



Do emotional intelligence and previous caring experience influence student nurse performance? A comparative analysis



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ABSTRACT

Background: Reports of poor nursing care have focused attention on values based selection of candidates onto nursing programmes. Values based selection lacks clarity and valid measures. Previous caring experience might lead to better care. Emotional intelligence (EI) might be associated with performance, is conceptualised and measurable.

Objectives: To examine the impact of 1) previous caring experience, 2) emotional intelligence 3) social connection scores on performance and retention in a cohort of first year nursing and midwifery students in Scotland.

Design: A longitudinal, quasi experimental design.

Setting: Adult and mental health nursing, and midwifery programmes in a Scottish University.

Methods: Adult, mental health and midwifery students ($n = 598$) completed the Trait Emotional Intelligence Questionnaire-short form and Schutte's Emotional Intelligence Scale on entry to their programmes at a Scottish University, alongside demographic and previous caring experience data. Social connection was calculated from a subset of questions identified within the TEIQue-SF in a prior factor and Rasch analysis. Student performance was calculated as the mean mark across the year. Withdrawal data were gathered.

Results: 598 students completed baseline measures. 315 students declared previous caring experience, 277 not. An independent-samples t-test identified that those *without* previous caring experience scored higher on performance (57.33 ± 11.38) than those with previous caring experience (54.87 ± 11.19), a statistically significant difference of 2.47 (95% CI, 0.54 to 4.38), $t(533) = 2.52$, $p = .012$. Emotional intelligence scores were not associated with performance. Social connection scores for those withdrawing (mean rank = 249) and those remaining (mean rank = 304.75) were statistically significantly different, $U = 15,300$, $z = -2.61$, $p < .0009$.

Conclusions: Previous caring experience led to worse performance in this cohort. Emotional intelligence was not a useful indicator of performance. Lower scores on the social connection factor were associated with withdrawal from the course.

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1. Introduction

The findings of the Mid Staffordshire Inquiry (Francis, 2013) can be understood as the catalyst for a renewed focus on values in nursing, one which was already in nursing's psyche following a number of previous reports into nursing care (cf Abraham, 2011; Mental Welfare Commission Scotland, 2011; DH, 2012a; BBC News <http://www.bbc.co.uk/news/health-20427441>; Telegraph 27/8/09 <http://www.telegraph.co.uk/comment/telegraph-view/6101395/Poor-nursing-care-must-not-be-tolerated.html>). However, the Francis (2013) report, its length and depth and the extent of the issues that were unearthed in relation to the provision of care at the Mid Staffordshire NHS Trust created a political backlash that landed much of the responsibility for improvement at nurse

education's door. Francis' (2013) call for the development of an aptitude test for selection onto pre-registration nursing programmes has increased the focus on values based selection (Department of Health at <http://francisresponse.dh.gov.uk/recommendations/191/>). His recommendations also underpin the development of pre-nursing experience pilots by Health Education England (<https://hee.nhs.uk/our-work/developing-our-workforce/nursing/pre-nursing-experience-pilots>) predicated on the assumption that experience of working in 'frontline health care' prior to entering nurse education would lead to more caring and compassionate nurses.

A Department of Health review of recruitment and selection onto pre-registration nursing and midwifery programmes identifies that the NHS values (dignity, respect and non-discrimination) are central to good experiences of health care (DH, 2012b). The report goes on to state that "it is therefore important that the future education system enables initial entrants to healthcare to possess these values intrinsically and that these values are nurtured and maintained throughout their

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careers both in University education and Registered Professionals...” (DH, 2012b: 8). It is unclear from this statement whether it is envisaged that healthcare students should possess these values *intrinsically* on entry; the political desire within the UK to instigate values based selection of nursing and midwifery students onto pre-registration programmes, and the development of the pre-nursing experience pilots would indicate that this is the case. Thus there is an assumption that if you select the people with the right values into nurse education you will produce ‘better’ nurses; ones who are more compassionate and caring and will therefore prevent further catastrophic failures of care.

However, whilst there has been some work in relation to how values based selection might be undertaken (Waugh et al., 2014; Health Education England, 2014a), the concept of values based selection is problematic. It raises concerns over which values should be selected for; how these might be reliably and validly identified and measured; the scope for development of the desired values through nurse education and therefore an understanding of what students would be required to demonstrate prior to entry to their nursing or midwifery programmes (Snowden et al., 2015a).

In light of the conceptual difficulties identified above, a longitudinal study to investigate the impact of emotional intelligence (EI), demographic factors, previous caring experience and mindfulness on student nurse and midwife performance and retention across the three years of their pre-registration education was commenced in 2013 (Snowden et al., 2015a). EI relates to our ability to identify and work with our own and others’ emotions, and was chosen for investigation as it is often discussed in the literature as a central part of nursing (Bulmer Smith et al., 2009) and there is evidence that EI might be linked to nurse performance. EI is also theoretically conceptualised and empirically tested in the psychology literature and there are a number of valid and reliable instruments for its measurement thus mitigating the problems related to measurement of poorly defined or conceptualised ‘values’. This paper reports on the performance related findings of the 2nd data collection period.

