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A UK-Wide Analysis of Trait Emotional Intelligence in Occupational Therapists

Abstract

Introduction

Emotional Intelligence enables recognition, understanding and management of emotions of self and others, supporting development of communication, relationship building and engagement skills. The application of emotional intelligence supports technical and non-technical competence, facilitating confidence, leadership and capability in the workplace. This study profiles Trait Emotional Intelligence in a sample of UK occupational therapists and explores its relationships with a range of demographic and self-rated job satisfaction variables.

Method

A UK-wide online survey of occupational therapists utilised the Trait Emotional Intelligence Questionnaire. 808 participants responded. Three main analyses investigated differences between the occupational sample and wider population, the subgroups (gender and work role), as well as the relationships between emotional intelligence and demographic and job satisfaction variables.

Results

Analyses highlighted that occupational therapists scored higher than the population norms for Global EI and on each of the four subfactors. Within the study sample, a significant gender difference was observed for emotionality (lower among men); self-control was significantly correlated with age and years since qualification. Increased satisfaction in the job scores were consistently and strongly associated with emotional intelligence scores. Salary band was positively associated with emotional intelligence.

Conclusion

Future research is required to extrapolate the influence of Trait EI upon professional abilities, increasing understanding of emotional intelligence and its impact upon effective occupational therapy practice.

Introduction

Mayer and Salovey (1997) describe emotional intelligence (EI) as recognition, understanding, perception, use, and management of emotions of the self and others. Emotional information may be utilised in order to promote emotional growth and enhanced reasoning is potentially valuable for health care professionals including occupational therapists, nurses, medics, social workers and radiographers (McKenna and Mellson 2013, Mackay et al 2012, Weng et al 2011, Por et al 2011, Ingram 2013, Brackett et al 2011). Bailey et al (2011) support the belief that the single most important factor in superior performance and effectiveness for healthcare professionals is emotional intelligence (EI).

The study of EI within the context of healthcare has proliferated over the past twenty years and the evidence base has developed exponentially. There is evidence to support interdisciplinary differences in EI (Mackay et al 2012). However, the emotional demands of occupational therapy practice have not been well explored and despite the contribution of Chaffey et al (2012) and McKenna, and Mellson (2013) - who discussed the application of emotional competency to elements of occupational therapy practice - EI remains largely unexplored by our profession. In the current culture of compassionate care (DOH 2013), a consideration of its application to holistic, person-centred occupational therapy practice is overdue, specifically its use in the management of emotion in staff, service users, carers, colleagues, students and self. This paper discusses the results of the first UK wide survey of

Trait EI in occupational therapists. Links between EI and effective occupational therapy practice are explored and methods of training of EI abilities are considered.

Literature Review

Emotional Intelligence (EI)

The relationship between cognition, affect and motivation in human functioning is established. EI is a developed concept, which emerged in the 1990's and is drawn from the conceptualisation of multiple intelligences postulated by Gardner (1993), related specifically to intrapersonal and interpersonal intelligences. Mayer and Salovey (1997) clarified the conceptualisation of EI agreeing that individuals understand, process and use emotion based material in terms of both intrapersonal (emotions of self) and interpersonal (emotions of others) elements. EI has appeal linked to the reported benefits of high EI, which include; success, leadership, self-management and wellbeing, as well as guarding against burnout, dissatisfaction and poor perception of self-efficacy (Mayer and Salovey 1997, Brackett et al 2011). There are two broad constructs of EI, namely ability EI and trait EI and a number of salient conceptualisations exist (Petrides 2009), with most models in agreement over the key facets of the construct. Whilst the theoretical domains tend to overlap it is possible to distinguish between trait and ability conceptualisations of EI. Ability models of EI identify emotion based capabilities which are measured by performance testing. Of more interest here is Trait EI, a constellation of emotional perceptions assessed through questionnaires and rating scales (Petrides, Pita, & Kokkinaki, 2007) and often measured by self-report as a reflection of disposition.

The perception of capability within these facets of emotional self-efficacy is of value to the occupational therapist, feeding motivation, problem solving and satisfaction in the job (Weng et al 2011).

