

ORIGINAL ARTICLE



Diversity of Emotional Intelligence among Nursing and Medical Students

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Abstract

Objectives: The purpose of this study is to identify the types of perception of emotional intelligence among nursing and medical students and their characteristics using Q methodology, and to build the basic data for the development of a program for the would-be medical professionals to effectively adapt to various clinical settings in which their emotions are involved.

Methods: Data were collected from 35 nursing and medical students by allowing them to classify 40 Q statements related to emotional intelligence and processed using the PC QUANL program.

Results: The perceptions of emotional intelligence by nursing and medical students were categorized into three types: "sensitivity—control type", "sympathy—motivation type", and "concern—sympathy type".

Conclusion: The perceptions of emotional intelligence by nursing and medical students can represent an effective coping strategy in a situation where emotion is involved. In the medical profession, an occupation with a high level of emotional labor, it is important to identify the types of emotional intelligence for an effective coping strategy, which may have a positive effect on the performance of an organization. Based on the findings of this study, it is necessary to plan an education program for vocational adaptability for nursing and medical students by their types.

1. Introduction

Nursing and medicine are professions with a lot of social demands and stress [1]. Therefore, students in these fields have to cope with stress related to excessive workload and burden from clinical practices during their education. In addition, growing attention has been paid to how information on emotion is processed, such as emphasis on interactive skills with the individuals in

clinical practices through the patient-based nursing approach.

The ability to effectively and properly process emotion considerably affects the lives of individuals, such as improving work performance and increasing overall wellness [2]. In this aspect, the concept of emotional intelligence needs to be considered. Emotional intelligence is a useful resource that helps to understand the social environment of individuals and

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helps them handle their emotions [2]. It includes skills for empathy, self-awareness, motivation, self-control, and relationship [3]. It was found that those who had high emotional intelligence had low perceived stress [4], were healthy as they were good at controlling their emotions [5], and had high adaptability to the environment [6]. It is also reported that those who have high emotional intelligence show high academic performance [7] and help to make correct professional decisions related to patient condition in clinical settings, and that female nurses with high emotional intelligence have reduced burnout [5].

Given that nursing and medical students are in preparation for becoming professional clinicians in the future, their emotional intelligence can affect not only their adaptability to studying, but also the formation of trust needed for the establishment of a medical professional—patient relationship, as it enhances the satisfaction of their patients and helps interaction through the recognition of and response to verbal, nonverbal, and emotional information of the individuals.

There is a limitation in quantitatively measuring the subjective meaning of emotional intelligence in nursing and medical students. Q methodology accurately represents the attitude, belief, recognition, and value of individuals toward a phenomenon in views of the participants [8]. Q methodology is a useful and appropriate research method for emotional intelligence in expressing and exploring the subjective view of individuals. It is thought that the identification of the types of emotional intelligence in nursing and medical students can be used as the basic data for the development of a curriculum that helps them establish a strategy to manage and cope with the stress related to studying and positively adapt themselves to their occupations upon graduation.

2. Materials and methods

2.1. Design

262

This study is an exploratory study to categorize the perceptions of nursing and medical students into certain types and identify the characteristics of each type, using Q methodology, in order to examine their subjective views on emotional intelligence.

2.2. Participants

The participants of this study include 35 junior and senior students in nursing and medical colleges.

2.3. Procedure

2.3.1. Construction of Q population and Q samples

Q populations are a set of items collected for a Q methodological study and are the whole of views shared within a culture. In order to construct Q populations for

emotional intelligence, in-depth interviews were conducted on 16 male and female students in both humanities and natural science colleges, along with a review of literature, including books, newspapers, and academic papers. A total of 121 Q populations were extracted through the processes. In order to select Q samples, Q populations were repeatedly read several times until views on emotional intelligence were categorized, and reviewed by two professors of the nursing department and one expert in Q methodology, and then 40 Q samples were finally selected.

2.3.2. P sampling

Since people are a variable in Q methodology, unlike in quantitative study, P samples were randomly selected based on the small sample doctrine, which states that as P samples become larger, a factor becomes weighted and its characteristics are not clearly defined [8]. The P samples of this study consisted of 15 nursing students and 20 medical students in a region, considering that the number of P samples was the most ideal when it is similar with that of the statements of Q samples, which was 40 [8].

2.3.3. Q sorting

The distribution of Q samples was built based on the principle of Q methodology, in which 40 statements selected as Q samples were forcefully distributed as a nearly normal distribution by classifying the statements with the 9-point scale according to the importance of their views. For the classification of Q samples, the students divided the statements into positive (+), neutral (0), and negative (-), and then classified them from the outside to the inside (+4, -4) by selecting the most positive (negative) statements from positive (negative) statements, and finished at neutral (0). Upon completion of the classification of Q samples, the participants were asked about the reasons for selecting the statements for the most positive (+4) and negative (-). It took 30-40 minutes for a participant to classify Q samples and answer the questions.

2.4. Ethical issues

The study was approved by the institutional review board (IRB No.: 1041386-20140828-HR-007-03), and was conducted in accordance with the principles of the Declaration of Helsinki. The purpose, survey items, and confidentiality of this study were explained clearly to the participants by the researchers. Before data collection, the participants provided signed informed consent. Their rights and privacy were protected throughout the study.

2.5. Data analysis

For the collected data, 1 point was assigned to the item a participant disagrees with the most, while 9 points were assigned to the item a participant agrees with the most in the Q sample distribution, and 5 points

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