The Impact of Emotional Intelligence as Buffer Effect of Stress in the Working with External Clients, The Specificity of the Health Professionals

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Abstract

Aim: Skills based on EI (Emotional Intelligence) lead to challenges both in the area of personal excellence and professional success, so with this research we intend to explore the relationship between EI and PS (perceived stress) in workers with external clients, particularly health professionals.

Materials and Methods: empirical, cross-sectional and non-experimental study, with a non-probabilistic sample by networks of 874 workers from different professional activities (154 healthcare area). The applied questionnaire includes four scales, however in this study we used the EI and PS scales.

Results: The scales used with good indexes of adjustment: EI [/df= 3,965; NFI= .923; RMSEA= .055; α= .84; M= 5.11 (SD= .63)]; PS [/ df= 4.045; NFI = .953; RMSEA = .059; α = .82; M = 1.79 (SD = .51)]. The results support empirically a negative relationship between emotional intelligence and perceived stress in workers, this relationship can be enhanced with the relationship with other people, such as external clients.

Conclusion: We conclude that people who contact the general public develop EI more, in turn EI relates has a negative and statistically significant relationship with PS.

Keywords: Emotional intelligence, perceived stress, people management such as external clients.

Introduction

The growing interest in investigating and debating the concept of EI has resulted in a better understanding of the role of emotions in human life, as well as the impossibility of separating emotions from rationality, as this new intelligence construct encompasses several dimensions of knowledge: self-regulation, adaptive impulse control, self-efficacy and social intelligence [1,2]. Studies show that higher emotional intelligence scores lead to reduced burnout and better performance, better communicative ability, more safety and more satisfaction [3]. Therefore, EI is identified as the cornerstone in reducing negative work outcomes and improving employee well-being [4].

Materials and Methods

This is an Empirical, cross-sectional and non-experimental study, with a non-probabilistic sample by networks of 874 workers from different professional activities in Portugal (154 healthcare area) and 65% of these workers work with external clients. The applied questionnaire includes four scales, however in this study we used the EI and PS scales.

Results

According to the adjustment indices of the confirmatory factor analysis of this instrument that can be observed in the Table 1, we can see that the models proposed by the authors [5], overall presents good adjustment indices: EI [x^2/df= 3,965; NFI=.923; RMSEA= .055;]; PS [x^2/df= 4.045; NFI = .953; RMSEA = .059].

By analyzing the Table 2 all dimensions of the EI positively correlate with the variable Work with external clients, which leads us to deduce that EI is enhanced with relationships with

other people, such as external customers. Due to the specific characteristics of the health area, health professionals present a significant correlation (r= .17 with p < .05) with Empathy and social contagion, meaning that health professionals are the most creative, the most effective at resolving problems, and the best team workers. On the other hand, in the other professional categories, when analyzing Table 2, we find that there is a very strong correlation (p < .01) between the dimension of Self-Encouragement and working with external clients (r= .10). It seems that participants feel that the priority is to belong to enthusiastic teams in order to overcome the obstacles and challenges.

Table 1: Adjustment indices of Questionnaire of EI and PS(N=874).

Scales	x^2/df	df	NFI	CFI	TLI	SRMR	RMSEA	90% IC
EI (Model 1)	3.65	104	0.923	0.942	0.925	0.042	0.055	.049-.061
PS (Model 1)	4.045	28	0.964	0.953	0.943	0.032	0.059	.048- .071

Table 2: Matrix of intercorrelations between Work with external clients variable and the PS and the EI of the professionals.

	Total Sample (N = 874)	Health Professionals (N = 154)	Other Professional Categories (N = 720)
	Works With External Clients	Works With External Clients	Works With External Clients
EI Global scale	0.03	0.09	0.06
EI F1 (Understanding of one's emotions)	-0.03	0.02	0.04
EI F2 (Self-control in the face of criticism)	-0.03	0.06	0.03
EI F3 (Self-encouragement)	-.09*	0.06	.10**
EI F4 (Emotional Self-Control)	-0.02	0.05	0.01
EI F5 (Empathy and Emotional Contagion)	-0.06	.17*	0.04
EI F6 (Understanding the emotions of others)	-0.05	0.05	0.04
PS (Perceived Stress)	-0.06	-0.12	-0.05

* p < .05 ** p < .01

The PS correlates negatively with the variables it works with external clients both at the global scale level and in the analyzed professional categories. Given the results we decided to test the difference in magnitude of the correlation coefficients between the EI (and constituent factors) and the PS previously obtained in health professionals and other professional categories, the complementary SPSS routine was performed. (Syntax Files), elaborated by Alferes [6], to test the difference between two correlation coefficients of two independent groups (SP, obtained in health professionals and other professional categories).

