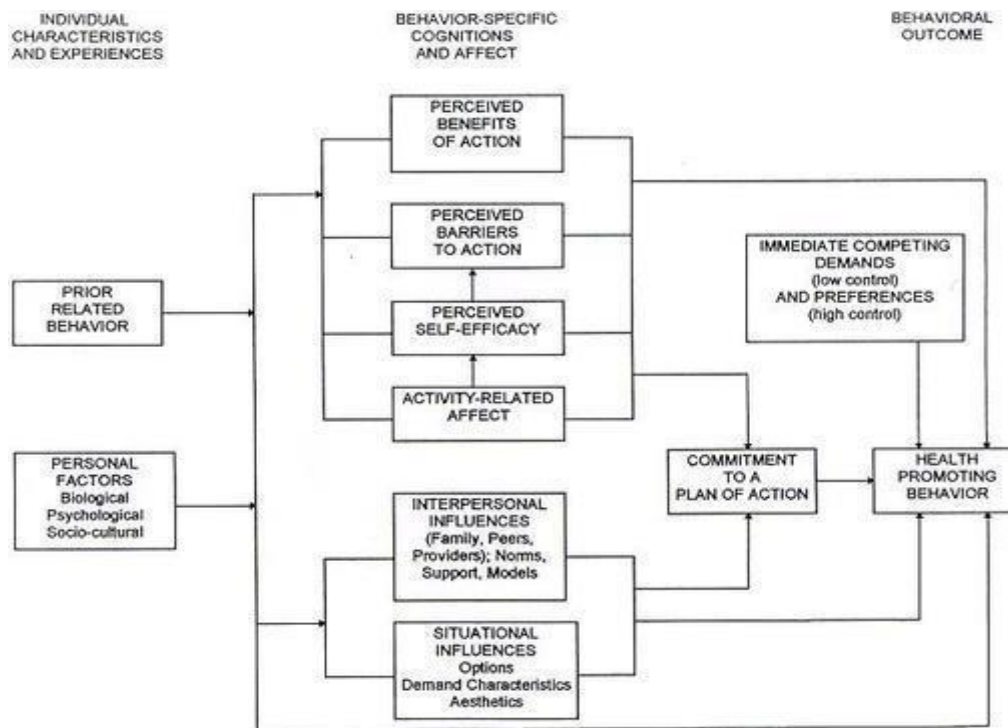


Figure 4. Health Promotion Model (N. Pender)

The first area as seen in the figure is individual *characteristics and experiences*, which consists of two aspects that affect the willingness to take health actions. The first aspect is *prior related behavior* that is related to the health practices and behaviors in the past that influence the existing behavior. The second aspect is *personal factors* that is related to the biological, psychological, and socio-cultural of the individual. These factors affect the individual's behavior. Examples such as age, gender, body mass index comprises biological factors. Psychological factor variables such as; self- esteem, motivation, personal competence, and perceived health status are also represented along with race, ethnicity, education and socioeconomic status. The second area *behavior-specific cognitions and affect* consists of six other aspects: *perceived benefits of action*, *perceived barriers to action*, *perceived self-efficacy*, *activity-related affect*, *interpersonal influences*, and *situational influences*. *Perceived benefits* are perceptions of the positive or reinforcing benefits of practicing healthy behaviors. *Perceived barriers to action* suggests that hindrances or obstacles may occur on the process of undertaking healthy behavior. *Perceived self-efficacy* is the personal capability and self-confidence of performing the health behavior successfully and believing that change is possible. Being self-efficient decreases the perception of barriers to achieving a positive outcome. *Activity- related affect* is defined as the person's subjective feeling states or emotions

before, during and after associated to a specific behavior. A person with positive subjective feeling tend to be self-efficient leading to a positive effect. *Interpersonal influences* are behaviors, beliefs and attitudes of family, peers, and relevant others in relation to norms, social support and modeling greatly influence undertaking such health behaviors. Lastly, *situational influences* include options available, demand characteristics and aesthetic features of the behavior environment that influence the action (Pender, 2011).

The third area, behavioral outcome, has three aspects: *immediate competing demands and preferences*, *commitment to a plan of action* and *health promoting behavior*. The first aspect, *immediate competing demands and preferences* are behaviors that an individual has low or high control of. Individuals have low control with regards to competing demands such as work and family responsibilities and high control on the competing preferences such as selection of food or diet. These factors infringe the course of action prior to the planned healthy behavior. Second, *commitment to a plan of action* is the intention to implement health behavior including recognition of strategies to achieve a positive outcome. Lastly, *health-promoting behavior* is the final, desired, and positive outcome (Pender, 2011).

In summary, HPM narrates that each individual has his own unique experiences and characteristics that can affect his succeeding actions. Factors that are modifiable through nursing actions are important in the motivation of behavioral change and affect. The final behavioral demand is affected by immediate competing demand and preferences, which can impede the planned health promoting actions. Final and expected outcome of the model is health promoting behavior and should result in the enhancement of functional ability, improvement of health and a better quality of life. The model is designed to guide in the assessment of biopsychosocial processes of persons' motivation to implement behaviors directed towards improving health. This leads to a greater understanding of the areas or variables of the model that help to assist a person in changing behaviors and healthy lifestyles (Pender, 2011).

3.2 Relevance of the Theoretical Framework to the study

There are three authors in this thesis who are nursing students and, though familiar with nursing practice, were curious about this topic and how it relates to health promotion. With nursing job being characterized as highly demanding and stressful, the authors are determined to find the silver lining that keeps individuals choose to remain in nursing. The authors further want to explore how emotional intelligence helps nurses weather the storms and maintain their overall wellbeing at work.

The authors believe the theoretical framework and model is suitable for this research for several reasons. Firstly, this model is directed towards improving one's wellbeing. Health professionals, such as nurses, are individuals who strive in improving the lives of those in their care and in their own health outside their profession. Secondly, nurses represent the interpersonal environment, which is one of the areas of this model, that illustrates how the nurses' behavior influences patients' decision-making especially when considering health promotion. Additionally, the authors feel that this model is flexible and can be geared towards individuals, specific groups, families, healthcare populations or the community (McEwen & Wills, 2011).

4 AIMS AND RESEARCH QUESTIONS

This thesis builds on the knowledge that emotional intelligence is an integral part of the nursing profession. However, there seems to be a gap in the reported wellbeing of nurses at the workplace with respect to their emotional intelligence. Therefore, this paper will investigate the relationship between nurses' emotional intelligence and their wellbeing at the workplace. As a result of this investigation, recommendations will be offered on how nurses can identify and develop potential gaps in their emotional integrity leading to increase level of wellbeing at the workplace.

