



The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis



Austyn Snowden ^{a,*}, Rosie Stenhouse ^b, Jenny Young ^c, Hannah Carver ^d, Fiona Carver ^d, Norrie Brown ^d

^a University of the West of Scotland, Ayr Campus, Ayr KA8 0SX, UK

^b The University of Edinburgh, Edinburgh EH8 9YL, United Kingdom

^c University of the West of Scotland Paisley campus, Paisley, PA1 2BE

^d Edinburgh Napier University, Sighthill Campus, Edinburgh, EH11 4BN

ARTICLE INFO

Article history:

Accepted 9 September 2014

Keywords:

Emotional intelligence
Caring
Mindfulness
Recruitment
Nursing and midwifery
Attributes
Ability
Trait

SUMMARY

Background: Emotional Intelligence (EI), previous caring experience and mindfulness training may have a positive impact on nurse education. More evidence is needed to support the use of these variables in nurse recruitment and retention.

Objective: To explore the relationship between EI, gender, age, programme of study, previous caring experience and mindfulness training.

Design: Cross sectional element of longitudinal study.

Setting and participants: 938 year one nursing, midwifery and computing students at two Scottish Higher Education Institutes (HEIs) who entered their programme in September 2013.

Data: Participants completed a measure of 'trait' EI: Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF); and 'ability' EI: Schutte's et al. (1998) Emotional Intelligence Scale (SEIS). Demographics, previous caring experience and previous training in mindfulness were recorded.

Methods: Relationships between variables were tested using non-parametric tests.

Results: Emotional intelligence increased with age on both measures of EI [TEIQue-SF $H(5) = 15.157$, $p = 0.001$; SEIS $H(5) = 11.388$, $p = 0.044$]. Females ($n = 786$) scored higher than males ($n = 149$) on both measures [TEIQue-SF, $U = 44,931$, $z = -4.509$, $p < .001$; SEIS, $U = 44,744$, $z = -5.563$, $p < .001$]. Nursing students scored higher than computing students [TEIQue-SF $H(5) = 46,496$, $p < .001$; SEIS $H(5) = 33,309$, $p < 0.001$]. There were no statistically significant differences in TEIQue-SF scores between those who had previous mindfulness training ($n = 50$) and those who had not ($n = 857$) [$U = 22,980$, $z = 0.864$, $p = 0.388$]. However, median SEIS was statistically significantly different according to mindfulness training [$U = 25,115.5$, $z = 2.05$, $p = .039$]. Neither measure demonstrated statistically significant differences between those with ($n = 492$) and without ($n = 479$) previous caring experience, [TEIQue-SF, $U = 112,102$, $z = 0.938$, $p = .348$; SEIS, $U = 115,194.5$, $z = 1.863$, $p = 0.063$].

Conclusions: Previous caring experience was not associated with higher emotional intelligence. Mindfulness training was associated with higher 'ability' emotional intelligence. Implications for recruitment, retention and further research are explored.

© 2014 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

Background

The Francis Report (2013) detailed multiple recommendations to improve the quality of nursing in the UK. The Government and Nursing and Midwifery Council subsequently expressed the desire to

select student nurses for caring values and attributes. In order to operationalize this Higher Education Institutions (HEIs) need evidence on which to base decisions about which attributes and values must be present in students. This paper explores three potentially useful factors: emotional intelligence, mindfulness and previous caring experience. It presents baseline results from the first phase of a longitudinal study designed to ascertain the relationship between these variables with clinical and academic performance in nurses (Snowden et al., 2014). The key variables are first described and then the study method is detailed. Results from this first phase of data collection are then presented.

* Corresponding author.

E-mail addresses: Austyn.snowden@uws.ac.uk (A. Snowden), Rosie.stenhouse@ed.ac.uk (R. Stenhouse), Jenny.young@uws.ac.uk (J. Young), 40135724@live.napier.ac.uk (H. Carver), F.carver@napier.ac.uk (F. Carver), N.brown@napier.ac.uk (N. Brown).

Emotional Intelligence

Emotional intelligence (EI) is contested but well conceptualised in the psychology literature (Mayer et al., 2004; Petrides et al., 2004; Schutte et al., 2001) and might be related to quality of nursing care (Bulmer Smith et al., 2009). It is suggested that EI is a useful variable to understand in relation to nurse recruitment (Taylor et al., 2014). Most EI theorists see emotional intelligence either as an ability, a trait, or some combination of the two (Austin et al., 2004), and then attempt to measure it in accordance with that view (Qualter et al., 2010). For example Schutte et al.'s (1998) self reported Emotional Intelligence Scale (SEIS) is an 'ability' measure. It is theoretically grounded in Salovey and Mayer's (1990) concept of emotional intelligence that sees it as a subset of social intelligence concerning the capacity to:

1. Monitor one's own and others' feelings and emotions,
2. Discriminate among them, and
3. Use this information to guide one's thinking and actions.