Emotional Intelligence and The Occupational Therapist

The value of EI within healthcare professions is multidimensional and based upon the acknowledgement that EI can be developed and has relevance to practitioners and service users. This paper is focussed on a consideration of how EI abilities might support the occupational therapist in terms of self-rated performance, competence, wellbeing and satisfaction. EI abilities scaffold essential skills and attitudes including: communication; empathy; engagement; therapeutic/professional relationship development; coping; self-management; effectiveness; leadership, team working, confidence and problem solving (Bailey et al 2011, McKenna 2017). These capabilities are vital for the application of person-centred, holistic principles required by the Health and Care Professions Council (2013) and the College of Occupational Therapists (2010).

An emotionally intelligent occupational therapist will understand, respect and manage the emotional material of self and others and be genuine, warm, optimistic and committed, facilitating engagement with service users, carers, colleagues and students (McKenna 2018, Brackett et al 2011). Therefore, the development of EI abilities has the potential to enhance occupational therapy practice by supporting application of: adaptability, responsiveness, creative problem solving and emotional resilience, whilst also mediating emotional labour (Reid 2009).

 EI: Self-Management

The ability to adapt practice to meet the challenge of the changing needs of individuals, groups or communities is required by the Health and Care Professions Council (HCPC) (2013, 2016). Self-management capabilities are essential in order to meet the demands of modern practice, ensure efficacious occupational therapy practice and support the therapists' wellbeing (Por et al 2011, Bailey et al 2011). Ciarrochi et al (2002) claim that EI abilities

mediate the relationship between stress and mental health and higher EI correlates inversely to levels of stress and depression. Therefore employing emotional intelligence abilities to prepare conduct and reflect upon interactions and interventions will support the understanding and processing of one's own emotional experiences (Reid, 2009). Bailey et al (2011) suggest that the development of EI abilities (including emotional awareness, relationship building and coping skills) assist in the management of emotional labour and the emotional demands of service provision support the need for this. Whilst clear causal relationships are not yet established within the evidence base, development of these abilities can be associated with increased self-awareness, reflection, self-development, leadership and success in the workplace (McKenna, Roberts and Tickle 2018, Mayer and Salovey 1997), which could potentially reduce the likelihood of burnout and increase job satisfaction (Weng et al 2011, Ingram 2013).

EI: Engaging Service Users

A key aspect of practice is the connection between the therapist and the service user and the centrality of the relationship in practice is well established (McKenna, Roberts and Tickle 2019, Burnard 2005, Rogers 1951,2003). The therapeutic relationship is vital in the process of enabling participation in occupational therapy. This engagement process necessitates the application of explicit knowledge and skills, which are every bit as important as any condition or intervention based expertise (Ingram 2013, McKenna et al 2019).

The therapist's ability to perceive and understand emotional material is vital for empathic understanding of the service users' lived experience, including emotional responses experienced during interactions with the therapist. Petrovici and Dobrescu (2014, p1409) describe effective communication as *"emotional intelligence in action"* and suggest that the service user's emotional state is often impacted by the anxiety generated by their situation.

Effective engagement will therefore require sensitive responding and effective emotion management in order to maximise relationship development. An authentic relationship requires genuineness, empathy and emotion management and presence (McKenna et al 2018), supporting engagement, commitment, compliance, positive experience, outcomes and satisfaction, and the resulting meaningful alliance can concurrently support the development of EI abilities and personal growth for both therapist and service user (Weng et al 2011, McKenna et al 2018, McKenna and Mellson 2013).

EI: Working with colleagues, students and others

The HCPC Standards Of Proficiency (2013) state that the occupational therapist will be able to build and sustain professional relationships both independently and as a member of a team, and the revised standards place even more emphasis on the application of communication, mediation and negotiation skills within the context of service user and carer interaction (HCPC 2016). EI abilities facilitate the sound reasoning, creative problem solving, flexible solution finding and confident decision making to support these abilities. Doing this whilst respecting and managing, the emotional experience of self and others will support effective relationship building, engagement, management and leadership (McKenna and Mellson 2013, Brackett et al 2011, Ingram 2013). Leadership is concerned with the ability to motivate and manage others, to problem solve, be flexible and to facilitate productivity and performance, relying on effective interaction with individuals and groups. The understanding and regulation of emotions within the context of these interactions is essential for effective leadership and the value of EI within organisations is established within the literature (Weng 2011, Ingram 2013, Zeidner and Hadar 2014).