From this study, the authors are trying to find the answers to the following research questions:

1. What aspects of emotional intelligence are needed by nurses during the delivery of care?
2. Does emotional intelligence influence the wellbeing of nurses in the workplace and if so, in what ways?
3. What are some of the avenues nurses can use to identify and develop any gaps relating to their emotional intelligence?

5 METHODOLOGY

The authors used literature review as the research methodology. A literature review surveys books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory, and by so doing, provides a description, summary, and critical evaluation of these undertakings in relation to the research problem being investigated (Fink, 2014). In general, literature reviews should be organized around and directly related to the thesis or research question that is being developed. A literature review should synthesize findings into a summary of what is known and what is not known and point out areas of controversy in the literature and finally formulate questions for further research. For the content analysis, the authors used inductive reasoning. Inductive reasoning is often referred to as the bottom-up approach to knowing in which the researcher uses observations to build an abstraction or to describe a picture of phenomenon that is being studied (Lodico et.al, 2010).

5.1 Data Collection

Data collection is a systematic approach of gathering, reading and analyzing information from a variety of sources related to the interest of research. In this research, the authors used four different search databases, with EBSCO, CINAHL, PUBMED and ScienceDirect. EBSCO and CINAHL have the same style of filters compared to the other search engines. However, these four different search databases share commonalities of filters on the search engines that were utilized such as the dates of publication. The inclusion and exclusion criteria were, articles may be used if written between 2007-2017, accessibility to a full- free text and articles in the English language. The use of these filters narrowed down the search results considerably. The articles chosen were those thought to best support the aims and purpose of this investigation. Below the actual steps when using these different search engines are communicated.

In Academic Search Elite (EBSCO), three attempts were made. In every attempt, keywords were changed but the filters applied were all the same such as Boolean/phrase, full text, english language and years 2007 – 2017. In the first attempt, 6 articles were taken from 109 hits. In the second attempt, it showed 2 articles that were also in the

previous search results, of which, one was already included in the taken articles. Keywords “nurse” and “emotional intelligence” were used in the third attempt resulting to 51 hits, of which 11 articles were taken. In the three attempts made, some articles were directly related to the aims and purpose of this investigation but accessibility to the full text was impossible.

The second search database used was CINAHL. The keywords used in the third attempt were “nurse” and “emotional intelligence” resulting in 34 hits whereby zero article was taken. In the second attempt, keywords “emotional intelligence” and “well-being or wellbeing or well being” were used resulting to 14 hits but zero article was taken. All the articles in both attempts were already included in the previous search database results. The third attempt resulted to 1 article, but retrieval of the full text article could not be accessed.

In the first attempt using PUBMED as the third search database, keywords “nurse emotional intelligence” and “wellbeing or well-being or well being” were used resulting in 293 hits whereby 3 articles were taken. The second attempt using the keywords “nurse” and “emotional intelligence” showed 323 hits, of which articles from the first attempts were also included, resulting in zero article was taken.

The last search database used was ScienceDirect with the keywords “nurse” and “emotional intelligence” and filters applied such as 2007 – present, limiting topics to “nurse, emotional intelligence, emotional, health care, mental health, health” and limiting to journal as content type. The search resulted in 230 hits, out of which 12 articles were taken. In every attempt the same inclusion, exclusion criteria were used. Implications of the criteria were based on the title of the article, abstract and content. Some titles of the articles in the results of the search may not seem related to the research topic but reading through the abstract or skimming through the contents directed the authors towards the relevancy to the research.

5.1.1 Implying inclusion and exclusion criteria

The articles were chosen with the implication of the inclusion and exclusion criteria. The first phase of the implication was during the article search where filters have been applied,

such as articles should not be older than 10 years, access to free full text and articles should be in the English language. Then follows the second phase, where the researchers had spent time carefully on each article resulted from the filtered hits search. This ensures a higher feasibility of relevance in terms of selecting much more related articles to the study and while considering the criteria of inclusion and exclusion throughout the whole procedure. This process leads to 32 articles relevant to the study. Reading abstract and skimming through contents of each those articles led to the qualification of relevancy. The last stage of implying inclusion and exclusion criteria were based on the following:

1. To what extent do the articles relate to the research questions?
2. Articles must answer at least 1 of the research questions.
3. Are their contents applicable to nursing practice?

Listed in table 3 (see Appendix) are the 32 articles selected for this study. This process leads to 32 articles relevant to the study.

Figure 5 below is a flow chart that illustrates the process of data collection and implication of inclusion and exclusion criteria.

