Emotional Intelligence in Pandemic Times:

An Investigation of the Effects in Different Age Groups of

Home Care Workers in Dublin

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Abstract

The theme of emotional intelligence has been much discussed and was intensified from the 90s onwards with the release of books written by one of the greatest researchers on the subject, Daniel Goleman. Since then, the subject has been extensively addressed and the academic literature is vast. With the great interest in the subject, different conceptions and criticisms also emerged, but for the present study, the concepts elaborated by Goleman and Salovey & Mayer were chosen for their relevance and because these researchers are pioneers in the subject.

Through the quantitative research method, it was possible to observe at what levels and how the emotional intelligence of home care workers working in Dublin has been affected by the effects of the pandemic. The age group was chosen as a variable since other studies indicate that age is the factor that most contributes to increase IE levels. However, it would be interesting to assess whether this same dynamic will remain the same in a pandemic scenario and observe how age responds to this new reality. To test this theory a total of 79 participants responded to a questionnaire that addressed the five components of EI: Self-awareness; Emotions Management; Motivation; Empathy and Relationship Management.

It was found that in times of pandemic, age does not exert great influence on the levels of EI because the three age groups (18-25; 26-50 and above 50) presented a certain balance. However, it can be observed through the data analysis, that the component that refers to self-regulation had a low mean score, which indicates that these professionals have faced difficulties in controlling their own emotions.

Key words: Emotional Intelligence, Covid-19 pandemic; Home Carer Workers; Age Group.

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EI: Emotional Intelligence

EM: Emotions Management

EP: Empathy

HCW: Health Care Workers

M: Mean

MO: Motivation

RM: Relationship Management

SA: Self-Awareness

SD: Standard Variation

WHO: World Health Organisation

1. Introduction

1.1   Background of the Research

According to Spoorthy *et al.* (2020) in addition to the imminent risks to which health care workers are exposed daily when treating people infected by the virus, there is also the exhaustion caused by the great demand of patients, the lack of resources to deal with this lethal virus which has resulted in countless deaths. To date, Google News (2021) points out that the number of people infected in Ireland exceeds 297,000 and about 5,035 deaths have been recorded.

This whole scenario has caused physical and emotional wear and tear on HCW. Daniel Goleman (2020) who expanded the studies of Emotional Intelligence, believes it is a powerful tool to HCW because involve emotional capacity as a way of learning and dealing with tough situations through feelings. He states everyone can improve and reverse problematic situations through the emotional management. He points out: ''passions, when well exercised, promote wisdom, guide our thinking, establish our values, and help secure our survival.'' (Goleman, 2020, p.166).

According to Wall and Horgan-Jones (2019), Ireland has aged due to the considerable increase in the longevity of the Irish population and one of the reasons for increasing the longevity of Irish people is the role of home care workers has played in the Irish community. Such responsibility also brings numerous challenges to the daily lives of these professionals such as: to deal with people in suffering; the death of patients and, consequently, grief. Therefore, Emotional Intelligence can be a key factor in the lives of these professionals and contribute to deliver care sensitively and to enhance their selfcare.

Researchers point out that age is a determining factor in emotional intelligence levels. In order to verify if that theory is applicable in atypical situations such as pandemic times, a questionnaire was applied to the group of home care workers of Dublin. Emotional intelligence was the reference for conducting the questionnaire survey. Through the questionnaire application was also possible to access the impacts caused by the effect of the pandemic in

these professionals. As the age group was the object of the correlation analysis, the group was divided into three age groups: 18-25; 25-50; over 50s.

Other considerations regarding age were carried out and researchers pointed out that health professionals, especially nurses, have different emotional intelligence levels according to age. Bar-On *et al.* (2005) found that older nurses experience greater adaptability and resilience in exhausting and stressful workplace, consequently this has influenced a lower rate of turnover in this age group. Previous studies have already indicated this tendency, Aiken *et al.* (2001), in their studies, observed that nurses aged 30 years or less registered higher levels of burnout. As age will be one of the objects of the present study, the scarcity of literature and attention to emotional intelligence of this group was observed.

Another objective of the present study is to recognize and bring attention to this neglected class that has made difference in the lives of thousands of people in the Irish community.

1.2. Rationale for the research

The research aims to assess the impacts caused by the pandemic on the emotional intelligence of the group of home care workers in Dublin using age to correlate variables. Through data analysis it will be possible to understand how the pandemic has affected them and also observe how their emotional intelligence have been affected by the Covid-19 pandemic cross ages. Consequently, the importance of the role of emotional intelligence to the target group will be discussed.

In the initial stages to develop this research, the vast literature relating the topic of emotional intelligence of health professionals was observed, especially the medical class, nurses and HCW in general. However, there was also a clear lack of investigations that addressed emotional intelligence in the group of home care workers. This lack of research makes this work relevant as it highlights a group that is somehow unfairly forgotten. This group performs work of fundamental importance in the longevity of the Irish population. The challenges faced by this group can enhances the emotional intelligence or can make them emotionally sick.

Therefore, the research seeks to validate both the concept of emotional intelligence through a correlational study between the age groups of home care workers and to highlight the significant role that these professionals have been playing in this time of pandemic.

1.3.   Structure of the thesis

For the objectives proposed in this research to be met, the study will follow a sequence of steps in which it will be possible to discuss what each section intends to achieve and what the objectives of each one is.

To start the study, the objectives and literature review will be addressed to bring up the proposed topic. Then, the methodology used and how these methods were conducted to provide answers to the central question of the research and, consequently, fill in the gaps. The structure of the survey will be divided into seven sections and will be explained below.

Section 1: Through a brief presentation, this section will exhibit the main themes of the research: Emotional Intelligence, Home Care in an Irish setting and Covid-19.

Section 2: Will discuss the challenges faced by healthcare professionals with the emergence of the Covid-19 resulting in a global pandemic and creating chaos in public health. It will also present the current configuration of Home Care workers in Ireland and connecting these professionals to the theme of Emotional Intelligence and the current pandemic. Then, it will carry out a review of the concept and components that govern Emotional Intelligence and the path traced by this theme since its initial studies. Emotional intelligence will be used as a basis to assess the possible impacts caused by Covid on this group of home care workers.

Section 3: Establishes the objectives proposed by the research and outlines the hypotheses of the present study.

Section 4: Exposes and explains the methods used by the researcher to find answers to the central question and how these procedures were delineated.

Section 5: This section will display the results of the data collection that will be obtained through a questionnaire survey and will then do an analysis of the collected data. The correlation analysis will be exploratory and descriptive in nature.

Section 6: The results will be discussed and the limitations and possible implications of the research will be presented. Through this section it will be possible to create links between the literature review and the results obtained by the research. Through this connection it will be possible to observe and discuss how the goals are achieved.

Section 7: Concludes the research and outlines recommendations and possible contributions to future research related to the subject discussed.

2. Literature Review

2.1. Challenges faced by health care workers in the Covid-19 scenario

According to data issued by The New York Times timeline (2020), the first coronavirus case confirmed was in Wuhan, China, in late 2019. Google News (2021) presents graphs that are constantly updated with alarming numbers recording almost 3 million deaths caused by Covid-19 worldwide and more than 137 million people have been infected to date. On March 11, 2020, the World Health Organization classifies this mass contamination as a pandemic, on the same day 114 countries have announced confirmed cases. Research has progressed and vaccines have been done at global levels due high numbers of cases around the world.

Health care workers play an essential role in this battle against Covid-19 and the duality presents itself, in order to save lives the exposure to the covid is inevitable, which can be faced by them as a life-threatening. The responsibility and pressure on those professionals have been extreme and the dilemmas are even bigger. Greenberg *et al.* (2020) reports that the enormous effort made by the staff in hospitals is not enough, material resources are indispensable and when there is a shortage of these resources, professionals faced sad impasses such as: which patient would have to be saved? In the first months the drama experienced by them was serious and quite worrying (and it still has been).

Situations like these can cause moral injury to the professionals, this term is used to describe situations in which actions, or the lack of them, violate someone's ethical or moral code, thus suffering in a psychic suffering. Greenberg *et al.* (2020) punctuate although moral injury is not considered a mental illness like depression and post-traumatic stress, but it brings negative thinking and guilt: "I'm a bad person" or "My boss and co-workers don't care about the lives of others". But it's worth remembering that thoughts and feelings can be early stages for mental illnesses as mentioned above.

WHO (2020) points out that protection for this group is essential because a large and healthy army is stronger and able to win any battle. But in what healthy way has this professional can be? Can mental health be included in this healthy condition? Analysing all the challenges of being a health professional during a pandemic, what factors, besides the virus itself, can make them sick?

Spoorthy *et al.* (2020), Cai *et al.* (2020) and Mohindra *et al.* (2020) signalize some of the major responsible for the damage to mental health of health professionals:

- the burden and excessive hours of work;
- inadequate and even insufficient personal protective equipment;
- the high numbers of infections in this class;
- the lack of information about how to deal with the virus (mainly at the beginning of the outbreak);
- the media reporting excessively;
- the lack of adequate support;
- the fear caused by exposure;
- the concern also with the protection of their family members, once they are close contacts;
- isolation and quarantine;
- the high mortality rate of patients; and so on.

Rana *et al.* (2020) add up: "The sudden reversal of role from HCW to a patient might lead to frustration, helplessness, adjustment issues, stigma, fear of discrimination in the medical staff" (Rana *et al.*, pp. 2, 2020).

All these factors mentioned above have been causing the physical and psychological exhaustion of these professionals. The decline of mental health is evidenced if there is no adequate support, once the psychological conditional deserves the same attention as the physical illness, in this case, the illness caused by Covid-19. Health professionals are stigmatized during the pandemic for dealing with the infected public and thus being highly exposed to the virus. Ehrlich *et al. (*2020) highlights:
"As this crisis progresses, it is imperative to continue to evaluate the well-being of our HCW and implement effect measures to care for their mental health." (Ehrlich *et al.,* pp. 1528, 2020).

Historically, epidemics and pandemics have corroborated the decline in mental health of frontline professionals. Liu *et al.* (2012) reports that Hong Kong nurses who treated infected patients during the SARs outbreak needed long-term mental health care due to the consequences caused by the outbreak. Regarding the psychological damage results of the

Covid on health care staff in Ireland, studies conducted by O'Connor *et al.* (2021), has shown an increase in the rates of disorders, for example anxiety, depression, also including long-term disorders such as post-traumatic stress. Another frequent record has been that of burnout, due to the excessive workload and the lack of holidays and social events due to the restrictions of the lockdown.

Age can be a differential factor in the way health professionals experience and manage stressful moments in the work environment. According to Guven (2016) "Stress, burnout and coping mechanisms among Irish health nurses" reveals that aspects of personal life such as age, gender and length of experience are crucial factors in determining the levels of stress experienced by professionals such as nurses. However, age is the main aspect relating to events with high levels of stress such as burnout according to her research.

Acker (2008) reinforces the theory above in his comparative studies involving nurses of different ages and concluded that older nurses experience low or moderate levels of stress while younger nurses experience higher levels of stress in the work environment. This result suggests that age brought to this group more resilient attitudes and easier adaptation to situations of exhaustion.

Therefore, in addition to the PPE (Personal Protective Equipment) used to maintain the physical integrity of the health professional, the psychological support for these workers deserves the same attention because its impacts can be long-term and can also cause irreparable damage to their lives. Therefore, it is imperative to apply strategies to mitigate the harmful effects.

Other considerations in relation the age aspect report that the same happens with emotional intelligence. Tighe (2015) through her study "Emotional Intelligence in Healthcare workers in care centres in Ireland" reveals that age combined with time of experience was decisive in an increase in levels of emotional intelligence, but age is still the main factor for higher EI levels. Her survey shows that older survey participants scored higher EI levels compared to younger survey participants.

