

EMOTIONAL COMPETENCE AS A FACTOR AFFECTING COMMUNICATION IN THE FIELD OF HEALTH CARE AMONG EMPLOYEES OF COMMUNITY HEALTH CARE CENTRES IN SARAJEVO CANTON BASED ON THEIR WORK PLACE

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Introduction: Charles Darwin recognised the importance of emotions and of the ability to control one's own emotions. Nowadays, the fact that the most influential and successful individuals attribute their personal development and success to not their intellectual ability but to emotional intelligence speaks for itself about the importance of this term. Emotional intelligence, when observed as a characteristic or a personality trait, is closely tied with emotional maturity and stability. Health professionals ought to be active members when it comes to treatment and rehabilitation and thus they need to participate in the change of communication, whether by following or influencing the change themselves.

Objectives: Examine the characteristics, emotional competence distribution frequency as a factor affecting communication in the field of health care.

Respondents and methods: The survey covered a sample of 64 respondents working as headnurses/technicians and/or charge nurses/technicians in the primary healthcare, i.e. community health centres in Sarajevo Canton. Survey and Theoretical Analysis methods were used.

Results: Examination of frequency distribution in the Emotional Competence Scale, as a factor affecting communication in the field of health care, includes the presentation and analysis of the results achieved for each of the 14 items on this scale with the structure of responses and total score of the employees of the Community Health Care Centres in Sarajevo Canton, along with ranks for each of the items based on the total number of points as the scalar value of the item.

Conclusion: Upon examination of the statistical analysis of the results of the Emotional Competence Scale, it can be concluded there are statistically significant differences in the average level of emotional competence as a factor affecting communication in the field of health care among the respondents based on their work place.

Key words: emotional competence, communication, nurse/technician.

INTRODUCTION

Charles Darwin recognised the importance of emotions and of the ability to control one's own emotions. Nowadays, the fact that the most influential and successful individuals attribute their personal development and success to not their intellectual ability but to emotional intelligence speaks for itself about the importance of this term. Emotional intelligence is most often defined as the ability to control one's own emotions, but also to recognise and understand the emotions of other individuals (1).

Trebjesanin defines emotional intelligence as the "ability and skill of applying intelligence at work, interpersonal relations and everyday life", adding that this is a "meta-ability", a personal arrangement of personality disposition which enables us to successfully apply not only the "cold" abstract intelligence, but also all other

abilities and skills needed for a harmonious, successful and healthy life "(2).

Theory of activation, i.e. alertness of the organism, must also be duly noted. Human organism is constantly active, and emotion is only a manifestation of strong alertness of an organism. In its non-emotional state, an organism is not that active. The stronger the emotion, the greater the activity in an organism. Behavioural efficiency depends on the degree of emotional activity of an organism (3).

Emotional intelligence, when observed as a characteristic or a personality trait, is closely tied to emotional maturity and stability. Emotionally mature individual has a high degree of emotional stability which is reflected in consistent emotional response in accordance with the circumstances that caused the emotion and the situation in which the individual is. Emotional competence is reflected in the control of

emotions, in the ability to fully control and manage one's actions and overall behaviour in the state of emotional excitement of the organism (4).

Six key factors of emotional competence are as follows:

1. Self-conscience – awareness of our feelings and ability to control them,
2. Emotional elasticity – ability to consistently carry out a series of situations and balance short and long-term plans with the endgoals,
3. Interpersonal sensitivity – ability to acknowledge the needs of others and notice when a need arises or when it is expressed as a decision,
4. Influence and persuasiveness – ability to convince others to change their opinions when necessary,
5. Intuitiveness – ability to make clear decisions and implement them despite the incomplete or ambiguous, two-way information, through reasoning and emotions, and
6. Coherence, conciseness, reconciliation and integrity – ability to display strong commitment to the goal of an action, face the challenges and without too much of a word about the activity and achievement (4).

Without emotional competence, there is a psychological process which offers the possibility of preventive activities in the shape of short term physiotherapy intervention necessary to prevent its development (5).

Communication is a form of interaction of living beings; therefore, we cannot classify the transfer of information from one non-living object to another (for instance, data transmission in computer systems) as communication. Human communication is a type of interaction which uses symbols (unlike the communication process amongst animals). Therefore, communication science researches the specificities of human communication, as a regulator of social processes (6).