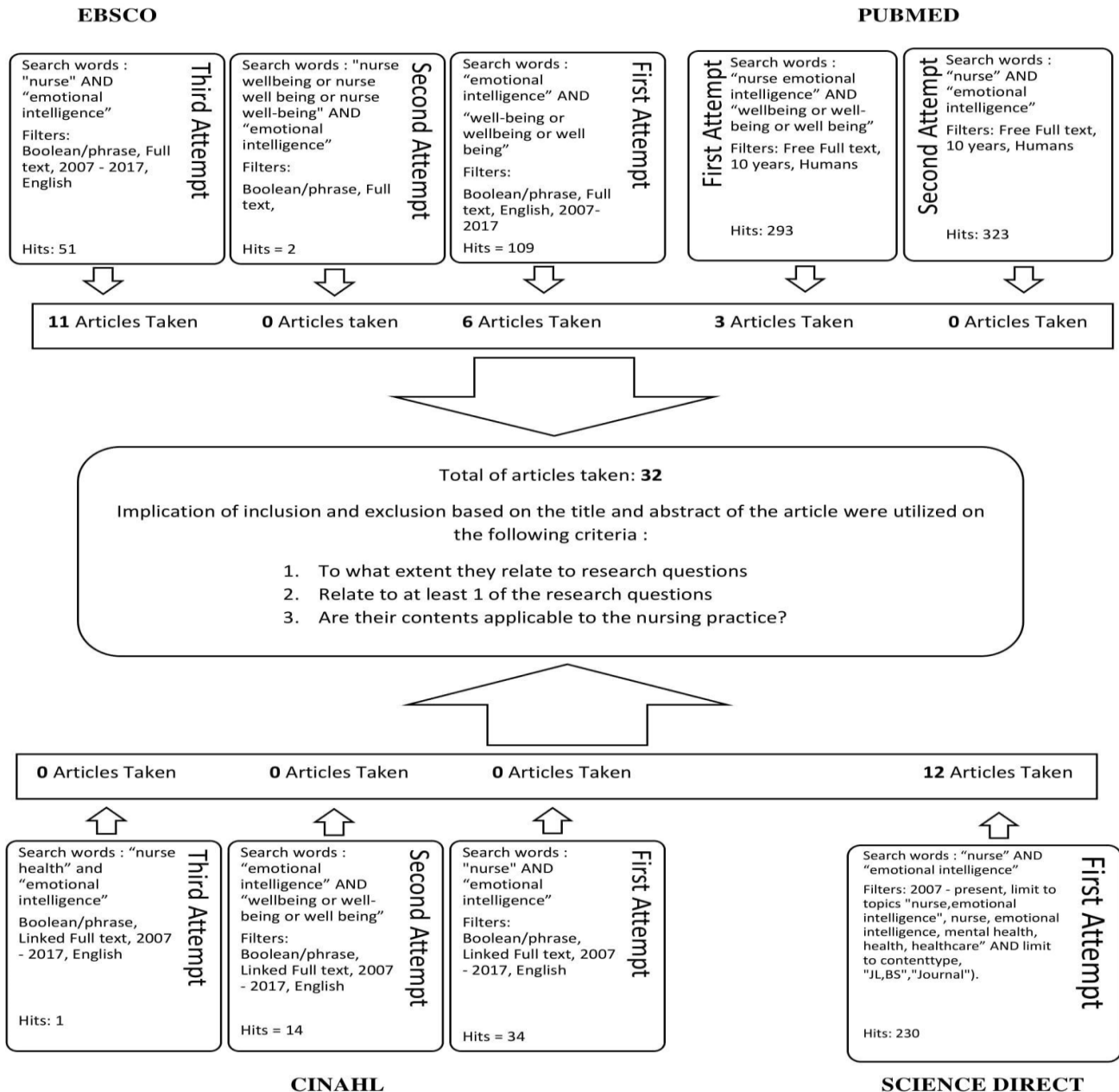


Figure 5. Flow chart of data collection process and implication of inclusion and exclusion criteria.

5.2 Data Analysis

In this research, the authors utilized Graneheim & Lundman (2004) qualitative content analysis using an inductive approach. Accordingly, the method includes concepts of an organized process for classification, evaluation, and objective testing of quality data. These are manifest and latent content, unit of analysis, meaning unit, condensing, abstracting, content area, code, category, and theme. Manifest content deals with the content and describes the visible and obvious component, while latent context deals with the relationship aspect involving the interpretation of meaning of the text. Unit of analysis refers to great variety of objects of study. Meaning units is the unitization of words or statements relevant to the central meaning. Shortening of the meaning unit while the content or idea is called, condensation. Abstraction is the creation of codes, categories and themes on varying levels. Parts of the text that deals with specific issue is referred to as content area. Code is the label of the meaning unit that allows data to be new and different. Categories is the main feature of the qualitative content analysis. A category may include a number of sub-categories that are equal to the codes. Lastly, theme is a way of linking the underlying multiple meanings in categories.

5.2.1 Reading and Coding

Authors presented the steps of data analysis below in table 4.

<p>Step 1: Reading and Coding</p> <ul style="list-style-type: none">● Collection of data resulted to 32 articles relevant to the research.● Thorough reading of each articles several times. Relevant and interesting data were selected and noted.● Data were highlighted including keywords and notes were made.
<p>Step 2: Listing and Categorizing the codes</p> <ul style="list-style-type: none">● Review of data and notes that were made.● According to the relevancy of the codes, the information was then categorized and formed a group.

Table 4. Steps of Reading and Coding

The table above shows the data search that resulted to 32 articles. The authors chose Graneheim & Lundman (2004) content analysis method because of its familiarity with nursing research. In the first step of the data analysis, the authors thoroughly read the

selected 32 articles. Then, the authors highlighted and noted the interesting and relevant data. In the second step, the authors reviewed the data and notes that were made thoroughly several times and listed the information. The authors then categorized the information and formed groups according to the relevancy of the codes.

5.2.2 Subthemes and Themes

Table 5 below shows the major and minor common categories among the above mentioned 32 articles and how these categories can be gathered to make a theme.

Theme	Relationship between Emotional Intelligence and wellbeing at the workplace								
Sub Themes	Linking EI with dimensions of general health				Correlating EI and non-technical skills that impact wellbeing at the workplace				
Major Categories	Physical	Mental	Social	Emotional	Performance	Leadership	Adaptability	Satisfaction	Identification and Development
Minor Categories	Emotional state,	Psychological adjustment and functioning	Psychosocial Functioning, Social-awareness, relationship management,	Self-awareness, self-regulation, Empathy	Productivity task performance, patient-outcome, teamwork	Communication skills; Influence, leadership skills	Coping skills, Resilience, stress tolerance, conflict management	Job satisfaction and Retention	EI training and education practice through emotional scales, ability test and self-reporting tools and personal traits training.
Unit of Analysis	5	1,2,5,6,8, 20,23, 28, 29,30	1,2,5,6,1 1,13,14,1 8,22, 23,24, 31	3,7,8,13, 16,17, 20,23, 24,29,30	3,12,14, 15,19, 20,21, 22,23, 24,26, 27,28,32	4,15,16, 21,22, 24,26,29	2,5,6,7, 9,13,14, 20,24,30	7,8,21, 27,29,32	1,3,4,9,10, 12,14,17, 18,19,20, 22,25,30

Table 5. Illustration of the most common categories and their distribution within the 30 unit of analysis and coming up with a theme.

5.3 Ethical Considerations

Ethics are the standards for conduct that distinguish between right or wrong. Ethical consideration in research is crucial because it prevents falsification or misinterpretation of data and supports the development of knowledge and truth, which is the main goal of research. Additionally, researchers must abide the ethical standards to provide credibility of the research topic and make sure ethical aspects are appropriately achieved. According to the Research Ethics Guidebook, when using literature review as the methodology, it is ethical practice to deliberate how the research can best rely on previous studies. Literature can be used to generate research problems that needs to be studied and why they need to be studied. Researchers can nail down if their proposed research questions were already answered by reviewing prevailing studies. Through literature review, the writers were able to identify the gap between emotional intelligence and wellbeing among nurses and avoid the repercussions that may arise from the ethical issue of reproducing from previous research.

In accordance with the Finnish Advisory Board on research integrity (TENK, 2012), in order for a research to be reliable and ethically acceptable and in order for its result to be credible, a research must be conducted with full compliance to the responsible conduct of research. Guidelines are outlined to ensure that the research is accomplished in a trustworthy and ethical manner, and with integrity. With adherence to the rules and conduct of research, this study ensures that findings from previous studies were appropriately referenced without misinterpreting or misrepresenting the original data. Appropriate acknowledgement was given when using information from other researchers to avoid plagiarism. Other researchers' works were fully credited in the text and references were listed in this study. Also, prior to the writing process of this thesis, the guidelines of Arcada on good scientific practices were read, understood, and implemented.