Developing Emotional Intelligence

There is a growing evidence base, supporting the belief that EI can be developed (e.g. Nelis et al, 2009, Shutte et al 2013). Emotional competence enables expression of feelings, handling stress, building of emotional resilience, and self-protection. EI can be improved by utilising interventions that develop skills around the perception, regulation and management of emotion based material and the development of emotional resilience (Goleman 1996). The targeted development of self-awareness, self-management and social skills can be used to increase EI and support success and leadership. Early feedback from EI training in schools suggests beneficial effects related to performance and relationships and according to Shutte et al (2013), evidence suggests that training can be effective in increasing EI abilities including emotional competence and adaptability which consequently positively impacts relationships, satisfaction, self-efficacy, performance and wellbeing.

This study aims to compare EI scores for occupational therapists against general population norms. In addition, variations in EI between occupational therapist subgroups including; areas of work, gender and management roles will be explored. Relationships between satisfaction in the job and EI will also be examined.

Method

A UK wide cross sectional online survey measuring the EI of occupational therapists who are practicing in the UK was completed in 2014/15. The study was unfunded.

Measures

The survey consisted of demographic items about sex, age, years as a qualified practitioner, current area of practice, as well as a measure of trait emotional intelligence and items assessing satisfaction in the job. A trait EI perspective was adopted as the most relevant to a large-scale self-report research project, testing individuals' perceptions of their own usual

intra- and interpersonal approaches (Watson, 2000). Levels of seniority of Occupational Therapists were determined by the 'Agenda for Change' framework (NHS, 2010) which utilises a classification system (4-9) ranking employees according to skills and responsibility. Band 8 indicates the leadership and managerial level within the sample.

The short form of the Trait Emotional Intelligence Questionnaire (TEIQue -SF, Petrides, 2009), is a self- report measure which measures aspects of human personality recognised within the construct of EI. The tool has demonstrated good validity and reliability with previous studies showing that trait EI is operationalised within the TEIQue and is related to multiple life domains (Andrei et al, 2016, Siegling, Nielsen and Petrides 2014, Petrides 2011). As a shortened form of a longer measure, it has been identified as useful and showing good discrimination where rapid assessment of EI is undertaken (Siegling et al, 2014). It comprises 30 items to which respondents rate their answer on a seven-point scale, where 1 = completely disagree and 7 = completely agree, e.g. 'Expressing my emotions with words is not a problem for me'. As well as yielding a global EI score, subscales permit calculation of means for subscales assessing 'Well-being', 'Self-control', 'Emotionality' and 'Sociability'. Wellbeing describes a general sense of fulfilment, positivity and happiness and is associated positively to job satisfaction and a sense of capability and positive expectations. Self-Control describes degree of impulse control, conscientiousness and the ability to regulate external pressure, Emotionality describes being in touch with feelings and being able to express emotions and sustain relationships and is positively associated with motivation. Sociability describes the potential for social impact and influence, with the individual as an agent of negotiation, communication and the application of effective relationships within a social context (Petrides 2009). The internal consistency for global trait EI was 0.87. National norms for the TEIQue (Cooper and Petrides, 2010; Petrides, 2009) were used as comparisons for the current sample.

Satisfaction in the job was rated using a question with a 10 point response scale designed specifically for this study, where 1 = least amount and 10 = greatest amount. The respondents rated the quality of working relationships, the amount of leadership tasks and roles they engage in and interaction opportunities in their job role and the degree to which they felt 'happy in the job' and 'good at the job'. These items reflected key perceptions shared by Occupational Therapists about their role (McKenna and Mellson, 2013).

Participants and Procedure

Ethical approval was obtained from the University of Salford Research Governance and Ethics Committee prior to the commencement of the study (REP10/034). A pilot study involving students utilising this measure was conducted, prior to launch of the online survey to ensure reliability and validity.

There are over 30,000 Occupational Therapists registered as practitioners in the UK (HCPC 2016). In the absence of a mechanism to invite participation via the professional body, the study and links to its online platform and were advertised via the British Journal of Occupational Therapy, OT News and the College of Occupational Therapists in articles and pre-emptive news items published during 2013 and ongoing into 2014. The Bristol Online Survey tool was used to provide an online platform for the survey, this remained open for data collection from May to November 2014.Where indicated by respondents who made available contact information the research team provided personalised feedback.