As we are still living in the Covid scenario, there are many studies that are unfinished, ongoing investigations or even outdated studies because it is also an ongoing event. However, Que *et*

al. (2020) mentions the little attention given to researching data on psychological problems caused by Covid-19 in other groups that are part of the area of health workers. It is known that all workers constitute the same pillar, but they cope with the disease in different ways and varied levels of exposure to the virus. But these different ways of acting do not nullify the relevance of the role of each one of them and also the importance of maintaining the sanity of these professionals.

When it comes to studies involving the emotional intelligence of the subgroup of health professionals, in this case the home care workers, the literature is even more limited which increase significantly the challenge of this research. Chan *et al. (*2020) warns that the mental health of these professionals has been neglected, proof of this is the scarcity of research and studies on the literature. This group works tirelessly and they have been forgotten, compared to the medical class and nurses and others HCW. They are as important as other professionals and they play preventive intervention in the current situation because.

The work carried out by home carers has been one of the pillars in the fight against Covid. The support given by these professionals is of great benefit to the population. WHO (2020) cites measures as isolation and quarantine to curb contamination mass. Such measures are possible thanks to the work of this tireless army that protect the elderly group (group of risk) keeping them at home.

For this reason, this study will investigate the possible influences caused by age on the levels of emotional intelligence of Dublin caregivers during the pandemic. Thus, giving relevance to this neglected group of home-based workers who provide such relevant help to so many people.

2.2.   Home Care in Ireland Overall Perspective

In Ireland, until the mid-1950s, as reported by Conyard (2020), home care followed institutional standards. Care for the elderly and ill people was largely offered and managed by religious institutions, especially by Christianization. Years later, home care went through legislation processes and was formalized and included in the 1970 Health Act.

The Irish population is making great strides towards a longer life, as shown by recent data collected by the Central Statistics Office (2020), which points to a significant growth in the elderly population (people aged 65 and over). Since 2016 this group has reached the number of 90,200 people and in April 2020, the elderly already corresponded to 14.5% of the total population. In response to this growth, the provision of home services is of fundamental importance for the elderly and also for their families, as the caregivers will assist in the patient's daily routines.

Pollak (2021) evaluates that as a result of this increase in hours of care for the elderly, a greater number of human resources, in this case, home care workers, will be necessary to meet the high demand. Please note that this assistance is considered a long-term care, since the elderly prefer their own home rather than being cared in nursing homes.

Conyard *et al.* (2020) elucidates the importance of home care workers in the daily lives of the elderly and ill people: "They provide predictability and stability of care, which in turn enhances feeling of security for our ageing, frail or chronically challenged groups. By now HCAs and qualified carers are an established and an important part of the delivery of care in the Irish landscape of healthcare." (Conyard *et al.*, pp 3, 2020).

The lack of precise numbers or even an estimate number of home care workers working in Ireland, specially outside the ho HSE System, is unknow as these professionals are spread among for-profit organizations (private companies), by means of informal contracts arranged between the caregiver and the patient (or the patient's family) and also performed voluntary work, as reported by Walsh and Lyons (2021).

Regarding to the requirements are asked to be an eligible caregiver HSE Information Booklet (2018) informs the need of qualification FETAC/QQI level 5, People Moving and Handling training is also required and this training needs to be recycled every three years for constant updating involving equipment such as hoists, apparatus used to move patients with little or limited mobility, among other trainings such as dementia, first aid and etc.

The HSE Information Booklet (2018) further informs which some of the typical incumbencies of these professionals, ranging from personal care to household duties, for example: get out and get in bed; dressing and undressing; assist to toilet; changing pads; exercises and walks;

meals preparation; prompt medication; collect prescriptions; showering and shaving; and so on. However, such tasks remain poorly defined and the role to be executed by those professionals is quite broad and it needs more specification in relation to that.

The home care workers in an Irish setting can work part time or full time and they can also work on overnights shifts providing care to the client all night long if it is necessary. Walsh and Lyons (2021) also further inform the remuneration of these professionals is considered low, as seen in advertisements published on Indeed, dated between July and August 2020, vary from 11 to 14 euros an hour, with an annual average of 22,308 to 28,392.

Regarding to the home care workers' responsibilities and rights, Conyard *et al*. (2020) criticize this lack of clarity and suggests that the role of home care and their rights should be reviewed and addressed with greater clarity, such as: "Job description needs to be revisited, an ad hoc mixture of tasks is at times questionable, for example home care workers being used for domestic tasks when client is physically able; Care Plans need to be more specific, instead of using words like (light house work) what is light housework; Staff using own transport for work purposes and not being paid for this (travelling between jobs) this is in clear violation of the Court of Justice of the European Union in Case 266/14" (Conyard *et al*., pp. 119, 2020).

Delaney (2020) points out some of the difficulties faced by the caregivers, such as: the uncertainty or the low amount of hours offered (some companies in the private sector even offer only 3 hours of work per week); problems with payment and transportation; lack of legal requirements; inadequate formal training; lack of consensus as to the duties that should be exercised by this professional; limited support from employers (worsened during the pandemic); and so on.

In addition to all the problems faced by the home care workers on the daily basis as mentioned above, the pandemic has brought another aggravating factor which arise the vulnerability of this group. As stated by Connolly (2020), this group of professionals had to adapt to a new reality with numerous restrictions in a short period of time. The change was urgent and necessary, which obviously brought difficulties in adapting to this new way of living in which they now are framed as a front-line worker of the Irish setting.

New trainings such as the use of PPE (masks, face shields, gloves, gown, hand sanitizer) to reduce the risk of transmission were implemented. Connolly (2020) also warns about the lack of support and training to prepare them to deal emotionally with this unknown and dangerous scenario. Thus, the feeling of insecurity and fear increased considerably in these professionals due to the high degree of exposure to the virus. Without forgetting that new measures have been necessary, for example, avoiding close contact with the patient which caused harms to the basic functions and consequently to develop their work.

The challenges are numerous, but these professionals tend to develop resilience as a premise for survival due to the challenges faced day by day and situations like the pandemic or reinforce this resilient attitude or make them emotionally ill. Emotional intelligence can be considered their emotional PPE to maintain them mentally healthy. Wodwaski (2020) assumes that EI competence facilitates the process of dealing with situations of intense emotional stress on HCW and that the higher the level of EI, the more chances this professional will have to reframe bad situations quicker.

Goleman (1998) cites empathy, one of the components of emotional intelligence is a daily exercise and being empathic is essential in the care offered by the home care worker. Lately, the practice of empathy has been intensified with the emergence of the challenges of the pandemic, as the elderly are part of the vulnerable group and also the largest portion of these home care workers' patients. However, more details about this correlation will discussed in the following sections.

Goleman (1998) also mentions in his investigations that age has a strong influence on the individual's emotional intelligence, as he gets older, the levels of emotional intelligence increase. Confirming this theory Tighe (2015) conducted research on emotional intelligence in healthcare workers in an Irish setting and through the results of her study found that older health professionals reached higher levels of emotional intelligence compared to other younger professionals.

Such results involving age and emotional intelligence suggest that factors such as life experience and maturity are crucial to the establishment of EI levels. However, the emotional intelligence specifically of home care workers remains unspoken and studies to understand this field remain underexplored.

2.3. Emotional Intelligence

2.3.1. Definition of Emotional Intelligence

According to Cambridge Dictionary (2021), emotional is "something relating to emotions', that are "strong feelings such as love, anger, or strong feelings in general" and intelligence is "the ability to learn, understand, and make judgments or have opinions that are based on reason" (Cambridge Dictionary, 2021). Such denominations can give a preview of what can be Emotional Intelligence, but it is worth adding that the concept proposed by EI goes beyond what the dictionaries present about the meanings of the words themselves.

The concept brought by Faltas (2017) can be used as initial steps in this article to what EI is, although summarized, it brings a clear and objective narrative:
"Set of cognitive and non-coginitive competencies, skills, and abilities, directly and essentially connected to the behaviors and actions of everyone, in every field, including the actions of public administrators, policymakers, managers, and leader at any level of the organization bureaucracy". It is noteworthy that the concept has been expanded and has been applied in our daily lives, transforming our feelings and emotions into our teachers, as we will see below.

In order to provide a consistent theoretical basis for what is EI, this study will use the two most important concepts developed in this field: Goleman's and Mayer & Salovey's concepts.

Each concept offers significant and consistent results obtained from long years of studies and scientific investigations, for this reason, they will be addressed here to establish the validity of this research. Although this is a topic that is not relatively new, the use of materials dating back to the 90s will be used to demonstrate how such knowledge has enhanced and how this concept has been adapting to the present day, as emotions are timeless and they are conditions inherent to human being.

### 2.3.2.	Mayer & Salovey's Concept

In the earlies 90, Salovey & Meyer were responsible for coining the term Emotional Intelligence, thus making them pioneers in the field and presenting the academic literature with this enriching and powerful theme that addresses the union of human emotions and intelligence as central points.

At the time, as the study was in its early stages, the first definitions about it were not as robust as those applied nowadays. Mayer *et al.* (2004) explains the initial definition that describes emotional intelligence was the ability to interpret one's emotions and also the emotions of those around us and use the information acquired through this reading as a personal guide. In the same year, after reassessments by the researchers, cognition was incorporated into the concept of EI, as the combination of emotion and cognition enables the individual to process more refined information.

Mayer *et al.* (2007) report substantial changes after continuous revisions to the term EI, so in 1997, Mayer & Salovey finally conclude the concept described below in their words: "Emotional Intelligence involves the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and ability to regulate emotions to promote emotional and intellectual growth." (Mayer *et al.*, p. 35, 2007).

So, what is the person emotionally intelligence can be like? Following what was proposed by Mayer *et al.* (2007), the drawing of an emotionally intelligent person corresponds to a person who studies and seeks to understand their own emotions and from this analysis will determines how they will act. It is basically what the popular quote says: "I don't have control of external situations, but I can manage my internal demands".

People who have high levels of EI are guided by positive attitudes, have a greater inclination to talk about personal achievements and goals, avoid problematic behaviours, and seek not to neglect their health, they also avoid harmful addictions such as excessive alcohol consumption and other substances. Mayer (2004) adds up they also assess the social aspect as a differential factor in the profile of a person with high EI:

"The high EI person is drawn to occupations involving social interactions such as teaching and counselling more than to occupations involving clerical or administrative tasks" (Mayer, 2004, p. 7).

In 2016, the concept of emotional intelligence was one more time reviewed by Mayer and Salovey and now with David Caruso's contribution. As reported by Mayer *et al.* (2004), the previous model of the 4 branches is formed by four skill categories, described as follows:

1. Perceive emotions in oneself and others
2. Use emotions to facilitate thinking
3. Understand emotional meanings, and;
4. Manage emotions.

After the this review, there was a need to incorporate new aspects and expand these categories due the emergence of new information related to human emotions. Thanks to new research, it was possible to expand from 16 to 25 new specific abilities within these branches. In this same review study Mayer *et al.* (2016) reinforces the four branches as: "problem-solving areas of emotional intelligence, and not necessarily as predicting the factor-structure of the mental abilities that people brought to problem-solving in the area" (Mayer *et al.*, 2016, p. 5).

2.3.3.   Goleman's Concept

Daniel Goleman is the professor and psychologist responsible for popularizing the EI concept in 1995, when he launched "Emotional Intelligence: Why It Can Be Matter More than IQ". Goleman (1998) in his writings describes EI is a resilient skill that generates motivation and impels us to act in a coherent way when adverse situations present themselves. Emotions are used as a support point for decisions and actions. Cloke and Goldsmith (2011) adds: "EI is the capacity to understand and connect with the hopes and fears of those who are in conflict and to find common ground in the values they share." (Cloke and Goldsmith, 2011, p. 94).

For Goleman's EI concept it is necessary that certain components be combined to become a practical action, as described by Faltas (2017), such as:

- Self-awareness - the ability to be able to read one's emotions and the effects they can have on oneself and others.
- Managing emotions - ability to manage emotions/feelings and impulses, to determine the ideal moment to act, think before the action.
- Motivation - follow the goals with perseverance, determination and dedication.
- Empathy - put yourself in someone shoes, picture yourself in situations involving other people and to be able to understand the feelings of others.
- Social ability - ability to build relationships, connect, interact.

