RELATIONSHIPS OF THE EMOTIONAL INTELLIGENCE, WORKING ENVIRONMENT AND CARING BEHAVIOR AMONG NURSES IN SABAH, MALAYSIA

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I hereby declare that the material in this thesis is my own except for quotations, excepts, equations, summaries and references, which have been duly acknowledged.

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ABSTRACT

This study aimed to examine the relationship between emotional intelligence, working environment and caring behaviours of nurses and to examine how emotional intelligence acts as a mediator in the relationship between working environment and caring behaviour among nurses in Sabah. This is a cross-sectional study survey method, quantitative research design. Through cluster and multistage sampling techniques, 3359 nurses from public hospitals and public health service in Sabah have completed a study instruments "The 24 - item Caring Behaviours Inventory (CBI-24)", "Trait Emotional Intelligence Questionnaire - Short Form (TEIQue-SF) " and "Practice Environment Scale of the Nursing Work Index (PES - NWI) ". The results of the SEM-PLS analysis shows that the nurses working environment has significant effect on nurses emotional intelligence and nurses caring behaviour. Emotional intelligence has a significant effect on nurse caring behaviours. Emotional intelligence was found to act as a mediator in the relationship between nurses' working environment and nurses' caring behaviours. The limitations of the research were explained along with the suggestion of future research.

Keywords: Emotional Intelligence, Nurse Working Environment, Nurse Caring Behaviour.

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ABSTRAK

HUBUNGAN KECERDASAN EMOSI, PERSEKITARAN KERJA DAN TINGKAHLAKU PENYAYANG DI KALANGAN JURURAWAT DI SABAH, MALAYSIA

Kajian ini bertujuan untuk mengkaji hubungan antara kecerdasan emosi, persekitaran kerja dan tingkah laku penyayang jururawat, dan untuk mengkaji bagaimana kecerdasan emosi berperanan sebagai pengantara dalam perhubungan diantara persekitaran kerja dan tingkah laku penyayang di kalangan jururawat di Sabah. Kajian ini adalah kajian keratan rentas, dengan kaedah tinjauan dan reka bentuk kajian adalah kuantitatif. Melalui teknik cluster *and* multistage sampling, *seramai 3359 jururawat dari Hospital Awam dan Perkhidmatan Kesihatan Awam di Sabah telah melengkapkan instrumen kajian* "The 24 - item Caring Behaviors Inventory (CBI-24)", "Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF) "and "Practice Environment Scale of the Nursing Work Index (PES - NWI). *Hasil analisis SEM-PLS menunjukkan persekitaran kerja jururawat mempunyai kesan yang signifikan ke atas kecerdasan emosi dan tingkahlaku penyayang jururawat. Manakala kecerdasan emosi mempunyai kesan yang signifikan ke atas tingkah laku penyayang jururawat. Kecerdasan emosi didapati bertindak sebagai pengantara dalam hubungan antara persekitaran kerja dan tingkah laku penyayang jururawat.* Keterbatasan kajian juga dijelaskan bersama dengan cadangan kajian masa depan.

Kata kunci: Kecerdasan Emosi, Persekitaran kerja Jururawat, Tingkahlaku Penyayang Jururawat.

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LIST OF ABBREVIATIONS

AVE	-	Average Variance Extracted
ASSU	-	Assurance
CBI-24	-	Caring Behaviours Inventory
CMV	-	Common Method Variance
CONNECT	-	Connectedness
CNPR	-	Collegial Nurse Physician Relationship
CR^b	-	Composite Reliability
EI	-	Emotional Intelligence
ES	-	Emotional Skills
f^2	-	Effect size
IBM SPSS	-	International Business Machines Statistical Package for Social Sciences
GTE	-	Global Trait EI
IE	-	Indirect Effect
KAS	-	Knowledge and Skills
KKM	-	Kementerian Kesihatan Malaysia
LL	-	Lower Level
MOH	-	Ministry Of Health
NPHA	-	Nurse Participation in Hospital Affairs
NFQC	-	Nursing Foundations for Quality of Care
NMAL	-	Nurse Manager Ability, Leadership, and Support of Nurses
PES-NWI	-	Practice Environment Scale of the Nursing Work Index
PLS-SEM	-	Partial least square structural equation modelling
RESPECT	-	Respect full
R^2	-	R-squared
SE	-	Standard Error
STD	-	Standard
STDEV	-	Standard Deviation
SRAS	-	Staffing and Resource Adequacy

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SC	-	Self-Control
TEIQue-SF	-	Trait Emotional Intelligence Questionnaire Short Form
UL	-	Upper Level
UMS	-	UMS
WB	-	Well-Being

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter includes the introduction, research background, statement of the problem, research question, objective of the research, important of the study and the conceptual and operational definition of terms used.

Nurses caring behaviour is the central to the professional nursing responsibilities and role and the moral foundation for nursing profession (Watson, 2006). Nurse's view caring as provide protection and support to patients, and from philosophical aspect, caring as a way of life and how to understand the nature of nursing. While patient reflects caring as provide emotional and physical support, and emphasize the personality of nurses as very crucial (Drahosova and Jarosova, 2016).

Align with values of caring behaviour Ministry of Health (MOH) has placed caring behaviour as one of the most important values in the corporate culture of MOH to be practice every day by their staffs. Despite various ways and efforts to improve the quality of services, there are still complaints from clients who are dissatisfied with the behaviours of nurses.