Health professionals ought to be active members when it comes to treatment and rehabilitation and thus they need to participate in the change of communication, whether by following or influencing the change themselves. It is only through learning about themselves, through gaining an insight into their own personality, will health professionals be able to have control over the patient-health professional relationship. Devoid of active listening and without learning about empathy and practicing empathy, a health professional cannot develop personality needed for a modern healthcare professional (7).

OBJECTIVES

Examine the characteristics, emotional competence distribution frequency as a factor affecting communication in the field of health care.

RESPONDENTS AND METHODS

The survey covered a sample of 64 respondents working as head nurses/technicians and/or charge nurses/technicians in the primary healthcare, i.e. community health centres in Sarajevo Canton. The following methods were applied in this paper:

Survey method: descriptive modality of the survey method, with the aim of collecting the desired data using appropriate instruments (techniques), which were then analysed using relevant statistical procedures, to finally make relevant conclusions upon the completion of the analysis.

Theoretical analysis method: sources for applying this methodology are numerous. This paper focuses on general and professional-theoretical literature in the field of management psychology and organisation of health care institutions. Through the application of this method, we wanted to note, when and where possible, the theoretical and practical importance of the facts which can be deduced from the results obtained through empirical research of the practices in this segment of the healthcare system.

Respondents carried out the self-assessment of observed emotional competence using the Emotional Competence Scale, by putting an X on every one of the 14 indicators of this modality which were set against 4 possible options: true – A, mostly true – B, mostly incorrect – C, completely incorrect – D.

Respondents' answers were assigned the following numerical values in the processing of the obtained data: A = 4, B = 3, C = 2 and D = 1 point. Responses are assigned points in reverse order in 6 out of the 14 statements on this scale (statements: 2, 3, 5, 9, 10 and 12). Maximum total score amounts to 56, and minimal total score amounts to 14. High total score indicates high emotional competence, whereas low total score indicates low emotional competence as a factor affecting communication in the field of health care.

Participation in the survey was voluntary and anonymous and with prior written consent of the Director of Community Health Care Centre of Sarajevo Canton.

RESULTS

Examination of frequency distribution on the Emotional Competence Scale, as a factor affecting communication in the field of health care, includes the presentation and analysis of the results achieved for each of the 14 items on this scale with the structure of responses and total score of the employees of the Community Health Care Centres in Sarajevo Canton, along with ranks for each of the items based on the total number of points as the scalar value of the item.

Table 1. Results achieved on the Emotional Competence Scale a factor affecting communication in the field of health care among respondents employed in Community Health Care Centres of Sarajevo Canton

Respondents working at Community Health Care Centres of Sarajevo Canton												
Emotional competence as a factor affecting communication in the field of health care												
No.	Indicator	A		B		C		D		Σf	Total points	Rank
		f	fx4	f	fx3	f	fx2	f	fx1			
1	1	12	48	50	150	2	4	0	0	64	202	6
2	2	7	28	26	78	24	48	7	7	64	161	9
3	3	0	0	7	21	27	54	30	30	64	105	14
4	4	25	100	30	90	8	16	1	1	64	207	4
5	5	7	28	12	36	28	56	17	17	64	137	11
6	6	3	12	35	105	20	40	6	6	64	163	8
7	7	18	72	43	129	1	2	2	2	64	205	5
8	8	15	60	41	123	7	14	1	1	64	198	7
9	9	0	0	14	42	35	70	15	15	64	127	13
10	10	4	16	14	42	27	54	19	19	64	131	12
11	11	27	108	33	99	3	6	1	1	64	214	2
12	12	8	32	11	33	28	56	17	17	64	138	10
13	13	22	88	39	117	3	6	0	0	64	211	3
14	14	36	144	26	78	2	4	0	0	64	226	1
	Σ	184	736	381	1143	215	430	116	116		2425	