Goleman (2020), in his most recent book, celebrating the 25th anniversary of his first book, brings a more robust and polished understanding of EI, as the theme is constantly changing and adapting. He basically draws a picture of how EI's high-performing males and females behave. In his synthesis, he reports that in the male gender, the developed EI allows self-acceptance, the individual feels comfortable in the interpersonal relationship and with the world around them; in loving relationships they tend to be more affectionate and empathetic. Goleman (2020) continues describing:

"They are socially poised, outgoing and cheerful, not prone to fearfulness or worried rumination. They have a notable capacity for commitment to people or causes, for taking responsibility, and for having an ethical outlook; Their emotional life is rich, but appropriate" (Goleman, 2020, p. 74).

On the other hand, emotionally intelligent female figures are also extroverted and have keen social skills, offering a wide network of contacts and are always open minded regarding to new friendships, they handle stressful moments very well, which helps them to low feelings such as guilt and anxiety. Goleman (2020) details:

"They tend to be assertive and express their feelings directly and appropriately, and to feel positive about themselves; life holds meaning for them; they are comfortable enough with themselves to be playful, spontaneous, and open to sensual experience." (Goleman, 2020, p. 75).

In the work environment Goleman *et al.* (2004) emphasize the importance of emotional competence, superimposing such skill as even more important than intellectual and cognitive

abilities, reinforcing the thought that an emotionally intelligent employee has more to add to the organization.

In theory, EI seems to be something simple because it is a skill that can be acquired and/or improved through practice, but with the involvement of emotions, feelings and impulses, this task requires more than practice. Dealing with emotions appears to be something easy and uncomplicated, but it is not. Goleman *et al*. (2004) describes that, emotions are of a complex nature and in situations that involve stress such as pressure at work, internal demands, poorly resolved problems result in emotional destabilization. When emotions are not well processed, the reading of reality may be distorted, or the problem may be making it more than it really is.

Providing care to sick people, people with terminal and chronic illnesses cause physical and psychological exhaustion. The care of patients with incurable diseases such as dementia makes the scenario even more challenging in the routine of these professionals. Tighe (2015) reports the practice of Emotions Management, one of topics of EI, is also very valuable when it comes to the loss of the patient causing the professional to mourn. Goleman (1998) mentions that empathy is another constant and daily exercise, as proper care is not possible without this premise that is basically putting yourself in the other's shoes, trying to understand their needs.

Like any study, the theoretical basis will be responsible for validating the research and subsequently its results. In the present study, the concept of EI will act as a guide in the elaboration of the survey questionnaire that will be divided into sections and each section will address the classic components of EI, they are Self-Awareness; Emotions Management; Motivation; Empathy and Relationship Management. Like any study, the theoretical basis will be responsible for validating the research and subsequently its results. The relevance of emotional intelligence in home care work will be presented in the next section.

2.3.4. Importance of Emotional Intelligence in Health Care Workers

As mentioned above, working as HCW requires much more than the qualification itself, it is necessary resilience and emotional stability as the routine of these professionals includes adverse situations all the time such as cope with serious illnesses, terminally ill patients,

patients under palliative care, death, mourning. In view of this whole scenario loaded with negative and challenging emotions, the question about self-care that commonly arises amongst these caregivers is: "If I don't take care of myself, how will I be able to take care of another?"

Emotional intelligence can be a game changer for HCW, this is what the research by Dr. Hadar-Pecker, a psychologist who carries out studies in the area, found through research involving various classes of health professionals and their relationship with emotional intelligence. The study showed that being an HCW contributes to the growth in emotional intelligence levels, and that this factor contributes positively to the performance of these professionals (Hadar-Pecker, 2020).

Fessel and Goleman (2020) found that confidence and higher levels of patient satisfaction are the rewards received by HCWs (from all sectors) with high EI. Consequently, HCW workers also feel more satisfied and confident in delivering care, it is a win-win. From this cycle on, the relevance of the role played by emotional intelligence applied in the daily lives of health professionals is clearly noted.

On the other hand, Lartey *et al.* (2021) warns that employees with low EI have a strong tendency to develop emotional exhaustion, and as a result of this low level, affect their satisfaction and the satisfaction of their patients, negatively compromising the performance of their work and caring for the needs of the patient.

Other results obtained in the research done by Hadar-Pecker (2020) it was possible to observe different degrees of IE among these HCW, professionals with relatively low EI felt more fatigue and exhaustion, unlike the results obtained by professionals with high EI, who showed more satisfaction, and they were able to lessen or avoid the feeling of fatigue. About other factors that emerged in the survey, she says: "Only those caregivers with a high level of EI were able to counteract the exposure to negative elements with positive elements." (Hadar-Pecker, 2020).

Empathy, one of the five components of the study on EI elaborated by Goleman (2020), is one of the essential requirements to offer better care, as the empathic person feels the pain of the other, understands their concerns and needs. Empathy is so important and necessary in the

performance of care that some universities have included this theme as an indispensable subject in the curriculum of courses such as Medicine and Nursing.

Hadar-Pecker (2020) reinforces the validity of the practice of emotional intelligence and one of the participants of her research who achieved a high score in EI said that he can have a deep immersion in the patient's feeling, but that this does not frighten him as he is able to moderate this feeling of empathy and finding balance. Sailing through the physical and emotional pains of patients can be dangerous, exhausting, unhealthy and can turn the caregiver into a sick patient, so it is necessary that this professional handles emotions in the best possible way.

Lartey *et al.* (2021) when citing scientific studies elaborated by Szczygiel and Mikolajczak (2018), points out that EI was a fundamental resource against the emergence of psychological disorders and the exhaustion caused by work also known as burnout syndrome in nurses. These positive impacts are perpetuated in other environments such as to their personal lives, in interpersonal relationships with friends, family, neighbours, reinforcing feelings of resilience, empathy, care and so on.

2.3.5. Emotional Intelligence of HCW in Times of Pandemic

It is common knowledge that Covid brought and still brings countless challenges where reality presents itself in a new and strange format and transformed the world into a fragile place. Physical contact as hugging has been avoided and the mask has become an indispensable item. Obviously, all the world has been and still are affected by the virus, but health care workers in particular need to reinvent themselves every day. Dealing with the unknown is scary, but when it comes to a global pandemic, these professionals are placed in the middle of the tornado.

The pandemic potentiates various emotions and also brings conflicts between personal interests and collective interests, that is what Alonazi (2020) reports. Health care works in all sectors, from the medical class to staff cleaning and kitchen workers, have their job performance affected due to pressure from high-risk work during the pandemic, many of them are stigmatized by the high-risk profession.

Fessel and Goleman (2020) assesses the imperative need to practice HCW emotional intelligence in the pandemic scenario. The authors categorically point out the psychological consequences suffered in the long term by these professionals. The duty, despite having been extended due to the large and sudden demand of patients, has a time to finish, but the result of all the chaos generated by Covid has no definite deadline. Therefore, the health professional must be aware of how their emotions are being experienced and transform emotional intelligence such as the PPE for their mental health, especially in critical moments such as epidemics and pandemics.

Murray (2020) emphasizes the relevance of the role of leaders in the health area during a pandemic period because, according to her, "leadership will be one of the most heavily tested skills throughout the coronavirus pandemic." The researcher lists some of the tasks guided by emotional intelligence to help leaders conquer or at least get close to favorable changes in this turbulent reality faced by HCW:

1. Spend time on your own self-awareness
2. Practice empathy
3. Label the fear
4. Be real
5. Take care of yourself
6. Change your internal thoughts

The study on the effects of emotional intelligence on nurses during the COVID-19 pandemic by Soto-Rubio *et al.* (2020), focused on the Spanish nurses reports that Emotional intelligence reinforces the aspect of resilience in times of crisis and nurses participating in the research report that the chances of triggering burnout were substantially reduced by managing emotions, one of the basic premises of emotional intelligence.

3.   Research Question

3.1.   Introduction

Emotional intelligence has been extensively discussed in previous sections, emphasizing its role in the routine of health care workers especially in times of pandemic. In this section the research objectives will be the focus.

3.2.   Aims of the Research

The aim of this research is to investigate how the emotional intelligence of the home care worker have been affected during the pandemic using age bias as a variable. This research is relevant for the little literature developed around the emotional health of this group, which is part of a powerful pillar and plays a differential role in the lives of thousands of Irish families. Another reason that brings relevance to the study is the approach to emotional intelligence in support of the home care group as a survival to the dark and turbulent times experienced during the Covid-19 pandemic.

This research will use the components of emotional intelligence developed by Salovey-Mayer-Caruso and Daniel Goleman as a guide to build the questionnaire survey. Through these objectives, the research question is:

Has Covid-19 pandemic affected the emotional intelligence of home care workers in Dublin differently according to age group?

3.3.   Objectives of the Research

The research will be broken down from the following topics:

1.   Investigate the current emotional intelligence of home care workers during the Covid-19 pandemic through a questionnaire survey

2. To ascertain possible relationship between age group and emotional intelligence of the target group

3. Examine the importance of emotional intelligence aspects to the target group: Self-awareness; Self-regulation; Motivation; Empathy and Relationship Management.

4. Reinforce the relevance of these professionals who arouse little attention to current academic literature

From the contributions of this study, it will be possible to validate the role of emotional intelligence as a way of protecting the emotional health of home care workers working in Dublin and to highlight the role played by this group. Therefore, interventions can be made to benefit this group as well as clarifying that emotional intelligence can be a daily exercise practiced on the daily basis by each professional.

4. Methodology

4.1. Introduction

This section will be a guide for the discussion on the effectiveness of the methods used to try to answer the question elaborated for the present research and, consequently, fill in the open gaps. In the topics below, the methods used will be discussed and broken down for better understanding.

4.2. Research Approach

Saunders *et al.* (2015), broadly, mentions the word research as the processing and the way in which data is collected. Then they improve the concept and reveal that the surveys follow some patterns and characteristics described as follows: "Data are collected tab; Data are interpreted that and there is a clear purpose to find things out" (Saunders *et al.*, pp. 6, 2015).

From an ordered and organized strategy, research becomes possible, bringing answers to the Research Question and the knowledge becomes the result of this entire process. All the direction of this research will be based on the levels of emotional intelligence of home care workers in Dublin. Through the results obtained in the questionnaire, an analysis of current situation of EI will be made considering the age group as a reference. After data been collected will be possible to observe how Covid has impacted the EI of the target group and which age group and aspects have been most affected.

Exploratory research sets the molds for this study, which Dudovskiy (2019) defines as research aimed at problems and situations that have not yet had conclusive results, nor have they been clearly defined. However, exploratory research does not intend to bring final solutions either. Exploring the questions about the topic addressed is basically what this type of research proposes.

Furthermore, exploratory research can play an essential role for further studies, as its characteristic of originality, pioneering and little (or even never) addressed problems give relevance to these studies. The little academic literature on the emotional intelligence of home

care workers reinforces this exploratory bias. Despite being exploratory research, a predominant feature of qualitative research, the method used to answer the question proposed in the study will be possible through quantitative research, as the EI levels will be observed analyzed systematically.

Qualitative and Quantitative research methods were considered, however as the studies took shape, the quantitative method eventually fit more consistently with what has been proposed as the focus is to investigate the possible damage caused by the pandemic to the emotional intelligence of caregivers in Dublin. Elkatawneh (2016) points out that the data collected is usually obtained using interviews, questionnaires and even the use of material resources such as video and audio. The quantitative researcher can use more than one type of date to give a holistic basis to the study. While qualitative research looks for words to picture a whole scenario, the preoccupation of quantitative research is defined by numbers and statistics. Such numbers seek logic and rationality as a practice and the answers emerge in a more objective way, unlike qualitative research, which configures a broad, subjective view.

