International Conference on Business and Economics - Hellenic Open University

Vol 4, No 1 (2024)

Proceedings of the ICBE-HOU 2024

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Abstract

This study explores the relationships among Emotional Intelligence (EI), psychological distress, and conflict management in healthcare professionals, incorporating demographic and occupational factors. A cross-sectional quantitative design was employed with a sample of 143 healthcare professionals from various specialties in Greece. Emotional Intelligence was measured using the NHS EI Leadership Tool, psychological distress with the Kessler K6+ scale, and conflict management with McClellan's Conflict Resolution Questionnaire. Statistical analyses revealed that EI was a significant positive predictor of effective conflict management, while psychological distress negatively impacted conflict resolution. Age and professional specialty moderated these relationships, with older professionals and psychologists demonstrating higher conflict management scores. The findings underscore the importance of Emotional Intelligence in fostering constructive workplace dynamics and reducing psychological distress in healthcare settings.

JEL Classifications: I19, M12, M14

Keywords: Emotional Intelligence, Psychological Distress, Conflict Management, Healthcare Professionals

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1 Introduction

Healthcare professionals operate in environments characterized by constant pressure, high emotional demands, and frequent interpersonal challenges. These settings require not only technical expertise but also emotional and interpersonal competencies to navigate complex situations effectively. Emotional Intelligence (EI), a construct that integrates emotional awareness and management, has emerged as a critical skill in addressing the unique challenges of healthcare work. This study examines the relationship between Emotional Intelligence, psychological distress, and conflict management among healthcare professionals, with a focus on its relevance in fostering better workplace dynamics and outcomes.

2 Literature Review

The concept of Emotional Intelligence was first introduced by Salovey and Mayer (1990), who defined it as the ability to perceive, understand, and manage emotions in oneself and others. Goleman's later work in 1995 expanded on this foundational definition by identifying key dimensions of EI, including self-awareness, self-regulation, motivation, empathy, and social skills. Unlike traditional cognitive intelligence, EI is dynamic and can be developed through targeted interventions, making it particularly valuable for improving interpersonal effectiveness and emotional resilience in professional settings (Salovey & Mayer, 1990; Goleman, 1995).

In healthcare, the role of Emotional Intelligence is particularly pronounced. The field is inherently emotionally charged, with practitioners often facing high-stakes decisions, patient suffering, and interpersonal tensions. The ability to manage one's own emotions and respond empathetically to others is not just desirable but essential. Emotional Intelligence equips healthcare professionals with tools to enhance communication, manage stress, and resolve conflicts constructively. These skills contribute to improved patient outcomes, reduced burnout, and better team cohesion, which are crucial in the high-pressure healthcare environment (Fernandez, Salamonson, & Griffiths, 2012; Alsufyani et al., 2022).

Interpersonal and organizational conflicts are common in healthcare due to factors such as overlapping responsibilities, resource limitations, and communication breakdowns. These conflicts, if left unresolved, can lead to reduced team effectiveness, increased stress, and compromised patient care (Luthans et al, 2021). However, not all conflicts are inherently

negative. When managed effectively, they can foster innovation and improve processes. Emotional Intelligence plays a pivotal role in determining the outcome of such conflicts by enabling professionals to navigate interpersonal tensions with empathy, adaptability, and clarity (Almost et al., 2016).

In addition to conflicts, healthcare professionals often experience high levels of psychological distress. Symptoms such as anxiety, depression, and emotional exhaustion are prevalent in this workforce due to the emotionally demanding nature of their roles. Research consistently shows that healthcare professionals report higher levels of distress compared to other occupational groups, often stemming from long hours, emotional labor, and exposure to human suffering (Wilkins, 2007). Psychological distress not only affects the well-being of the individual but also has wider implications for patient safety and organizational effectiveness (Solarz & Gaspar, 2019; Christianson et al., 2020).

Emotional Intelligence has been shown to mitigate psychological distress by promoting emotional regulation and resilience. Professionals with high EI are better equipped to manage the emotional demands of their work, reducing the risk of burnout and fostering a sense of control even in challenging situations. Furthermore, EI facilitates constructive approaches to conflict resolution, as emotionally intelligent individuals are more likely to engage in collaborative and empathetic problem-solving (Goleman, 1995; Krishnakumar et al., 2019).

This study explores the interaction between Emotional Intelligence, psychological distress, and conflict management among healthcare professionals within a Greek healthcare setting. It seeks to address several key questions: How does Emotional Intelligence influence conflict resolution strategies? What is the relationship between psychological distress and approaches to managing workplace conflicts? How do demographic and job-related factors such as age, specialty, and tenure affect these dynamics?

