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SATISFAÇÃO PROFISSIONAL E COMPETÊNCIA EMOCIONAL DOS ENFERMEIROS EM SERVIÇOS DE INTERNAMENTO HOSPITALAR
JOB SATISFACTION AND EMOTIONAL COMPETENCE OF NURSES AT INPATIENT HOSPITAL SERVICES
SATISFACCIÓN PROFESIONAL Y COMPETENCIA EMOCIONAL DE ENFERMERAS EN SERVICIOS DE ADMISIÓN HOSPITALAR

*Inês Rocha*¹  <https://orcid.org/0000-0002-3036-0002>

*Cristina Barroso Pinto*²  <https://orcid.org/0000-0002-6077-4150>

*António Luís Carvalho*²  <https://orcid.org/0000-0003-1017-4787>

¹ Universidade do Porto, Instituto de Ciências Biomédicas Abel Salazar, Porto, Portugal

² Escola Superior de Enfermagem do Porto, CINTESIS, Porto, Portugal

Inês Rocha - inesarsrocha@gmail.com | Cristina Barroso Pinto - cmpinto@esenf.pt | António Luís Carvalho - luiscarvalho@esenf.pt



Corresponding Author

Inês Alves da Rocha e Silva Rocha
Rua Jorge de Viterbo Ferreira, 228
4050-313 Porto - Portugal
inesarsrocha@gmail.com

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RESUMO

Introdução: A satisfação profissional e a competência emocional dos enfermeiros são preponderantes para a segurança e qualidade dos cuidados prestados, tornando-se indispensável a sua avaliação.

Objetivos: Caracterizar a satisfação profissional e a competência emocional dos enfermeiros e avaliar a associação entre estas duas variáveis e as características sociodemográficas e profissionais dos enfermeiros.

Métodos: Estudo descritivo-correlacional, exploratório, transversal do tipo quantitativo. Procedeu-se à aplicação de um questionário a 44 enfermeiros num hospital do norte de Portugal que engloba: caracterização sociodemográfica e profissional; “Escala da Satisfação Profissional”; e “Escala Veiga de Competência Emocional”, sendo as escalas testadas e validadas.

Resultados: Os resultados revelam que os enfermeiros encontram-se moderadamente satisfeitos a nível profissional, e percebem-se com moderada competência emocional. A idade dos enfermeiros está positivamente correlacionada com a competência emocional de automotivação.

Conclusão: É essencial que as organizações de saúde avaliem de forma sistemática a satisfação profissional e a competência emocional dos enfermeiros, implementando intervenções que potenciem estas duas variáveis, nomeadamente programas de supervisão clínica em enfermagem.

Palavras-chave: enfermagem; satisfação no emprego; inteligência emocional

ABSTRACT

Introduction: Nurses’ job satisfaction and emotional competence are important for the safety and quality of the care provided so it is essential to measure them.

Objectives: To characterize nurses’ job satisfaction and emotional competence and to evaluate the association between both variables and the nurses’ sociodemographic and professional characteristics.

Methods: Descriptive-correlational, exploratory, cross-sectional quantitative study. Application of a questionnaire to 44 nurses in a hospital in the north of Portugal which includes sociodemographic and professional characterization, “Escala da Satisfação Profissional” (Job Satisfaction Scale); e “Escala Veiga de Competência Emocional” (Emotional Competence Veiga Scale). The questionnaire was validated for this study.

Results: The results show that nurses are moderately satisfied professionally and perceive themselves with moderate emotional competence. Nurses’ age is positively correlated with self-motivation.

Conclusion: It is essential that health organizations systematically assess nurses’ job satisfaction and emotional competence in order to implement interventions that enhance these two variables, such as nursing clinical supervision programs.

Keywords: nursing; job satisfaction; emotional intelligence

RESUMEN

Introducción: La satisfacción profesional y la competencia emocional de las enfermeras son primordiales para la seguridad y calidad de la atención brindada, por lo que es fundamental medirlas.