Elkatawneh (2016) further explains, qualitative research also requires the researcher to go into the field and invest a lot of time practicing the observation and analysis of the participants involved, but with the current scenario where physical contact needs to be restricted, qualitative research was discarded. Another reason is also because qualitative research does not support what this study propose and search from the data collection made through the application of the questionnaire survey for assessment of the EI levels of the target group that can and will be carried out online.

Saunders *et al.* (2015) evaluates quantitative research as deductive methods in order to bring such a perception based on numbers and statistics. The study therefore aims to combine quantitative research with the application a questionnaire based on EI concepts to assess the levels of emotional intelligence of the group of home care workers of Dublin. Fernandez *et al.* (2012) reinforces the validity of the union between quantitative research and emotional intelligence tests and assessment in studies because quantitative research can help to develop better understanding of EI levels.

From the analysis of these variables, the study is configured along the lines of deductive approaches. Based on a theory that has already been tested and validated, in this case EI (Goleman, 1998), deductive analysis will seek possible connections between the theory and what has been investigated Saunders *et al.* (2015), that is, the possible damage caused by the pandemic to the emotional intelligence of caregivers.

4.3. Research Philosophy

During the research, the researcher must be concerned with the philosophical context as such considerations can directly affect the central point of the research. By asking "Why develop such research?" the "What to search?" it may be taken in a completely different direction than intended. Holden and Lynch (2004) point out the need to create hypotheses and assumptions in its importance and influence involving the nature of society and science for the construction of a philosophical thought by the researcher. Therefore, philosophical considerations play a relevant role in every scientific research.

The present research will adopt the positivist philosophy that aims to connect and establish regularities of subjective ideas and theories based on empirical evidence (Saunders et. al, 2007). The positivism philosophy relates to quantitative approaches in the way in which data collection is carried out, through observational existences that have the purpose of confirming or excluding the research prognosis from testing a significant number of the population. (O'Rourke, 2018)

Another concept on which this research will base its purpose is from what is called the functionalist paradigm, tracing its way through practical and rational discernment, and thus resulting in accessible and usable knowledge. Positivism reflects objective facts that are supported by scientific evidence in a more concise way, same happen to the quantitative approach. However, such know-how fails in a richer and more detailed context and does not consider contexts of individual realities (Saunders et. al, 2007).

Regardless of the topic to be addressed, the pillar is the main support for the development of research and the creation of knowledge as a result of the proposed study. Such a phenomenon

runs along a line of positivist epistemological characteristics that provide the basis for an objective veracity that is distant and has no connection with consciousness (Quinlan, 2011).

4.4. Research Methods

4.4.1. Assessment of Emotional Intelligence

Over the years, many debates and theories about emotional intelligence have emerged, from its definition to its validity. Questions such as: what is the profile of an emotionally intelligent person? Are there safe enough ways to frame a subject to this profile? Is it possible to measure emotional intelligence like IQ is measured? Is the person who achieves low levels of EI a person who is of little value to society? Anyway, the issues raised were numerous and like any other study or theory, it has its limitations and face criticisms.

What can be concluded is that after all these years of scientific study on the subject, Salovey & Mayer & Caruso, important figures on this scenario, prove that yes, it is not only possible to identify if the person is emotionally intelligent, but it is also possible to assess and measure the different levels of EI and in what ways EI manifests itself.

Many tests were designed, redone, re-evaluated, and readapted, and all these tests had a common achievement, to validate the emotional intelligence concept. The pioneers in these studies are the researchers mentioned above, and their academic contributions on the topic and the tests created by them will be detailed in the paragraphs below. Starting with Salovey & Mayer, who were responsible for creating the term Emotional Intelligence, although there were records of studies on the subject, they were the ones who named the theory (Cloke and Goldsmith, 2011).

After numerous reformulations and adaptations, the most up to date EI measurement model developed by Salovey and Mayer and now with the collaboration of Caruso, it was possible to arrive at the most complete EI test, known as MSCEIT. According to Salovey *et al.* (2004) MSCEIT was designed to measure an individual's EI through the four branches thus prescribed by Salovey, Mayer as the basic precepts to substantiate the EI, they are: Perceiving emotions; Use of emotion to facilitate thought; Understanding emotions and Managing emotions. The

investigations reaffirm that EI (instrumentalized by MSCEIT) corresponds to the basic guidelines and parameters of an intelligence considered a reference and presupposes and results of relevance in the social field.

Brackett and Salovey (2004) confirm the effectiveness and value of the MSCEIT test through the measurement of emotional abilities as they correspond to the basic measures and parameters of intelligence, they list the reasons:

1. "The MSCEIT has a factor structure congruent with the four branches of the theoretical model;
2. The four abilities show unique variance, but are meaningfully related to other mental abilities such as verbal intelligence
3. EI develops with age and experience, and finally
4. The abilities can be objectively measures" (Bracket and Salovey, pp. 36, 2004).

It is noteworthy that most tests ask participants to answer a certain number of questions and the answers will come through self-reflection of their own emotions and feelings. From this self-reflection, it will be possible to assess the participant's current levels of emotional intelligence.

It is also important to observe that the present investigation will not use MSCEIT test as the questionnaire was adapted to include the theme of the pandemic and also components that are cited by Goleman (1998) that were not cited by Mayer and Salovey as empathy and motivation. Without the classic precepts of MSCEIT tests, it would not be possible to elaborate the questionnaire and thus access and assess the current emotional intelligence of this group.

4.4.2. Data Collection

The data collection for the research was the online platform called Google Forms (2020), which has the necessary tools for the elaboration of questionnaires. The questionnaire was framed in a manner that allowed the participant's anonymity. Such questionnaire can be accessed via computer/laptop and via mobile/smartphones. This method offers more security for both the

researcher and the participants as there will be no close contact, one of the basic premises for not spreading the virus.

The participant's confidentiality will be guaranteed since such answers have an extremely emotional bias and perhaps there may be embarrassment in exposing such emotions and feelings. In addition to protecting the confidentiality of the home care worker, volunteering is another characteristic of this research. The questionnaire has academic validity, is easily accessible to read, with clear, objective and direct questions to facilitate understanding, since many home care workers are immigrants and do not speak English fluently.

The online survey presents a cover page that described the purpose of the study, what was expected from the responses offered by the participants and that such data would be analysed at group levels, not individually. On the same cover page were presented all ethical considerations for the appreciation of the participants, reaffirming the participation is a voluntary nature and stressing the commitment to the confidentiality of all information provided. The cover page also guaranteed the free participation of each participant and that they were free to withdraw from the survey at any time.

The questionnaire was adapted to bring the pandemic situation and include the 4 branches drawn by Salovey, Mayer and Caruso (2004): perception of emotion, use of emotion to facilitate thinking, understanding emotion, and management of emotion; combined with the EI capabilities developed by Goleman (1998): self-awareness, self-management, empathy, motivation and social skill.

The questionnaire survey is divided into sections and the first section is the Demographic Form which ask the participants to answer basic questions about themselves, such as gender, age, qualification, work experience and type of employment (full-time or part-time). The following sections will approach the EI concepts as a way to assess the group's emotional intelligence levels, each one has 5 self-report questions, they are: Self-awareness; Managing emotions; Motivation; Empathy; and Relationship management.

The participants will evaluate the sentences given and through STRONG AGREE – AGREE – NEUTRAL – DISAGREE – STRONG DISAGREE scale. As it a self-report questionnaire,

they will be asked to assess themselves in order to answer the questions. Being a quantitative research and based on the precepts of EI assessment, all responses are objective and self-report.

4.4.3. Reliability Statistics

For this study to be credible and its results to be reliable, Cronbach's Alpha coefficient was used. According to this Cronbach Alpha coefficient, scores above 0.07 are considered reliable and when the result reaches a score below that, it results in a reliable fragile (Pallant, 2016). The present study reached a significant score of 0.767, which makes the research valid and reliable, as the necessary consistency for conducting the research is observed.

Table 1 Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.767	.767	6

4.4.4. Sample Population

Some requirements were needed to be settled in order to validate the study so the eligible participants must follow the criteria described below:

1. They need to be employed as a home care workers for at least two years (so it will be possible for them to stablish a comparison between their emotional intelligence levels pre covid and during covid);
2. They must be registered following a formal contract (home carers on the informal care settings won't be considered);
3. They must be over 18 years of age;

In total, the sample of 79 participants took part of the survey. Women represent the vast majority of participants with 98.7%, whereas the male audience was represented by only 1

man, corresponding only 1.3% of the total. In terms of type of employment, the results were balanced, 53.8% of the participants work full time and 46.2% work part time. Regarding age, 69.2% of the participants are between 25-50 years old, 20.5% are caregivers aged between 18-25, and the other portion aged 50 or over represents 10.3% of the total number of participants. The researcher sought out known people who perform the role of home care worker and who met the requirements demanded in the survey.

Social medias such as Facebook and email were another alternative used to reach a greater number of participants. Participants were asked to take part of the survey by posts on Facebook and they were also requested to invite other co-workers who fulfilled the necessary requirements to participate as well. All participants answered all questions, so all entries were accepted and data collection included.

All participants are home care workers who live and work in the county of Dublin and all meet the requirements mentioned above through consent and confirmation that they were over 18 years old and met the profile sought for this research.

Among the participants, it was noticed that the female audience has an expressive number being 78 women and only 1 male respondent. The next chapter will break down other details about the participants such as age and education.

4.4.5. Data Analysis

The research data analysis will be guided by descriptive statistics analysis and then by exploratory analysis of statistical data resulting from questionnaires survey applied to the target group. Descriptive analysis will be used to collect general data about the target group, also information about emotional intelligence and the way it presents itself at its various levels. Afterwards, the data will be collected and gathered and from there, they will pass through the sieve of the exploratory analysis in order to detect whether or not there were damages caused by the Covid pandemic in the age groups. The first analysis will be done by the professional themselves when answering the questionnaire, the questions offer reflection about their own emotions before Covid pandemic and during Covid pandemic, thus making this self-reflection the answers given. From the information provided the data collection will be gathered to get

an overview of the current emotional intelligence of the home care workers. Some additional resources such as Google Forms, Microsoft Excel and IBM SSPS will be used to study and group the data extracted in the survey. Questionnaire data were transferred to Excel and then coded in the SPSS System. Through the SPSS tool, it was possible to assess the reliability of the data extracted from the questionnaire and also to have an overview of the profile of the participants and the current emotional intelligence.

The study adopted the analysis of construct correlation in order to observe the average score between group with the use of Descriptive Statistics, the existing relationships between variables and also transform such information into statistical data, for this, the Spearman's Rho test and ANOVA were used.

4.5. Limitations

As this is a self-report survey, the survey has its limitations, as participants can opt for more convenient answers and not necessarily honest and trustworthy to what they really feel (Ennis, 2019). Although such questionnaires are considered valid and offer some security, they also have limitations. Another point that was observed by other researchers is that self-report questionnaires bring data about self-perceived skills, and not necessarily real skills, which can generate a conflicting evaluation of EI and different from the reality (O'Rourke, 2018).

Another limitation observed is in relation to the sample size which is a very small amount compared to the number of the community of home care workers across the county of Dublin. With such a small sample, the results may not draw definitive conclusions from the actual scenario (Tighe, 2015). For greater validity and greater precision, future studies can cover the population of the sample and, even, to include other counties by increasing the demographic region of the research, then it will be possible to have a more faithful picture of reality.

The sample group has the participation of people from varied nationalities and different backgrounds, which can affect the application of the questionnaire, both due to language barriers, as well as cultural issues, religion and so on.

4.6. Summary

This chapter presented how research will be conducted through the research approach, the research philosophy, and the research methods. Such topics are essential to give the reader an understanding of how the research was put into practice to fill the gap proposed by this research. In the following chapter, the analyzes made from the data collection will be presented, outlining the study through the applied techniques.

5. Analysis and Findings

5.4. Introduction

This chapter will present and evaluate the results of the research done in the target group. The presentation of these results will be illustrated through graphics, tables and figures. Demographic information's of home care workers will be displayed, such as: age, gender, education, type of employment and time of experience as home care worker. Subsequent sections will display the data collected on this group's emotional intelligence during the pandemic through the graphics resource and then interpret this data on the general levels of emotional intelligence of the target group. Such interpretation aims to assess the possible influences of the pandemic on this group using EI concepts as a tool to investigate this impact cross age groups.

