

Relationship Between Communication Skills and Emotional Intelligence Among Nurses of CMH Rawalakot: A Cross-Sectional Study Design

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ABSTRACT

Emotional intelligence (EI) is also known as emotional quotient (EQ) is the ability to perceive, interpret, demonstrate, control, evaluate, and use emotions in productive and positive ways when interacting with others. The purpose of this research was to determine the relationship between nurses' communication skills and emotional intelligence (EI). A Descriptive Cross-Sectional Design was used to conduct this study at CMH hospital Rawalakot, AJK. 50 staff nurses were selected by using non-probability convenient sampling. To assess the emotional intelligence and communication skills, a semi-structured questionnaire was used; a pre-test of the questionnaire was conducted to evaluate its external validity. Out of 50 Nurses, 78% participants were female and 22% male, 64% were single and 36% married. The 84% of the nurses belong to 24 to 31 years young-adult aged group as compare to 6% between 32-35 years age and 10% 20-23 years group. The findings of this study were 84% nurses are agreed of self-motivation, 86% knows the patient's emotions from their behavior, and 96% agreed their communicating message ways to patient is simple and clear. Sixty-eight (68%) are very sensitive towards others feelings and emotions. The research determines a strong, significant correlation between nurses' communication skills and EI and its related dimensions.

Keywords: Communication skills; Emotional intelligence; Nurses.

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INTRODUCTION

The ability to perceive, interpret, demonstrate, control, evaluate, and use emotions in productive and positive ways when interacting with others is known as emotional intelligence (EI) (Aliasgari M, Farzadnia F, 2012). Researchers John Mayer and Peter Salovey first used the term in 1990, but psychologist Daniel Goleman later made it more well-known. For success in life, some experts emphasize that emotional intelligence is more important than IQ (Ezzatabadi M, Hadizadeh F et al, 2012). People with high emotional intelligence are able to identify their own emotions as well as those of others, use emotional information to direct their behavior and thinking, differentiate between various emotions and assign the proper labels to each one, and modify their emotions to fit in the environment (Beldoch, Michael; Davitz, Joel Robert, 1976). Researchers have found that the best indicator of

performance is emotional intelligence. According to the Career Builder survey result 71% of employers value EQ over IQ, reporting that employees who have strong emotional intelligence are more likely to remain calm in stressful situations, handle conflicts diplomatically, and show empathy towards their coworkers (Bänziger T, 2014).

Emotional intelligence (EQ) is typically broken down into four core competencies: self-awareness, self-management, social awareness, and relationship management. 95 percent of people believe they are self-aware, but only 10 to 15% actually are, according to study by organizational psychologist Tasha Eurich, which might cause problems for your personnel (Côté S, Miners CT, 2006). One of the basic abilities for establishing social life is the capacity for effective communication (Bahadori M, Mirhashemi S, Panahi F et al, 2008). Some academics believe that communication is essential to human development and achievement as well as a factor in personal harm (Banerjee S, Manna R, Coyle N et al, 2016).

Since EI promotes nurses' wellbeing, which in turn has an effect on patients and families, it has emerged across a number of disciplines and gained traction in the nursing field. Nursing practice benefits from having a clear understanding of EI and its complexities, as well as an understanding of how emotions interact with cognition (Najafpour J, 2019). EI generally enables nurses to make better decision, manage their patients more effectively, build stronger relationship with their patients, and has a positive effect on the quality of care that patients and families receive (Najafpour J, 2019). Depending on their emotional intelligence, nurses perform better at making decisions and solving problems. Nursing care is one of the most important aspects of clinical practice, and a positive working relationship between nursing care providers create trust among nurses, patients, and families seeing for high-quality healthcare (Turkelson C, Aebersold M, Redman R et al, 2017). On the other hand, poor relationships between nurses are unfavorable effect on patient treatment. Weak relationships can result in misunderstandings, a feeling of helplessness, or disputes between doctors and nurses, which frequently results in more medical errors and poor treatment results (Kaur D, Sambasivan M, Kumar N, Mayer J, Salovey P, 2015, 2014).

In addition to performing better than their colleagues, nurses with strong communication skills are less likely to experience work pressure and related stress (Nasiripour A, Saeedzadeh Z, 2012). Who observed into how EI affects interpersonal communication skills claim that people with high EI levels are better at managing their feelings and responding logically to problems (Petrovici A, Dobrescu T, 2014). EI is very important, for instance, to emergency department (ED) nurses because emergency care is frequently the first point of interaction between patients and healthcare services, and staff, particularly nurses, can experience high levels of stress (Hoot N, Aronsky D, 2008). These nurses need to be able to handle the stress of working in emergency departments, which includes having effective communication skills (O'Connell J, Gardner G, Coyer F, 2014). According to research, effective communication skills can help nurses feel less stressed and provide better care, and EI has a beneficial impact on job satisfaction and service quality (Weng H, Hung C, Liu Y et al, 2011). Low EI levels among nurses, however, are reported by Ardabil University research.