Objetivos: Caracterizar la satisfacción profesional y la competencia emocional de las enfermeiras y evaluar la asociación entre estas dos variables y las características sociodemográficas y profesionales de las enfermeras.

Métodos: Estudio cuantitativo descriptivo-correlacional, exploratorio, transversal de tipo cuantitativo. Aplicación de un cuestionario a 44 enfermeras de un hospital del norte de Portugal, que incluye: caracterización sociodemográfica e y profesional; “Escala da Satisfação Profissional” y “Escala Veiga de Competência Emocional”. El cuestionario fue validado para este estudio.

Resultados: Los resultados revelan que las enfermeras están moderadamente satisfechas a nivel profesional y se percien a sí mismas com moderada competencia emocional. La edad de las enfermeras se correlaciona positivamente con la automotivación emocional.

Conclusión: Es fundamental que las organizaciones de salud evalúen sistemáticamente la satisfacción laboral y la competencia emocional de las enfermeras, implementando intervenciones que potencien estas dos variables, a saber, los programas de supervisión clínica de enfermería.

Palabras clave: enfermería; satisfacción en el trabajo; inteligencia emocional

INTRODUCTION

Job satisfaction has been the target of growing interest on the part of researchers due to its direct consequences on workers' health and quality of life as well as the productivity of organizations (João, Alves, Silva, Diogo, & Ferreira, 2017). According to the Base Law on Health (Decree-Law No. 48/90 of 24 August), job satisfaction is one of the four periodic assessment criteria of the National Health Service, along with patient satisfaction, quality of care, and the efficient use of resources from a cost-benefit perspective.

Emotional competence has a prominent place in the nursing profession, as it allows nurses to understand the impact of emotions on others and, at times, suppress their own emotions so as not to perturb others, avoiding potential conflicts (Lopes, 2016). In fact, regarding care provided, nurses with emotional competence will find it easier to develop a positive therapeutic relationship, since they have the ability to anticipate the patients' emotional reactions (Tavares, 2017). Furthermore, nurses who are more motivated to deal with their own emotions and who have a more highly developed sense of empathy are less likely to experience job dissatisfaction, stress and burnout (Raghubir, 2018).

In Portugal, there are few studies that explore the association between job satisfaction and emotional competence in nurses. It is important to understand if there is a relationship between these two variables, so that the implementation of future measures can improve nurses' quality of life at work and, consequently, its impact on care.

Thus, the aim of this study is as follows: (1) to characterize nurses' job satisfaction with respect to hierarchical superior, professional relationships, workplace quality and continuous quality improvement; (2) to characterize nurses' emotional competence, namely in the domain of self-awareness, emotion management, self-motivation, empathy and emotion management in groups; (3) to assess the association between job satisfaction and nurses' emotional competence; (4) to assess the association between nurses' job satisfaction and emotional competence with sociodemographic (age) and professional (professional experience, and length of time performing nursing functions in their current service) variables.

1. LITERATURE REVIEW

Studies on job satisfaction date back to the beginning of the 20th century with the Taylor model, in which job satisfaction was associated with the worker's level of productivity. Subsequently, definitions of job satisfaction emphasize the notion of emotional state, affective responses and feelings as dimensions added to the concept (Ferreira, 2011). Job satisfaction can be defined as the worker's emotional response to different work-related factors, resulting in the search for pleasure, comfort, confidence, rewards, personal growth, progression, recognition and assessment based on an associated standard of merit, with an associated monetary value as remuneration (Temesgen, Aychech & Leshargie, 2018).

Nurses' job satisfaction is a priority area of research taking the responses from care services into account. In fact, job satisfaction influences personal satisfaction, and satisfied individuals are motivated and balanced individuals, both physically and emotionally, who will readily provide better quality healthcare (Rabaça, 2018). Better nurse/patient ratios, more investment in training nurses and involvement in decision-making and organizational policies lead to better levels of productivity and satisfaction, favouring the results of nursing care as well as the health organization (Boamah, Read, & Laschinger, 2017). The work environment, the perception of economic status, recognition and satisfaction with the place where they work, have an impact on job satisfaction and levels of burnout (Temesgen et al., 2018). It is, therefore, crucial that health organizations systematically monitor nurses' job satisfaction, as this influences not only the commitment to the organization, but also the performance of the professional practice itself (Boamah et al., 2017).