The significance of this research lies in its practical implications for healthcare organizations. By understanding the role of Emotional Intelligence, healthcare administrators can design interventions that enhance emotional and interpersonal competencies, leading to a more harmonious and effective workplace. Training programs that focus on developing EI can improve communication, reduce conflicts, and enhance overall organizational performance. Moreover, addressing psychological distress through such initiatives can lead to better

mental health outcomes for healthcare workers, ultimately benefiting the patients they serve (Archambault-Grenier et al., 2018; Powell, Mabry, & Mixer, 2015).

In the following sections, this paper will provide a comprehensive review of the literature on Emotional Intelligence, psychological distress, and conflict management. The methodology employed in this study, including the tools and analytical techniques used, will be detailed to establish the rigor of the research process. The results will present insights into the interplay between EI, psychological distress, and conflict management strategies, followed by a discussion of their implications for practice. Finally, the paper will offer recommendations for future research and practical applications in healthcare settings.

This exploration aims to contribute to the growing body of knowledge on the transformative potential of Emotional Intelligence in the workplace, particularly within the context of healthcare.

3 Methodology

This study employed a cross-sectional quantitative research design to examine the relationships between Emotional Intelligence (EI), psychological distress, and conflict management among healthcare professionals. Additionally, the study explored the moderating effects of demographic and occupational factors on these relationships.

3.1 Participants and Sampling

The research was conducted among healthcare professionals employed in a large national healthcare organization in Greece. A total of 143 participants were recruited through convenience sampling, representing diverse professional roles, including nurses, psychologists, physicians, administrative staff, and social workers. This multidisciplinary sample ensured a comprehensive understanding of conflict management within healthcare teams. To enhance the generalizability of findings, participants were selected from various geographic regions across the country. Data collection was conducted online between March and April 2023.

3.2 Research Hypotheses

The study aimed to test the following hypotheses:

1. Emotional Intelligence (EI) is positively associated with conflict management skills among healthcare professionals.

2. EI is inversely related to psychological distress among healthcare professionals.
3. Psychological distress negatively impacts conflict management abilities in healthcare settings.
4. Age moderates the relationship between EI and psychological distress.
5. Professional specialty influences EI levels and conflict management skills.
6. EI serves as a predictor of conflict management performance in healthcare professionals.

3.3 Measures and Instruments

Data were collected using four standardized instruments, each validated and adapted for the study context:

1. **Demographic Questionnaire:** This section gathered information on age, gender, marital status, educational level, professional specialty, and years of professional experience.
2. **Emotional Intelligence Scale:** The NHS Emotional Intelligence Leadership Tool, grounded in Goleman's (1995) EI framework, was utilized to assess five core EI dimensions:
    - Self-Awareness
    - Self-Regulation
    - Motivation
    - Empathy
    - Social Skills

    The scale comprises 50 items rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree), with higher scores indicating greater EI.
3. **Psychological Distress Scale:** The Kessler K6+ scale was used to measure psychological distress, focusing on symptoms of anxiety and depression experienced over the past 30 days. This scale consists of six items rated on a 5-point scale, with total scores ranging from 0 to 24. Higher scores indicate greater psychological distress.
4. **Conflict Resolution Questionnaire (CRQ):** McClellan's (1997) 40-item instrument was employed to evaluate conflict management styles and effectiveness across four key dimensions. Each dimension was scored on a scale of 4 to 20, with higher scores reflecting greater proficiency in conflict resolution.

3.4 Ethical Considerations

The study received ethical approval from the Ethics Committee of the Hellenic Open University. Participants were invited via email to complete the electronic questionnaire, which included a detailed explanation of the study's objectives, assurances of anonymity, and an informed consent form. Submission of the completed questionnaire was considered as implied consent. All responses were collected anonymously to maintain confidentiality and minimize response bias.

4 Results

Statistical analysis was conducted using IBM SPSS Statistics software. The following steps were performed:

1. **Descriptive Statistics**: Means, standard deviations, frequencies, and percentages were calculated to summarize demographic characteristics and scores on the EI, psychological distress, and conflict management scales.
2. **Correlation Analysis**: Pearson correlation coefficients were used to assess relationships among Emotional Intelligence, psychological distress, and conflict management.
3. **Regression Analysis**: Multiple linear regression models were developed to determine the predictive relationships between EI, psychological distress, and conflict management. Age and professional specialty were included as moderating variables.
4. **Significance Testing**: Statistical significance was set at $p < 0.05$ for all analyses.

