



Emotional intelligence and health students' well-being: A two-wave study with students of medicine, physiotherapy and nursing

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ABSTRACT

This study aims to analyze the role of emotional intelligence as a predictor of health students' well-being (i.e., burnout and life satisfaction) over time. A longitudinal, 1 year lagged study was conducted at 2 points in time with a sample of 303 Spanish students of Medicine, Physiotherapy and Nursing. The results indicated that others' emotion appraisals and use of emotion had a positive direct effect on satisfaction with life, and self-emotion appraisals had a positive indirect effect on burnout. This research represents a contribution within the framework of health students' well-being concerns, providing significant practical implications for future consideration by health education institutions for graduate doctors, physiotherapists and nurses, who will present higher levels of emotional intelligence and, consequently, greater well-being and better quality care for future patients.

1. Introduction

The increasing levels of stress in high school students have become a concern (Larcombe et al., 2014). Stress in healthcare students has proven to be of particular concern since these students not only have the demands of the course but also the challenge of dealing with patients and the learning of applied clinical skills (Birks et al., 2009). Depression states, drugs, alcohol abuse, anxiety, attrition, a decrease in empathy and the quality of patient care are the most pronounced outcomes of the stress in this population (Birks et al., 2009; Firth-Cozens and Greenhalgh, 1997; Shanafelt et al., 2002, 2005; Thomas et al., 2007).

Considering that stress negatively affects the attributes deemed fundamental for healthcare professionals, efforts should be made to reduce their stress and promote their well-being. In this context, Dyrbye et al. (2005) state that promoting and developing well-being during academic courses and equipping students with the skills so that they are able to identify their personal levels of stress are essential to encourage professionalism and lay the foundations for the development of resilience throughout their careers.

Emotional Intelligence (EI), defined as “the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions” (Salovey and Mayer, 1990, p. 189), has been recognized as an important factor for healthcare students. Several studies have established that this type of

intelligence is crucial to improve interpersonal skills when addressing patients, to cope more efficiently with the high levels of stress in their practice and to improve performance (Landa et al., 2009; Austin et al., 2005; Beauvais et al., 2011; Birks et al., 2009). Furthermore, EI has been reported to be also directly related to positive emotions and psychological well-being (i.e., satisfaction with life, happiness) (Mayer et al., 2008; Ruiz-Aranda et al., 2013). Thus, EI contributes to greater well-being.

However, the majority of studies analyzing the predictive role of EI has used a cross-sectional design that has compromised the establishment of causal conclusions (i.e., Cazan and Năstasă, 2015; Durán et al., 2006; Palmer et al., 2002).

The 12-week prospective study of Ruiz-Aranda et al. (2013) however, is an exception. This study analyzes the influence of EI on life satisfaction and happiness, building on previous cross-sectional studies by examining the mediating role of perceived stress in the relationship between EI and these well-being indicators. The results demonstrated that healthcare students with greater EI reported low perceived stress and evaluated situations as being less stressful, which contributed to their ability to control their environment and to their satisfaction with life and happiness. Nevertheless, as mentioned by the authors, this study has some limitations that need to be considered. One such drawback is the composition of the sample (exclusively female) which does not enable a generalization of the results to both genders. In order to address this limitation, the sample of our study is composed of students of both genders in Medicine, Physiotherapy and Nursing. Another

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aspect referred to by the authors as a limitation was the poor reliability demonstrated by some of the scales. The present study uses scales that have already been used in other studies with the Spanish population. Furthermore, in order to measure EI, the study of Ruiz-Aranda et al. (2013) uses the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer et al., 2002) which is a measure of ability or performance that assesses people's emotional skills in the performance of various tasks and processing of emotional situations. The MSCEIT has received a pool of criticism: there is no consensus among experts in the evaluation of response; the length of time involved in the administration of the test; the high costs of its application (Conte, 2005). To overcome this limitation, the Wong and Law Emotional Intelligence Scale (WLEIS; 2002) was used in this study. This scale is a self-report measure that has received more psychometric support and is also simpler to administer (Carvalho et al., 2016; Shi and Wang, 2007). It also has the added advantage of making inferences about the four dimensions of the EI (Self Emotion Appraisals (SEA), Others' Emotion Appraisals (OEA), Regulation of Emotion (ROE), and Use of Emotion (UOE)) separately, and providing some insight into whether components of EI contribute to well-being.

Taking all these aspects into consideration, this study sets out to address the limitations of past research. More specifically, it examines the predictive role of EI in students' well-being (i.e., burnout and life satisfaction) over time in a sample composed of students of both genders in Medicine, Physiotherapy, and Nursing. Additionally, it also analyses the role that academic burnout, i.e. feeling of exhaustion due to academic requirements, the feeling of disconnection and cynicism towards academic responsibilities, and feelings of incompetence as students (Schaufeli et al., 2002b) may have in the relationship between EI and satisfaction with life.