2. Background

2.1. Previous Caring Experience

One of the most immediate responses to the Francis (2013) report has been the pilot testing of a period of care experience as a nursing assistant prior to application to nursing programmes (Health Education England, 2014b). Although intuitively appealing and politically expedient there is currently no evidence to connect previous caring experience with future success in nursing. Evaluation thus far indicates that students appreciate the insight into what nursing is about, which may lead to increased retention on programmes (Health Education England, 2014b). However it remains to be seen whether this pre-nursing experience will lead to increased performance and demonstration of ‘better’ values than those who have not had this experience.

It is this assumed association between pre-nursing caring experience and better values, and the inference that this will lead to better performance in nurses that underpins the development of the first hypothesis in this study.

2.2. Emotional Intelligence and Nursing Performance

EI is broadly concerned with the ability to identify and respond to one’s own and other’s emotions in the context of social interaction (MacCann et al., 2011). However, it is not a unified concept, with two main bodies of work theorising EI either as a form of intelligence (cf Mayer and Salovey, 1993; Mayer et al., 1999) or as a personality trait (Petrides et al., 2007). Conceptualisation of EI as trait is based on personality theories thus EI would be a stable trait and therefore not amenable to change through education. If this is so, the level of EI identified prior to entering nurse education, if found to be

associated with student nurse performance, could be used within selection process as a predictor of future nursing performance. Mayer et al.’s (1999) theorisation of EI as a form of general intelligence makes it amenable to nurse education. Understanding how EI changes over time in relation to nurse education and how it is linked to student performance provides potential in terms of selecting students based on an identified range of scores that provide an optimum baseline from which to work during the educational process. Empirical testing of these theories has led to the development of a number of validated and reliable measures (Schutte et al., 1998; Mayer et al., 2003; Bar-On, 2006; Petrides, 2009). Given the two conceptual bases for EI, measures based on each were chosen for use in this study.

The dimensions or (sub)factors constituting the various measures are related to the model of EI on which the measure is based. Given the different models of EI these factor structures will vary and require identification to support the valid use of the measure. Confirmatory factor analysis and Rasch analysis of the trait EI measure used in this study (TEIQue-SF) using the baseline data (n = 938) identified a factor in the TEIQue-SF which was not measuring EI. This single factor seemed to be measuring tendencies related to social connection rather than EI and is discussed in the next section (for details of this analysis see Snowden et al., 2015b).

A review of the literature on EI and nursing (Bulmer Smith et al., 2009) suggested that EI could have predictive potential for student selection. Such predictive potential would be based on the relationship between student nurse EI on entering nurse education, and student completion and attainment of competence for registration as a qualified nurse. There are currently no published longitudinal studies which have addressed this issue.

A number of international studies have identified a positive correlation between EI and performance in both student and registered nurse populations. Beauvais et al. (2011) found that EI scores were significantly associated with nursing performance in 87 student nurses. Similarly, Codier et al. (2008) found that EI was positively correlated with performance of a group of 27 registered nurses. EI has also been positively correlated with team performance (Quoidbach and Hansenne, 2009) and leadership qualities (Chan et al., 2014; Erktulu and Chafra, 2012).

EI may also be positively associated with general intelligence. Codier and Odell (2014) identified a significant correlation between EI and grade point average in a cohort of 72 student nurses, whilst Por et al. (2011) found that high educational background on entry to nurse education was significantly correlated with EI. Benson et al. (2010) identified a positive correlation between year of programme and EI in 100 nursing students perhaps indicating that EI develops in response to nurse education, although this was a cross sectional study which therefore lacks the ability to examine change over time. However Collins (2013) found a negative correlation between EI and year of programme. Additionally, studies of EI in student nurses have correlated EI with coping and mental health (Montes Borges and Augusto, 2007), self-concept (Augusto-Landa et al., 2009), and retention (Jones-Schenk and Harper, 2014). Such qualities might be linked to student retention on nursing programmes.

An exploration of the relationship between EI and caring behaviours of nurses identified associations between scores on some of the dimensions of the EI measure and some caring behaviours (Rego et al., 2010). However, in this study *total* EI scores were not significantly associated with caring behaviours. This seems to represent something of a pattern in the EI literature in that studies often demonstrate links between various subfactors of the EI measures and measures of performance, but do not show consistency (Mayer et al., 2008).

Given the small cohorts in most studies, variation in measures and performance indicators, results are difficult to compare. However, the general trend of findings towards positive relationships between EI and performance underpins the hypothesis of this study.

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