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ORIGINALES

Emotional competence and sociodemographic and professional characteristics of nurses

Competência emocionais e características sociodemográficas e profissionais de enfermeiros

Competencia emocional y características sociodemográficas y profesionales de las enfermeras

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ABSTRACT:

Introduction: In health professionals, skills that allow them to deal with their own emotions and those of others guarantee the quality of care provided and an effective therapeutic relationship. Hence, they are fundamental for nurses, namely for those who work in family health units.
Objective: To analyze the relationship between the emotional competence of nurses working in family health units in a group of health centers in the north of Portugal and their sociodemographic and professional characteristics.
Method: Quantitative methodology, of the transversal descriptive-correlational type. Data collected through an electronic questionnaire that consisted of two parts: sociodemographic and professional characteristics of the participants and emotional competence questionnaire. 66 nurses composed the sample.
Results: The nurses in the study showed high levels of emotional competence (mean = 205.1, standard deviation = 20.9). There were no statistically significant differences between sociodemographic and professional characteristics and emotional competence.
Conclusions: Although the relationship between emotional competence and sociodemographic and professional characteristics is unclear, the importance of emotional intelligence in care practice is certain.

Keywords: Primary Health Care; Family Nursing; Emotional Intelligence; Family Nurse Practitioners; Emotional Regulation.

RESUMO:

Introdução: Em profissionais de saúde, competências que permitam lidar com as próprias emoções e com as dos outros garantem a qualidade dos cuidados prestados e uma relação terapêutica eficaz. Daí

serem fundamentais para enfermeiros, nomeadamente para os que executem funções em unidades de saúde familiares.
Objetivo: Analisar a relação entre a competência emocional dos enfermeiros das unidades de saúde familiar de um agrupamento de centros de saúde do norte de Portugal e as suas características sociodemográficas e profissionais.
Método: Metodologia quantitativa, do tipo transversal descritivo-correlacional. Dados recolhidos através de um questionário eletrónico que consistia em duas partes: características sociodemográficas e profissionais dos participantes e questionário de competência emocional. 66 enfermeiros compuseram a amostra.
Resultados: Os enfermeiros do estudo apresentaram elevados níveis de competência emocional (média = 205,1, desvio padrão = 20,9). Não se evidenciaram diferenças estatisticamente significativas entre as características sociodemográficas e profissionais e a competência emocional.
Conclusões: Apesar de não ser clara a relação entre a competência emocional e as características sociodemográficas e profissionais, é certa a importância da inteligência emocional na prática de cuidados.

Palavras-chave: Cuidados de Saúde Primários; Enfermagem Familiar; Inteligência Emocional; Enfermeiros de Saúde da Família; Regulação Emocional.

RESUMEN:
Introducción: En los profesionales de la salud, las habilidades que les permitan lidiar con las emociones propias y ajenas garantizan la calidad de la atención brindada y una relación terapéutica eficaz. Por lo tanto, son fundamentales para los enfermeros, es decir, para aquellos que actúan en las unidades de salud de la familia.
Objetivo: Analizar la relación entre la competencia emocional de las enfermeras que trabajan en unidades de salud de la familia en un grupo de centros de salud en el norte de Portugal y sus características sociodemográficas y profesionales.
Método: Metodología cuantitativa, de tipo transversal descriptivo-correlacional. Datos recogidos a través de un cuestionario electrónico que constaba de dos partes: características sociodemográficas y profesionales de los participantes y cuestionario de competencia emocional. 66 enfermeras compusieron la muestra.
Resultados: Las enfermeras del estudio mostraron altos niveles de competencia emocional (media = 205,1, desviación estándar = 20,9). No hubo diferencias estadísticamente significativas entre las características sociodemográficas y profesionales y la competencia emocional.
Conclusiones: Aunque no está clara la relación entre la competencia emocional y las características sociodemográficas y profesionales, es cierta la importancia de la inteligencia emocional en la práctica asistencial.

