Commentary

Emotional intelligence and nursing: Comment on Bulmer-Smith, Profetto-McGrath, and Cummings (2009)

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The aim of this commentary is to address a number of issues and omissions arising from the integrative review of Bulmer-Smith et al. (2009) on emotional intelligence (EI) and nursing. An important objective is to bring to the attention of readers the growing research on trait EI (or trait emotional self-efficacy), which did not feature in Bulmer-Smith et al.'s review.

As a scientific alternative to the proliferating self-help models, trait EI theory connects the construct to mainstream research on differential psychology and has been used as the main reference framework in areas as diverse as nursing (Quoidbach and Hansenne, 2009), psychoneuroendocrinology (Mikolajczak et al., 2007), relationships (Smith et al., 2008), behavioural genetics (Vernon et al., 2008), and leadership (Villanueva and Sánchez, 2007).

Absent from Bulmer-Smith et al.'s review is any reference to the major distinction between trait EI and ability EI (e.g.,

Amelang and Steinmayr, 2006; Austin, 2009; Petrides and Furnham, 2000). The distinction concerns primarily the method of measurement in the operationalization of the construct. Whereas trait EI approaches consider EI a personality trait that can be assessed via robust, validated, comprehensive inventories (such as the open-access Trait Emotional Intelligence Questionnaire; TEIQue), ability EI approaches claim to capture EI as a human ability that can be measured by tools similar to those used to measure cognitive intelligence. This oversight is particularly noticeable given the vital importance of operational definitions in the scientific assessment of personality, intelligence, and other individual differences (see Beckstead, 2009 for a discussion with reference to nursing research).

Trait EI is defined as a constellation of emotional self-perceptions located at the lower levels of personality hierarchies (Petrides et al., 2007; see Table 1 for the constituent facets). In lay terms, it is about people's *self-perceptions* of their emotional abilities. All EI questionnaires, irrespective of what their authors may claim, are measures of trait EI for the simple reason that attributes like intelligence, abilities, and competencies cannot be validly measured via self-report questions. This is precisely what casts doubt on Bar-On's (1997) commercially driven model of emotional intelligence, which Bulmer-Smith et al. covered in some detail, albeit with errors (e.g., Bar-On does not conceptualize EI "as a set of personality traits and abilities").

Ability EI, on the other hand, seeks, *in theory*, to conceptualize EI as a new mental ability (much like verbal ability, abstract reasoning, spatial ability, etc.; Salovey and Mayer, 1990). Bulmer-Smith et al. did not point out a number of virtually identical 'intelligences' that historically preceded EI (social, intrapersonal, interpersonal, etc.; e.g., Gardner, 1983), but ultimately failed for the same reason that ability EI has been criticized in the scientific literature: the inability to develop assessment materials that can be scored according to truly veridical criteria (Freudenthaler and Neubauer, 2007). There is little that distinguishes EI

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Table 1
The adult sampling domain of trait emotional intelligence.

Facets	High scorers view themselves as...
Adaptability	...flexible and willing to adapt to new conditions.
Assertiveness	...forthright, frank, and willing to stand up for their rights.
Emotion expression	...capable of communicating their feelings to others.
Emotion management (*others*)	...capable of influencing other people's feelings.
Emotion perception (*self and others*)	...clear about their own and other people's feelings.
Emotion regulation	...capable of controlling their emotions.
Impulsiveness (*low*)	...reflective and less likely to give in to their urges.
Relationships	...capable of maintaining fulfilling personal relationships.
Self-esteem	...successful and self-confident.
Self-motivation	...driven and unlikely to give up in the face of adversity.
Social awareness	...accomplished networkers with superior social skills.
Stress management	...capable of withstanding pressure and regulating stress.
Trait empathy	...capable of taking someone else's perspective.
Trait happiness	...cheerful and satisfied with their lives.
Trait optimism	...confident and likely to "look on the bright side" of life.

from these other faux intelligences, with the exception of the popular success of Goleman's (1995) self-help volume. Emotional experience is inherently subjective and the notion that it can be artificially objectified in order to be made amenable to IQ-type testing has been categorically rejected (Brody, 2004). We believe that these issues should have been discussed, in detail, in the first two sections of Bulmer-Smith et al.'s review to ensure broad coverage of the current state of the literature on EI.