Aim of Study

To help in decision making and policy-makers increase the efficiency of the healthcare system, research on the EI phenomenon, communication skills, and how they interact in the field of healthcare will be conducted. Therefore, the purpose / aim of this research were to determine the relationship between nurses' communication skills and emotional intelligence (EI) in hospitals connected to CMH hospital, AJK.

Objective of the Study

To assess the relationship between communication skills and emotional intelligence among nurses of CMH Rawalakot, AJK.

Scope and Significance of Study

Emotional intelligence ability has been anecdotally referred to as “one of the largest drivers of patient care with therapeutic relationship.” Emotional intelligence (EI) ability and communication effectiveness are clearly linked, but little literature has explored this relationship. Hence, a very few studies have been conducted to highlight this area, and it is first initiative research work to address this health problems among nurses of CMH Rawalakot, AJK. The finding of this study will assess the gaps of communication skills of nurses with patient, family and healthcare workers in sound emotional intelligences (EI).

LITERATURE REVIEW

The importance of an employee's physical and mental health has been understood by world healthcare industry in order to achieve success on both an individual and organizational level (Gong Z, Chen Y, Wang Y, 2019). In a meta-analysis of the relationship between emotional intelligence and job performance (JP), researchers have found significant and notable effects on employee job performance as well as the ability to forecast the average of 14% change in JP.

A study conducted by Necmettin Gul (2021), which was used to find out whether there is a significant relationship between the perception of emotional intelligence and communication skills of employees, it has been revealed that there is a positive and significant relationship between emotional intelligence and communication skills ($r = 0.823$, $p < 0.01$), and Regression analysis has showed that emotional intelligence has a high and significant effect on communication skills ($R = .82$, $R^2 = .68$, $p < 0.05$), emotional intelligence accounted for 68% of the variance in communication skills. Individuals, who can control their emotions, understand the emotions of other individuals, can clearly and precisely express themselves and understand what other people say by listening to them carefully for good communication. In this respect, the importance of emotional intelligence is increasing day by day.

METHODOLOGY

Study design

A Descriptive Cross-Sectional Design was used to conduct this study at CMH hospital Rawalakot, AJK.

Study duration and setting

The CMH hospital Rawalakot in AJK served as the site for this study's data gathering for 03 months.

Sample size

The number of nurses who are the target population is very less. Therefore, the entire workforce of 50 nurses employed by the CMH AJK was used as the sample size.

Sample type

The information / data from the sample size were gathered using the non-probability convenience sampling type, because there was a very small sample size.

Data Collection Tool

In this study a semi structured questionnaire tool was used. The tool consists of two parts: the first part asks questions about bio-demographic information or data, and the second part asks 15 questions on a Likert scale (from Strongly Disagree = 1 to Strongly Agree = 5) to determine how well-rounded nurses at CMH in Rawalakot, AJK, are in terms of relationship between communication skills and emotional intelligence.

Validity of tool

Prior to gathering data from the sample size target population, a pre-test of the questionnaire 10% of sample size was conducted to evaluate its external validity.

Data management

The Principal Investigator (PI) herself collected the data from the research participant during the face-to-face interview, using the SPSS version 22 software for the data entry and analysis.

Inclusion criteria

The Charge Nurses and Head Nurses are working at the clinical bedside in the CMH Rawalakot, having the Diploma certificate, BSN (Post-RN) and MSN degrees but performing duties in rotation shift with working experience from less than 05 years to more than 25 years.

Exclusion criteria

These nurses are not included in the study because they are serving in the nursing services as Nursing Supervisors, Assistant Nursing Superintendents, Nursing faculty members, and Nursing Superintendents at intermediate and higher management levels.

Ethical Consideration

Before the data collection permission was obtained from the head of the Institution CMH Rawalakot. The study purpose and procedure were explained informed consent was taken from the participant before to collect the data. The participant assured about confidentiality of his or her information (data), and not to disclosed or share with anyone without his/her permission.

DATA ANALYSIS AND RESULTS

The descriptive statistics used to analyze the bio-demographic information of the research participants are shown in Table 1 as frequency tables, numbers, and percentages.

Out of 50 Nurses, 78% participants were female and 22% male, 64% were single and 36% married, similarly 66% were living in rural area and 34% urban. Sixty-four (46%) were living in joint family and 54% nuclear family system. The majority of study participant nurses were having 48% BSN (Post-RN) degree holders as to compare to 44% General Nursing Diploma and 8% MSN. Majority 66% nurses were performing duties in rotation shift, 18% morning, and 16% evening in less percent. Eighty-two (82%) nurses belongs to Staff Nurses designation while 18% Head Nurses performing duties at the clinical side.