6 FINDINGS

In this chapter, the major categories that emerged during data analysis processes will be presented. The numbers in brackets correspond with the analyzed articles mentioned in the data analysis section. The first major category found was physical health. According to the study, emotional states is associated with patterns of behavior. Negative emotional states affect psychological functioning and positive emotional states result to a healthier way of living leading to a good cardiovascular activity and immune system [5]. This however, is the only article that tackles on the physical effect associated with emotional intelligence.

The second major category was mental health. These studies are consistent with previous studies linking emotional intelligence to better mental health. Relationship between psychological adjustment and emotional intelligence indicates that the ability to manage emotions is associated with low level of frustration, ability to cope with stress and become less ill under pressure, high levels of expectation, satisfaction, happiness and success. It is also negatively correlated with measures of psychological health such as depression and hopelessness. Emotional intelligence contributes to attitudes that are more positive, behaviors and outcomes. For instance, being able to control emotions is associated with positive mood resulting to lower prevalence of depression. It is evident that nurses encounter challenges in the profession such as distress, restlessness and irritability leaving nurses depleted of energy. Employees with high emotional intelligence are more capable to recognize, manage and use their emotions to overcome obstacles, develop skills and qualifications and respond to conditions and events in a more positive and adaptive manner caused by highly complex and demanding working situations preventing the negative influences on their career path. [1,2,5,6,8,20,23,28,29,30]

In social health as third major category, higher emotional intelligence is linked with aspects of better psychosocial functioning including interpersonal factors such as better social relationships. The ability to recognize and understand own emotions and in others have better and efficient relationships, leading to a greater wellbeing. Emotional intelligence is important in nursing and in areas of practice such as collegial and interprofessional relationships and possessing emotional intelligence skills may help nurses to establish and maintain a caring environment. Higher emotional intelligence

among nurses impose assertiveness, the ability to express feelings and opinions in an open and straightforward way while respecting others' view or expectation. Nurse's effective conflict-handling skills are essential not only for individual safety awareness but also to create a culture of safety. Nurses with high emotional intelligence manage themselves strongly, focused on career and social relationship, able to work in a team, have a strong leadership and decision-making quality, and work positively. [1,2,5,6,11,13,14,18,22,23,24,31]

The fourth major category is emotional health. A key to interpersonal competency is the ability to identify and manage one's emotions. Highly emotionally intelligent nurses display strong self-awareness, meaning they have insight and understanding of their own emotions and behaviors. Increased self-awareness was integrally linked to emotional well-being. Generally, with higher level of emotional intelligence, people tend to experience more positive moods and emotions, because they are more skillful at appraising, regulating and directing their own emotions. Nursing profession involves emotional labor in a stressful working environment. Being equipped with emotional intelligence enables nurses to simultaneously deal with their own emotions and demonstrate empathy towards patients. Showing empathy is important in nursing skills because nurses sustain the morale of patients, reassure patients that experience pain or anxiety and comfort relatives. These emotional interactions between nurses and patients contributes to the value and meaning of the work and often lead to a sense of accomplishment. Emotional intelligence improves emotional maturity that helps nurses to be responsible of their own actions. Considering emotions in reasoning in critical thinking and decision-making result to more empathetic or better-quality decisions. [3,7, 8,13,16,17,20,23,24,29,30]

The fifth major category is performance. Emotional intelligence, such as self- and social awareness and possessing skills in relationship management, has been found to directly affect nurses' performance at the workplace. Nurses with high levels of Emotional intelligence were more productive, communicative, empathetic, and they were able to manage stressful situations better than their counterparts were. Hence, patient outcome and quality of care were improved, as the nurses connected with and understood the patients and their needs. The nurses also developed confidence within themselves and felt good about their profession. An improvement in team unity and in the effectivity of

teamwork were also noted in nurses' groups with high emotional intelligence. [3,12,14,15,19,20,21,22,23,24,26,27,28,32]

Leadership is the sixth major category. These studies indicate the significance of leadership skills, not just of nurse leaders and managers, but all nursing professionals. Emotionally intelligent leaders have been found to influence the well-being of their nursing team positively, by being supportive, communicative, providing encouragement to excel in their profession, and exploring the nurses' emotional well-being and stress-coping methods. These bring up the morale of the teams and promote good team interaction, which results to contentment and satisfaction of the nurses in their workplace. Nurses in non- managerial positions who possess high levels of emotional intelligence also influence the well-being of the team, as their optimism and social awareness help maintain a good working atmosphere within their own group. [4,15,16, 21,22,24,26,29]

Adaptability is the seventh major category. Emotional intelligence has been positively associated with stress tolerance, lower anxiety levels, optimism, and adaptive coping techniques. Nurses who possess these skills were found to be less prone to depression, fatigue and burnout. They are resilient and can adapt and adjust accordingly to difficult stressful work demands and situations. High levels of emotional intelligence was also positively linked to good conflict management techniques. This is very helpful when working with a health care team in highly stressful scenarios, and where conflicts can easily arise between team members. All of these result to happiness, satisfaction, and well-being of nurses within the workplace and in their own lives. [2,5,6,7,9,13,14,20,24,30]

The eighth major category is satisfaction. The result from the literature review showed that emotional intelligence contributes to an individual's positive outcomes such job satisfaction and work commitment and positively influences employees' well-being. Emotionally intelligent people seem to be satisfied with their jobs more than others and the more job satisfaction, in return, affects the quality of delivered services positively. Self-emotion appraisal and use of emotion are said to influence turnover intentions negatively. [7,29,32]

Clinical staff nurses with higher EI demonstrated higher performance, longer anticipated

career and, in turn, greater job retention. Nurse who consistently assessed their strengths and limitations and had a sense of their self-worth, which are competencies within the self-awareness domain and are especially important to retention. In the same manner, nurse leaders who are more likely to understand staff needs, and provide support, development opportunities, motivation, and encouragement brings about positive outcomes, including increased staff satisfaction, well-being, and team effectiveness. [8,21,27]

The last major category found was identification and development. Knowledge of emotional competencies and their applications in practice can help nurses understand and interact with patients on a more sophisticated level. In the literature review, emotional intelligence was measured through emotional scales, ability test or through self-reporting tools. [1,14,17] To thrive in their career, nurses must develop their emotional intelligence in order to effectively manage conflicts among them, which is inevitable in healthcare institutions. Training is particularly effective at developing enabling aspects of emotional intelligence such as self-awareness, interpersonal sensitivity, and influence. Emotional intelligence can also be developed in many ways, including taking time for personal reflection, keeping a journal, requesting peer feedback, skills building, expressive writing, and working with a mentor or a coach. To some degree, nurses reported that these interventions were helpful. In the organizational level, the management needs to grapple with the consequences of emotion at work and attempt to provide workers with coping strategies and resources to address emotional stress. Hospital administrators also need to develop personal traits training programs to cultivate conscientiousness and extraversion, and to create emotional intelligence development programs for nurses to provide customer-oriented services leading to patient satisfaction. [3,4,9,10,12,18,19]

7 DISCUSSIONS OF FINDINGS

In this chapter, the authors pull together aspects from all the previous chapters. The research questions are used as the format for the dissemination of thoughts and ideas generated through this effort.