Palabras clave: Atención Primaria de Salud; Enfermería de la Familia; Inteligencia Emocional; Enfermeras de Familia; Regulación Emocional.

INTRODUCTION

In 1990, Peter Salovey and John D. Mayer[1] addressed the importance and autonomy of Emotional Intelligence (EI). In the last decade, the topic has gained special prominence in health sciences, especially in Nursing, as EI is understood to promote the well-being of professionals, reflecting on the quality of care for patients and their families[2]. EI is defined as the ability to perceive, express, and evaluate emotions, the aptitude to access and generate feelings whenever they facilitate thinking, the ability to understand emotional and intellectual growth, and the capacity to discern the impact of those emotions, using this information to positively affect behavior[3]. Emotional competence is the ability to apply EI concepts in daily life, influencing and effectively leading individuals and groups[3]. It is essential for organizational performance and for physical and mental health, enabling stress management and the consolidation of personal and professional relationships[4].

The relationship between sociodemographic characteristics and emotional competence is not unanimous in the literature. Regarding age, some studies positively correlate it with emotional competence, considering that experience comes with age, leading to greater emotional competence development[6,7]. Others suggest that creativity decreases with aging, reducing emotional competence[8]. Gender differences are reported. Studies suggest that emotional competence is higher in females due to their greater ability to interpret emotions in others[5] and deal with emotional tensions[9]. Regarding males, higher values are attributed to their ability to identify and creatively solve problems[8], better understanding their emotions[4], and being more optimistic and confident, adapting easily to situations[10]. In terms of marital status, results vary among authors; some consider that emotional competence is higher in married individuals as a result of their experience in challenging and responsible situations, such as those encountered in marriage[7]. Others attribute it to unmarried individuals, arguing that since marriages are happening later in life, individuals overcome life obstacles independently, increasing their emotional competence[9]. Finally, educational qualifications show the most consensus, with emotional competence increasing proportionally with learning and experience acquisition[11,16]. On the other hand, an emotionally competent individual is also more likely to develop emotional literacy[12].

When analyzing the relationship between professional characteristics and emotional competence, consensus is also limited. Nevertheless, the relationship between emotional competence and professional category finds agreement among different researchers[10,13], who note that a higher professional category implies increased specific training, serving as a reference for later situations and thus aiding the development of emotional experiences, enhancing competence in the field[13]. Professional experience, especially in different services, is also seen as an opportunity to develop emotional competence[14].

Regarding years of service, opinions differ; some argue that learnings generated by different situations over years of service enhance personal and professional maturity, thereby increasing emotional competence[6,10,13,22]. Other studies suggest that more years of service decrease emotional competence, as they decrease creativity[8] and because institutions do not stimulate the development of this characteristic, valuing more technical-practical matters[14]. Similar results are reported in the employment bond variable, which is also not consensual. On the one hand, it is mentioned that a fixed-term contract, by promoting performance in insecure situations, enhances calmer responses in conflict situations[10]. On the other hand, Martins[15] considers that employment stability is a factor in the development of emotional competence. Finally, job satisfaction emerges as a non-influential factor in emotional competence levels[16], as it is a characteristic more related to relationships established in the work context[14].

Considering the importance of EI and the divergent results regarding the influence of sociodemographic and professional characteristics on its development, a quantitative, cross-sectional, descriptive-correlational study was conducted. The research question was, "What is the relationship between the sociodemographic and professional characteristics of nurses in Family Health Units of a Health Center in northern Portugal and emotional competence?". The main objective of the study was to analyze the relationship between the sociodemographic and professional characteristics of nurses in Family Health Units of a Health Center in northern Portugal and their emotional competence. Additionally, specific objectives were defined to describe the

sociodemographic, professional, and job satisfaction profile of the nurses under study and to identify their emotional competence.