We would now like to turn our attention to the conclusions drawn in the review, with particular reference to nursing. Given the length restrictions, we cannot address each study specifically and offer, instead, a general evaluation. Our assessment of the evidence covered in the review is that it is, at best, inconclusive. In particular, the review's "EQ is good for you" conclusion is almost certainly unwarranted, since it has been repeatedly demonstrated that there are circumstances and contexts where high EI scores are associated with maladaptive outcomes (Austin et al., 2007; Petrides and Furnham, 2003). For example, high EI individuals experience stronger negative emotions than their low EI peers when faced with a negative event or poor decision outcome (Sevdalis et al., 2007).

What most people understand by "emotional intelligence" concerns permutations of various personality traits, such as empathy, emotion expression, self-control, and sociability, which are unrelated (i.e., psychometrically orthogonal) to mental ability. The notion that there is some archetypal "emotionally intelligent" individual who can be identified by proprietary tests and whom all nurses, nurse leaders, and nurse educators should emulate in order to succeed in their professional life is, in all likelihood, a myth.

We emphatically agree with Bulmer-Smith et al. about the importance of emotions in the caring professions and beyond, but not with the notion that their role is as simplistic as outlined in the review article. Emotions are known to distort human judgement and decision making (Shafir and LeBoeuf, 2002) as well as basic reasoning processes (Oaksford et al., 1996). Emotion-based clinical thinking tends to be intuitive, automatic, with low scientific rigour and low detail in judgement, in contrast with a more consciously analytic, low in emotional valence, thinking (Croskerry and Norman, 2008).

Essentially, we are arguing that certain emotion profiles will be advantageous in some contexts, but not in others. For example, being reserved and non-supportive are not marks of emotional dimness, but personality traits that happen to be more adaptive than sociability and emotional expression in research contexts (including nursing research; see Rushton et al., 1983). Assessment in the field of emotional and cognate 'intelligences' will not be drastically different from assessment in the field of personality, where individuals' profiles have to be matched to specific job descriptions, with different job descriptions requiring different personality profiles (Pervin, 1968). It follows that no magic profile of the emotionally intelligent individual, who will excel in all aspects of nursing, exists.

How nurses manage their own and their patients' emotions, how empathetic they are, how well they communicate without introducing conflict to an already stressful workplace are important topics for nursing research and training. Such skills are becoming increasingly salient in the nursing literature (Mitchell and Flin, 2008) and tools to assess them are being developed and validated (Sevdalis et al., 2008; Sevdalis et al., 2009). Cross-fertilisation between nursing and personality research can yield more robust assessment tools and training curricula for nurses. Consequently, we would like to invite all colleagues in the nursing and other healthcare professions who are interested in emotional intelligence, specifically, and in personality psychology, more generally, to peruse the references herein and keep an eye out for future developments in this line of scientific research.

Contributors

NS had the initial idea for the paper. KVP drafted the paper, with input and revisions from NS.

References

Amelang, M., Steinmayr, R., 2006. Is there a validity increment for tests of emotional intelligence in explaining the variance of performance criteria? Intelligence 34, 459–468.

Austin, E.J., 2009. A reaction time study of responses to trait and ability emotional intelligence test items. Personality and Individual Differences 46, 381–383.

Austin, E.J., Farrelly, D., Black, C., Moore, H., 2007. Emotional intelligence. Machiavellianism, and emotional manipulation: does EI have a dark side? Personality and Individual Differences 43, 179–189.

Bar-On, R., 1997. BarOn Emotional Quotient Inventory: Technical Manual. Multi-Health Systems Inc., Toronto.

Beckstead, J.W., 2009. On content validity: a response to Squires (2009). International Journal of Nursing Studies 46, 1286–1287.