7.1 Question 1: What aspects of emotional intelligence are needed by nurses during the delivery of care?

Emotional intelligence is as important as the core competencies of nursing practice in the delivery care. Based from the findings of the study, interpersonal competencies such as self-awareness, self-regulation and adaptability; and intrapersonal such as empathy, leadership, the ability to influence others, conflict management, and teamwork and collaboration emerged from the literature review as the ones being utilized and needed by nurses during delivery of care. These competencies are said to be predictors of subjective well-being (happiness, satisfaction, negative and positive affect), great leadership and performance at work. Nurses with high level of emotional intelligence are said to possess these competencies viewed as essential in the delivery of care within a challenging and demanding working environment. The literature review provided a strong output and link between emotional intelligence and the theoretical framework of Health Promotion Model. Knowing the impact of emotional intelligence skills on patient outcomes as well as on nurses' performance and wellbeing, nurses will try to improve the level of their emotional skills in order for them to thrive in the workplace.

McQueen (2003) stated that enhancement of quality of care can be achieved through engagement with patients enabling trusting relationship, anticipating need and wishes, act and respond to convey physical, psychological, and spiritual aspects of care. Therefore, the nursing profession requires nurses in the delivery of care to interact with patients and other healthcare professionals. Establishing relationship with patient and others is a complex process that demands perception, understanding. An example can be seen for instance in the patient's emotions, and capability to respond or manage situations for effective patient care. The researchers, strongly believe that the ability to recognize and manage emotions result in effective interaction and understanding which in turn influence feelings of others and that, it is a significant skill for any professionals as it may improve the quality of nurse-patient relationship, increase levels of satisfaction in care and enhance patient-centered care.

7.2 Question 2: Does emotional intelligence influence the wellbeing of nurses in the workplace, if yes in what ways?

Emotional intelligence does influence the wellbeing of nurses in the workplace. Based from the reviewed articles, it influences physical, mental, social and emotional health. Reflecting on the aspect of physical wellbeing, the reviewed literature revealed a correlation between high levels of emotional intelligence and positive emotional states, resulting to improved physical wellbeing. Emotionally intelligent nurses who possess self-awareness and are able to deal with their own emotions and of others and display good patterns of behavior, which have positive effects on health. They are able to manage tension and stress very well while working in a highly demanding profession. This allows them to maintain healthy cardiovascular status and more active immune functioning, as stress is known to possibly contribute to problems of the immune and cardiovascular systems (Tripathi and Kohli, 2017).

10 out of the 32 reviewed articles substantiated the claim that emotional intelligence is linked to better mental health. The ability to manage and control one's emotion is found to be a contributing factor to positive attitudes, behaviors and outcomes; thereby lowering one's level of frustration, depression, hopelessness, restlessness and irritability and ultimately becoming less ill under a high-pressured working environment. Based on the reviewed literature, optimism is a skill found in nurses with high emotional intelligence (Watson-Druee, 2012). Nurses who possess this particular skill do not surrender to difficult challenges and struggles, but rather view them as opportunities for learning and career growth. They are confident, resilient and they respond positively to obstacles because they see the big picture and understand the situation (McShane et al., 2010; Watson-Druee, 2012). They take responsibility of their own actions and are willing to put more effort into their work because they are passionate about the profession, therefore having a positive outlook in their careers and working life. Hence, emotionally intelligent nurses usually thrive in the nursing profession as they gain happiness, satisfaction, and success in the workplace and in their own lives.

Emotional intelligence also influences social health. The ability to recognize own emotion and that of others is linked with better psychosocial functioning and better social relationships. In the articles reviewed, an individual's level of social awareness was identified to have an impact on his well-being. Understanding others' emotions aside

from one's own is an important skill in the nursing profession as nursing care is patient-centered, and nurses constantly have to deal with them and their varying levels of emotionality. Nurses also work with other health care professionals whom they interact with, and where conflicts can easily arise. Emotionally intelligent nurse leaders are seen to have good conflict management skills, which creates a safe environment for both the patients and the staff (Basogul & Özgür, 2016). Good conflict management skills equip these nurses to successfully defuse difficult and problematic situations within the workplace. These nurses make good leaders who help motivate the team and maintain a good working atmosphere within the workplace. They are focused on their careers, but at the same time, they also make efforts in maintaining good relationships with their own families and friends. Nurse leaders who are emotionally intelligent, have shown to possess good communication skills. They understand their staffs' needs and they provide support, motivation, and encouragement, which leads to better team effectiveness, well-being and satisfaction of the team members (Taylor, 2017). The nurse leaders create opportunities for development of the nurses, therefore the staff turnover rates are controlled, and enhanced continuity of patient care is achieved (Beauvais, 2012). Positive working behaviors such as professionalism and assertiveness are developed among the staff nurses because of the positive influence of emotionally intelligent leaders who promote good working environments.

Emotional intelligence impact on emotional wellbeing is greatly emphasized in the nursing profession. Self-awareness is one quality that is very much evident in nurses who are emotionally intelligent (Watson- Druee, N. 2012). The ability to identify one's emotions helps the nurse to understand how these emotions should be managed, have better control over his feelings, and know how to react properly in different situations (Lawal and Idemudia, 2017). These nurses possess skills in regulating their emotions in a way that they are able to successfully navigate feelings of anger, frustration, and hostility and to act accordingly and intelligently based on the situation or problem. They are found to have good decision- making skills leading to better quality decisions made in the workplace and in their own lives. This brings them life satisfaction and emotional wellbeing. Some articles claimed that emotionally intelligent nurses also develop empathy (American Society of Registered Nurses, 2007; Parker, 2002; Nightingale, et. al, 2018). This particular trait helps in establishing a caring environment for the patients, sustains patient morale and provides reassurance to anxious patients and to those who are

experiencing pain. This positive influence leads to good patient outcomes. Emotional patient interactions are found to add value and meaning to the work, and a sense of accomplishment is felt by the nurses (Davies, 2009).

Along with the above-mentioned areas of wellbeing where emotional intelligence has an impact, Kooker et al. (2007) also pointed out that self-awareness, self- management, social awareness, and relationship management have been highly evident to have an impact on specific non- technical skills: performance at work, leadership, adaptability, and nurses' satisfaction at the workplace. These skills, in turn, were found to affect an individual's well- being at the workplace.

