

Reliability and Validation of MSCEIT to Evaluate Emotional Intelligence for Chronic Kidney Disease Patients

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ABSTRACT

OBJECTIVE: To evaluate the reliability and validate the method used to test for emotional intelligence (EI) among CKD patients.

METHODOLOGY: This study was conducted in a public hospital for patients with kidney disease. A total of 30 CKD patients were included in this study using the flat rule of thumb and data collected from June until July 2023. The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) question booklet was used in both English and Malay for this study to evaluate the level of EI in CKD patients. The obtained data was analyzed using SPSS and AMOS software.

RESULTS: Most respondents were female, $n=17$ (56.7%) and Male, $n=13$ (43.3%). The mean results for MSCEIT indicate that the highest score is for the face component, and the lowest is for sensation. The branches of EI were measured, and the Goodness Fit Index (GFI) is accepted at 0.917, the RMSEA value is at 0.024, and TLI is accepted at 0.993. The Cronbach alpha for MSCEIT is 0.807 for 30 patients with eight categories of items. The Goodness Fit Index is accepted at the value of 0.917, RMSEA 0.024 is accepted, and TLI is accepted at 0.993.

CONCLUSION: Overall, the results of the present study suggest that MSCEIT can be used for other medical conditions for bigger-scale research to evaluate the psychological aspect for further treatment.

KEYWORDS: Chronic kidney disease, MSCEIT, nephrology, emotional intelligence

INTRODUCTION

According to the National Kidney Foundation, chronic kidney disease (CKD) is a condition that damages both kidneys and decreases the ability to stay healthy, as stated in the National Kidney Foundation in 2019. Patients with CKD are required to make ongoing psychological adjustments throughout their disease¹. The treatment plan that usually CKD patients will need to follow will be dialysis, medication, fluid, and dietary restriction. Studies have proven that CKD patients tend not to comply with the treatment, which causes dilemmas among healthcare members. Impaired cognition was observed in haemodialysis patients, and the results indicate that cognitive impairment was more common among haemodialysis patients². In managing CKD, the therapeutic goals place several behavioural demands on the patient. A treatment

burden, non-adherence to treatment remains high. With that, it increases the causes of mortality and strategies to improve self-management behaviours are vital for optimal outcomes. A narrative review on CKD patients and their psychosocial clinical outcome has been conducted, and it has been concluded that patients in their earlier stage of disease experience a few negative illness perceptions that may ultimately influence their coping actions³.

Emotional intelligence (EI) is the ability to perceive accurately, appraise and express emotion, understand emotion and emotional knowledge and regulate emotions to promote emotional and intellectual growth⁴ despite the early controversies as to its validity as a construct that is growing in importance as research demonstrates, which is associated with several wellbeing⁵. Higher levels of EI are associated with better physical well-being, less severe depression, and social anxiety in clinical samples⁶. Emotional intelligence is believed to help people cope better with life challenges and control emotions effectively. This study will be relevant for using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) among patients with renal problems. This study aimed to determine the reliability and validate the MSCEIT for CKD patients to test their EI.

METHODOLOGY

The researcher self-administered the MSCEIT test, giving each respondent 30 to 45 minutes to answer 141 items. The purpose was explained clearly to the

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