Emotional competence is apparently similar to the concept of emotional intelligence, but it is not synonymous. It is important then to clarify these two concepts. From a scientific point of view, the concept of emotional intelligence was originally defined by Salovey and Mayer in the 1990s, although it was based on Goleman's work that the concept was disseminated. Nowadays, it is widely known as "... an ability to recognize our feelings and those of others, to motivate ourselves and to manage emotions well in ourselves and in our relationships" (Goleman, 2000, p. 323).

Emotional intelligence is then based on five specific competencies: self-awareness, emotion management, self-motivation, empathy, and group emotion management (Goleman, 2000). Self-awareness refers to a person's ability to identify the influence of emotions on their perceptions and behaviour, as well as to understand the impact of their feelings on others. Emotion management refers to the ability to self-control and adapt to change in order to prevent hasty responses and promote thoughtful behaviour. Self-motivation refers to a person's ability to use emotions to enhance the achievement of their goals and deal with the obstacles they may encounter in this process. Empathy is the ability to put yourself in the other's shoes through understanding their needs and emotions, enabling the creation of meaningful relationships. Group emotion management is the ability to identify and influence another person's emotions (Goleman, 2003).

Emotional intelligence can be defined as the primordial potential to reason with emotion, while emotional competence refers to the realization of this potential through the person's behaviours (Veiga-Branco, 2005). Evidence suggests that emotional competence has an impact on job satisfaction, on nurses' levels of stress and burnout, as the use of domains associated with it facilitates the creation of a favourable environment for well-being in the workplace (Lopes, 2016). In fact, emotional competence

can be considered a central concept for professional nursing practice, as it has the potential to influence decision-making, critical-reflective thinking, and nurses' well-being (Raghubir, 2018). In general, emotional competence allows individuals to be aware of their own emotions and reactions and to adjust the way they interact with others (Veiga-Branco, 2019). In this sense, emotional competence enables nurses to make better decisions, to provide care to patients more efficiently and to improve interpersonal relationships with their colleagues (Francisco, 2017). Emotional competence can be seen as a platform that allows nurses to better deal with stress, as it allows them to mobilize their own resources and to apply successful coping strategies, thus cultivating positive emotional health, contributing to improved mental health, which may, in addition, translate into a greater willingness to invest in a professional career (Lopes, 2016).

2. METHODS

This is a descriptive-correlational, exploratory, cross-sectional, quantitative study.

2.1 Sample

The sample for this study consists of 44 nurses working in a hospital in the north of Portugal and is the total number of nurses working in two medical services. The inclusion criteria were defined as being a nurse or specialist nurse in one of the two medical services selected by the hospital. Of the 44 nurses, most were female ($n = 40$; 90.9%), aged between 22 and 49 years, with a mean age of 34.11 years ($SD = 7.49$). As for academic qualifications, most nurses have a Licenciata degree ($n = 38$; 86.5 two nurses had a baccalaureate degree (4.5%), and four had a master's degree (9%). Regarding the nurses' legal employment status, 63.6% ($n = 28$) have an individual employment contract for an indefinite period, 25% ($n = 11$) have an individual employment contract for a fixed term, and 11.4% ($n = 5$) have an employment contract in public functions. Regarding their professional title, most participants have the category of nurse ($n = 37$; 84.1%) and only seven (15.9%) were specialist nurses. Regarding the length of the nurses' professional practice, the average was found to be 10.67 years ($SD = 7.36$), with a minimum of 0 years and a maximum of 27 years. Regarding the length of exercise of functions in their current service, it appears that the average is 6.64 years ($SD = 7.10$), with a minimum of 0 years and a maximum of 22 years.