METHOD

A quantitative, cross-sectional, descriptive-correlational study was conducted based on the following hypotheses: 1) there is a relationship between the sociodemographic characteristics of nurses and their emotional competence; 2) there is a relationship between the professional characteristics of nurses and their emotional competence. The study was guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) recommendations.

The study took place in a Health Center in northern Portugal, approved by the Ethics Committee for Health (opinion no. 53/2021). This Health Center comprises 16 Family Health Units (USF), where a total of 108 nurses (94 females and 14 males) work, performing the role of Family Nurses. Participant selection was done by convenience sampling, meaning a non-probabilistic sampling method, with inclusion criteria requiring being a nurse and working in Family Health Units or personalized health care units of the Health Center under study.

The data collection instrument consisted of two parts: (i) sociodemographic, professional, and job satisfaction questionnaire; (ii) Emotional Competence Questionnaire (QCE), derived from the Emotional Skills and Competence Questionnaire (ESCQ) by Taksic, based on the model by Mayer and Salovey, and adapted and validated for the Portuguese context by Santos and Faria[17]. The QCE is a self-report measure in Likert format, consisting of 45 items divided into three subscales (1) emotional perception, (2) emotional expression, and (3) ability to deal with emotion[18]. In this study, it obtained a Cronbach's Alpha of 0,953, indicating very good internal consistency[19].

Before data collection, authorization was obtained from the Health Center Directorate and the Coordinators of the involved units. Data collection was performed through an electronic questionnaire sent to each nurse via email, containing the link to the questionnaire, along with informed consent. This process occurred from July 19, 2021, to August 19, 2021. To enhance study participation, reminders were sent every 10 days.

Descriptive statistical techniques, such as frequency and percentage, mean, and standard deviation, were used to analyze sociodemographic characteristics. The normality of data distribution was assessed using the Kolmogorov-Smirnov (K-S) test. The Mann-Whitney non-parametric test (U) was employed to evaluate the independence relationship between a quantitative variable and a dichotomous qualitative variable since normality assumptions were not met ($p>0,05$). The Kruskal-Wallis non-parametric test (H) was used to assess the independence relationship between a quantitative variable and a polychotomous qualitative variable, also due to the absence of normality in the data ($p>0,05$). To assess the independence correlation between two quantitative variables or between two ordinal qualitative variables, the Pearson test (r) was applied, or the corresponding non-parametric Spearman's Rho (rs), with the following interpretation: $r < 0.2$ – very weak association; $0.2 \leq r < 0.4$ – weak association; $0.4 \leq r < 0.7$ – moderate association; $0.7 \leq r < 0.9$ – strong

association; 0.9 ≤ r ≤ 1 – very strong association[19]. The data were processed using the Statistical Package for Social Sciences (SPSS), version 27, with a significance level of 5%. In the "educational qualifications" variable, the only individual with a bachelor's degree was excluded, while individuals with post-graduate degrees were grouped with those holding master's degrees, resulting in the creation of the "post-graduate" variable.

RESULTS

A total of 108 questionnaires were sent, of which 66 nurses responded, resulting in a response rate of 61,1%. These 66 nurses constituted the study sample. The mean age of the participants was 47,61 years, with a standard deviation of 6,5 years, ranging from 36 to 59 years. Most of the nurses were women, representing 81,8% of the sample. Regarding marital status, 74,2% of the nurses were married. Regarding education, 86,4% of the nurses had a bachelor's degree in nursing (Table 1).

The sample was evenly divided between two categories: nurse and specialist nurse, both representing 50% of the sample. Most participants (65,15%) had experience in other services, did not have training in family health nursing (57,58%), and had a contract in the public sector (77,27%).

The mean years in the career was 23,65 years, with a standard deviation of 6,98 years, ranging from 0 to 37 years; in the professional category, it was 17,39 years, with a standard deviation of 9,24 years, ranging from 0 to 33 years; and in the Family Health Unit (USF), it was 11,59 years, with a standard deviation of 3,43 years, ranging from 2 to 17 years (Table 1).