(Salovey and Mayer, 1990, p189)

This conception of emotional intelligence therefore described it as a cognitive process of active social judgement; a useful ability to measure in prospective and practicing nurses. By contrast the most widely utilized trait measure is the Trait Emotional Intelligence Questionnaire (TEIQ) developed by Petrides and Furnham (2000), in part from a critique of Schutte's conception. Rather than seeing EI as a function of cognitive processes inherent in 'ability' measures Petrides (2011) conceptualises EI as an aspect of personality. The distinction is psychometrically important as the two require different measurement techniques and Petrides goes on to point out that these measures do not correlate with each other. Despite this there are consistent findings that emotional intelligence, however conceptualized and measured, increases with age and is higher in females than males (Fernández-Berrocal et al., 2012; Petrides, 2011; Schutte et al., 2009).

There are ongoing debates between the proponents of different EI theories arguing for the superiority of one conception over another (Cherniss, 2010; Gignac, 2010; Roberts et al., 2010). The position we took was that it is likely that different interpretations of emotional intelligence are *useful*. This is why in our study we chose to utilize both Schutte's et al.'s (1998) measure (SEIS) and the short form TEIQ-SF (Cooper and Petrides, 2010). The results from these measures can then be interpreted against their unique theoretical underpinnings (Petrides, 2011).

Previous caring Experience

It seems intuitive to think that those with previous caring experience may make better nurses (Finfgeld-Connett, 2008). Even acknowledging that caring is not a straightforward construct (Paley, 2002) previous practical experience should at least ensure students are more likely to go into their training with realistic expectations. This is why the UK government has supported Health Education England to pay 200 prospective nurses to work as healthcare assistants before starting their nurse training (Health Education England, 2014a, 2014b).

However, there is no evidence to support this assertion, and Scotland has not taken this step. The assumption that previous caring experience would somehow offset the issues raised in the Francis enquiry instead needs to be tested, and there may be other more cost effective and empirically based methods of doing so. To this end this study collected data on previous caring experience so as to examine the relationship between those nurses with and without previous experience and various measures of subsequent performance. Specifically, participants were asked to self identify whether they had previous caring experience or not. If so participants were then asked to specify how much experience they had (in months) and where this experience had taken place so as to get more nuanced data on the quantity and

type of experience referred to for the purpose of generalizing to other countries.

Mindfulness Training

Nurse education focuses primarily on the knowledge and skills students need to attain competence. Emphasis has shifted over the previous decades from methods of teaching to a more critical understanding about how students learn (Pashler et al., 2009; Snowden, 2013). This means facilitating learning that equips students for the real-world demands of professional practice and employment. As this environment can be emotionally difficult, a key related area of current scrutiny is the role affective factors play in learning – the interrelationship between emotion and cognition in learning (Hyland, 2009; Mikulas, 2011) – and how to address these within curricula.

Mindfulness is based on the precept of developing self-knowledge and enhancing well-being through becoming aware of the present moment, specifically how one responds to each situation that arises (Khoury et al., 2013). In the field of education it has become a progressively influential concept and focus of research. There is a body of evidence that attests to mindfulness' potential for facilitating the kind of broader learning around well-being and emotional intelligence that are relevant to coping with the realities of 21st Century professional nursing practice (White, 2014). What is currently unknown is whether mindfulness training is associated with higher emotional intelligence and/or better academic and clinical performance. In the first phase of data collection this study examined the relationship between EI and mindfulness. Later phases will explore performance.

Aim

The longitudinal study aims to identify the impact of emotional intelligence, previous caring experience and mindfulness training on student progression and graduate retention and achievement. The aim of this cross sectional study is to understand the relationships between these variables at baseline.

Hypotheses

1. Emotional intelligence will increase with age
2. Nurses and midwives with previous caring experience will show higher emotional intelligence than those without previous caring experience
3. Mindfulness will be associated with higher emotional intelligence
4. Men will have lower emotional intelligence than women
5. Nurses and midwives will have higher emotional intelligence than non-nursing and midwifery students.

Method

Design

Cross sectional analysis embedded within longitudinal quasi-experimental design. The cross section refers to the baseline data collection from the student cohort. The quasi-experimental design entailed non randomized hypothesis testing between groups.

Sample

Participants were 870 nursing and midwifery students and sixty-eight computing students attending day one of the first year of their degree programmes at two Scottish universities in September 2013. All students had been informed about the study in writing prior to the beginning of their course. One midwifery student declined to participate.

Download English Version:

<https://daneshyari.com/en/article/10316324>

Download Persian Version:

<https://daneshyari.com/article/10316324>

[Daneshyari.com](https://daneshyari.com)