The sample was non-probabilistic since it was the hospital that decided that data would only be collected in these two services. Each service has 30 beds, and the nurse/patient ratio varies with the shifts: morning shift – 6 patients/nurse, afternoon shift – 8 patients/nurse, and night shift – 10 patients/nurse. Both services receive patients with different pathologies, with diseases of the circulatory system, respiratory system, neurological system and urinary system being the most common, meaning that the degree of dependence of patients varies from low to high.

2.2 Data collection instruments

Data was collected through the application of a questionnaire created for this purpose. It incorporates three parts: sociodemographic and professional characterization of the population under study, the "Job Satisfaction Scale" (Normative Document No. 2482.1 of the health organization where the study was carried out, 2014); and the "Emotional Competence Veiga Scale" (Veiga-Branco, 2005; adapted by Vilela (2006) for nurses). The "Job Satisfaction Scale" consists of 28 items, evaluated on a 5-point Likert scale, with 1 corresponding to "poor" and 5 "excellent". This scale comprises four dimensions: satisfaction with hierarchical superiors, satisfaction with professional relationships, satisfaction with workplace quality, and satisfaction with continuous quality improvement. The "Emotional Competence Veiga Scale" consists of 85 items, evaluated on a 7-point Likert scale, with 1 corresponding to "never" and 7 to "always". This scale consists of five domains: self-awareness, emotion management, self-motivation, empathy and group emotion management. The questionnaire was applied to all nurses between October and December 2017. A code was assigned to each questionnaire, and they were handed to each of the nurses along with an envelope explaining the purpose of the study. Their willingness to participate in the study was also highlighted, ensuring that their non-participation would not cause harm to the nurse. In order to ensure the anonymity of the responses, nurses were encouraged not to write their names anywhere on the questionnaire. Once completed, the envelopes containing the questionnaires were sealed and left by the nurses in a specific box placed in each of the services for this purpose. To carry out this study, authorization was obtained from the Board of Directors and the Ethics Committee for Health (No. 71/CE/JAS) of the hospital where the data were collected. Permission to use the scales that make up the data collection questionnaire was obtained from the authors.

2.3 Statistical analysis

The data were analysed using descriptive statistics to characterize the sample and the variables under study. Cronbach's alpha was calculated to assess the internal consistency of selected scales. Pearson's product-moment correlations were performed to examine the strength of the association between the variables included in the study (job satisfaction, emotional competence, sociodemographic variables, and professional variables). Statistical analysis was performed using the statistical program IBM-SPSS version 25.0° (*Statistical Package for Social Sciences*) with a significance level of ≤ 0.05 .

3. RESULTS

One of the objectives of this study is to characterize nurses' job satisfaction. Table 1 shows the results obtained for the four dimensions of the "Job Satisfaction Scale" through descriptive measures as well as Cronbach's alpha values. In this study, the scale was found to have on the whole adequate internal consistency index ($\alpha = 0.96$). As for the dimensions, internal consistency values range from 0.90 for workplace quality dimension to 0.97 for the hierarchical superior dimension, indicating adequate internal consistency in all dimensions. A total score for the scale's four dimensions was calculated, showing that nurses have moderate levels of job satisfaction ($M = 2.93$; $SD = 0.69$). In all of the dimensions evaluated, nurses show moderate satisfaction, with the hierarchical superior dimension ($M = 3.35$; $SD = 1.02$), which is the dimension nurses feel most satisfied with, while satisfaction with professional relationships is the dimension that obtained the lowest result ($M = 2.61$; $SD = 0.75$).

Table 1 - Descriptive statistics of the results of the "Job Satisfaction Scale"

Job Satisfaction	N	No. of items	Min	Max	M	SD	α
Hierarchical superior	44	7	1.00	5.00	3.35	1.02	0.97
Professional relations	44	9	1.33	5.00	2.61	0.75	0.93
Workplace quality	44	6	1.67	5.00	2.94	0.71	0.90
Continuous Quality Improvement	44	6	1.50	5.00	2.92	0.80	0.95
Total	44	28	1.39	5.00	2.93	0.69	0.96

^aNote: Min = Minimum, Max = Maximum, M = Mean, SD = Standard Deviation, α = Cronbach's Alpha.