Table 1 - Sociodemographic and Professional Characterization of Nurses (N=66)

Qualitative variables		*N*	*%*
Sex			
	Female	54	81,8%
	Male	12	18,2%
Marital status			
	Single	1	1,5%
	Married	49	74,2%
	Common-law marriage	5	7,6%
	Divorced/Separated	11	16,7%
Educational qualifications			
	Bachelor's degree	1	1,5%
	Graduation	57	86,4%
	Postgraduate	4	6,1%
	Master's degree	4	6,1%
	Doctorate	0	-
Professional category			
	Nurse	33	50%
	Specialist nurse	33	50%
Experience in other services			
	Yes	43	65,15%
	No	23	34,85%

Training in family health nursing		
Yes	28	42,42%
No	38	57,58%
Employment bond to family health unit		
Fixed-term contract	11	16,67%
Indefinite-term contract	4	6,06%
Public sector contract	51	77,27%

Quantitative variables	***M***	***SD***	**min.**	**max.**
Age	47,61	6,5	36	59
Years in career	23,65	6,98	0	37
Years in professional category	17,39	9,24	0	33
Years in family health unit	11,59	3,43	2	17*

*Legend: N - sample elements; % - sample percentage; M - mean; SD - standard deviation; mín. - minimum; max. – maximum

In the present study, sociodemographic and professional characteristics influencing job satisfaction were examined, considering variables such as liking the workplace, perceiving that one's ideas are heard and implemented, having suitable working conditions, and experiencing professional fulfillment.

In the studied sample, over three-quarters of the participants (92,42%) stated that they like their workplace, and 77,3% considered that their ideas are heard and put into practice. Regarding working conditions, a little over half of the nurses (54,5%) evaluated them as suitable. Additionally, 74,2% of the nurses reported feeling fulfilled in their profession (Table 2).

Table 2 - Characterization of nurses regarding job satisfaction (N=66)

Qualitative variables	**N**	**%**
Liking the workplace		
Yes	61	92,42%
No	5	7,6%
Perception that ideas are heard and implemented		
Yes	51	77,3%
No	15	22,7%
Suitable working conditions		
Yes	36	54,5%
No	30	45,5%
Feeling of professional fulfillment		
Yes	49	74,2%
No	17	25,8%*

*Legend: N - elements of the sample; % - sample percentage

Emotional competence among the sampled individuals was high, as the QCE analysis revealed an average score of 205,1 points, with a standard deviation of 20,9 (minimum 139 and maximum 243). The subscale with the highest score was "Emotional Management" (average of 73,12 points and standard deviation of 7,74), followed by "Emotional Perception" (average of 67,24 points and standard deviation of 7,87), and "Emotional Expression" (average of 64,76 points and standard deviation of 7,64) (Table 3).

Table 3 - QCE Score and Subscales

	M	*SD*	min.	max.*
Emotional management	73,12	7,74	47	88
Emotional expression	64,76	7,64	46	80
Emotional perception	67,24	7,87	46	82
QCE - Total scale	205,1	20,9	139	243

*Legend: M - mean; SD - standard deviation; min. - minimum; max. - maximum

There were no statistically significant differences between the total QCE scale and subscales and gender, marital status, and educational qualifications. Also, there was no statistically significant correlation between the total QCE scale and subscales and the age variable (Table 4). Thus, the first hypothesis formulated is not confirmed.