5.5. Pilot Study

To validate the research instrument, before the official application of the questionnaire, a pilot study was carried out to observe any changes and improvements if the need arose. Five home care workers were invited to participate in this initial study, and they were asked to provide feedback on the questionnaire after completing it. The time taken to answer the questions was also observed, it took an average of 12 minutes to answer the questionnaire completely. Participants considered the text and the presentation of the questions easily accessible, leaving no room for doubts about what was being questioned.

However, 3 of the 5 participants warned about one of the issues that Relationship Management addresses, which mentions "Chatting and drinking tea with the patient is always a moment of joy". In current reality, due to the restrictions caused by Covid-19, drinking tea with the client has not been allowed. The suggestion was taken, and the question was modified by erasing the "drinking tea" part. No other changes were made as no conflicting information was observed or that could generate discomfort or doubt on the participant. Therefore, the layout, order of questions, cover page text remained with the same configuration as the initial questionnaire. The final survey questionnaire can be found in Appendix 1.

5.6.   General Statistics

In total, 79 questionnaires were completed, subsequently analyzed and validated without reservations for the purposes of this study. Below, the demographic data in Figures 1-5 will be displayed. It will also be possible to view the general observations related to the participants next.

Figure 1. Shows the percentage of participants' gender data. The pizza chart shows that the vast majority of participants are female, with 98.7% (n=79) only 1.3% (n=1) by the male group. This huge discrepancy between the genders may interfere with the search results.

Figure 2. Displays the age of the participants. The age of participants predominates between 25-50 years, with a total of 68.8% of the survey. However, participants from other age groups had a relevant representation, with 20.8% representing participants between 18-25 years old and the other 10.4% representing participants over 50 years old. It is important to emphasize that the age variation can directly interfere in the results since the years of experience and maturity impact the EI levels. Further details will be discussed in the Discussion on Findings section.
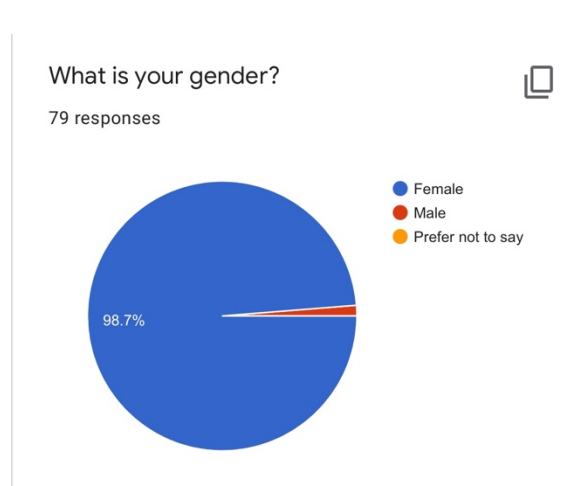
Figure 1. Gender of survey participants   **Figure 2. Age of survey participants**
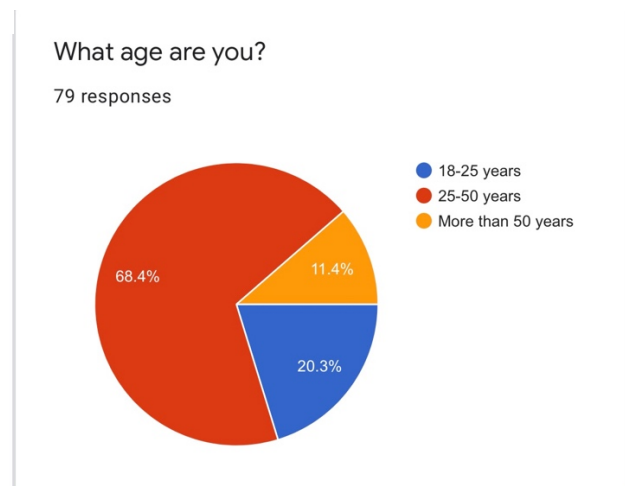
Figure 3. Displays the employment type of survey participants. As can be seen in the figure below, there is a considerable balance between both categories, 53.2% of participants working full time and the other 46.8% of participants occupying the position of home care worker only part time. The number of hours worked can impact the survey results as the EI levels can vary according to the workload.

Figure 4. Exhibit the qualification level of the participants. This is another graph that shows a certain balance in numbers. Most responding participants have FETAC level 5, 37.7% in total. Due to the wide variety of qualifications that the "Others" option was included in the alternatives and around 32.5% marked this option. Around 24.7% of the participants responded that they have a degree (nursing, physiotherapists, psychologist, or other healthcare degree). Still on the possible varieties in terms of qualification, the remaining 5.2% responded that they were in training, nursing degree and FETAC LEVEL 5 course in progress and degree in business. It is worth noting that certain graduations can directly influence the results in EI levels.

Figure 3. Type of employment of participants   **Figure 4. Level of qualifications of participants**
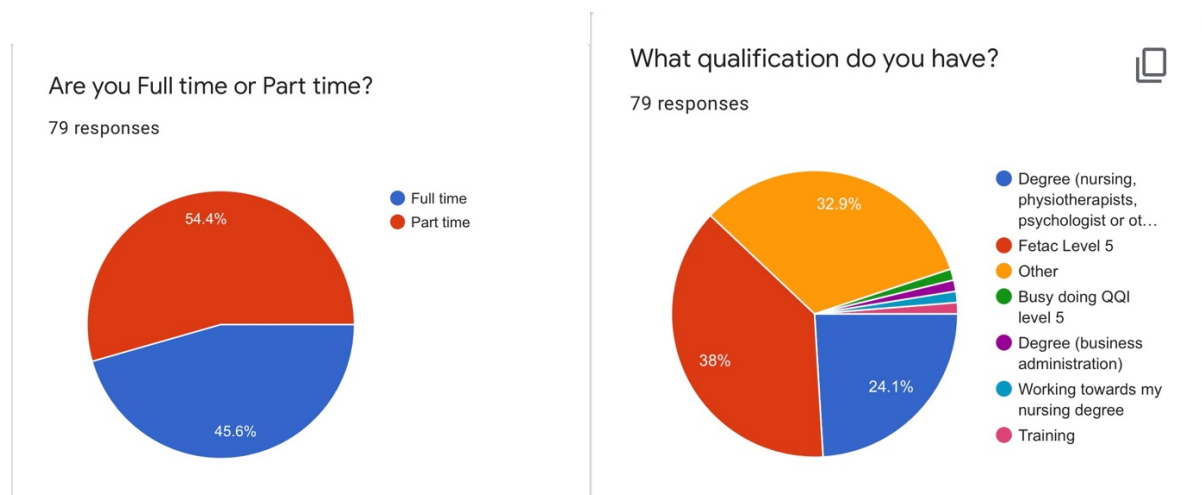

Figure 5. Displays the work experience with care of the participants. Participants who have between 1-3 years of experience registered the highest number, being 63.3% of the total percentage. The second highest number registered was that of participants who have 5 years of experience or more, totalizing 20.8%. The participants who have between 3-5 years of

experience were 15.6% of the total participants. Remembering that the time of experience with the care of vulnerable people can interfere in the EI levels of these professionals.

Figure 5. Work Experience of survey participants
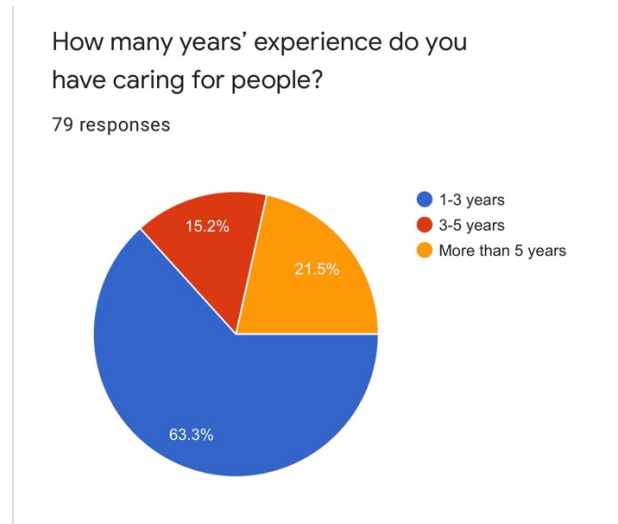
5.7. Numerical Descriptors

In the data analysis, descriptive statistics presented the mean (M) and the standard deviation (SD) of the continuous variables present (age, emotional intelligence and the effects of the pandemic). In table 2 shown below, the items related to emotional intelligence and the pandemic maintained a balanced scale, 4.80 in sections EI_EM and EI_MO and 5.00 in sections EI_SA, EI_EP and EI_RM. The average mean scores: EI_SA (m= 3.97), EI_EM (m= 2.86), EI_MO (m= 3.22), EI_EP (m= 3.35), EI_RM (m= 3.86). More details down below:

Table 2. Descriptive Statistic

	N	Minimum	Maximum	Mean	Std. Deviation
Age	79	1	3	1.91	.559
EI_SA_CompositeScore	79	3.00	5.00	3.9722	.43410
EI_EM_CompositeScore	79	1.40	4.80	2.8608	.64558
EI_MO_CompositeScore	79	2.20	4.80	3.2228	.49093
EI_EP_CompositeScore	79	1.40	5.00	3.3544	.48352
EI_RM_CompositeScore	79	2.40	5.00	3.0861	.45706
Valid N (listwise)	79				

5.8. Correlations Analysis

This section will show the correlation between the variables Age + Emotional Intelligence and Pandemic simultaneously in order to assess possible interferences in the relation between the variables. The Spearman Coefficient was used so that this correlation could take shape and could be evaluated. If there is a linear correlation between the variables Age + Emotional Intelligence and Pandemic, this will be determined by the value 1. The Spearman's correlation is an efficient tool used to compare ordinal datas. When there is no correlation between the variables, this value will be represented by 0, whereas the value -1 will correspond to an existing negative relation among the variables.

Table 3. Spearman's Rho Test			Age
Spearman's rho	Age	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	79
	EI_SA_CompositeScore	Correlation Coefficient	.070
		Sig. (2-tailed)	.542
		N	79
	EI_EM_CompositeScore	Correlation Coefficient	-.045
		Sig. (2-tailed)	.694
		N	79
	EI_MO_CompositeScore	Correlation Coefficient	.016
		Sig. (2-tailed)	.889
		N	79
	EI_EP_CompositeScore	Correlation Coefficient	.063
		Sig. (2-tailed)	.578
		N	79
	EI_RM_CompositeScore	Correlation Coefficient	.000
		Sig. (2-tailed)	.998
		N	79

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Self-Awareness is the first item evaluated and, according to Spearman's rho correlation, indicates near perfect positive monotonic correlation but very small correlation between the variables (.070; p= .542). This item assesses homer care workers' relation with their own emotions and how the pandemic has affected this component of emotional intelligence. The

result obtained through the Spearman's rho test suggests that there are no discrepancies between the age groups regarding the consequences caused by the pandemic to this component.

In the second item, Emotions Management, the table indicates a different score from the previous item because it presented a negative relation between the management of emotions in different age groups, (-.045, p= .694). This result suggests that there is a perfect negative association regarding the management of participants' emotions during the pandemic regardless of the caregiver's age. So, none of the relationship between the variables is a perfect negative correlation, which means statically insignificant.

In the following items, which address Motivation and Empathy, Spearman's rho test has low scores (MO - .016; p= .889; EP - .063; p= .578). This result indicates near perfect positive monotonic correlation but very small correlation between the variables, same as occurred with the first item, Self-Awareness. These results suggest that age group has little influence on these items and that the pandemic has a very small impact when it comes to emotional intelligence levels according to age.