Another aim of this study is to characterize nurses' emotional competence. Table 2 shows the results of the five domains of the "Emotional Competence Veiga Scale" through descriptive measures as well as Cronbach's alpha values. The scale was found on the whole to have an adequate internal consistency index ($\alpha = 0.94$). As for the domains, the values of internal consistency ranged from 0.74 for the domain of emotion management to 0.88 for the domain of self-awareness, indicating adequate internal consistency in all subscales. A total score was calculated for the five domains of the scale, showing that nurses perceived themselves as having moderate emotional competence ($M = 401.1$; $SD = 40.2$). According to the results obtained, nurses perceive themselves as having a moderate level of self-awareness ($M = 103.3$; $SD = 13.7$) and self-motivation ($M = 102.6$; $SD = 11.4$), while in the domain of emotion management ($M = 79.6$; $SD = 10.4$), group emotion management ($M = 59.5$; $SD = 9.1$) and empathy ($M = 56.0$; $SD = 8.2$) show slightly lower levels of emotional competence.

Table 2 - Descriptive statistics of the results of the "Emotional Competence Veiga Scale"

Emotional Competence	N	No. of items	Min	Max	M	SD	α
Self-awareness	44	20	73	135	103.3	13.7	0.88
Emotion management	44	18	54	112	79.6	10.4	0.74
Self-motivation	44	21	83	131	102.6	11.4	0.80
Empathy	44	12	40	72	56.0	8.2	0.85
Group emotion management	44	14	40	82	59.5	9.1	0.88
Total	44	85	314	486	401.1	40.2	0.94

^aNote: Min = Minimum, Max = Maximum, M = Mean, SD = Standard Deviation, α = Cronbach's Alpha.

Regarding the third objective of the study, related to the assessment of the association between job satisfaction and nurses' emotional competence, Pearson's product-moment correlations were performed. Table 3 shows that there are no significant correlations between job satisfaction and nurses' emotional competence.

Table 3 - Correlations between job satisfaction and nurses' emotional competence

	HS	PR	WPQ	CQI	JS (Total)
Self-awareness	0.04	0.10	0.15	0.16	0.13
Emotion management	0.09	0.01	0.18	0.06	0.09
Self-motivation	-0.04	0.06	0.14	0.19	0.08
Empathy	0.03	-0.15	0.18	0.16	0.03
Group emotion management	-0.16	-0.02	0.16	0.15	0.01
Emotional Competence (Total)	-0.01	0.02	0.21	0.19	0.10

^aNote: HS Hierarchical Superior, PR = Professional Relations, WPQ = Workplace Quality, CQI = Continuous Quality Improvement, JS = Job Satisfaction, *Significant correlation at 0.05 (two-tailed).

Regarding the fourth objective of the study, which is related to the analysis of the association between nurses' job satisfaction and emotional competence with sociodemographic (age) and professional variables (professional experience, and length of time performing nursing functions in their current service), Pearson product-moment correlations were performed. Table 4 indicates that age is significantly positively correlated with the domain of self-motivation ($r = 0.31$; $p < 0.05$), showing that the older the nurses, the greater the emotional competence presented in the domain of self-motivation. There were no significant correlations between the professional variables and the dimensions of job satisfaction and the emotional competence domains evaluated.

Table 4 - Correlations of nurses' job satisfaction and emotional competence with age, professional experience, and length of time performing nursing functions in their current service

	Idade	PE	LTPNFCS
Hierarchical superior	- 0.16	- 0.11	- 0.07
Professional relationships	- 0.13	- 0.10	- 0.14
Workplace quality	- 0.23	- 0.19	- 0.25
Continuous quality improvement	- 0.29	- 0.26	- 0.28
Job satisfaction (Total)	- 0.23	- 0.18	- 0.20
Self-awareness	0.16	0.08	0.08
Emotion management	0.18	0.09	- 0.14
Self-motivation	0.31*	0.29	0.16
Empathy	0.02	0.06	- 0.11
Group emotion management	0.06	- 0.00	- 0.11
Emotional Competence (Total)	0.21	0.14	- 0.01

*Note: PE = Professional Experience; LTPNFCS = Length of Time Performing Nursing Functions in their Current Service; *Significant correlation at 0.05 (two-tailed).