Table 4 - Relationship between emotional competence and sociodemographic variables

	Total emotional competence scale		**Emotional management**		**Emotional expression**		**Emotional perception**	
Qualitative variables	Median	*p value*	Median	*p value*	Median	*p value*	Median	*p value*
Sex								
Female	207	0,647	74,5	0,346	66	0,92	69,00	0,92
Male	206	(a)	76	(a)	66	(a)	67,50	(a)
Estado civil								
Uncommitted	214,5	0,272	76	0,302	67,5	0,543	70,5	0,302
Committed	203,5	(a)	73,5	(a)	66	(a)	67	(a)
Educational qualifications								
Graduation	207	0,472	76	0,535	66	0,193	68	0,984
Postgraduate	205	(a)	73	(a)	63,5	(a)	68	(a)
Quantitative variables	p value		p value		p value		p value	
Age	0,387(b)		0,602 (b)		0,474 (b)		0,277* (b)	

*Legend: (a) – Mann Whitney test; (b) – Pearson; p – significance level

Regarding professional variables, no statistically significant differences were found between the total QCE scale and subscales and the variables "bond to the USF," "professional category," "experience in other services," and "training in Family Health Nursing." There were also no statistically significant correlations between the total QCE scale and subscales and the times in the career, in the professional category, and in the USF (Table 5).

Table 5 - Relationship between Emotional Competence and Professional Variables

	Total emotional competence		Emotional management		Emotional expression		Emotional perception	
Qualitative variables	Median	*p* value	Median	*p* value	Median	*p* value	Median	*p* value
Attachment to USF								
Fixed-term contract	207		73		65		66	
Indefinite-term contract	204	0,881 (c)	73	0,692 (c)	66	0,906 (c)	67	0,837 (c)
Public service	210		75		66		70	
Professional category								
Nurse	202		74		66		66	
Specialist nurse	211	0,323 (a)	76	0,559 (a)	68	0,355 (a)	70	0,245 (a)
Experience in other services								
Yes	207	0,346 (a)	75	0,331 (a)	66	0,824 (a)	69	0,363 (a)
No	207		76		65		68	
ESF training								
Yes	205		73,5		66		67,5	
No	207,5	0,886 (a)	75,5	0,507 (a)	66	0,563 (a)	68,5	0,775 (a)

Quantitative variables	*p* value	*p* value	*p* value	*p* value
Length of career	0,353 (d)	0,635 (d)	0,499 (d)	0,437 (d)
Length of service in USF	0,317 (d)	0,383 (d)	0,575 (d)	0,247(d)

*Legend: (a) – Mann Whitney test; *p* – significance level; (b) – Pearson; (c) – Kruskal-Wallis; (d) – Rhó de Spearman.

There were no statistically significant differences between the variables of job satisfaction - liking the workplace, feeling that one's ideas are heard and implemented, having adequate working conditions, and the sense of professional accomplishment - and the total scale of QCE and each of its dimensions (Table 6).

Table 6 - Relationship between emotional competence and professional satisfaction variables

	Total emotional competence		Emotional management		Emotional expression		Emotional perception	
Qualitative variables	Median	*p* value	Median	*p* value	Median	*p* value	Median	*p* value
Like the workplace								
Yes	207	0,925(a)	75	0,689(a)	66	0,45(a)	68	0,368(a)
No	200		70		64		71	
Feel heard								
Yes	205	0,63(a)	75	0,878(a)	66	0,884(a)	67	0,28(a)
No	210		73		66		70	
Adequate working conditions								
Yes	204,5	0,802 (a)	75	0,841 (a)	66	0,806 (a)	67,5	0,584 (a)
No	207,5		75		66		69	
Fulfillment as a nurse								
Yes	207	0,441 (a)	74	0,423 (a)	66	0,415 (a)	68	0,557* (a)
No	205		76		68		69	

*Legend: (a) –Mann Whitney est; p – significance level

DISCUSSION

This study examined the association between emotional competence and sociodemographic and professional characteristics of nurses working in Family Health Units (USF).

The obtained response rate was 61,1%. The ongoing pandemic situation, characterized by increased workload and exceptional mobilization of professionals to areas dedicated to respiratory patients and vaccination centers, may justify the lower study participation. Despite the predominantly female sample, reflecting the gender distribution of nurses in Portugal[20], the response rate was higher for male individuals – 85,7% compared to 56,8% for females. This gender-related disproportion might have influenced the obtained results. The average age of the sample was 47,61±6.5 years, ranging from 36 to 59 years. Most nurses were married (74,2%) and held a bachelor's degree (86,4%).