Thus, this study may provide further support to the premise that EI accounts for well-being. By doing so, it may also contribute to establishing the potential impact of developing EI through specific programs in the higher education of healthcare students.

2. Emotional Intelligence and Satisfaction with Life

EI has received different theoretical perspectives. One of these perspectives regards EI as a set of personality traits and abilities that predict emotional and social adaptation within environments (Bar-On, 2006). Another perspective conceptualizes EI as a combination of skills and personal competencies (Goleman, 1995). The last perspective conceptualizes EI as an ability (Mayer et al., 2002) and considers that it can be assessed through performance tests. This perspective states that EI depends on the ability to process emotional information and to use core abilities related to emotions (Smith et al., 2009).

The model proposed by Mayer and Salovey (1997) has been more widely accepted since it is theory-driven, well-articulated, and more narrowly defined than other models (Gohm et al., 2005). Thus, this was the model adopted in this study. The Mayer and Salovey model is far more detailed (Wong and Law, 2002) as may be observed in its four distinct dimensions:

1. Appraisal and expression of emotion in the self (self-emotional appraisal [SEA]).
This dimension is related to the individual's ability to understand his/her deep emotions and of being capable of expressing these emotions naturally. Individuals with high SEA will sense and acknowledge their emotions well before most people.
2. Appraisal and recognition of emotion in others (others' emotional appraisal [OEA]).
This dimension refers to individuals' ability to perceive and understand the emotions of others around them. Individuals who are high in this ability will be far more sensitive to the feelings and emotions of others as well as being able to read their minds.
3. Regulation of emotion in the self (regulation of emotion [ROE]).

This dimension highlights the ability of individuals to regulate their emotions, which will enable a more rapid recovery from psychological distress.

4. Use of emotion to facilitate performance (use of emotion [UOE]).
This dimension involves the ability of individuals to make use of their emotions by directing them towards constructive activities and personal performance.

Life satisfaction refers to a cognitive and global evaluation of the quality of one's life as a whole (McDowell, 2010; Pavot and Diener, 1993). This construct reflects a long-term perspective of lives in terms of one's own values, and arriving at a global judgment of life satisfaction (Pavot and Diener, 2004). Pavot and Diener (2004) argue that there should be a degree of convergence between life satisfaction and emotional well-being as both depend on evaluative appraisals. Extending this rationale to EI, we may argue that EI has the potential to help students better manage the environments in their academic life. Thus, one might expect students who control and monitor their own and others' emotional states to be more likely to experience satisfaction with life, as already advanced in several studies (e.g. Bastian et al., 2005; Gannon and Ranzijn, 2005; Ruiz-Aranda et al., 2013). Thus, on the basis of our expectation that students' EI would contribute to their satisfaction with life, we established the following:

Hypothesis 1. Students' EI has a positive cross-lagged effect on their satisfaction with life.

3. The Mediating Role of Burnout

Burnout was initially evaluated in the context of the workplace. However, Schaufeli et al. (2002a, 2002b), extended the concept to academic students.

The association between EI and this negative mental state may be understood in light of the theory of work demands and resources applied to the academic context (Salanova et al., 2010). This theory uses the terms "obstacles" and "facilitators" of performance (organizational, social, and personal) as more specific substitutes for the terms "demands" and "work resources". Examples of obstacles to academic performance include excessive workload, ergonomic factors, poor social interactions, and limited planning ability. Examples of facilitators of academic performance include flexibility, access to academic resources, good social relationships, and expectations of success. In the study of Salanova et al. (2010), it is assumed that obstacles and facilitators indirectly affect performance, particularly through the well-being of students (i.e., burnout). Hence, Salanova et al. (2010) conclude that academic burnout is significantly associated with the presence of obstacles and the lack of facilitators. In this sense, EI may be viewed as an individual resource that may act as a facilitator against the predictive power of obstacles in burnout. In fact, students who can regulate their emotional states can reduce their stress in exams or in dealing with patients. Pau and Croucher (2003) found that emotion regulation is related to stress reduction and healthier states in healthcare students. Ohman et al. (2001) report that the acknowledgment of emotions through EI might have a positive impact on learning, memory, and behavior. Therefore, the ability to control emotions can help students become more attentive in class and cope more effectively with the stressful situations that may trigger burnout. Ciarrochi et al. (2002) also stated that the perception and appraisal of emotional situations may offer a unique contribution to understanding stress and mental health states. In this vein, we may argue that the protective effect that EI has on adverse stress in the academic environment may contribute to reducing student burnout.

Moreover, Sonnentag (2015) highlights that well-being is influenced by experiences at work (in this case at an academic level), and is a dynamic construct, meaning that it changes over time and fluctuates within a person. Hence, personal resources (i.e., resources that help the

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