Similar reports were found in regard to the relationship between emotional intelligence and wellbeing, particularly with regards to its application in the workplace. The value of emotional intelligence in health promotion appears to be related to its ability to enhance the behavior-specific cognition and affects process. Based on the findings of the literature review cited in this study, emotional intelligence has the ability to promote workplace wellbeing beyond what can be provided by hard skills and knowledge. The challenge lies in determining the most appropriate means to integrate it within the nursing practice.

7. 3 Question 3: What are some of the ways nurses can identify and develop their gaps relating to emotional intelligence?

Emotional intelligence can be enhanced, leading to a better perception, assessment and expression of emotions. It also allows people to understand own and others' emotions and knowledge derived from those emotions regulate emotional and intellectual development. According to the reviewed articles, emotional intelligence is a vital skill for nurses at the workplace. It has been found to affect the different aspects of nurses' well-being: physical, mental, social, and emotional. Wellbeing at the workplace is important in maintaining safety for both the patients and the nurses. Emotionally intelligent nurses are found to have better work performance than their counterparts, as emotional intelligence aids the nurses in developing good communication skills, and in adapting to and managing stress, to mention a few of its positive effects. Hence, nurses are able to focus and do their tasks correctly, decreasing the chances of work-related problems to arise and increases efficiency of the organization that they are associated with. For this reason, the importance of identifying a nurse's level of emotional intelligence has gained importance.

Screening processes are made to assess the working staff's problems regarding depression and anxiety, as these are essential information that must be known by their organization. Mental health and wellbeing can easily be damaged in highly demanding and stressful working environment, such as in hospitals and during emergency situations. This will identify what the organization management can do to provide help and assistance to those who need it.

Beauvais (2012) and Doherty (2009) mentioned the use of creating journals, and doing own personal reflections by the nurses, as well as individual self- reports or by the nursing team. These allow them to assess their own selves, realize and understand what problems and difficulties they have, and to possibly develop solutions independently. Nevertheless, Quoidbach & Hansenne (2009); Beauvais (2012) have found self- reporting measures to be basic and rudimentary, with the possibility of bias.

Schutte et al. (2010) has also mentioned about an "assessing emotions scale". It serves the same purpose, which is to evaluate how individuals understand, control, and respond to emotions within themselves and of others. Ability testing is also another method for assessment of an individual's intellectual capabilities and his strengths and weaknesses. Often used as part of the screening process for future employee candidates, this testing tool is handy for organizations as it gives them an idea of how an individual may perform in the workplace. Some specific ability tests measure an individual's problem- solving skills and analysis, and how one will adapt to and manage difficulties and challenges that one might encounter in the workplace.

Nursing leaders and managers must also be able to explore how the staff nurses manage their own feelings and emotions, along with their patients. Experiencing trauma and death in the nursing profession is inevitable; hence, managers must be aware how their nurses deal and cope with these events (Davies, 2009). Successfully identifying the levels of emotional intelligence will give way to finding out how to develop and improve them.

Development of emotional intelligence is as essential as its assessment. This will help nurses achieve wellbeing in the workplace, and ultimately, well-being of the patients and the working community. As Goleman (2006) said, continued learning and repeated practice help develop emotional intelligence. Developing trainings on improvement of self- awareness, self- regulation, social awareness, and conflict management is beneficial to the nurses' well- being. These trainings facilitate in decreasing the occurrence of stress

and conflict in the workplace, as well as avoidable errors by providing nurses with effective coping strategies and other methods on how to address them (Basogul, Özgür, 2016). Working with mentors and peers to ask for feedback (Davies, 2009), or joining development programs, are other techniques that can also be used by nurses. Both “face-to-face” and online development programs have been found to be of equal efficacy regarding the retention of learned emotional intelligence. Nurse managers must promote emotional intelligence in the workplace by showing appreciation and strengthening support mechanisms for improvement of the skill (Davies, 2009).

Identification of the levels of emotional intelligence in nurses is therefore of paramount importance to assure that nurses are able to cope with the demands of their profession and to know how to further develop the skill. Individually, nurses must be aware of their emotional intelligence levels, as it is key to learning what they need to improve in themselves, and possibly find solutions for work-related problems. Most articles have mentioned how nurse leaders should have good communication skills and professional relationships with their nurses, as they are influential in the workplace and can assist in promoting emotional intelligence. Development of emotional intelligence of the staff nurses affects the efficiency and productivity of the entire nursing team, and the quality of patient care they render. This means that its effect on well-being of nurses affects not only the nurses themselves, but also the patients and the working community they belong to.

7.4 Relating the Findings to the Theoretical Framework

The Health Promotion Model, which reflects both behavioral science and nursing point of view, is based on seven premises (Pender, 2011). First, it assumes that people try to craft a quality of life where their specific health potential are expressed. Second, it assumes that people possess the ability to practice self-awareness, including competency evaluation. Third, it assumes that people esteem positive growth and strives to attain a balance between stability and change, which were determined as personally acceptable. Fourth, it assumes that individuals try to dynamically manage their own behavior. Fifth, it assumes that people in all their biopsychosocial complexity interplay with their surroundings, gradually modifying their surroundings and being modified in the fullness of time. Sixth, it assumes that health professionals form a part of the interpersonal milieu,

which endeavors impact on people across their life. And lastly, it assumes that for a change in behavior to take place, it is necessary to restructure the person-environment interactive patterns starting from own self.

Based from the findings of the literature review, the components of emotional intelligence play a major role in promoting the wellbeing of nurses in the workplace. When nurses were able to identify their emotional intelligence through self-reporting, emotional scales, and ability test, it helped them to deal with the emotional demands required in their workplace. Assessment and identification of EI levels thus encouraged both individual measures and organizational programs to improve and further develop emotional intelligence skills. These results show a strong connection and support to the Health Promotion Model where it showed that emotional intelligence affected the nurses' general health, their social relationships, leadership and social intelligence, adaptability, performance and satisfaction at work, which shade a light to their wellbeing in the workplace.

8 CONCLUSIONS

The purpose of this brief literature review was to bring light to the impact of emotional intelligence of nurses on their wellbeing and to suggest ways in which it can be used for health promotion practices and nursing education. There had been a number of studies on emotional intelligence among nurses; however, there is a noted lack of studies that have explored on how emotional intelligence can be utilized as a health promoting behavior known to improve wellbeing at work. Through understanding human emotion by using emotional intelligence, various questions related to nurses' wellbeing at work might be answered. The research questions generated with the goal have been answered through findings of the literature review and new insights have been provided. Utilizing the qualitative type of research, 30 scholarly articles have been used to seek information related to the topic using Arcada institution's access to different databases, books and internet (Google Scholar) to gather a broader information. The articles were carefully chosen and considered to be of quality giving a relevant data and information that have been used to answer the research questions. Throughout the whole process, ethics were taking into consideration and the implementation of the ethical procedures during the conduction of research were carried out to the best of our ability.