Analyses

Inferential statistical tests were conducted in order to answer the research questions considered. In turn, single sample t-tests were used to compare the current sample of occupational therapists with available population norms for the TEIQue. Secondly, given the

non-parametric profile of the main psychometric variables, tests of difference (Mann-Whitney and Kruskal-Wallis) were used to compare demographic groups within the current sample. Thirdly correlations (Spearman's rank) were conducted to investigate relationships between continuous demographic variables (including age, length of service and pay banding) and job satisfaction as well as EI global and subscale scores.

Results

Data were obtained from 808 working occupational therapists (Table 1). Compared to the available figures about registered practitioners (HCPC Register 2014), the 808 responses appear to provide a representative sample of whom most (93.6%) were women. The average age of the sample was 41.5 years with the largest category between 37-52 years old. Most respondents had been qualified fifteen years or less (63.9%) and were operating as practitioners (84.4%) rather than managers. Analysis of the areas in which respondents worked showed that the larger categories, around one third each, were engaged in mental or physical health practice, with smaller proportions (less than 10%) focusing on education and research, as well as acute, intermediate and long-term care. Most respondents (almost 60%) were located in salary bands 6 and 7 (NHS UK standard role banding system for health care professionals), band 5 reflects a newly qualified therapist , bands 6 and 7 senior practitioners with a supervisory role , 7 and above management and leadership roles.

Table 1. Demographic characteristics of sample of occupational therapists

Participant Characteristic	Women N=756 (93.6%)	Men N=52 (6.4%)	Both N=808 (100%)
Age (mean, SD)	41.4 (10.2)	42.7 (11.3)	41.5 (10.3)
Age Group (n, %)			
21-36 yrs	277 (36.6%)	18 (34.6%)	295 (36.5%)
37-52 yrs	373 (49.3%)	22 (42.3%)	395 (48.9%)
53-67 yrs	106 (14.0%)	12 (23.1%)	118 (14.6%)
Yrs Qualified (mean, SD)	13.9 (10.4)	12.1 (10.9)	13.8 (10.4)
Yrs Qualified (n, %)			
0-15 yrs	480 (63.5%)	36 (69.2%)	516 (63.9%)
16-30 yrs	222 (29.4%)	11 (21.2%)	233 (28.8%)
31-45 yrs	54 (7.1%)	5 (9.6%)	59 (7.3%)
Type of work †			
Practitioner	639 (84.5)	43 (82.7)	682 (84.4)
Manager	80 (10.6)	8 (15.4)	88 (10.9)
Current practice area (n, %)			
Mental health	257 (34.0)	17 (32.7)	274 (33.9)
Physical	270 (35.7)	24 (46.2)	294 (36.4)
Education / Research	43 (5.7)	1 (1.9)	44 (5.5)
Acute	76 (10.1)	3 (5.8)	79 (9.8)
Intermediate	39 (5.2)	3 (5.8)	42 (5.2)
Long Term	71 (9.4)	4 (7.7)	75 (9.3)
Banding (n, %) ‡			
Band 4	6 (0.8%)	3 (5.8%)	9 (1.1%)
Band 5	99 (13.1%)	6 (11.5%)	105 (13.0%)
Band 6	241 (31.9%)	16 (30.8%)	257 (31.8%)
Band 7	213 (28.2%)	10 (19.2%)	223 (27.6%)
Band 8	61 (8.1%)	6 (11.5%)	67 (8.3%)

† n=38 provided no "type of work" information (37 or 5% of women, 1 or 2% of men)
‡ n=147 provided no banding information (136 or 18% of women, 11 or 21% of men)

Using single sample t-tests, it was found that occupational therapists scored higher than the general population norms on each subscale and global EI score (Table 2). In comparison to available norms for global EI – which were based on university and community samples (Cooper and Petrides, 2010) - both women, t (755) = 26.0, p < .01 and men t (51) = 3.62, p <

.01 occupational therapists scored higher. Significant differences on TEIQue subscales were found between the study sample and available norms for female and male samples combined (Petrides, 2009) (see Table 2).

