



## Original research

## Investigating the effect of emotional intelligence education on baccalaureate nursing students' emotional intelligence scores



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## ABSTRACT

Nursing students, particularly at the time of entering clinical education, experience a great deal of stress and emotion typically related to their educational and clinical competence. Emotional intelligence is known to be one of the required skills to effectively cope with such feelings. The aim of this study was to investigate the effect of training on first-year nursing students' levels of emotional intelligence. This was a quasi-experiment study in which 69 first-year nursing students affiliated with Tehran University of Medical Sciences were assigned to either the control or the experimental groups. The study intervention included of an emotional intelligence educational program offered in eight two-hour sessions for eight subsequent weeks. In total, 66 students completed the study. The study groups did not differ significantly in terms of emotional intelligence scores before and after educational program. Although the educational program did not have an effect on students' emotional intelligence scores, this study finding can be explained. Limited time for exercising the acquired knowledge and skills may explain the non-significant findings. Moreover, our participants were exclusively first-year students who had no clinical experience and hence, might have felt no real need to learn emotional intelligence skills.

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## 1. Introduction

According to the International Council of Nurses, the aim of nursing is to protect, improve, and restore the health of individuals, families and societies (Boyatzis and Van Oosten, 2002). Nursing professionals strive to provide quality nursing care in complex health care systems where finite resources, patient acuties and comorbidities, in addition to nursing shortages, add to the already heavy burden nurses must shoulder (Watson et al., 2008).

Nursing is recognized internationally as one of the most stressful professions (Kalyoncu et al., 2012; Gorgens-Ekermans and Brand, 2012; Montes-Berges and Augusto, 2007), as evinced by an exceedingly high rate of burnout among nursing professionals (Garrosa et al., 2011). Major sources of stress for this occupational group include exposure to human suffering and death, insufficient skills with which to respond to the emotional needs of patients and their families, decision making complicated by ethical dilemmas, uncertainty about the illness and treatment trajectory, shift work, fear of committing errors or being accused of negligence, power differentials, lack of peer and/or organizational support, heavy workloads, and conflict with other health care professionals and patients and their families (Augusto Landa and Lopez-Zafra, 2010; Watson et al., 2008). These stressors can trigger complex emotional responses which in turn can compromise not only their physical

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and psychological well-being, but also their ability to provide quality nursing care. As members of multidisciplinary health care teams working in complex health care environments, nurses need to perceive and evaluate with fine precision the emotional state of patients and that of colleagues as well as their own. This kind of capability is essential to providing quality nursing care, to ensuring effective teamwork, and to managing interpersonal relationships (Clarke, 2006; Shanta and Gargiulo, 2014), indeed, so much so that no effort should be spared in developing the skills required to master it at the earliest opportunity, i.e., during the first or second year of nursing school (Shanta and Gargiulo, 2014).

Nursing students are also likely to experience stress and pressure. Like nursing professionals, they are expected to provide patient care consistent with professional standards of practice despite finite resources and time constraints (Kalyoncu et al., 2012). Owing to inadequate skills and experience, nursing students are often plagued by self-doubt upon commencing clinical practice. Moreover, the evaluation process, along with the possibility of committing errors, typically causes additional stress. Inconsistencies between theory and practice may also add to students' anxiety, all the more so when recognized. All these stress factors can negatively affect nursing students' self-confidence, motivation, and psychological wellbeing (Evans and Kelly, 2004; Jokar and Haghani, 2011). O'Donnell (2009) notes that these problems are responsible for increasing dropout rates among nursing students.

Because stress is so common a phenomenon among nurses, it is important to provide these health care providers with stress-management strategies (Montes-Berges and Aguasto, 2007). Although all nurses encounter stressors in one form or another in their work environments, some are more vulnerable than others. Individual differences in the ability to generate, perceive and regulate emotions can explain differences in responses to stress across individuals. This ability is known as Emotional Intelligence (EI) (Augusto Landa and Lopez-Zafra, 2010). Emotionally intelligent individuals are skilled in regulating their emotions, and hence maintaining the quality of their performance during periods of acute stress. According to Buchan (2006), EI is a coping strategy that can help nursing students meet the challenges posed by the learning process. Thus, nursing students with higher levels of EI are potentially better equipped to manage the stressors encountered both in nursing school and later in their professional lives (Por et al., 2011). This is perhaps particularly important for students in the first and second years of their studies when anxiety associated with entry to clinical practice is at its height. Thus, the aim of this research is to examine the effect of an educational training program on the EI level of first-year nursing students.