The average Emotional Intelligence (EI) score was 38.4 out of 50. Self-awareness and empathy were the highest-rated dimensions, with mean scores of 8.2 and 8.1 out of 10, respectively. Social skills were the lowest-rated dimension, with an average score of 7.2. By specialty, psychologists exhibited significantly higher scores in empathy and social skills compared to other professional groups ($p < 0.05$).

Table 1: Emotional Intelligence Scores

EI Dimension	Average Score (out of 10)
Self-Awareness	8.2
Self-Regulation	7.5
Motivation	7.4
Empathy	8.1
Social Skills	7.2

The mean psychological distress score, based on the Kessler K6+ scale, was 10.03 out of 24 (SD = 4.2). Younger professionals (<35 years) reported the highest levels of distress, with a mean score of 12.4, while older professionals (46+) had significantly lower distress levels, with a mean score of 8.6 ($p < 0.01$). A strong negative correlation was observed between EI and psychological distress ($r = -0.53$, $p < 0.001$), indicating that higher EI is associated with lower levels of distress.

Table 2: Psychological Distress by Age Group

Age Group	Psychological Distress Score (out of 24)
<35	12.4
36-45	10.2
46+	8.6

The average conflict management score was 13.7 out of 20, with the highest-scoring factors being problem clarification (14.8) and atmosphere maintenance (14.4). Alternative solutions received the lowest score, averaging 12.6. Higher EI was strongly correlated with better conflict management performance, particularly in maintaining a positive atmosphere ($r = 0.49$, $p < 0.001$) and addressing mutual needs ($r = 0.45$, $p < 0.001$).

Table 3: Conflict Management Scores

Conflict Management Factor	Average Score (out of 20)
Problem Clarification	14.8
Atmosphere Maintenance	14.4
Addressing Needs	13.2
Alternative Solutions	12.6

Correlation Analysis

Pearson correlation analysis was conducted to explore relationships among Emotional Intelligence, psychological distress, and conflict management.

Table 4: Correlation Analysis Results

Variables	Correlation Coefficient (r)	p-value
Emotional Intelligence & Conflict Management	0.58	<0.001
Emotional Intelligence & Psychological Distress	-0.53	<0.001
Psychological Distress & Conflict Management	-0.42	0.002

Regression Analysis

Multiple linear regression was used to examine the predictive relationships between EI, psychological distress, and conflict management. Demographic variables such as age and professional specialty were included as moderators. The model explained 51% of the variance in conflict management scores ($R^2 = 0.51$), with EI emerging as the strongest predictor ($\beta = 0.58$, $p < 0.001$). Psychological distress negatively predicted conflict management ($\beta = -0.41$, $p = 0.002$), while age and professional specialty were also significant predictors.

Table 5: Regression Analysis

Predictor Variable	Coefficient (β)	Standard Error	t-value	p-value
Emotional Intelligence (EI)	0.58	0.09	6.44	<0.001
Psychological Distress	-0.41	0.12	-3.42	0.002
Age	0.24	0.08	3.00	0.010
Professional Specialty	0.18	0.07	2.57	0.023

5 Discussion and Conclusions

The findings of this study provide valuable insights into the relationship between Emotional Intelligence (EI), psychological distress, and conflict management in healthcare professionals. This discussion contextualizes the results within the broader literature, highlighting the implications for healthcare practice, professional development, and organizational policy. The study confirmed that higher levels of Emotional Intelligence are positively associated with more effective conflict management strategies among healthcare professionals. Specifically, dimensions such as self-awareness, self-regulation, and empathy played critical roles in enabling participants to navigate interpersonal tensions constructively. These findings align with earlier research emphasizing the importance of EI in conflict resolution. For example, Almost et al. (2016) noted that EI facilitates the use of collaborative conflict management styles, which prioritize mutual understanding and shared solutions. Similarly, Goleman (1995) argued that EI empowers individuals to remain composed under stress, enhancing their ability to address disputes with clarity and empathy.

Participants with higher EI scores demonstrated a greater capacity to separate the individual from the problem, a key principle of effective conflict resolution (Robbins & Judge, 2018). This ability not only de-escalates tensions but also fosters an atmosphere of trust and cooperation, which is essential in high-stakes healthcare environments. Moreover, participants with high EI were more likely to recognize and address the needs of all parties involved, a finding supported by Krishnakumar et al. (2019), who highlighted the role of empathy and perspective-taking in successful conflict resolution.