The last item that addresses Relationship Management, Spearman's rho test indicates no such correlation since the value it finds is 0 (.000; p=.998). This result suggests that the pandemic interferes with the social relationships of caregivers of different age groups. It is then suggested that age has no relevance when it comes to the effects of the pandemic on relationship management, this indicates that the possible effects caused by the pandemic are felt in a linear fashion regardless of age.

5.8.2. Scatter Plot Graphs

For a more detailed and clear view of the proportionality of the results, Scatter Plot offers an easy-to-understand overview as can be seen below. It is possible to observe that the answers follow a similar pattern and present similar coefficients, in general, there are no great variations between the age groups. It is noteworthy that these results are not conclusive because the group over 50 years of age is relatively younger and the age group between 26-50 and a large portion of the participants, which can directly influence the results.

Scatter Plot seeks to observe possible relation and associations between two numerical variables and the points displayed in this graph, in addition to bringing values from individual data, also present patterns from data as a whole. Scatter plot is intended to identify correlational between variables. In this case, the correlation between age groups and emotional intelligence in pandemic times.

Figure 6. Scatter Plot – Self Awareness by Age Group
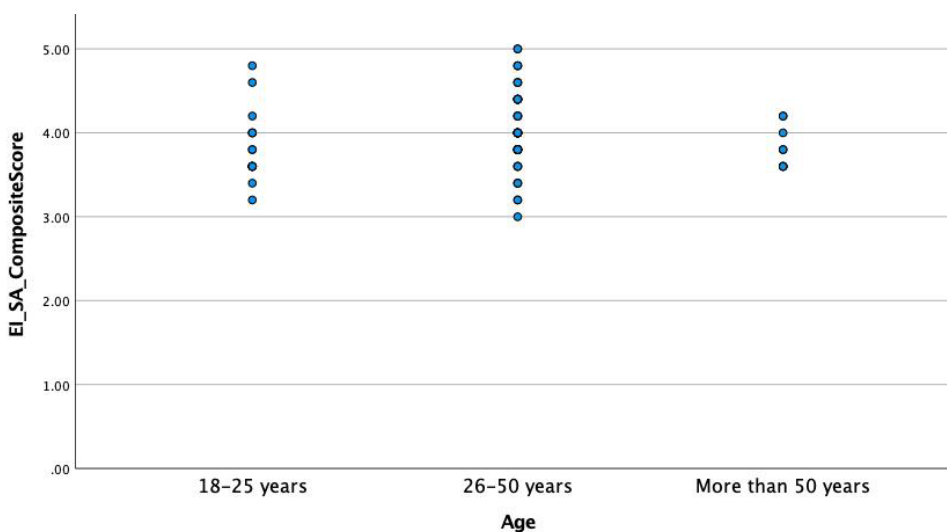

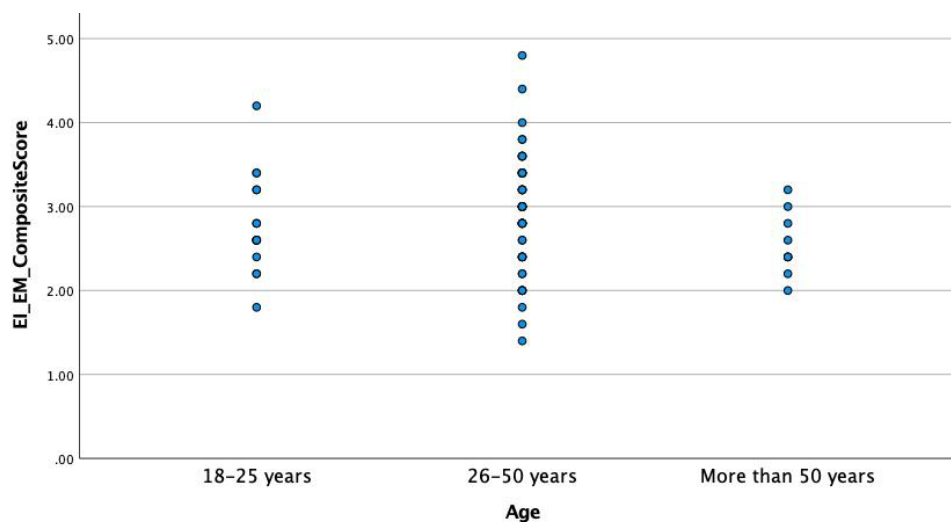**Figure 7. Scatter Plot – Emotional Management by Age Group**
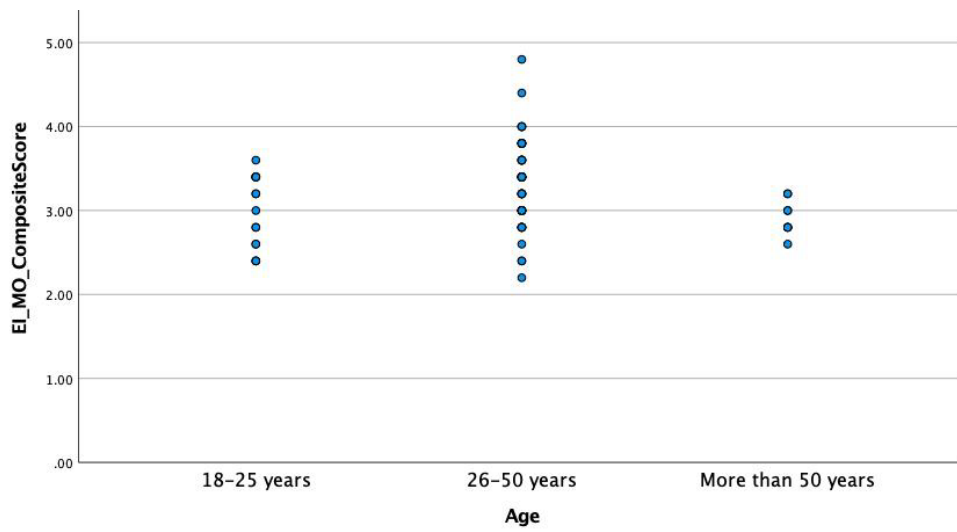
Figure 8. Scatter Plot – Motivation by Age Group

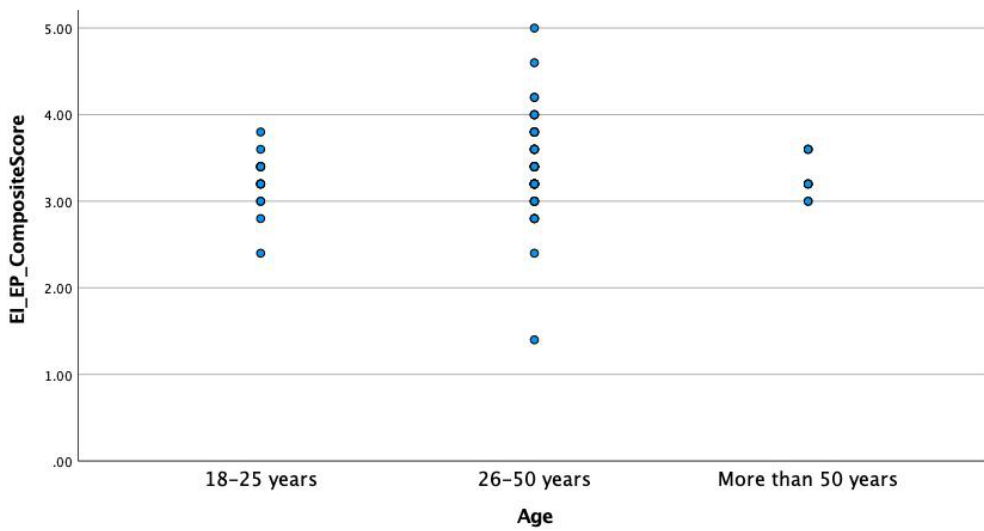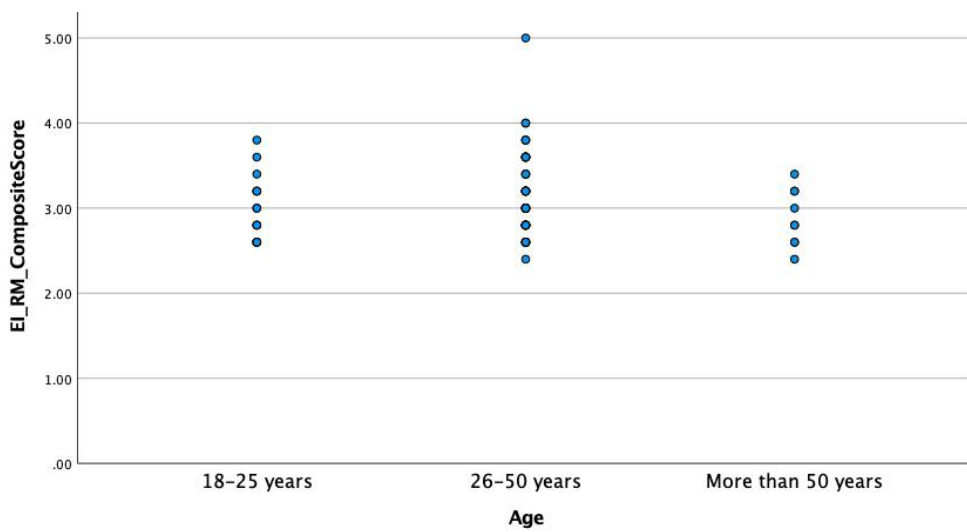**Figure 9. Scatter Plot – Empathy by Age Group**

Figure 10. Scatter Plot – Relationship Management by Age Group

5.6 Analysis of Variables

According to the ANOVA test, the results suggest that there is no significant evidence that differentiates the impacts caused by the pandemic on the emotional intelligence of participants across different age groups. Significance levels indicate numbers are too low to be relevant to the point of demonstrating any influence on the variables, thus, it is not statistically significant. However, it is worth noting that the Motivation item reached significance of p= .005, being the item with the highest statistical significance, as it approaches the value p= .000 which represents the difference between groups.

Thus, one-way ANOVA analysis suggests that there is no evidence or real indications that the pandemic has generated different cross-age impacts on the group of caregivers, the item that showed the most statistical significance was Motivation (p = .005) but it still is considered of little significance as it has insufficient value.

Table 4. Analyses of Variables (ANOVA)

		Sum of Squares	df	Mean Square	F	Sig.
EI_SA_CompositeScore	Between Groups	.720	2	.360	1.957	.148
	Within Groups	13.979	76	.184		
	Total	14.699	78			
EI_EM_CompositeScore	Between Groups	1.209	2	.604	1.467	.237
	Within Groups	31.300	76	.412		
	Total	32.508	78			
EI_MO_CompositeScore	Between Groups	2.420	2	1.210	5.614	.005
	Within Groups	16.379	76	.216		
	Total	18.799	78			
EI_EP_CompositeScore	Between Groups	.438	2	.219	.935	.397
	Within Groups	17.798	76	.234		
	Total	18.236	78			
EI_RM_CompositeScore	Between Groups	.713	2	.357	1.740	.182
	Within Groups	15.581	76	.205		
	Total	16.295	78			

5.7. Conclusion

This chapter displayed results obtained through the research carried out with the target group. The application of the questionnaire enabled the statistical design between variables age + emotional intelligence in pandemic times. The research seeks to understand the possible influences caused by the pandemic on the emotional intelligence of home care workers due to age bias. The correlation analysis statistically punctuated the existing or not of associations between the variables and at which levels these associations are applied. The results will be detailed in more depth in the following chapter.

6. Discussion on Findings

This chapter aims to analyse in detail the results obtained in the attempt to fill the gap opened in the Research Question section and in the objectives listed there. It also analyses possible associations between the results and the proposals launched in the literature review. To provide clarity to the reader, the researcher will subdivide this section into topics following the objectives initially proposed and show whether they were fully met or not.

