



Emotional intelligence, emotions, and feelings of support staff working with clients with intellectual disabilities and challenging behavior: An exploratory study



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ABSTRACT

Working with clients who show challenging behavior can be emotionally demanding and stressful for support staff, because this behavior may cause a range of negative emotional reactions and feelings. These reactions are of negative influence on staff wellbeing and behavior. Research has focused on negative emotions of staff. However, a distinction between emotions and feelings has never been made in the research field of intellectual disabilities. Negative emotions and feelings may be regulated by emotional intelligence, a psychological construct that takes into account personal style and individual differences. The purpose of this study was to explore the relationship between emotional intelligence on the one hand and emotions and feelings on the other. Participants were 207 support staff serving clients with moderate to borderline intellectual disabilities and challenging behavior. Emotional intelligence, emotions, and feelings were measured with questionnaires. The results show that emotional intelligence, emotions, and feelings are related. However, found relationships were weak. Most significant relations were found between feelings and stress management and adaptation elements of emotional intelligence. Because the explored variables can change over time they call for a longitudinal research approach.

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1. Introduction

Challenging behaviors such as aggression and self-injurious behavior are a common phenomenon in care for people with intellectual disabilities (Wallander, Koot, & Dekker, 2003). Consequently, support staff are often confronted with challenging behavior. Therefore, working with clients who show challenging behavior can be emotionally demanding and stressful for staff, because it may cause a range of negative emotional reactions, such as fear, anger, and disgust (Bromley & Emerson, 1995; Hastings, 1995; Hatton, Brown, Caine, & Emerson, 1995). These emotions may ultimately lead to burnout and they may be reinforced by the persistent nature of challenging behavior of clients with intellectual disabilities, the lack of an effective manner to handle such behavior, and difficulties understanding this behavior (Bromley & Emerson, 1995).

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Additionally, negative emotions may also affect staff behavior, which in turn may lead to less assistance and less positive interactions (Rose, Jones, & Fletcher, 1998). Oliver (1995) described how negative emotions can actually cause patterns of avoidance within interactions with clients who show challenging behavior. A model developed by Weiner (1985, 1986), translated for the care for people with intellectual disabilities, states that inadequate beliefs with regard to challenging behavior can lead to negative emotions. These emotions decrease the chance of supporting staff behavior towards the client (Dagnan, Trower, & Smith, 1998; Hill & Dagnan, 2002; Weiner, 1985). In terms of interpersonal style, research has shown that experiencing negative emotions is an important predictor of a hostile and controlling style (Zijlmans, Embregts, Bosman, & Willems, 2012). In sum, negative emotions may negatively impact wellbeing and behavior of support staff.

Although the effects of challenging behavior of clients on staff emotions appear to be well established, the role of feelings, a closely related aspect of affect development has not received the attention that emotions have (Hastings, 2002; Rose & Rose, 2005). In general, emotions and feelings are treated the same (Mitchell & Hastings, 1998). Since the seminal works by Damasio (1994), Damasio, Everitt, and Bishop (1996), and Damasio et al. (2000), it has become clear that emotions and feelings albeit related have different meanings. The subtle details between emotions and feelings as described by Damasio et al. (1996) will not be outlined here, but the most important distinction will be. Emotions, also called primary or basis emotions, are present in very young children (Ekman, 1992). Limited cognitive processes are involved in experiencing the six primary emotions of anger, disgust, fear, joy, sadness, and surprise (Ekman, Friesen, & Ellsworth, 1972). Feelings or secondary emotions, always involve aspects of cognitive and conscious processes (Damasio, 2001; Hansen, 2005). Feelings develop when a child grows up, interacting with his/her responsive parents. A responsive and sensitive parent provides security for the child and helps the child to regulate primary emotions, such that an adequate transition from emotions to more cognitive based, unique and personal feelings is established (Derksen, 2007). In addition, Damasio (2001) describes that feelings are a subjective matter whereas emotions are not. Emotions are objectively observable processes within the human brain and body. When dealing with challenging behaviors, staff members can experience primary emotions such as fear, but also feelings such as helplessness (Bromley & Emerson, 1995; Mitchell & Hastings, 1998).

This distinction between emotions and feelings allows exploration of the effect of challenging behavior on basic emotions and more cognitive and reflective feelings, which may shed more light on the way staff's primary emotions are transposed to personal feelings. Emotions can be viewed as temporary, unchangeable and affected or even caused by the situations in which the person finds his or her self. When reflecting on those emotions, one could say that the individual translates experienced emotions into feelings. For example, support staff who was reflecting on an aggressive incident with a client said: "He slapped me in my face, I got really frightened. The unpredictability of his behavior made me feel helpless." In this quote fear is the emotion, helplessness the feeling. The emotion vanishes after the incident, whereas the feeling does not. It is quite conceivable that every time the staff member reflects on this incident or other incidents with this client, he feels helpless.

Apart from the effect of negative emotions and feelings on the behavior of support staff, staff behavior is also affected by the way they regulate their emotions. An important predictor of emotion regulation is emotional intelligence. The general definition of this non-cognitive form of intelligence include elements of emotion regulation like "understanding one's emotions" and "managing one's own emotions and emotions of others". Bar-On (1997) defined emotional intelligence as "...an array of emotional, personal and social abilities and skills that influence an individual's ability to cope effectively with environmental demands and pressures" (Bar-On, Brown, Kirkcaldy, & Thomé, 2000, p. 1108). Emotional intelligence addresses the following key factors: The perception people have of themselves and their emotions, how they assert their own desires and rights, the ability to understand and manage their own emotions and the emotions of others, relationships people have with others, the extent to which they invest in other people and in themselves, the ability to recognize and respect feelings of others, the strategies people use to handle problems, general well-being, and the capacity to control impulses.

Emotional intelligence is a predictor of general functioning and wellbeing (Mayer, Caruso, Salovey, & Sitarenios, 2001). Van der Zee, Thijs, & Schakel (2002) showed that emotional intelligence predicted a significant amount of variance in academic and social success, above indicators of academic intelligence and personality. Birks and Watt (2007) proposed that emotional intelligence could affect patient-centred care, in which the ability to manage, read, and understand emotions and feelings of one self and one's client is crucial. In addition, emotional intelligence can change over time (Goleman, 1995) and appears to be trainable (Freedman, 2003; Wasseveld, Overbeeke, & Derksen, 2007). Research has even shown that a training program focused on emotional intelligence related to treatment skills of support staff of clients with intellectual disability and challenging behavior is effective in improving emotional intelligence (Zijlmans, Embregts, Gerits, Bosman, & Derksen, 2011).

Summarized, negative emotions and feelings of staff may be of negative influence on staff behavior and thus on the relationship between support staff and clients. Because feelings are more cognitive and reflective than emotions, regulating or changing feelings might be more effective than trying to regulate immediate emotions. In addition, coaching staff to regulate feelings with regard to challenging behavior of clients may lead to more adequate staff behavior and higher staff wellbeing, as they can reflect more neutrally on incidents with clients. Individual differences of emotion regulation are important when investigating staff emotions and feelings and finding pointers for staff training and coaching in order to improve staff behavior. Emotional intelligence addresses these individual differences and serves a broad and useful construct that could provide a significant contribution to the research field aimed at support staff working with individuals with intellectual disabilities and challenging behavior. In addition, past research on staff did not distinguish between emotions and feelings. Therefore, the main goal of this study is to explore the relationships among staff emotions, emotional

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