## 2. Background

The concept of EI was developed over half a century ago. Prior to the beginning of the 1930's, the existence of a type of intelligence apart from general intelligence was hypothesized (Fletcher et al., 2009). The concept of "social intelligence" was developed to explain why some people, with similar levels of general intelligence, differed in their communication behaviors and coping skills (2009). However, this hypothesis received little attention for want of supporting evidence. It was in 1990, while investigating similar phenomena that Mayer and Salovey developed the concept of EI, defining it as the ability to generate, perceive and regulate emotions (2009).

Bar-on (1997) applied EI to the domains of intrapersonal and interpersonal awareness, adaptation, and stress management. During the same period, interpersonal skills associated with empathy, self-awareness, motivation, emotional control, and

effective communicational skills were cited as evidence of EI. According to Mayer and Salovey (1997), EI has four dimensions: identification, use, understanding, and regulation of emotions and feelings. Later theorists would attribute to EI a set of abilities, particularly the ability to a) perceive emotions, b) integrate emotions to facilitate thought, c) understand emotions, and d) control emotions (Clarke, 2006).

Emotional intelligence had been previously linked to positive outcomes among nursing professionals as well as nursing and non-nursing students. A cross-sectional survey study of 267 nursing professionals at a teaching hospital in Ankara, Turkey examined the effect of EI on two nurse outcomes: job satisfaction and organizational commitment. A positive relationship was found between nurses' EI and both outcomes: those with higher EI scores were more likely to be satisfied with their jobs ( $r = 0.24, p \leq 0.01$ ) and committed to the organization ( $r = 0.23, p \leq 0.01$ ) (Güleriyüz et al., 2008).

Two studies found higher EI to be generally associated with more positive outcomes among non-nursing students. A cross-sectional survey study investigated the relationship between EI and academic performance, using a multistage cluster sample of 300 high school students from 10 schools in Tehran, Iran. Although this study found EI to be a significant predictor of academic achievement, the magnitude of this relationship was not reported. Nonetheless, a medium positive correlation was found between EI and academic achievement (Khajehpour, 2011). Hence, it was recommended the school offer programs aimed at developing the EI. Consistent with Khajepou's findings, Ogundokun and Adeyemo (2010) showed that those among a sample of 1563 Nigerian secondary school students with higher EI had superior communication skills and experienced lower levels of stress during examinations.

In the case of nursing students, the findings are similar. A descriptive correlational study based on a convenience sample of 231 undergraduate and 102 graduate nursing students at a New England University examined the relationship between EI scores and nursing performance. This study found that students with higher EI scores had a higher level of professional development, interpersonal relations and communication skills, and better overall nursing performance (Beauvais et al., 2011). Por et al. (2011) used a convenience sample of nursing students enrolled in the adult pathway of a nursing program to show that students with higher levels of EI reported greater well being and competency, in addition to superior problem solving ability and social support scores. Moreover, those with higher levels of EI had lower levels of perceived stress.

Educating nursing students regarding strategies for protecting them from stressors they may encounter as students and later as nursing professionals is especially important (Buchan, 2006). Emotional intelligent training, moreover, can complement these strategies (Mayer and Salovey, 1997). Horton-Deutsch and Sherwood (2008) emphasize that EI can be learned and/or improved through training programs. Other research studies reported similar findings while focusing on senior nursing students (Fletcher et al., 2009; Nelis et al., 2009). Contrary to these findings, Shanta and Gargiulo (2014), using a two group pre-post- quasi experimental design, found no difference between the EI scores of students that received nursing education (experiment group) and those that received non nursing education (control group). Although the authors attributed this finding to the convenience sampling strategy used and the different group sizes, the fact that their nursing education program had no EI specific training component could also have been a factor.

The aim of nursing education is to equip future nursing professionals with the skills and competencies required to meet professional standards of practice as defined by the regulatory bodies.

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