4. DISCUSSION

With regard to the first objective of this study, it can be said that nurses are moderately satisfied at a professional level. Nurses also report feeling more satisfied in the hierarchical superior dimension. This result is similar to that found by Ferreira, Fernandez and Anes (2017), who carried out a study with 124 nurses from three hospital units in northern Portugal. They showed high levels of satisfaction in their relationships with the hierarchical superiors. In fact, the role of the hierarchical superiors is fundamental, as they are not only responsible for managing resources and materials, but also play an essential role in the circulation of information and in the relationship between the professionals, particularly with regard to conflict management (Rabaça, 2018). The second dimension that nurses reported feeling more satisfied is the workplace quality. From a management perspective, this dimension can be improved through implementing some measures, such as care management, human resource management, material resources, training, strategic management and care enhancement (Santos, 2016), which suggests that such aspects are being taken into account by the institution, according to the level of satisfaction found. The continuous quality improvement dimension was assessed by nurses in this study as moderate, in line with the results obtained by Santos (2016). Continuous quality improvement plays a predictive role in overall satisfaction, as nurses report feeling more satisfied when they feel they are an integral part of the organization, and identify with its mission and objectives (Ferreira, 2011).

The professional relationships dimension is the one that the nurses in this study say they feel less satisfied with. This was also observed in the study by Augusto, Rocha, Carvalho and Pinto (2019) with a sample of 91 nurses from a hospital in the north of the country. This result can be explained, since in this dimension there are items related to the ratio of nurses per patient, knowing that inadequate levels of staff reduce job satisfaction (Temesgen et al., 2018).

Another important aspect is the fact that this dimension includes items related to current labour policies, which may negatively influence job satisfaction rates as they make it difficult to establish effective employment relationships and nurses' salary progressions (Santos, 2016). It is worth noting that in this study, 25% ($n = 11$) of the nurses have an individual work contract for a fixed term.

Regarding the second objective of this study, it appears that nurses perceive themselves as having moderate emotional competence. The domain in which nurses perceive themselves as the most competent is self-awareness. This result is in line with those found in the study by Vilela (2006) with 214 nurses in a hospital in northern Portugal, by Tavares (2017) with 71 nurses from the Health Centre Group [ACES – Agrupamento de Centros de Saúde] in the central region of the country, and by Francisco (2017) with 174 nurses from a hospital in the central region with the highest average found in all of them in this domain. These results can be explained by the fact that the domain of self-awareness is what allows nurses to interconnect emotions, thoughts and actions efficiently and is therefore essential in decision-making and creative processes that may be based on feelings or intuitions (Raghubir, 2018).

The domain of self-motivation follows with the second highest mean, and these results are in line with the studies by Vilela (2006), Tavares (2017) and Francisco (2017). This result is important as self-motivation is closely related to quality of life at work. In fact, according to Ribeiro and Santana (2015), the self-motivation of professionals, namely their motivation for work, creativity, the willingness to innovate or accept change, is an aspect of quality of life at work that promotes changes in professionals' personal

attitudes and behaviour, which relates to productivity. Thus, in order to have quality of life at work, it is necessary to constantly improve physical, psychological and social conditions, in order to provide an organizational climate of greater satisfaction for employees in the workplace (Ferreira & Dias, 2017). Ferreira and Dias (2017) also maintain that advocating quality of life at work is to encourage the personal and professional motivation of employees. The domain of emotion management has the third highest mean, similar to the results found by Vilela (2006), Agostinho (2008), Tavares (2017) and Francisco (2017). As nurses are able to recognize their own emotions, this competence allows them to have the potential to facilitate and strengthen their ability to provide quality care, directed to patients' real needs (Raghubir, 2018).