Comparing between occupational therapist samples, higher values were recorded by women on each EI scale except sociability, with significantly higher scores than male counterparts in emotionality ($z = - 3.65$, $p < .001$). Self-control and sociability scales attracted lower scores among men and women occupational therapists than for well-being and emotionality, although these were still above the UK comparison means. Comparisons between occupational therapists in managerial and practitioner roles, showed that managers scored significantly higher in sociability ($z = 2.09$, $p = .04$), whereas practitioners scored significantly higher in emotionality ($z = 1.99$, $p < . 05$).

Table 2.   Descriptive statistics for TEIQue and job satisfaction scores among occupational therapists, (standard deviations shown in parentheses).

Emotional Intelligence scale	Women N=756 (93.6%)	Men N=52 (6.4%)	Both N=808 (100%)	TEIQue UK norm
Global Score	5.46 (0.60)	5.34 (0.55)	5.46 (0.60)	5.11 (0.89)
Well-being	5.79 (0.83)	5.76 (0.72)	5.79 (0.82)	5.43 (1.01)
Self-control	4.93 (0.88)	4.91 (0.83)	4.93 (0.88)	4.62 (0.94)
Emotionality	5.78 (0.73)	5.42 (0.74)	5.76 (0.73)	5.25 (0.90)
Sociability	5.07 (0.78)	5.08 (0.82)	5.07 (0.78)	4.97 (0.88)

Relationships	6.8 (1.6)	6.9 (1.5)	6.8 (1.6)	
Leadership	7.0 (2.0)	6.8 (1.7)	7.0 (2.0)	
Interaction	8.3 (1.7)	8.0 (1.5)	8.2 (1.6)	
Happy in job	7.3 (1.9)	7.5 (1.5)	7.3 (1.9)	
Good in job	7.9 (1.2)	7.9 (1.1)	7.9 (1.2)	

TEIQue means on scale 1 (lowest) – 7 (highest) (Petrides, 2009; Petrides and Furnham, 2006); Satisfaction in the job means on a scale from 1 = lowest) – 10 = highest. One-tailed t-tests confirmed this sample of occupational therapists scored significantly above the published norms on each subscale: well-being, $t = 12.4$, $p < .001$; self-control, $t = 10.0$, $p < .001$; emotionality, $t = 19.62$, $p < .001$; sociability, $t = 3.57$, $p < .001$.

Relationships between the variables measured and a range of demographic characteristics were explored. Increasing age ($r(s) = .09$, $p = .007$) and years qualified ($r(s) = .09$, $p = .009$) were both significantly associated with higher self-control scores, but not with other EI subscales. However statistically significant positive relationships were found between banding and global EI ($r(s) = .14$, $p < .001$), sociability ($r(s) = .14$, $p < .001$), self-control ($r(s) = .12$, $p = .002$) and well-being ($r(s) = .08$, $p < .05$).

There were highly significant associations between each of the items assessing satisfaction in the job and TEIQue subscale and global scores (Table 3). When considering aspects of job satisfaction in relation to each component of EI, all relationships were found to be statistically significant, with the strongest associations between: being good in the job and global EI, sociability and well-being; between happiness in the job and well-being and global EI; and between leadership and sociability.

Table 3.   Correlations between participants' satisfaction in the job with EI total and subscale scores.

	Global EI	Well-being	Self-control	Emotionality	Sociability
Relationships	.22	.12	.13	.21	.20
Leadership	.31	.22	.19	.14	.31
Interaction	.24	.14	.15	.22	.17
Happy in job	.37	.40	.30	.16	.22
Good at job	.40	.31	.28	.24	.35

Note: unless stated otherwise, $p < .001$

Discussion

Occupational Therapists and high EI

The findings of this study show that respondents to this survey demonstrate higher than average levels of emotional intelligence. Supporting findings from (Mayer and Cobb 2000, Zeidner and Hadar 2014), that health care professionals have higher EI scores than the general population. The occupational therapist's ability to understand, mediate and manage the emotions of self and others undoubtedly influences their effectiveness, and their ability to engage with colleagues, students, service users and communities (McKenna 2018, Mayer and Cobb 2000). The higher levels of EI abilities demonstrated by the respondents reflect the application of person centred, holistic principles that mediate emotional labour and enable the development of professional and therapeutic relationships, supporting work by McKenna (2017).