Table 1: Bio-demography data of Nurses

Variables	Group	N (%)
Gender	Male	11 (22)
	Female	39 (78)
Marital Status	Single	32 (64)
	Married	18 (36)
Living area / locality	Rural	33 (66)
	Urban	17 (34)
Family Types	Nuclear	27 (54)
	Joint	23 (46)
Professional Qualification	G. N. Diploma	22 (44)
	BSN (Post-RN)	24 (48)
	MSN	4 (8)
Working Shift Duty	Morning	09 (18)
	Evening	8 (16)
	Rotation	33 (66)
Working experience	2 – 10 years	39 (78)
	11 – 18 years	10 (20)
	19 – 26 years	01 (2)
Designations	Staff nurses	41 (82)
	Head nurses	09 (18)

The 84% of the nurses belong to 24 to 31 years young-adult aged group as compare to 6% between 32-35 years age and 10% 20-23 years group.

Figure 1. Age Groups of Nurses

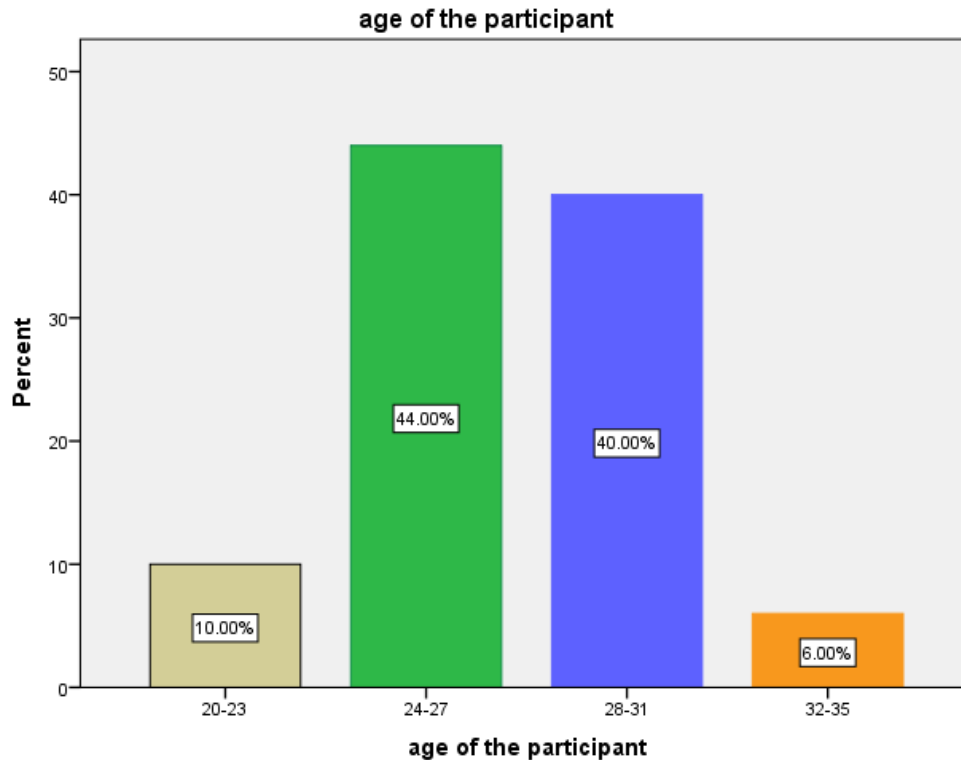


Table 02. illustrate study findings of relationship between EQ and Communication skills among nurses' main components; 84% nurses are agreed of self-motivation, 86% knows the patient's emotions from their behavior, and 96% agreed their communicating message ways to patient is simple and clear. Sixty-eight (68%) nurses shared they are very sensitive towards others feelings and emotions, majority 84% nurses have the ability to gather information from different sources and report professionally, and 70% paid attention to the body language when communicating with patients. Seventy-Six (76%) nurses have agreed to easily recognized emotions like anger, joy etc while communicating with patients, while 50% showed disagree they do not feel comfortable discussing end of life issues with patient's families. Ninety (90%) nurses agreed to maintain professional posture during meetings and presentation, 82% know how to comfort of family when they are sad and hopeless, and 88% accept my strength and weakness as part of who I am? 46% nurses showed agreeeness to be appeared calm even when I am upset with other staff.

