



Nursing students' emotional intelligence, coping styles and learning satisfaction in clinically simulated palliative care scenarios: An observational study

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ABSTRACT

Background: Emotional intelligence is highly relevant in palliative care training, considering the coping styles used by nursing students. Clinical simulation provides the opportunity to evaluate these variables in a realistic and natural context.

Objectives: To analyze the possible relation between emotional intelligence, coping styles and satisfaction with one's own self-learning in nursing students participating in simulated scenarios related to palliative care at the end of life.

Methods: A descriptive, observational and correlational study of students in their second year of nursing at a Spanish University during the 2015/2016 academic year. Three variables were measured: emotional intelligence (Trait Meta-Mood Scale-24), coping styles (the Questionnaire for Dealing with Stress) and satisfaction with students' own learning (Student Satisfaction and Self-Confidence in Learning Scale, Spanish version CSLS-Sv).

Results: In total, 74 students participated in this study (ME: 20.3 years). An association was found between satisfaction with learning, according to the EI attention subscale (in which the highest scores were registered) and two specific coping styles (FSP, with high scores and open emotional expression).

Conclusions: Emotional intelligence and coping styles are desirable qualities in students, especially as they have a relevant role in satisfaction with one's own learning. Nonetheless, in part, these results depend on the characteristics of the educational activities designed, which is especially relevant in simulation applied to palliative care.

1. Introduction

Numerous studies have demonstrated that emotional intelligence (EI) is an important and desirable characteristic in nursing professionals as, on the one hand it contributes towards establishing appropriate relationships with others (Augusto-Landa and López-Zafra, 2010; Farshi et al., 2015) and, on the other, it is helpful for improving the management of the many emotions derived from the care process (stress, burnout, grief, etc.) (Cherry et al., 2014; El-Sayed et al., 2014). Emotional intelligence seems to provide an appropriate response to the numerous vicissitudes that a person must face in their daily life, facilitating a positive state of mind, and decreasing negative incidences together with abnormal or dysfunctional emotional reactions (Zeidner et al., 2016; Mayer and Salovey, 1997).

The interest raised by emotions in nursing practice is well-known, supported by the theoretical reasoning underpinning the discipline. One of such contributions is the “Theory of Human Caring” presented by Jean Watson. Here, the practice of caring is directly related with the emotional dimension of the person cared for as well as that of the professional providing care. Doctor Watson defends nursing from a phenomenological and existentialist perspective, where the complexity of each individual is contemplated from an affective point of view, including feelings and emotions (Watson, 2012; Watson and Smith, 2002). Feelings or emotions and thinking have been identified as forces that may affect one's learning styles (Kolb, 2014), emotional social intelligence, and success (Bar-On et al., 2004) and coping styles (Suliman, 2010). An overview of emotions, emotion functioning and regulation is alluded to, to give credence to the application of the transactional

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model of stress and coping as purported by Lazarus & Folkman. The central assumption of this theory is that the interaction between an individual and the environment creates stress experienced by the individual. The cognitive transactional model of stress-appraisal-coping can be applied in the sense making process for nursing students. The model is cognitive because it is based on the assumption that students' thinking processes will act to mediate in determining stress and coping resources. If we assume that Emotional Intelligence is a particular type of intellectual ability, the construct should overlap with cognitive ability to some extent (Mayer et al., 2000). According to Mayer's model as ability model, EI as a combination of four emotion-related abilities: the perception of emotions, the integration of emotions through thought processes, the understanding of relations between emotions and circumstances, and the regulation of emotions, also called emotion management (Mayer et al., 2000).

An increasing number of articles establish a relation between EI, coping styles in response to stress and academic performance among Health Science students (Suliman, 2010; Beauvais et al., 2014; Farshi et al., 2015; Saklofske et al., 2012). These studies, albeit non-conclusive, seemingly establish that those students with greater EI and appropriate coping styles display improved academic performance and more adaptive learning styles (Benson et al., 2010; Fernandez et al., 2012).

Considering the characteristics of the curricular education of nursing students who must face critical life situations, such as death or pain during their clinical placements, these students ultimately undergo considerable levels of stress (Edo-Gual et al., 2011; Reeve et al., 2013; Grobecker, 2016). Emotional intelligence is known to be directly connected with social relations, which, in turn, impacts one's own emotional control and the way stressful situations are faced (Codier and Odell, 2014; Codier et al., 2010). Relations have been established between EI and learning styles, which seem to indicate that certain learning styles, such as reflective thinking and clinical placements, favor the development of components of EI, such as self-control, motivation and relations with others (Por et al., 2011; Pool and Qualter, 2012).