6.4. Emotional Intelligence of Home Care Workers during Pandemic

Emotional Intelligence was the main guide of this research because it offered theoretical support and promoted direction to the main objective, which is the assessment of emotional intelligence of home care workers in Dublin who face the covid-19 pandemic. As already mentioned in the literature review, Emotional Intelligence is, in a nutshell, the ability to identify your emotions and feelings and be able to manage them in the best way, also considering the emotions of others (Mayer *et al.* 2004). Through the classic concept of emotional intelligence, the five components were extracted and structured into five sections for the construction of the survey questionnaire. The five essential components in the formation of the EI concept mentioned by Goleman (1998) were used: self-awareness; emotions management; empathy; motivation and relationship management.

From this understanding that addresses various aspects inherent to human beings, the research focused on these components to capture the real situation of the emotional intelligence of these professionals who face the pandemic as frontline workers. Using the constructs of IE, it is also sought to understand in which aspects and how caregivers of different ages have reacted to this new and unexpected reality.

Table 2 exhibit the descriptive statistics data and shows important data as it is possible to observe the average mean obtained by the groups. It is noted that there is a certain balance between the components, except for the component that addresses the management of emotions, which had mean below 3.00, this indicates that this component in particular has been affected to some degree.

Table 3, which configures the Spearman's rho results, analyses the correlation of variables, in this case, age and the five components of emotional intelligence included in the pandemic theme. It is observed that there are low correlations between the variables in general. This means that there are no relevant associations between the age of the caregiver and the way emotional intelligence has been presented to them in the pandemic.

The analysis of variables is presented in table 4, where it is possible to observe the dynamics between groups and within groups and find possible evidence and consequently judge whether such variables offer significant indications for the raised hypothesis, in this case, whether the home care workers' age can determine different levels of emotional intelligence in the pandemic. The result is that there is no significant evidence that the variable influences or impacts emotional intelligence in the pandemic scenario.

The five components of emotional intelligence were listed below to discuss in a structured way to offer more detail of the answers found through the results obtained.

6.4.2. Self-Awareness

Self-Awareness of home care workers was the first item to be incorporated into the questionnaire. The questions were developed based on what this component predicts and questions such as recognizing one's emotions, perceiving differences in the levels of anxiety caused by the pandemic were addressed. According to Goleman *et al.* (2004) this component corresponds to understanding and managing one's emotions, it is basically read and interpret how emotions are triggered and recognize the way it affects you.

In the table 2 it is possible to observe that self-awareness was the component that reached the highest mean score (m= 3.97) among the other components. This score indicates that the home care workers' self-perception of feelings has not undergone serious changes, the perception remains balanced even under the negative effects of the pandemic.

The result in Spearman's rho test (.07, p<.001) is displayed on table 3 and its results is categorizing such component as near perfect positive monotonic correlation, although it has a low correlation between the variables. This suggests that there are no disparities in the effects

of the pandemic in the way home care workers perceive their own feelings and that age has little influence, as the groups maintained a certain pattern. The result suggests that age is not a determining factor for self-management variations during the pandemic, it means that they experience the new reality in a similar way.

The table 4 was possible to observe that the analysis of variables confirmed what was already mentioned in the results discussed above, there is no evidence to suggest differences between the across age home care workers because the significance was p= .148 which indicates a statistically insignificance.

This concludes that this component of emotional intelligence presents no evidence that age may contribute to differentiating levels of self-awareness of home care workers during the pandemic. All results obtained through SPSS matches.

6.4.3. Emotions Management

The second component to be analysed is the management of emotions of home care workers. In this item, the questions address situations involving the management of emotions, they were asked if they have found difficult to adjust their lives to the new reality, if the emotions are under control and if there has been any change in how emotions are externalized Mayer *et al.* (2004) describes that this component is the ability to be able to control impulses and redirect them to better moves, it is basically thinking before acting and not let such negative feelings control you. A person who reaches high levels in this component tends to be more rational and less impulsive.

In relation to Descriptive Statistics on table 2 it is possible to notice that this section reached the lowest mean score (m= 2.86) when compared to the other sections. This result suggests that the management of emotions during the pandemic has been affected to some degree in age groups. In other words, there are indications that the pandemic affects the management of emotions in this group as a whole, not just determined age group.

Table 3 exhibits the Spearman rho test, this component indicates a negative relationship between managing emotions in different age groups. That means there was a significant

negative correlation between home care workers' age and home care workers emotions management -.04, p<001.

Table 4 indicates p= .237 of significance which categorizes this item as statically insignificant. Therefore, there is no evidence to indicate the existence of differences in the management of home care workers' emotions during the pandemic, considering age as a factor.

Therefore, it is concluded that, despite having reached the lowest mean scores in descriptive statistics, which shows relevant data on the current state of emotions management of caregivers who experience the pandemic, there is no evidence that records discrepancies across age groups.

6.4.4. Motivation

The third component incorporated into the questionnaire was Motivation. According to Goleman (2020), this component assesses how much the person is driven to establish and achieve goals and meet deadlines. The person who is motivated finds it easy to keep promises, goals, and always seeks to reach new opportunities. Based on this concept, the questions were built and the participant was invited to assess situations involving goals, focus and achievements during the pandemic. It was also asked whether overwork and other atypical situations as a result of the pandemic have contributed to lower motivation.

The result shown in the table 2 for Motivation (m= 3.22) indicates that the pandemic has had little influence on the levels of self-motivation among the age groups. In other words, home care workers maintain similar levels of motivation since before the pandemic, and age has little influence among these professionals as they maintain a balanced pattern.

Table 3 where Spearman rho test is exhibited the Motivation item results as near perfect positive monotonic correlation (.01, p<001) but there is a very small correlation between the variables, the same occurred in the Self-awareness component. This result indicates that there is no evidence that the pandemic has affected the motivation of these professionals differently according to age.

Table 4 brings a result slightly different from the others mentioned above, because Motivation approached what is considered statistically significant (p= .000) since its score was p= .005. Although it has approached what is considered statistically significant, its result is still low and indicates little evidence that the pandemic causes discordant impacts considering the age group.

Therefore, it is concluded that the Motivation component of home care workers remains little altered even living and working under the negative impacts caused by the pandemic. It was also found low dispersion in relation to the motivation of different age groups, indicating that age has a no influence on the motivation of these professionals.

6.4.5. Empathy

Empathy was the fourth item included in the questionnaire and seeks to assess and understand how caregivers' empathic emotions have reacted to the challenges presented by the pandemic. Mayer *et al.* (2007) reports that this component aims to consider the feelings and emotions of others, it is basically the simple act of feeling the pain of the other, putting yourself in the place of others, especially in decision-making. The questionnaire used situations from the daily lives of caregivers and which addressed the patients' feelings as the main focus, including whether the patients' emotions about the pandemic had changed as a result of the pandemic.

The result shown in table 2 points out relevant mean scores for Empathy (m = 3.35) which leads to believe that empathy is a component that remains stable even during the current scenario, that is, there is little evidence of negative influence on this component. Considering that the maximum score of descriptive statistics is p = 5.00, empathy obtained significant results.

According to the Spearman rho on table 3, Empathy has pointed a low score (.06, p<.001) which suggests also very low correlation even though is considered a near perfect positive monotonic correlation. That is, there is no relation between home cares' age and empathic emotions in times of pandemic. One variable has no influence on the other.

Table 4 indicates p= .237 which categorizes this item as statically insignificant although it was the component with the highest significance index, compared to the other components.

However, this result suggests that there is no evidence that it causes any impact or influence on the empathy of home care workers regardless of age group, which's means, it is not statistically significant.

Therefore, the conclusion is reached that the Empathy component remains static as there are few changes in empathic levels between the period before and during the pandemic, according to answers given by the participants. Another point to note is that the results report that age has a very low influence on levels of empathy in pandemic times.

6.4.6. Relationship Management

The last component of emotional intelligence to be included in the questionnaire was relationship management, which aims to understand the social relationships of caregivers during the pandemic. Goleman (1998) points out that individuals with good levels of social skills tend to be good listeners, have extensive networking and are highly communicative and extroverted. Using the bias brought by Goleman to this component, the questions in this section were oriented towards the social aspects of home care workers. Questions were asked involving adaptability to different patients with different needs and illnesses, conversations and the relationship between caregivers and patients had changed as a result of the pandemic, and whether characteristics such as friendly and sociable tended to be more touched upon.

Table 2 presents an indication that the social skills of caregivers changed little with the onset of the pandemic, as the mean score reached m= 3.08, which is considered relevant since the maximum score is 5.00. This shows that even with restrictions, lockdowns and measures such as social distancing, the social relationship of caregivers with patients, for example, remains intact and the link between them has not been harmed due to the pandemic.

According to Spearman rho test displayed on the table 3 relationship management result is 0 (.00, p<.001) which configures an inexistence of relationships between the different influences on the home care workers' age with their social relationships during the pandemic situation. This result from the application of Spearman only reinforces that the pandemic has low impact on carers of different ages.

On table 4 ANOVA data are displayed to demonstrate the relationship of the Relationship Management variables and different age groups of home care workers and the result (p= .182) suggests very low evidence that the variables influence each other. This means that statistically the social aspects of those professionals of different ages have not changed because of the pandemic.

In view of the information regarding the existing correlations between the influence of age on social aspects of home care workers experienced in the pandemic scenario, it has a low influence, considered as low as to be statistically insignificant.

6.5.   Correlation Between Emotional Intelligence in Pandemic Times and Age

In the initial stages for the construction of the present investigation, the main hypotheses involved age and levels of emotional intelligence. Several studies indicate that yes, age is a contributor to increased emotional intelligence, the older the person is, the higher their level of EI. One of the studies that reached such a conclusion was done by Tighe (2015) where she assesses the correlation of gender, age and work experience of health care workers in care centres in Dublin/Kildare with the levels of EI. Using participants' demographic information as variables, she concluded that the variable that most positively correlated with EI levels was age. Older participants achieved higher levels of EI compared to younger participants.

Age was also considered a determining factor. According to research made by Guven (2016) with Irish nurses, the survey findings report that older nurses experience lower levels of stress and burnout than younger nurses. However, another factor that can influence this difference between cross age groups and which was mentioned by Tighe (2015) is the time of experience of the participants where it was found that the time of experience directly impacted the levels of self-awareness and empathy of the participants. indicates that one's own emotions and the emotions of others are enhanced from the time of experience in the health area.

Goleman *et al.* (2004) had also pointed out age as an enhancer of emotional intelligence. The authors believe that maturity polishes the reading and interpretation of emotions, and consequently influences the levels of empathy, social skills. However, the lack of research on the emotional intelligence of home care workers in an Irish setting gave shape to this study and

adding the context of the pandemic made this study more exclusive. If age is an enhancer of emotional intelligence, how does this variable respond to pandemic situations?

The answer that emerged from the survey with the participation of 79 home care workers is that there is little evidence that older home care workers felt less damage to emotional intelligence during the pandemic. Emotional intelligence remained balanced between age groups, with little oscillation in the five components. Such findings indicate that in a pandemic situation, being older does not raise the EI levels when compared to the younger group of caregivers, their emotional intelligence respond similarly. The interesting fact that emerged was in relation to the Emotions Management component, which registered a relatively low mean score on Descriptive Statistics and a negative relation according to Spearmans' Rho test, which indicates that caregivers, in general, regardless of age, have faced difficulties in controlling emotions. Further study of this component is suggested for future researchers to assess post-pandemic emotion management.

6.6. Implications of the Findings

The present study sought to observe whether age can be a determining factor in mitigating the negative effects caused by the pandemic on the emotional intelligence of home care workers. Although studies show that the more experienced a person is, the higher their level of emotional intelligence. However, the results obtained by the research show that the pandemic has not impacted the levels of the professionals differently, in general, they have experienced the effects of the pandemic in a similar way cross age, keeping the levels considerably balanced, without much change.

The implications pointed out by the investigation are that among the five components evaluated, the component that refers to the management of emotions recorded a relatively low significance, as shown in table 2 and a negative correlation shown in table 3. Therefore, the research indicates that such findings may alert employers and health organisations to mental and emotional health of those professionals, without forgetting that the pandemic is still present in our daily lives and that such emotional changes can worsen as the time goes by. This information suggests long-term support as post-traumatic stress disorder may appear years after the end of the pandemic.