Emotional intelligence is an emerging concept for understanding human behaviors, health and wellbeing. While a universal definition and standard evaluation for emotional intelligence have yet to be finalized, its importance for health promotion cannot be overlooked specially for nurses and other health care providers who are working under a highly emotional challenging environment. For instance, uncontrolled emotion towards a situation in the workplace can lead to stress, dissatisfaction with job and at worst increases turnover intentions. Uncontrolled emotions can also affect patient outcomes and leads to strained relationship with colleagues, management as well as the organization. While advances in science and technology have established objective measure for the physiological impact of stress, such measures do not exist for psychosocial traits and contracts such as emotions.

In this literature review, it is clear that emotional intelligence is an essential skill for nurses and other healthcare professionals. Identification, understanding and management

of emotions can be recognized as influential factors in the individual and organizational performance of nurses. Emotional intelligence in the nursing practice identified to affect wellbeing and performance at work. Identification and development of emotional intelligence is explicit in the enhancement of professional practice.

8.1 Strengths, limitations, and recommendations

The articles on emotional intelligence, wellbeing and nursing that were used for systematic literature review in this study were conducted in various settings like Australia, USA, UK, Canada, India, Hawaii, Greece, Latvia, Iran, Pakistan, Belgium, Korea etc. The setting of the previous studies employed in this study translate to nurses and individuals of different background. This implies that nurses' emotional intelligence and wellbeing is a growing concern across the globe and not simply limited to a certain country or continent. The articles used included both qualitative and quantitative studies, which illustrated how emotional intelligence was identified in the studies. Most of the articles used for the literature review were studies conducted within the last ten years, which reflected innovations in nursing, trends on how wellbeing of nurses is promoted and the trends in patient outcomes vis-à-vis nurses' emotional intelligence and wellbeing. Consistency was noted among the findings of the articles in regard to the impact of emotional intelligence in nurses' wellbeing. Literature review as the methodology utilized in this study helped determine what is already known about nurses' emotional intelligence and wellbeing and how extensively it has already been researched, find the gaps in the previous researches, and provide recommendations for future studies.

The limitations of the study include the inability of the writers to access valuable articles relevant to the study from online nursing journals as they required payment. Furthermore, some articles related to a nurses' emotional intelligence and wellbeing were found online but they are not in the school's database; hence they were not considered. Access to online nursing journal websites would have allowed the writers to gather richer data that could have been used to examine the contributing factors affecting the emotional intelligence of nurses and thus their wellbeing.

Further study is recommended that would focus on factors affecting nurses' emotional intelligence and wellbeing at work is recommended. A few of the studies used for the

literature review included socio-demographic factors, length of experience, and area of nursing work but the findings were inconclusive in relation to emotional intelligence and wellbeing of nurses. It would also be beneficial in molding future nurses if a course or subject about emotional intelligence was included in nursing curriculum. The course will help prepare student nurses and professional nurses alike when they are confronted in the field, as it is more likely that the nature of nursing profession is highly emotional.

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10 APPENDICES

Appendix 1. An example of inductive qualitative content analysis

Meaning Unit	Condensed Meaning Unit Using the words from the text	Condensed meaning unit's latent meaning	Codes	Minor Category	Major Category
Studies imply that critical thinking and clinical decision-making that consider emotion in reasoning might result in more empathetic decisions(Chabeli, 2006; Freshwater and Stickley, 2004) or that considering emotions within decision-making might lead to better quality decisions (Chabeli, 2006; Vitello-Cicciu,2002).Elder (2007).	Studies imply that critical thinking and clinical decision-making that consider emotion in reasoning might result in more empathetic decisions or lead to better quality decisions.	Emotional intelligence upholds empathetic decisions	EI, empathy	Empathy	Emotional
Some authors link emotional intelligence to important areas of practice such as collegial relationships (Pedersen et al., 2003;Cummings et al., 2005) and inter-professional relationships at multiple levels (Carson et al., 2005;Cummings et al., 2005).	Authors link emotional intelligence to collegial relationships and interpersonal relationships at multiple levels.	Emotional intelligence improves relationship with co-workers.	EI, relationship	Relationship Management	Social
Akerjordet and Severinsson (2007)assert that developing emotional intelligence has significant implications for nurses' quality of work within health care environment.	Emotional intelligence has significant implications for nurses' quality of work within a healthcare environment.	Emotional intelligence impacts work performance.	EI, work performance	Work performance	Performance
Research indicates that emotional intelligence skill may moderate the impact of chaotic work environments (Cummings et al., 2005;Montes-Berges and Augusto, 2007; Rochester et al.,2005). Some research supports theories that suggest a relationship	Research indicates that emotional intelligence skill like emotional self-management and the personal ability may help to manage stress in chaotic work environment.	Emotional intelligence helps in coping at work.	EI, coping	Coping	Adaptability

between emotional self-management and the personal ability to manage stress in chaotic environments(Bar-On, 2005; Gertis et al., 2004; Montes-Berges and Augusto, 2007)					
The review found that optimism and vision leads to trust within organizations and speculates that leadership is an emotionally laden process that affects leaders and followers;emotional intelligence is essential to this process (George,2000).	Optimism and vision leads to trust within organizations and speculates that leadership is an emotionally laden process that affects leaders and followers; emotional intelligence is essential to this process.	Emotional intelligence is essential to leadership.	EI, leadership	Leadership	Leadership
Literature suggests that emotionally intelligent leaders positively influence patient care by motivating nurses to make high-level practice decisions. Emotionally intelligent leaders are distinguished by their ability to encourage others, their drive to excel, their enthusiasm for nursing and their passion for excellence(Shamian-Ellen and Leatt, 2002).	Emotionally intelligent leaders, positively influences patient care by motivating nurses to make high level practice decisions, encouraging and driving them to excel their enthusiasm for nursing and their passion for excellence.	Emotional intelligence fosters good leadership.	EI, good leadership		