Brody, N., 2004. What cognitive intelligence is and what emotional intelligence is not. Psychological Inquiry 15, 234–238.

Bulmer-Smith, K., Profetto-McGrath, J., Cummings, G., 2009. Emotional intelligence and nursing: an integrative literature review. International Journal of Nursing Studies, in press.

Croskerry, P., Norman, G., 2008. Overconfidence in clinical decision making. American Journal of Medicine 121, S24–S29.

Freudenthaler, H.H., Neubauer, A.C., 2007. Measuring emotional management abilities: further evidence of the importance to distinguish between typical and maximum performance. Personality and Individual Differences 42, 1561–1572.

Gardner, H., 1983. Frames of Mind: The Theory of Multiple Intelligences. Basic Books, New York.

Goleman, D., 1995. Emotional Intelligence: Why it can Matter More than IQ. Bloomsbury, London.

Mikolajczak, M., Roy, E., Luminet, O., Fillee, C., de Timary, P., 2007. The moderating impact of trait emotional intelligence on free cortisol responses to stress. Psychoneuroendocrinology 32, 1000–1012.

Mitchell, L., Flin, R., 2008. Non-technical skills of the operating theatre scrub nurse: literature review. Journal of Advanced Nursing 63, 15–24.

Oaksford, M., Morris, F., Grainger, B., Williams, J.M.G., 1996. Mood, reasoning, and central executive processes. Journal of Experimental Psychology: Learning, Memory and Cognition 22, 476–492.

Pervin, L, 1968. Performance and satisfaction as a function of the individual-environment fit. Psychological Bulletin 69, 56–68.

Petrides, K.V., Furnham, A., 2000. On the dimensional structure of emotional intelligence. Personality and Individual Differences 29, 313–320.

Petrides, K.V., Furnham, A., 2003. Trait emotional intelligence: behavioural validation in two studies of emotion recognition and reactivity to mood induction. European Journal of Personality 17, 39–57.

Petrides, K.V., Pita, R., Kokkinaki, F., 2007. The location of trait emotional intelligence in personality factor space. British Journal of Psychology 98, 273–289.

Quoidbach, J., Hansenne, M., 2009. The impact of trait emotional intelligence on nursing team performance and cohesiveness. Journal of Professional Nursing 25, 23–29.

Rushton, J.P., Murray, H.G., Paunonen, S.V., 1983. Personality, research creativity, and teaching effectiveness in university professors. Scientometrics 5, 93–116.

Salovey, P., Mayer, J.D., 1990. Emotional intelligence. Imagination, Cognition and Personality 9, 185–211.

Sevdalis, N., Davis, R.E., Koutantji, M., Undre, S., Darzi, A., Vincent, C.A., 2008. Reliability of a revised NOTECHS scale for use in surgical teams. American Journal of Surgery 196, 184–190.

Sevdalis, N., Lyons, M., Healey, A.N., Undre, S., Darzi, A., Vincent, C.A., 2009. Observational teamwork assessment for surgery: construct validation with expert vs. novice raters. Annals of Surgery 249, 1047–1051.

Sevdalis, N., Petrides, K.V., Harvey, N., 2007. Predicting and experiencing decision-related emotions: does trait emotional intelligence matter? Personality and Individual Differences 42, 1347–1358.

Shafir, E., LeBoeuf, R.A., 2002. Rationality. Annual Review of Psychology 53, 491–517.

Smith, L., Heaven, P.C.L., Ciarrochi, J., 2008. Trait emotional intelligence, conflict communication patterns, and relationship satisfaction. Personality and Individual Differences 44, 1314–1325.

Vernon, P.A., Petrides, K.V., Bratko, D., Schermer, J.A., 2008. A behavioral genetic study of trait emotional intelligence. Emotion 8, 635–642.

Villanueva, J.J., Sánchez, J.C., 2007. Trait emotional intelligence and leadership self-efficacy: their relationship with collective efficacy. Spanish Journal of Psychology 10, 349–357.