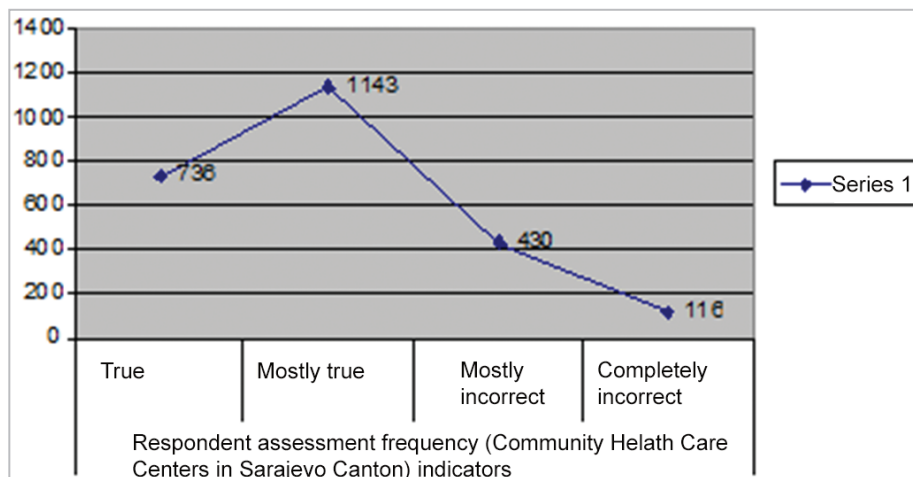


Figure 1. Illustration of response frequencysum

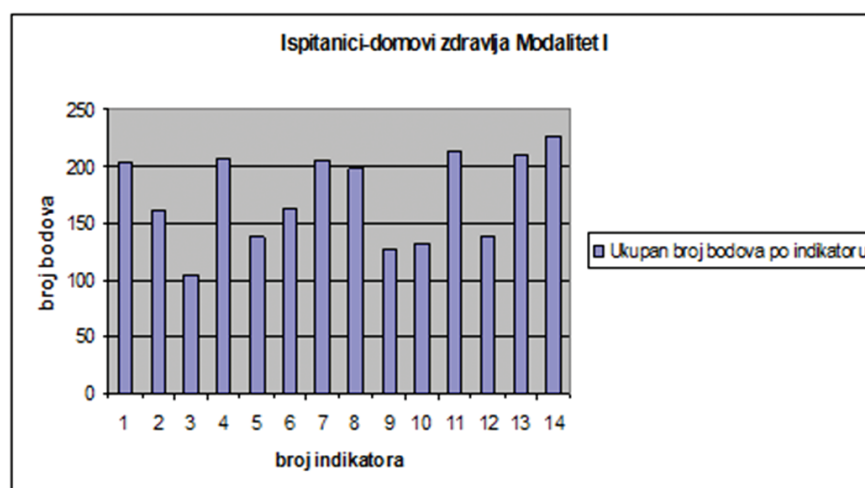


Figure 2. Graphical representation of levels of scalable values per items

The highest scale value (226) is noticeable for item 14: "I am able to listen to and understand the point of view of my interlocutor, although I disagree with them" (rank 1), and the lowest scale value (105) on item 3: "I am often

unhappy ". High scale value indicates high level of identifying with the claim, whereas low scale value indicates that the respondent does not identify with the claim.

Table 2. Arithmetic mean± standard deviation, statistical significance

Work place	N	Arithmetic mean	Standard deviation	t-value	Significance
Head nurse/ technician	18	3,334	,855	1,910	,049
Charge nurse/ technician	46	3,221	,775		

DISCUSSION

In recent times, when the society relies ever more on technology, research of physiological phenomena and processes is proving to be more difficult than ever. However, in this paper, we examined emotional competence and communication processes without involving technology into the relationship. T-test for differences of arithmetic means was used to test the importance of differences in the answers of respondents per their work place. On the basis of the difference in the arithmetic mean between respondents who work as head nurse/technician and those that work as charge nurses /technician portrayed in table no. 2, it can be concluded there is a statistically significant difference when it comes to the influence of modality 1., emotional competence as a factor affecting communication in the field of health care ($t=1,910$, significant at the level, 05) based on their work place.

CONCLUSION

Upon examination of the statistical analysis of the results of the Emotional Competence Scale, it can be concluded there are statistically significant differences in the average level of emotional competence as a factor affecting communication in the field of health care among the respondents based on their work place.

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