With the observation the Table 3 we can see that there are significantly higher negative correlations in health professionals compared to other professionals, between the SP and the global EI scale, thus, we can conclude that, in general, EI acts as a buffer effect in PS more effectively in health professionals (24%), while only 16% in other professionals. This effect assumes greater expression in the Self-Encouragement dimension (z = 3.67), since the proportion and variance shared with the SP in health professionals is 13%, while in other professionals it is only 4.8%.

Table 3: Testing the difference between the EI correlation coefficients and their constituent factors with the PS in health professionals and other professional categories.

Escala	PS (Health Professionals)		PS (Other Professional Categories)		Z	P (unilateral)
	r	R2 (%)	r	R2 (%)		
EI Global scale	-0.49	24	-0.4	16	2.06*	.02*
EI F1 (Understanding of one's emotions)	-.38**	14.4	-.27**	7.3	2.73**	.01**
EI F2 (Self-control in the face of criticism)	-.28**	7.8	-.26**	6.8	0.51	0.3
EI F3 (Self-encouragement)	-.36**	13	-.22**	4.8	3.67**	.00**
EI F4 (Emotional Self-Control)	-.49**	24	-.37**	13.7	2.77**	.01**
EI F5 (Empathy and Emotional Contagion)	-.21**	4.4	-.15**	2.3	1.84*	.03*
EI F6 (Understanding the emotions of others)	-.24**	5.8	-.20**	4	1.11	0.13

*p < .05 ** p .01

Discussion

The performance of the psychometric studies of the measuring instruments allowed us to demonstrate that the models proposed by the authors, in our sample, have good overall adjustment indices. As for internal consistency, we obtained values considered good. The global scale of EI showed an internal consistency of .84 and the PS scale showed an internal consistency of .82, which are considered good values as described in the literature [7]. To better understand this phenomenon (emotional intelligence as a buffer effect on perceived stress) we added sociodemographic variables (Working with external clients) to our study and studied its effect on emotional intelligence and perceived stress. Controlling the variable Work with external clients, we found that it correlates positively with EI, with more significant relationships in the Self-Encouragement dimension, in the specificity of the professional category, we found that EI in all its constituent factors correlates positively with the Professionals variable. being the most significant relationship with Empathy and emotional contagion. It seems that people in contact with the general public develop EI more, probably because they are more often involved in conflicts, which they have to solve creatively, developing constructive ways to manage anger and maintain difficult conversations [5], in the case of health professionals in which their context is in the high emotional work plan because it involves the perceived and expressed feelings [4]. In this line of thinking, our results were astonishing as healthcare professionals as they work with various types of clients feel the need to train themselves to better serve their clients. However, in our research we found no studies on the influence of working with external clients on EI or SP on health professionals. And indeed, our research is pioneering as we conclude that EI acts as the most effective stress protection factor for healthcare professionals, because considering the overall scale of EI we found a probability of 24% of acting as a buffer effect in SP in health professionals whereas in other professional categories it is only 16%.

Conclusion

Effectively it was found that IE has a negative impact on perceived stress, i.e., the higher the IE score the lower the SP, this relationship assumes greater magnitude in health professionals. In our view this was an expected result, because in the research done all the literature pointed in this direction. On the one hand, in this relationship, we highlight the dimension Understanding one's own emotions and Self-Encouragement in health professionals and the Self-Encouragement dimension in other professional categories. On the other hand, the scales used (EI scale and PS scale) showed a good fit index to the data.

Acknowledgement

Conflict of Interest

We don't have any economic interest or any conflict of interest.

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