Another implication found in the research that is worth mentioning is that such professionals naturally have high levels of emotional intelligence because the profession reinforces empathic feelings, refined social skills and even with the emergence of the pandemic, a situation never experienced by the vast majority, the other four components of emotional intelligence has remained balanced at all ages.

7. Conclusion and Recommendations

This dissertation had two main objectives: 1) to investigate the current emotional intelligence of home care workers in Dublin working in the pandemic then to assess whether there are differences between the age groups 2) to bring recognition to the valuable work carried out by these professionals. For this research to take shape, an extensive literature review was carried out on topics involving emotional intelligence, pandemics, health care workers, in particular, home care workers. The literature review exposes the importance of practicing emotional intelligence in everyday life, the impacts caused by the pandemic, especially on health professionals working on the frontline, and an overall perspective of the role of home care workers in the Irish setting and the obstacles they face.

To fill in the open gaps and answer the central question of the survey, a questionnaire was conducted with the participation of 79 home care workers. This questionnaire brought the current reality to the literature and presented significant results about the emotional intelligence of this group. It was revealed that, in general, the emotional intelligence of professionals remains linear, with no significant differences between age groups. This result possibly indicates that professionals are adapted to problematic and highly adverse scenarios even when it comes to pandemics.

As mentioned before, health professionals have a strong inclination to develop high levels of emotional intelligence due to the responsibilities of their job and the adversities that are part of their routine. These professionals need to reframe themselves in several ways, after all, looking after such as sick people and patients in palliative care requires a lot of emotional effort and such challenges either make them more resilient or make them sick. It is at this moment that emotional intelligence plays its role as a life saver.

However, he pointed out that the component that approach managing emotions may have suffered a certain negative influence, possibly the pandemic may have destabilized to some degree the control of emotions. This data deserves attention and adequate support from employers and health organizations to assist these professionals closely in the next years. As much as emotional intelligence is an important component, external factors for which the solution is not within their reach need to be reviewed.

7.4. Limitations

This study had a relatively low number of participants, a total of 79 home care workers responded to the questionnaire survey. This implies the results and for this reason such results may not reliably reflect the reality. Another point to be considered is the disparity between genders, among these 79 participants, only 1 was male, which may interfere in the response to the survey. The age group, the focus of the study, also needs to be mentioned, as there was a considerable discrepancy between the age groups, most participants aged between 25-50, corresponding to more than half of the total, 68.8%. Such factors contribute to the limitations of the results and consequently offer non-conclusive answers to the question created by the research.

As it is a multiple choice questionnaire and the answers are self-reported, participants may not offer reliable answers that are compatible with how they feel. Participants often choose the most acceptable option, even if it doesn't match reality. Another factor that can lead to limitations is that a large part of the participants are immigrants who do not speak English fluently, which can lead to possible doubts or lack of clarity about what has been questioned.

7.5. Recommendations Based on Findings (CIPD)

This research is of relevant importance because it addresses issues that are little addressed in literature, the emotional intelligence of home care workers. There is an extensive and rich literature on the emotional intelligence of doctors, nurses and health care workers in general, but the target group of this research has been mentioned very little. Such considerations made in this study may arouse the interest of future researchers to develop further studies involving this group of professionals. This paucity of investigations strengthens the relevance of the study and also adds importance to the target group that has been neglected and overlooked.

As the pandemic is still the current configuration in which we are inserted, a future study addressing the post-pandemic effects on the emotional intelligence of this group could be an interesting and continuous investigation of what was initiated here. As there were considerable limitations, another recommendation is that researchers who are interested in deepening certain

events that were not addressed in this research, can use the data found here to initiate further and more complete research.

This research aimed to correlate the emotional intelligence of home care workers during the pandemic with the age group and to analyse how each group has responded to the pandemic effects, future researchers can address other demographic data such as gender, type of employment, qualification as variables.

7.5.2. Timelines for Implementation and Costings Associated

This research may suggest the implementation of greater investments that encourage the practice of emotional intelligence in daily life, reinforcing such practices in relationships and situations outside the work environment, as it is a constant exercise that can be improved. As post-pandemic developments are still unknown place, investment by companies and health organizations in training aimed at emotional intelligence as a PPE for mental health can be an effective alternative to minimize the damage caused by the pandemic. HR professionals are aware of the value of aspects that are listed as components of emotional intelligence, for example, Relationship Management, which is important for the development of teamwork, and this scenario is very common in hospitals, for example, where doctors, surgeons, nurses work together. Empathy is another component that HR professionals need to look at as an indispensable attribute, especially for health professionals, as they need not only to know the causes of the patient's pain, but to put themselves in their shoes makes the care more humanized.

In the home care worker scenario, this training can also be an option for the HR team of private companies and health organizations such as the HSE as a way to offer long-term assistance to these professionals. Estimating a timeline is uncertain as new developments may arise and there is no prediction of when life will return to normal settings, but the present study points out that these implementations can be started as soon as possible. As for the cost of such investments, it is believed to have a considerably high value since these professionals are exercising their functions throughout the country and as mentioned above, there is not even an estimate of how many professionals are registered but it is known that they are many.

7.5.3. Personal Learning

During the entire investigation process to give shape to this research, interesting events in different areas can be seen: the scarcity of articles and research addressing the home care worker class and the problems faced by the lack of fairer legislation; the importance of practicing emotional intelligence in the daily lives of health professionals and people in general; the negative effects caused by the drastic and unexpected change due to the pandemic in health care workers.

Regarding the adversities presented in the routine of a home care worker, it was already of my personal knowledge, since I am a professional in the area working for almost four years and I have experienced the challenges face to face. However, the process not only confirmed some data already known to me, for example, the lack of recognition of the class, but also brought new informations that clarifies points such as labor rights that are neglected and the weakness of the legislation that protects our rights. Bringing this theme into academic work was immeasurably important as it expands this reality to an audience that knows little about the obstacles to being a home care worker in Dublin.

In the context of emotional intelligence, the research was enriching, although I already knew about it in a shallow way. Being able to go through the entire evolution process from the initial studies when the term emotional intelligence had not yet been denominated until the present day when it is possible to measure the levels, evaluate and classify people with such a predicate, added a lot to my social and personal awareness about my emotions and feelings. Within the organizational environment, especially in places with health professionals, it was observed that emotional intelligence plays a fundamental role in maintaining these professionals' mental health. Considering the current pandemic scenario this resource can be a life saver.

Regarding the investigation of the effects of the pandemic on health professionals, the findings were numerous. However, it is known that the post-pandemic moment may reveal new insights, and information that was not shared here may emerge having in mind we are still in the pandemic scenario. But the information that has been collected so far is already enough to raise a red flag of possible long-term disorders, such as post-traumatic stress, which was observed in Hong Kong nurses working in the SARS pandemic years after the outbreak (mentioned in literature review). Citing specifically about the impact of the pandemic on the research target

group, it was noticed that the management of emotions was the most affected component and perhaps the lack of support from employers may have contributed to this loss of control over the caregivers' emotions. Therefore, as a home care worker, this result matches what I experience on the daily basis, and I realized that this also reflects on my co-workers.

Finally, the research gave me the understanding that emotional intelligence is a daily exercise that requires practice and having a good interpretation of our own feelings and how they affect us positively and negatively is the first step towards a balanced and mentally healthy life. However, in cases such as work in the health area and especially in a pandemic situation, adequate support from employers and health organizations, for example, is essential.

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Measuring Emotional Intelligence in Covid times - Home Care Workers (Co. Dublin)

Dear Participants,

My name is Cintia Mota and I am inviting you to participate in new research that aims the measurement of the current emotional intelligence levels of home care workers in Co. Dublin during the pandemic. It is a self report questionnaire and you have to answer according to the way you feel. This survey is part of the requirement for the completion of my Masters in Human Resources at the National College of Ireland.
Please note: ALL INFORMATION YOU PROVIDE WILL BE TREATED WITH STRICT CONFIDENTIALLY.

Research aim,

The research focuses on investigating in what level the pandemic has affected the emotional intelligence of Home Care Workers in an Irish setting. The survey will take approximately 8 mins to complete. Besides this, the research will be a reference point to formulate marketing strategies to be executed during an ongoing pandemic.

Who is eligible to participate?

Participants must be currently enrolled on the National College of Ireland and joined the online learning system. Participants also must attend some online lectures and submit an assignment

How will data be managed?

The information you provide will be treated with strict confidentially. The survey does not require any personal, identifiable information such as name, email address or phone number. Also, any information which can be traced to you and participation and responses are anonymous. The data from this study will be held on a password-protected computer, to which only the researcher will have access. A report of the study will be created to meet course requirements and might be submitted for publication. However, data will be analysed on an aggregate level, and no individual participation will be identifiable

Is participation voluntary?

Yes, participation in this research voluntary. You can discontinue the study simply by closing your internet browser window. However, you will be unable to withdraw after completing the study, as the data analysis process may have begun. As all responses are anonymous, we will not be able to identify your data.

Further İnformation,

If you any concerns or need clarification at any point, you can reach out to the researcher via the following email: x19172338@student.ncirl.ie   (Cintia Mota; Researcher)

This section will investigate your ability to recognise your own emotions and how they affect your thoughts and behaviour.

1. The pandemic has damaged the way I perceive my own emotions. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

2. I am still capable to know what makes me feel better in upsetting situations. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

3. I can notice when I feel happy, sad, angry and why like I used to do. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly Disagree

4. I have noticed my anxiety levels has increased due the pandemic. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

5. I can still figure out how my feelings can affect my performance at work. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly Disagree

This section will investigate the control of your impulsive feelings and behaviours and the management of your emotions in the pandemic times.

6. It has been harder to keep my disruptive emotions and impulses under control lately. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly Disagree

7. I am still capable to ''reframe' bad situations quickly even in pandemic times *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

8. I have lost my patience even with easy going clients. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

9. I am finding difficult to adjust my life during the pandemic. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly disagree

10. Covid has negatively affected the way I look after my clients. *
   o Strongly agree
   o Agree
   o Neutral
   o Disagree
   o Strongly Disagree

This section will investigate your motivation levels and your engagement to achieve your goals.

11. I am still able to motivate myself as you used to before the pandemic. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly disagree

12. The pandemic has decreased my willingness to seize opportunities. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly disagree

13. I am still capable to set long-term goals. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly disagree

14. I feel that my motivation level decreased due the workload caused by the pandemic. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

15. It has been hard to meet my deadlines lately. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

This section will investigate your emotions, needs, and concerns of other people (in this case, your clients) and pick up on emotional cues.

16. The pandemic has affected my capacity to see things from the client's or supervisor's viewpoint. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

17. I am finding difficult to tell if a client is happy, confused or down like you used to. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

18. I can still recognise my clients' real emotions even if they try to hide them. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

19. I am capable to see how the pandemic has affected my clients' emotions. *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly disagree

20. I can recognise when my clients are being difficult due to the pandemic effects (isolation, not being able to see their loved ones, quarantine). *
   o   Strongly agree
   o   Agree
   o   Neutral
   o   Disagree
   o   Strongly Disagree

This is the last section and it will investigate the way you develop and maintain your relationships with your clients.

21. I am still good at adapting with clients from a variety of illness and needs. *
    o Strongly agree
    o Agree
    o Neutral
    o Disagree
    o Strongly Disagree

22. Chatting with my clients is still a moment of joy. *
    o Strongly agree
    o Agree
    o Neutral
    o Disagree
    o Strongly Disagree

23. I have found hard to bond with my clients lately. *
    o Strongly agree
    o Agree
    o Neutral
    o Disagree
    o Strongly Disagree

24. I used to be more friendly and accessible before the pandemic. *
    o Strongly agree
    o Agree
    o Neutral
    o Disagree
    o Strongly disagree

25. It has been difficult to deal effectively with my clients lately. *
    o Strongly agree
    o Agree
    o Neutral
    o Disagree
    o Strongly Disagree