The self-perceived values of emotional competence in this study were high (205,1±20,9), aligning with data from other studies where average values were 389,58±37,43[10] and 402,53±39.55[16] on a scale of 84 to 588. However, Srinivasan and Samuel[7] reported different results, with over half (52%) of nurses having a low average self-perception of emotional competence. The disparity could be attributed to the fact that the former study included nurses working in hospital settings, and this factor may explain the highlighted difference, as there seems to be a significant relationship between emotional competence and the tasks performed by nurses. Moreover, a study in a hospital context revealed that services allowing greater organization and method in the clinical decision-making process and closer proximity to the patient tended to have professionals with higher emotional competence values, with a mean of 416,41±33,92 on the Multifactor Emotional Intelligence Scale with a maximum of 455 points[21]. Additionally, the results of the current study can be justified by considering that emotional competence is essential to foster innovation, crucial in Nursing, and being a nurse involves working under pressure, in a team, responding to and recognizing one's emotions and those of others while maintaining the ability to stay motivated and self-motivated[22]. It is noteworthy that the subscale with the highest average values was "ability to deal with emotion" (73,12±7,74), which is essential to resist emotional involvement for professionals dealing with patients and families daily.

As mentioned, no statistically significant difference was found between the sociodemographic variables included in the study and emotional competence and its dimensions. These results align with other national and international studies that did not find a difference between emotional competence and (i) age[6,9,11]; (ii) gender[7,11,16]; (iii) marital status[11,15]; and (iv) educational qualifications[4,15]. According to Kahraman and Hiçdurmaz[11], these results may be explained by the fact that emotional competence can develop at any age, by individuals of different genders and with different marital statuses. Additionally, the average age of the sample – 47,61±6,5 years, may indicate that these professionals have already reached the stabilization of emotional competence[23]. It should be noted, however, that there is no literature excluding the relationship between educational qualifications and the development of emotional competence, and the detected gap may be due to the high educational levels of the sample.

Also, there was no statistically significant difference between professional variables and job satisfaction and emotional competence, nor with each of its dimensions. These findings coincide with results from international and national studies that do not show this difference between emotional competence and (i) professional category[15]; (ii) professional experience[15]; (iii) career service times, in the USF, and in the

professional category[11,16,24]; (iv) employment status[15]; and (v) job satisfaction[16]. These results suggest that emotional competence is not influenced by these professional variables. However, some characteristics may contribute to the obtained results. Firstly, nurse managers were not included in the professional category, who, according to a national study[13], tend to have higher levels of emotional competence (average of 358,06±37,48), with nurse chiefs showing higher values compared to specialist nurses responsible for the service, 367,79 and 349,08, respectively. One possible explanation is that they make daily decisions influencing the emotions of others and themselves. Secondly, in this national study, the sample showed high average career (23,65±6,98) and professional category service times (17,39±9,24) and higher education, factors that promote a high number of experiences, contributing to increased emotional competence. Moreover, the fact that the mean values of career time and professional category are close may also justify not finding significant differences regarding these variables. Thirdly, the non-influence of employment status on the emotional competence of nurses demonstrates the ability of these professionals to manage emotions and stress correctly, in their relationship with patients and the team. Therefore, a situation of greater job insecurity will not be reflected in their ability to perceive, express, and evaluate emotions. Finally, not finding a difference when related to job satisfaction with emotional competence may be due to the latter, being higher as in the case of the studied sample, influencing health and productivity, reducing levels of emotional exhaustion[16], and consequently positively influencing job satisfaction.

This study has some limitations that should be considered. Firstly, the data were collected through self-administered questionnaires, so the results should be interpreted with caution since responses may be biased by desirability bias. Secondly, the sample was quite specific, which precludes generalizing the results to other healthcare professionals. Thirdly, a non-probabilistic sampling was used in a single ACeS (Health Center Grouping), which restricts the generalization of results. Finally, due to the study design, it was not possible to determine if the observed values remained consistent over time and/or were influenced by the COVID-19 pandemic.