Of all the possible stressful situations students face for the first time during their clinical placements, one of the most shocking is patient death (Alzayyat and Al-Gamal, 2014; Pulido-Martos et al., 2012). Concerning the process of dying, the education in end-of-life palliative care during nursing studies is not only aimed at acquiring knowledge on the appropriate end-of-life care, but rather focused also on the development of personal skills, such as communication, empathy, and teaching students to manage their emotions (Mok et al., 2002; Gillan et al., 2014). Related research suggests that there is a correlation between students with greater EI presenting more effective coping styles which, at the same time, results in a greater satisfaction with their professional development (Beauvais et al., 2014; Chan et al., 2016; Rivera et al., 2014).

On the other hand, concerning styles of learning, more recently, the use of clinical simulation (CS) has been noteworthy in improving the acquisition of professional competence (Norman, 2012; Foronda et al., 2013). Specifically, in recent years, several studies have highlighted the use of simulation in the context of end-of-life care, especially regarding the development of skills such as communication and the development of empathy (Edo-Gual et al., 2015; Lewis et al., 2016; Fabro et al., 2014; Kunkel et al., 2016; Ladd et al., 2013). In this sense, CS enables the ability to create safe learning environments for students, and the use of the same is related with a high student satisfaction, who see it as a particularly relevant method of learning within palliative care (Sarabia-Cobo et al., 2016; Dame and Hoebeke, 2016). Satisfaction with one's own learning seems to be related with increased academic performance (Lahti et al., 2014; Papanthanasidou et al., 2014) and, likewise, with more effective coping styles for facing stressful situations and with greater EI (Beauvais et al., 2014; El-Sayed et al., 2014). If the learning method encourages greater student satisfaction, it seems recommendable to

further explore this resource as, if we can develop satisfactory learning environments, this in turn, can improve the acquisition of professional competences.

To our knowledge, there are no studies that have explored the existing relation between EI, coping styles and satisfaction with one's own learning in the simulated environment of a stressful situation, such as the care of dying patients. The studies seem to suggest that, in general, nursing students who have high levels of EI and the appropriate coping strategies for stress, achieve high scores in the scales measuring satisfaction and self-confidence in learning (Lee and Gu, 2013; Suliman, 2010). However, these studies are inconclusive as the conclusions are not easily generalizable and the definition of concepts (IE, coping styles, etc.) are different in each study, which means further studies are needed along these lines. Therefore, it is necessary to explore whether the activity of learning in itself can influence satisfaction in one's own learning. If we consider that the process of learning favors the acquisition of competences highly related to EI and personal styles of coping, a positive relation may be established between learning style, EI and coping.

The aim of the present study was to analyze the possible relation between EI, coping styles and satisfaction with one's own self-learning in nursing students participating in simulated scenarios related to palliative care at the end of life.

2. Methods

2.1. Design

A descriptive, observational and correlational study.

2.2. Subjects

Nursing students who were in their second year of undergraduate studies based at a university participated in this study. This research took place during the 2015/2016 academic year. The participation was voluntary and offered to all students enrolled in the course (a total of 74). The sample selection was therefore for convenience. The University is public and serves a whole region of northern Spain. The students performed a practice based on clinical simulation within a mandatory subject which is taught in the second year, called "Attention in Special Circumstances". All students were informed that participation in the study was voluntary. Furthermore, they were explained that anonymity of the test was guaranteed and that their decision to participate or not in the study would not affect their grades in any way. The only exclusion criterion was not wanting to participate in the study. The only inclusion criterion was that participants had to be student enrolled in the subject Attention in Special Circumstances. After being informed, all agreed to participate voluntarily and gave their consent.

2.3. Design of the Activity

The activity was carried out in a simulation laboratory of a virtual hospital. Before beginning the activity, the instructor explained the case to the students, together with the notes from the patient history, the variables for beginning the examination, and the changes required according to the expected care actions. Previously, students were explained the general requirements for the procedure (for example, confidentiality regarding the acts of the participants and the characteristics of the simulated cases). Also, students were informed that the activity was not for the purpose of assessment, but rather to encourage learning.

Two scenarios were designed which recreated two patients diagnosed in the terminal phase: a woman admitted to intensive care with the diagnosis of cerebral hemorrhage and, a man admitted to the hospitalization unit, with the diagnosis of lung cancer with metastasis. In both cases, the simulation was performed using a low fidelity mannequin which enabled the instructor to observe simple physiological and

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