The significant findings of this study shifted the predicted focus upon therapeutic relationships to a discussion exploring the impact of EI levels on performance and leadership, vital in the current climate of emerging practice and less traditional roles for occupational therapists.

Satisfaction and performance

Life satisfaction correlates significantly with EI and EI is more strongly associated with positive affect (Petrides and Furnham 2006). EI is related to a range of adaptive coping

strategies and outcomes in the workplace and in life, including emotion regulation, resilience and adaptability. Predictors of professional satisfaction and wellbeing in health care professionals are linked to perceived efficacy, invigoration, coping, positive growth and a sense of purpose and achievement (Zeidner and Hadar 2014).   The concept of salutogenic thinking used as a personal resource is linked to positive affect and flourishing within the health care professions. The study findings clearly indicate that the well-being component of EI was most strongly linked with 'being good at the job' and well-being and self-control were closely linked to 'being happy in the job', alongside highly significant associations between each of the satisfaction in the job items and the TEIQue subscales. The pattern of association has shifted slightly with this reanalysis. However the new correlations do show the link between EI and both being good and happy in the job (Boorman 2009).

The role of trait EI in predicting satisfaction and positive self-evaluation of performance (Di Fabio and Sakolfske, 2014) is supported by these results. The British Psychological Society and Savoy Partnership have identified relatively low level of well-being in psychology practitioners that may be potentially indicative of the demands of certain kinds of service or roles (www.bps.org.ukThe authors suggest that the impact of roles and settings upon wellbeing within the context of occupational therapy practice requires further investigation.

Leadership/Management/ Team working

The study identified increased sociability scores among managers compared to practitioners, this factor is linked to social influence and relationships and supports communication, negotiation and networking abilities.

The higher scores of those participants who identified themselves in leadership roles is discussed by Zeidner and Hadar (2014) and Sy et al (2006) , who positively associated EI

with constructive conflict resolution strategies, constructive communication and the facilitation of performance and satisfaction by the management of emotions, which foster resilience and confidence. These are arguably an essential part of an effective managers' skillset, linked not only to their own efficacy, motivation and satisfaction but also to that of others they are working with. In the current climate where communication, negotiation, mediation and motivation skills are prerequisites of competent occupational therapy practice (HCPC 2016), it is timely that the application of EI for the profession is given due consideration. Rosete and Ciarrochi (2005) discuss the requirements of an effective leader and conclude that EI is clearly associated with higher levels of effectiveness, suggesting that transformational leadership is linked to the ability to understand, monitor and manage emotions. Subordinates perceived those leaders with higher EI as more effective, recognising effective performance and person management. The ability to apply EI in ones role as an occupational therapist is significant in the maintenance of satisfaction and positivity, supporting the adaptability, flexibility and creative problem solving required to be effective, successful and able to meet the demands of a senior professional role with responsibility for self, service and others.

The development of skills and knowledge that facilitate emotional awareness, relationship building skills and coping mechanisms, supports senior staff with the emotional demands of their roles (Cherry et al 2014, Bailey et al 2011). There is evidence to suggest that occupational therapists make excellent transformational leaders, by virtue of their engagement and relationship building skills which enable participation and the achievement of desired outcomes (McKenna 2018). The raised scores for emotionality among practitioners in this study are consistent with this. According to Mayer et al (2004) high EI is associated

with excellent leadership and most notably the ability to communicate shared goals and facilitate team working and collaboration.

Gender

Psychology literature supports that typically women are better at managing their emotions than men and some studies support that women have higher EI scores (Craig et al 2009, Mayer and Salovey 1997, Tsaousis and Kazi 2013). This study identified gender differences in terms of emotionality scores, with women scoring higher. This is supported by the data provided by Petrides (2009) which suggests that whilst the global EI scores for men were marginally higher, dispersions of scores across males and females in the sub-factors were evident. The potential of EI scores as a predictor of gender differences in emotion related ability remains inconclusive and continues to be potentially clouded by gender stereotypes when self-report measures are utilised (Tsaousis and Kazi 2013).