Table 3. List of Articles

Identifier	Title	Author/s	Source of Journal
1.	Experiential and rational processing styles, emotional intelligence and wellbeing.	Schutte, N.S. Thorsteinsson, E.B. Hine, D.W. Foster, R. Cauchi, A. Binns, C.	Australian Journal of Psychology. March 2010, Vol. 62 Issue 1, p14-19. 6p.
2.	Emotional intelligence as a correlate of happiness.	Shikha	Indian Journal of Positive Psychology. 2017, Vol. 8 Issue 2, p258-259. 2p.
3.	Adult learning in the workplace: Emotion work or emotion learning?	Bierema, L.L.	New Directions for Adult & Continuing Education. Winter 2008, Vol. 2008 Issue 120, p55-64. 10p.
4.	Wellbeing. Nurses as leaders -- creating nurses with drive and passion.	Cooper, J.	Australian Nursing & Midwifery Journal. May 2015, Vol. 22 Issue 10, p38-38. 1p.
5.	Emotional intelligence as a predictor of employees general health.	Tripathi, P. Kohli, N.	Indian Journal of Health & Wellbeing. 2017, Vol. 8 Issue 4, p263-267. 5p.
6.	Emotional intelligence and health: An empirical study.	Ritu Malhotra, S.	Indian Journal of Health & Wellbeing. Sep2016, Vol. 7 Issue 9, p946-948. 3p.
7.	The mediating role of work locus of control on the relationship among emotional intelligence, organisational citizenship behaviours, and mental health among nurses.	Ng, S.M. Ke, G.N. Raymond, W.	Australian Journal of Psychology. Dec2014, Vol. 66 Issue 4, p207-215. 9p.
8.	Emotional Intelligence and Psychological Adjustment of Nurses Serving in	Ranjha, A.Y. Shujja, S.	Journal of Behavioural Sciences. Dec2010, Vol. 20 Issue 2, p36-48. 13p.

	Emergency and Non-emergency Wards.		
9.	Developing Emotional Intelligence Ability in Oncology Nurses: A Clinical Rounds Approach.	Codier, E. Freitas, B. Muneno, L.	Oncology Nursing Forum. Jan2013, Vol. 40 Issue 1, p22-29. 8p..
10.	Increase Emotional Intelligence Awareness During Clinical Rounds.	Becze, E.	ONS Connect. Jun2013, Vol. 28 Issue 2, p36-37. 2p.
11.	The role of emotional intelligence on personality.	Edbor, A. Singh, P.	Indian Journal of Positive Psychology. 2016, Vol. 7 Issue 1, p71-75. 5p.
12.	Emotional intelligence vital for patient safety, nurse leaders told.	Doherty, L.	Nursing Standard. 7/22/2009, Vol. 23 Issue 46, p5-5. 2/3p.
13.	A feel for smart thinking.	Watson-Druée, N.	Nursing Standard. 7/4/2012, Vol. 26 Issue 44, p63-63. 1/2p.
14.	Build An Instinct For Feelings.	Beauvais, A.	Nursing Standard. 4/4/2012, Vol. 26 Issue 31, p62-63. 2p.
15.	Issues. Nurse Managers: Why Emotionally-intelligent Leadership Matters.	Taylor, G.	Australian Nursing & Midwifery Journal. Aug2017, Vol. 25 Issue 2, p20-20. 1p.
16.	Working through your emotions.	Davies, N.	Nursing Standard. 11/25/2009, Vol. 24 Issue 12, p61-61. 1p. 1
17.	Developing intelligent feelings.	Anbu, J.	Nursing Standard. 3/26/2008, Vol. 22 Issue 29, p52-52. 1p.
18.	Role of Emotional Intelligence in Conflict Management Strategies of Nurses.	Baçoğul C. Özgür G.	Asian Nurs Res (Korean Soc Nurs Sci). 2016 Sep;10(3):228-233. doi: 10.1016/j.anr.2016.0

			7.002. Epub 2016 Jul 19.
19.	Relationships between Personal Traits, Emotional Intelligence, Internal Marketing, Service Management, and Customer Orientation in Korean Outpatient Department Nurses.	Kim, .B Lee, J.	Asian Nurs Res (Korean Soc Nurs Sci). 2016 Mar;10(1):18-24. doi: 10.1016/j.anr.2015.10.005. Epub 2015 Oct 26.
20.	Teaching emotional intelligence to intensive care unit nurses and their general health: a randomized clinical trial.	Sharif F, Rezaie S, Keshavarzi S, Mansoori P, Ghadakpoor S.	Int J Occup Environ Med. 2013 Jul;4(3):141-8.
21.	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.	Nightingale, S. Spiby, H. Sheen, K. Slade, P.	International Journal of Nursing Studies Available online 11 January 2018
22.	Teaching safety in nursing practice: Is emotional intelligence a vital component?	Parnell, R.B. St. Onge, J.L.	Teaching and Learning in Nursing Volume 10, Issue 2, April 2015, Pages 88-92
23.	Emotional Intelligence Among Surgical Nurses in Latvia	Deklava, L. Millere, I.	Procedia - Social and Behavioral Sciences Volume 30, 2011, Pages 1908-1912
24.	Emotional intelligence and nursing: An integrative literature review	Bulmer Smith, K. Profetto-McGrath, J. Cummings, G.G.	International Journal of Nursing Studies Volume 46, Issue 12, December 2009, Pages 1624-1636

25.	The Impact of Trait Emotional Intelligence on Nursing Team Performance and Cohesiveness	Quoidbach, J. Hansenne, M.	Journal of Professional Nursing Volume 25, Issue 1, January–February 2009, Pages 23-29
26.	How to Bolster Emotional Intelligence Among Psychiatric Mental Health Nurses Clinicians	Fitzpatrick, J.J.	Archives of Psychiatric Nursing Volume 30, Issue 2, April 2016, Page 131
27.	Identifying Emotional Intelligence in Professional Nursing Practice	Molina Kooker, B. Shoultz, J. Codier, E.E.	Journal of Professional Nursing Volume 23, Issue 1, January–February 2007, Pages 30-36
28.	Connections between emotional intelligence and workplace flourishing	Schutte, N.S. Loi, N.M.	Personality and Individual Differences Volume 66, August 2014, Pages 134-139
29.	Enhancing Staff Health and Job Performance through Emotional Intelligence and Self-efficacy	Tabatabaei, S. Jashani, N. Mataji, M. Amir Afsar, N.	Procedia - Social and Behavioral Sciences Volume 84, 9 July 2013, Pages 1666-1672
30.	Exploring Workplace Implications of Emotional Intelligence (WLEIS) in Hospitals: Job Satisfaction and Turnover Intentions	Trivellas, P. Gerogiannis, V. Svarna, S.	Procedia - Social and Behavioral Sciences Volume 73, 27 February 2013, Pages 701-709
31.	An investigation of emotional wellbeing and its relationship to contemporary nursing practice	Rose, J. Glass, N.	Collegian Volume 16, Issue 4, December 2009, Pages 185-192

32.	The impact of emotional intelligence on the emotional state of nurses in public hospitals in Cyprus	Symeou, M. Evstathiou, A. Charalambous, G. Jelastopulu, E.	European Psychiatry Volume 41, Supplement, April 2017, Page S184