As Bucco (2015) found that there is positive relationship between patient's perceptions of nurse caring behaviours and patient satisfaction. While, Liu, et al., (2006), has proposed that caring is manifested in nursing actions through nurse-patient communication process. Patients have their inner expectation for nurses' caring behaviours, attitudes and nurses' performance of caring or uncaring behaviours has a direct influence on the feelings of patients, and caring behaviour enforced by the nurses will determine the consistency rate of patient satisfaction (Palese et al., 2011). The negative perception of patient towards nurses caring

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behaviour will lead to their feeling of not satisfy with the nurses and some of them will express their feeling in media social such as newspaper, Facebook, WhatsApp messenger, Instagram et cetera.

Although nurses realized that caring as a way of life and how to understand the nature of nursing that should be in line with the nursing practice (Drahosova, & Jarosova, 2016), but the fact that nurses are either consciously or unconsciously often seen as derailed from the role and the moral foundations of the nursing profession. Nurses assume they often perform caring behaviour, but the patient described the nurse more often behave negatively where there is incongruence between the nurse's perception towards their caring behaviour and patient's perception about caring behaviour of nurses (Papastavrou et al., 2012).

Therefore, studies on factors that affect the nurse's caring behaviour need to be carried out. Until reliability factors affecting nurses caring behaviours is evident, it is difficult to create the steps and improvement strategies to improve nurses caring behaviour that support the quality of the nursing practice specifically among Sabah nurses and generally Malaysian nurses.

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1.2 Research Background

Caring services were first introduced through Malaysia Ministry of Health (MOH) or Kementerian Kesihatan Malaysia (KKM) corporate culture in 1987. According to KKM caring services referred to the services provided to clients with compassion and sincerity, which means providing the best possible service to ensure customer satisfaction. Caring service is a core value in the corporate culture of KKM. The core values that should be practiced in caring service are committed to accept the customer with a friendly attitude and attentive, ready to provide the service with courteous, responsive and respectful of individual rights, and is responsible for providing friendly service to customers. Applications of these values is one of the efforts to realize the vision and mission of KKM in promoting and facilitating the use of health services in order to achieve optimal health of the community and ensure high quality health system (Roslan Johari Mohd Ghazali, 2009). Therefore, KKM has organized training for staff in caring culture, professionalism and teamwork in order

to adopt a corporate culture. This effort has to some extent have shown a change in attitude and behaviour of employees of the ministry of health to be courteous, responsive, respectful and friendly customer since several years ago.

The effort of KKM put caring service as one of the most important values in their corporate culture is in accordance with the theory of human caring which states that the relationship-focused caring is fundamental for healing practice which honour human holistically besides creating a healing environment. The combination of a caring-healing approach and nursing art is crucial to ensure the focus is on quality of life, inner healing experience, and caring practices that affect the outcome of patient. The existence of human caring value-guided ethic for professional practice and the existing nursing theory is in line with what is required by the public (Watson, 2006).

Although human caring as an underlying ethic and a moral foundation for nursing practice but it often separate from nursing practice because of inability nurses to practice own profession due to the dominant institutional value and commitment are informed and guided by economic, technology, medical science, and administrative theory, instead of basic considerations of what it means to be human, to be vulnerable, to be ill, to be cured, to be cared for, to be healthy, and to be healed (Watson, 2006).

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Whereas, Maben (2008), argued that aspects of quality work environment is so central to caring, and suggested that most of the work of nursing are unnoticed, especially when nurses work under the management of other profession in which nurse is an employee under the direction of other profession or personnel that are recognized or who are reluctant to appreciate the caring value. For example in Malaysia, nurses perform duties based on under the command of other professions such as doctors, pharmacists, nutritionists and other officials, which is takes part of their time in nursing practice.

According to Zamanzadeh et al., (2010), caring is the essence of nursing for meaningful needs based on mutual agreement between nurses and patients that formed the nurses caring. But what cause the nurse's caring behaviour deflected

from its foundation that affect nurse-patient relationship that cause patients or clients of health service not satisfied with nurses and led to their complaint on nurses, need to be identified. Accordingly, Burtson and Stichler (2010) nurses caring behaviour has a significant relationship with the nursing work environment. The nurses' work environment of practice are correlated with satisfaction at work, quality of care and the intent to quit the job (Lorenz, & Guirardello, 2014: Nantsupawat et al., 2011), job satisfaction, burnout, and intent to leave their jobs, quality of nursing care and patient outcomes (Aiken et al., 2008), burnout (Lorenz & Guirardello, 2014) and emotional exhaustion (Nantsupawat et al., 2011). Therefore, for nurses to be able to maintain their caring behaviour, nurses' need a quality practice environment that maximizes the health and well-being of nurses, quality patient outcomes, organizational performance and societal outcomes (Registered Nurses' Association of Ontario (RNAO, 2008). Nurses who work in the work environment that conducive will maintain their wellbeing, thus increased their care performance on patients which will also in turn increased patients satisfaction with the care received from nurses.

There is evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, conflict, and stress among health professionals (American Association of Critical-Care Nurses, (AACN, 2005). This statement supported in the study conducted by Haslinda and Tyng (2016), in local private health service where they found that the work environment was identified as the most significant factor influencing job stress encountered among nurses.

However, Landa and López-Zafra (2010), suggest that nursing professionals that have clear feelings about their emotions and situations that occur, and are capable of dealing with those emotions have lower levels of stress in their work. Nurses who show a high ability to curtail their negative emotional states and prolong positive emotional states show higher levels of overall health than those individuals who have trouble regulating their emotion. Therefore in the modern demands of nursing draw on the skills of emotional intelligence to meet the needs of direct patient care and co-operative negotiations with the multidisciplinary team (McQueen, 2003). According to Goleman (1998), emotional intelligences, refers to the abilities to recognize and regulate emotions in ourselves and in others. Whereas, Bar-On