The study revealed a significant negative correlation between psychological distress and constructive conflict management. Healthcare professionals experiencing higher levels of distress were less likely to engage in effective resolution strategies, often displaying avoidance or reactive behaviors. These findings echo previous studies demonstrating the detrimental impact of stress on interpersonal dynamics in healthcare (Wilkins, 2007; Solarz& Gaspar, 2019). Psychological distress impairs cognitive and emotional functioning, making it more challenging for individuals to regulate their emotions and approach conflicts rationally.

For instance, Christianson et al. (2020) found that nurses with elevated stress levels were more prone to emotional outbursts and disengagement during workplace disputes. These behaviors not only exacerbate conflicts but also compromise team cohesion and patient care. The findings of this study underscore the need for interventions aimed at reducing psychological distress, which, in turn, can enhance conflict resolution capabilities.

One of the most significant findings of this study is the inverse relationship between Emotional Intelligence and psychological distress. Participants with higher EI scores reported lower levels of distress, suggesting that EI serves as a protective factor against the emotional demands of healthcare work. This relationship is well-documented in the literature. Alsufyani et al. (2022) demonstrated that EI mitigates the effects of occupational stress, enabling healthcare professionals to maintain emotional resilience in high-pressure environments. Similarly, Fernandez et al. (2012) highlighted the role of EI in reducing anxiety and promoting well-being among nursing students.

The ability to regulate emotions, a core component of EI, appears to be particularly critical in managing stress. Professionals with high EI are better equipped to reframe challenges, adopt positive coping strategies, and maintain emotional equilibrium. These skills not only reduce the risk of burnout but also enhance overall job satisfaction and performance (Goleman, 1995; Powell, Mabry, & Mixer, 2015).

The findings of this study have several practical implications for healthcare organizations. First, they underscore the need for EI development programs as part of professional training and development. By enhancing emotional competencies, such programs can improve conflict resolution skills, reduce psychological distress, and promote a more harmonious workplace culture. Archambault-Grenier et al. (2018) suggested that targeted interventions, such as coaching and mentoring, are particularly effective in fostering EI among healthcare professionals.

Second, the study highlights the importance of addressing psychological distress through organizational support mechanisms. Providing access to counseling services, stress management workshops, and peer support networks can help mitigate the emotional demands of healthcare work. Solarz and Gaspar (2019) advocated for a holistic approach that combines individual and organizational strategies to promote well-being and resilience.

Finally, the findings suggest that EI assessments should be incorporated into hiring and performance evaluation processes. Identifying candidates with strong emotional competencies can enhance team dynamics and patient outcomes. As noted by Salovey and Mayer (1990), EI is not only a predictor of individual success but also a critical factor in organizational effectiveness. The findings of this study have several practical implications for healthcare organizations:

1. **EI Development Programs**: The results underscore the need for EI development programs as part of professional training. By enhancing emotional competencies, such programs can improve conflict resolution skills, reduce psychological distress, and promote a more harmonious workplace culture. Archambault-Grenier et al. (2018) suggested that targeted interventions, such as coaching and mentoring, are particularly effective in fostering EI among healthcare professionals.
2. **Psychological Support Mechanisms**: The study highlights the importance of addressing psychological distress through organizational support. Providing access to counseling services, stress management workshops, and peer support networks can help mitigate the emotional demands of healthcare work. Overall, a holistic approach combines individual and organizational strategies to promote well-being and resilience.
3. **EI in Hiring and Performance Evaluations**: The findings suggest that EI assessments should be incorporated into hiring and performance evaluations. Identifying candidates with strong emotional competencies can enhance team dynamics and patient outcomes. As noted by Salovey and Mayer (1990), EI is not only a predictor of individual success but also a critical factor in organizational effectiveness.

While the study provides valuable insights, it is not without limitations. The sample size, while adequate, was limited to a single healthcare organization, potentially affecting the generalizability of the findings. Future research should expand the sample to include diverse healthcare settings and cultural contexts. Additionally, the reliance on self-reported measures of EI and psychological distress may introduce biases. Combining self-reports with objective assessments or observational methods could enhance the validity of the findings (Goleman, 1995). Further research is also needed to explore the longitudinal effects of EI on conflict management and stress reduction. Long-term studies could provide deeper insights into how EI develops over time and its sustained impact on professional performance. Moreover, examining the role of specific EI training programs in improving outcomes would offer practical guidance for healthcare organizations.

This study reinforces the critical role of Emotional Intelligence in addressing the dual challenges of conflict management and psychological distress in healthcare. By fostering emotional resilience and interpersonal effectiveness, EI not only enhances individual well-being but also contributes to organizational success. As healthcare systems continue to face mounting pressures, investing in EI development offers a promising pathway to create supportive, efficient, and patient-centered workplaces.

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