CONCLUSION

The importance of emotional competence for safe and effective nursing practice is central to the quality of care. However, the influence of sociodemographic and professional characteristics on it is not clear.

In this study, nurses showed high average values of emotional competence; however, no statistically significant differences or correlations were found between sociodemographic and professional variables and emotional competence.

It is emphasized that, despite the high level of emotional competence among the studied nurses, the training and education of healthcare professionals in the area of emotional intelligence remain essential to ensure the quality of care provided.

REFERENCES

1. Salovey P, Mayer JD. Emotional intelligence. Imagination, Cognition and

Personality. 1990 Mar;9(3):185–211.
2. Raghubir AE. Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. IJNSS [Internet]. 2018 Apr;5(2):126–30. Available from: https://www.sciencedirect.com/science/article/pii/S2352013217303812
3. Kozub E, Brown L, Ecoff L. Strategies for Success: Cultivating Emotional Competence in the Clinical Nurse Specialist Role. AACN Adv Crit Care. 2016 Apr 1;27(2):145–51.
4. Fortes IMF. A Gestão Emocional na Relação com o Outro [Internet] [Master's Thesis]. [Universidade Europeia]; 2016 [cited 2022 Nov 30]. p. 1–66. Available from: http://hdl.handle.net/10400.26/12388
5. Arrogante Maroto Ó, Zaldívar A, Gregoria E. Factores sociodemográficos relacionados con la inteligencia emocional en los profesionales de Enfermería. Metas enferm. 2016 Jul;19(6):68–73.
6. Najafpour J, Keshmiri F, Rahimi S, Bigdeli Z, Niloofar P, Homauni A. Effect of Emotional Intelligence on the Quality of Nursing Care from the Perspectives of Patients in Educational Hospitals. PSQI [Internet]. 2020 Jan 1 [cited 2022 Feb 23];8(1):37–43. Available from: https://iranjournals.nlai.ir/handle/123456789/139086
7. Srinivasan K, Samuel U. A Study on Emotional Intelligence of Staff Nurses Working In Villupuram District. IOSR - JHSS [Internet]. 2016 Mar [cited 2022 Nov 30];21(3). Available from: https://www.iosrjournals.org/iosr-jhss/papers/Vol.%2021%20Issue3/Version-4/F2103043439.pdf
8. Cruz CIF. A Influência da Inteligência Emocional Enquanto Fator de Proteção no stress: Que Especificidades nos Profissionais de saúde? [Internet] [Master's Thesis]. [Escola Superior de Enfermagem de Coimbra]; 2018 [cited 2022 Nov 30]. p. 1–126. Available from: http://web.esenfc.pt/?url=voSnQUUk
9. Cavaco CIM. A Relação entre a Inteligência Emocional e o Burnout em Médicos e Enfermeiros [Internet] [Master's Thesis]. [Universidade do Algarve, Faculdade de Ciências Humanas e Sociais]; 2016 [cited 2022 Nov 30]. p. 1–112. Available from: http://hdl.handle.net/10400.1/8648
10. Agostinho LMCF. Competência Emocional em enfermeiros: um Estudo em Hospitais Públicos [Internet] [Master's Thesis]. [Universidade de Aveiro, Secção Autónoma de Ciências Sociais, Jurídicas e Políticas]; 2008 [cited 2022 Nov 30]. p. 1–243. Available from: http://hdl.handle.net/10773/3350
11. Kahraman N, Hiçdurmaz D. Identifying emotional intelligence skills of Turkish clinical nurses according to sociodemographic and professional variables. JCN. 2016 Feb 23;25(7-8):1006–15.
12. Mayer JD, Salovey P, Caruso DR. Emotional intelligence: Theory, findings, and implications. Psychological Inquiry. 2004 Jul;15(3):197–215.
13. Alves J, Ribeiro C, Campus S. A inteligência emocional em enfermeiros responsáveis por serviços hospitalares. Revista de Enfermagem Referência. 2012 Jul 31;III Série(nº 7):33–42.
14. Costa AC, Faria LS. A Inteligência Emocional No Contexto de enfermagem: Estudo Exploratório com o Questionário de Competência Emocional (QCE). In: Actas do X Congresso Internacional Galego-Português de Psicopedagogia [Internet]. Braga, Portugal; 2009 [cited 2022 Nov 30]. p. 4016–29. Available from: https://www.educacion.udc.es/grupos/gipdae/documentos/congreso/Xcongreso/pdfs/t9/t 9c295.pdf
15. Martins MP da C. Inteligência Emocional nos Enfermeiros de Saúde Mental e Psiquiatria [Internet] [master's thesis]. [Universidade da Beira Interior, Ciências Sociais e Humanas]; 2018 [cited 2022 Nov 30]. p. 1–85. Available from:

http://hdl.handle.net/10400.6/9573
16. Cruz MIEC. Fatores que Influenciam a Satisfação Profissional e a Inteligência emocional: Contributos para a Implementação de um Modelo de Supervisão Clínica [Internet] [Master's Thesis]. [Escola Superior de Enfermagem do Porto]; 2019 [cited 2022 Nov 30]. p. 1–99. Available from: http://hdl.handle.net/10400.26/28136
17. Santos NL, Faria L. Inteligência emocional: adaptação do "Emotional Skills and Competence Questionnaire" (ESCQ) ao contexto português. Rev Fac Ciências Humanas e Sociais [Internet]. 2005 [cited 2022 Nov 30];2:275–89. Available from: http://hdl.handle.net/10284/668
18. Costa ACF, Faria LMS. Avaliação da inteligência emocional: a relação entre medidas de desempenho e de autorrelato. Psicologia: Teoria e Pesquisa. 2014 Sep;30(3):339–46.
19. Pestana MH, Gageiro JN. Análise de Dados para Ciências sociais: A Complementaridade do SPSS. 6th ed. Portugal: Sílabo; 2014.
20. Ordem dos Enfermeiros. Ordem dos Enfermeiros Nacional - Anuário Estatístico [Internet]. 2021 [cited 2022 Nov 30]. Available from: https://www.ordemenfermeiros.pt/arquivo/bu/2020_Anu%C3%A1rioEstatisticos.pdf
21. Jesus ÉH. Padrões de habilidade cognitiva no processo da decisão clínica de enfermagem [Internet] [Doctoral dissertation]. [Instituto de Ciência Biomédicas de Abel Salazar]; 2004 [cited 2022 Nov 30]. p. 1–438. Available from: http://hdl.handle.net/10216/9768
22. Primo FV, Bucci S. Comunicação assertiva como recurso da inteligência emocional no ambiente corporativo. Empreendedorismo, Gestão e Negócios [Internet]. 2020 [cited 2022 Nov 30];9(9):275–90. Available from: https://fatece.edu.br/arquivos/arquivos-revistas/empreendedorismo/volume9/Fabiana%20Valerio%20Primo;%20Steffano%20Bucci.pdf
23. Sousa MRO. Estudo Diferencial da Competência Emocional de Formadores [Internet] [Master's Thesis]. [Universidade Fernando Pessoa, Faculdade de Ciências Humanas e Sociais]; 2013 [cited 2022 Nov 30]. p. 1–59. Available from: http://hdl.handle.net/10284/3768
24. Rodrigues PA da R. Determinantes da Competência Emocional de Profissionais em Saúde na Abordagem ao Doente Crítico [Internet] [Master's Thesis]. [Instituto Politécnico de Bragança: Escola Superior de Saúde Bragança]; 2017 [cited 2022 Nov 30]. p. 1–102. Available from: http://hdl.handle.net/10198/14784

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