Table 2. Relationship between EQ and communication skills among nurses

EQ relationship with communication skills	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Mean
I am a self-motivated person	0 (0%)	1 (2%)	7 (14%)	23 (46%)	19 (38%)	1.8
I always know my patient's emotions from their behavior	0 (0%)	2 (4%)	4 (8%)	36 (72%)	7 (14%)	2.1
My way of communicating the message to the patients is simple and clear	0 (0%)	2 (4%)	3 (6%)	40 (80%)	8 (16%)	2.0

I am sensitive to the feelings and emotions of others	0 (0%)	9 (18%)	7 (14%)	28 (56%)	6 (12%)	2.38
My anxiety and nervousness affect my communication skills	2 (4%)	16 (32%)	2 (4%)	20 (40%)	10 (20%)	2.60
I have the ability to gather information from different sources and report professionally	0 (0%)	3 (6%)	5 (10%)	22 (44%)	20 (40%)	1.82
I paid attention to the body language when communicating with patients	0 (0%)	4 (8%)	6 (12%)	24 (48%)	16 (32%)	1.96
I have easily recognized emotions like anger, joy etc. while communicating with patients	0 (0%)	7 (14%)	5 (10%)	30 (60%)	8 (16%)	2.22
I am comfortable discussing end of life issues with patient's families	0 (0%)	25 (50%)	5 (10%)	16 (32%)	4 (8%)	3.02
I have the communication skills through which convey bad news in a pleasant manner	0 (0%)	6 (12%)	16 (32%)	21 (42%)	7 (14%)	2.42
I maintain professional posture during meetings and presentation	0 (0%)	2 (4%)	3 (6%)	39 (78%)	6 (12%)	2.02
I know how to comfort of family when they are sad and hopeless	0 (0%)	3 (6%)	6 (12%)	33 (66%)	8 (16%)	2.08
I am able to understand all sides of a disagreement before forming an option	0 (0%)	7 (14%)	10 (20%)	28 (56%)	5 (10%)	2.38
I accept my strength and weakness as part of who I am?	0 (0%)	3 (6%)	3 (6%)	28 (56%)	16 (32%)	1.86
I can appear calm even when I am upset with other staff	0 (0%)	9 (18%)	18 (36%)	14 (28%)	9 (18%)	2.54

DISCUSSION

The research determines a strong, significant correlation between nurses' communication abilities and EI and its related dimensions. Higher levels of EI and its dimensions are associated with higher levels of communication skills in nurses, who subsequently provide services that meet patients' requirements while also reporting higher levels of job satisfaction (O'Boyle E, Humphrey R, Pollack J et al, 2011). Among of 50 Nurses, eighty-four (84%) participant belong to young age group between 25 – 30 years, the previous study was conducted by Maame Kissiwa V 2018 showed the similar result 69.4% nurses belong to 25-35 years age group. In this study, there were more female nurses than male nurses in terms of frequency and percentage, with female nurses making up 39 (78%) and male nurses making up 11 (22%). In previous study, Hamdan-Mansour A et al. (2014) also reported that there were 166 (82%)

female nurses and 27 (13.4%) male nurses. The mentioned studies results are similar with this study result in gender proportions. However, earlier research found that while nurses are only marginally impacted by patient gender disparities at work, gender differences have a significant influence on the relationship between EQ and communication skills of healthcare workers. Higher EI increases self-efficacy, which enables nurses to perform their tasks with improved occupational skills (Bar-On R, O'Boyle E, Pollack J et al, 2000, 2011). In contrast, a study of the relationship between EI and nurses' patient communication skills (Choi et al 2015) reveals a significant and strong relationship between EI and communication skills. The results of a study of dentists (Allen et al 2013) show that EI can improve work-family conflict management skills (Choi Y, Song E, Oh E, 2015). The study found differences between level of education and work experience, and EI score and communication skills. The difference for education is not significant, however, which consistent with other work (Raeissi P, Kalhor R, Azmal M, 2010). According to this study, communication skills did not substantially improve with age. EI varies significantly among age groups, though, suggesting that EI and conversation skills can be learned and improved over time.

CONCLUSION AND RECOMMENDATIONS

Research demonstrates how education promotes and enhances speaking skills. As this research demonstrates, improving communication skills can improve nurses' EI. Some authors advocate that clinical education should promote EI. To strengthen the various sides of EI in nurses, it is essential to provide training in communication skills. By enhancing nurses' productivity and efficiency, decreasing their stress levels, and raising their levels of personal happiness, this may have a favorable impact on the outcomes of the healthcare system.

Limitations

The study's limitations are that it was conducted only in CHM Rawalakot AJK, and included hospitals with different specialties, which could affect generalization of the findings. The sample size for this study is very small. The author suggests the similar could be conducted with large sample size and included different hospitals nurses of different geographical areas.

Recommendations

There are few recommendations to improve the communication skills of nurses by strengthening the emotional intelligence.

- The AJK Ministry of Health and Healthcare Services should take serious attentions about communication skills training for the Healthcare workers, and Policymakers take steps to establish and enhance the conditions and facilities needed for this training.
- The emotional intelligence topic and communications skills should include in the Nursing and Medical education curriculum.
- The hospital administrative should provide the facilitative environment for their healthcare workers, and arrange the refresh training or workshop programs for problem solving skills.

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