The domain of emotion management in groups has the fourth highest mean value, in line with results found by Vilela (2006), Agostinho (2008), Tavares (2017) and Francisco (2017). In the modern world, the development of an effective relationship within a group or team is essential, and the ability to communicate, lead and work within a group are the key to success in the work environment where competitiveness is a fact (Goleman, 2000). The domain of emotional competence in which nurses perceive themselves as less emotionally competent is empathy. These results are supported by Vilela (2006), Agostinho (2008), Tavares (2017) and Francisco (2017). Empathy can be used as a resource for nurses to understand situations that are based on professional reflections and moral judgments related to decision-making and have a positive impact in terms of establishing the therapeutic relationship with patients (Raghubir, 2018).

As for the third objective of this study, it was found that there are no significant correlations between job satisfaction and emotional competence. This result, however, is not in line with what is described in the literature. In fact, an integrative review carried out by Raghubir (2018) found that nurses who are more motivated to deal with their own emotions [more emotionally competent], and who have a more developed sense of empathy, are less likely to experience job dissatisfaction, stress and burnout.

Regarding the fourth objective of this study, the results revealed that the older the nurses, the greater the emotional competence of self-motivation. This result differs from what Vilela (2006) found, in which age significantly influences the domain of empathy and group emotion management. In their studies, Agostinho (2008) and Francisco (2017) did not identify statistically significant differences between age and any of the domains of emotional competence, concluding that this does not influence the nurses' emotional competence. However, the result found in this study can be explained by the fact that Goleman (2000) conceptually attaches great importance to maturity for the development of emotional competence.

In fact, it can be said that maturity, measured by advancing age and a greater accumulation of life experiences in the personal and professional sphere determines the development of emotional competence domains (including, self-motivation), contributing to nurses responding more appropriately to situations that arise from patients' clinical condition and the needs of their family caregivers. In this study, there were no significant correlations between the professional variables, the dimensions of job satisfaction, and the domains of emotional competence evaluated. These results differ from those found by Santos (2016), in which nurses with less time in their service were those who showed greater job satisfaction.

CONCLUSION

The results found in this study show that nurses are moderately satisfied professionally. Moreover, they perceive themselves as having moderate emotional competence. Although there are no significant correlations between job satisfaction and nurses' emotional competence, the results allow us to conclude that age is significantly positively correlated with the domain of self-motivation.

Currently, nurses face difficulties in performing their duties, namely work overload, overtime, high ratios of patients and the small number of professionals to provide care. In this sense, it is crucial to reflect on these situations, in order to change the contexts and provide support to nurses. The development of nurses' emotional competence may be one of the strategies to be adopted, as it allows them to respond more assertively and appropriately to challenging daily situations translating into positive effects on efficiency and performance. Thus, it is essential that health organizations systematically assess nurses' job satisfaction and emotional competence, as these are the primary criteria in evaluating performance, the quality of organizations, and the care provided to patients and family caregivers. It may be pertinent to implement interventions aimed at nurses that contribute to their job satisfaction and emotional competence, including nursing clinical supervision programs, whose application is still scarce in health organizations but which have shown positive results in these two variables.

The biggest limitation of this study is related to the scarce scientific evidence available on this topic, especially with regard to studies that use the "Job Satisfaction Scale" to assess job satisfaction. In Portugal, there are some studies on job satisfaction and emotional competence of nurses presented in master's dissertations, but there are few articles published in scientific journals. Thus, it was not possible to compare our results with those of other current studies to the extent we had wanted. The scales used were self-completed, which can lead to some bias caused by social desirability, random responses, among others. Another limitation is the fact that this is an exploratory study and, therefore, with a reduced number of participants, making generalizations unfeasible. Nevertheless, this study may contribute to a better understanding of the assessment of nurses' job satisfaction and emotional competence profile.

We suggest that longitudinal studies be carried out with the aim of systematically monitoring nurses' satisfaction and emotional competence throughout their professional career, as this measure is essential in terms of management and decision-making. We also suggest that new variables be included in future studies, including the work context (type of care unit). This may play a mediating role between job satisfaction and emotional competence, which can help to understand the relationship between these two variables.

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