Age

Predictions about the stability of EI are largely dependent on whether it is conceptualised within a trait or ability model structure, with the former suggesting relative stability across the lifespan whilst the latter suggests flexibility. Notwithstanding whether the conceptual framework is a trait or an ability one, it is broadly agreed that EI components can develop and change over time and evidence suggests that EI has a positive correlation with age (Mayer and Cobb 2000, Petrides and Furnham 2006). EI abilities develop as adaptive functions alongside other skills and cognitive abilities and in general terms EI scores are positively associated with increasing age. According to Gardner and Qualter (2011), older adults score significantly higher on understanding and managing emotion elements of EI – the latter was found in the current study, although whether these abilities are subject to change or simply emerge at different stages is inconclusive (Pearson and Weinberg, 2016). The relationship

between increasing age and higher self-control scores within occupational therapists was statistically significant in the findings of this study. However, any conclusions drawn relating the EI scores of participants to age, must be cautiously considered, as it is difficult to exclude a range of variables that may affect EI abilities as life progresses. Results may reflect a seasoned professional or an individual with a wealth of life experience, learning and adapting their EI abilities or a late developer whose abilities have simply emerged, which could explain why self-control scores are positively correlated to increasing age and years since qualification.

Limitations/Critique

Although the survey was able to yield a sizeable sample, this did constitute a comparatively small proportion of the UK practitioner and management base in the profession. Despite this, efforts were made to show the representativeness of the sample obtained. The small number of male practitioners limit the firm conclusions that can be based on any significant gender difference, particularly in relation to emotionality.

The use of an EI measure with strong psychometric properties (Petrides, 2009) underpins this survey, however it is recognised that responses to this and the satisfaction items relied on accurate self-reporting by respondents. In addition, the categorisation of the occupational therapists' current area of practice offered respondents the opportunity to specify their involvement in acute, intermediate and rehabilitation and this may have led to an underestimation of the proportion of the sample working in mental and physical health specialties.

The cross-sectional nature of the survey limits the conclusions which can be drawn about the causality of correlational findings. Therefore, caution is urged so it is not assumed certain

demographic and job satisfaction factors predict EI levels, when the reverse is equally possible. Longitudinal research is required to be able to establish with more confidence, which factors contribute to related outcomes. The research team is engaged in ongoing work on this topic.

Conclusion

Human capital is arguably the most important asset of any organisation and the desirability of both the emotionally intelligent individual and organisation is established (McKenna and Mellson 2013, Weng et al 2011, Por et al 2011, Ingram 2013, Ciarrochi et al 2002). The contribution of EI abilities to organisational citizenship, team cohesion and a positive working climate promoting effective leadership, performance and success is discussed extensively within the literature (Mayer and Cobb 2000, Brackett 2011, Weng et al 2011, Ingram 2013, McKenna and Mellson 2013). The findings consider the potential impact of EI levels on performance and leadership, vital in the current climate of emerging practice and less traditional roles for occupational therapists. This study has shown that occupational therapists scored higher than the population norms for Global EI and on each of the four EI subfactors. EI abilities are associated with perceived competence of the occupational therapist, with implications for job satisfaction and wellbeing. Understanding and utilising the emotions of self and others to inform thinking and behaviour undoubtedly influences practitioner effectiveness. The ability to engage with colleagues, students, service users and communities supports the humanistic person-centred philosophy of occupational therapy (McKenna et al 2019). According to Bailey et al (2011), the single most important factor in achieving superior performance and effectiveness for healthcare professionals is emotional intelligence, with EI abilities considered as a group of competencies essential for not only individual performance but also the performance of organisation.

Further Research

The authors suggest further exploration of EI within the profession to better illuminate understanding, development and application of emotional intelligence to occupational therapy education and practice.

Further exploration of EI scores in a longitudinal study measuring EI on entry to the BSc (Hons) Occupational Therapy programme, at key points during the programme, and at completion, has commenced and will consider if EI scores increase during undergraduate training. The study will explore if EI is developed by occupational therapists training and aim to identify which learning activities might support the development of EI abilities in students and practitioners.

Exploration of EI scores in students and an examination of the perceived impact of EI abilities upon practice will support development of the profession specific knowledge base around EI and support identification of training needs for students and practitioners.

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