The Influence of Caring and Emotional Intelligence among First-year Baccalaureate Nursing Students

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Abstract

This research investigation consisted of a quantitative study which explored emotional intelligence (EI) among first-year baccalaureate nursing students in an academic setting. The query was utilized to assess the impact of nursing curriculum on the growth of EI, a caring characteristic deemed desirable by healthcare employers. The study participants were given the Emotional and Social Competency Inventory (ESCI) pre-and post-survey assessment before and after six-weeks of attending and being active participants in their first nursing course. The analysis revealed that the study environment had no discernible impact. The current study discovered that first year nursing students had rather low EI scores in all four dimensions of perceiving emotions, use of emotions in facilitating thoughts, understanding emotions, and managing emotions. Young, novice nursing students do not possess educational and life experiences that would enhance their EI proficiencies to care for patients in the clinical setting. Further research is recommended on the subject of EI with a broader scope of the study.

Keywords: emotional intelligence, caring, nursing students, academia

Emotional Intelligence of First Year Registered Nursing Students

Introduction

The proficiency of emotional intelligence (EI) has a vital position in the nursing profession, together with the foundation of compassionate care. To provide compassionate care nurses must be able to identify, use, manage, and understand emotions not only in themselves but also in the context of others. EI ability is something that can be taught in a lecture class and developed through active listening, engagement, and participation with in-class activities, such as journaling, role-playing, interviewing, and case study analysis.

Individuals who embark on the educational journey to emerge as registered nurses have various proficiencies. With this aim, nursing students must increase the competence to respect another's emotions amid their interactions through their innate EI abilities, along with acquisition and enhancement of further EI. Welcoming emotions is crucial when creating a personal connection. Nevertheless, regulating emotions and facilitating the feelings of individuals is not an easily acquired proficiency (Badolamenti, Sili, Caruso & Fida, 2017).

In the field of nursing, the professional nurse will be challenged with life-and-death decisions (Ball, 2013). As a result, all information, together with emotional data, must be contemplated as crucial evidence (Beckham, 2017). Enhanced decision-making and logical problem-solving is a singular purpose in which EI has been acknowledged as an attribute of competent nursing (Murphy, 2006; Oxtoby, 2016). Moreover, several additional explanations as to why EI might be associated with successful nursing performance have been conveyed (Orak, Farahani, Kelishami, Seyedfatemi, et al., 2016; Por, Barriball, Fitzpatrick & Roberts, 2011; Fernandez, Salamonson & Griffiths, 2012). One particular argument for the development of nursing student's emotional intelligence persists, because emotions are fundamental in constructing and providing a healing environment based on caring (Şenyuva, Kaya, Işik & Bodur, 2014). The nurse's capability for establishing a healing relationship with individuals, control their emotions,

and sympathize with human-beings is vital to provide quality patient care (Savel & Munro, 2016). Developing EI proficiencies can assist the professional nurse with the ability to manage the poignant stresses within the healthcare setting (Yoo & Park, 2015).

Therefore, comprehension of emotional aptitude within the academic arena could aid educators to assess the personal encounters students experience and develop during their learning (Shanta & Gargiulo, 2014). The focal point of this research investigation relates to the impact of nursing curriculum on the growth of EI, a characteristic deemed desirable by healthcare employers. The objective is to review and extend the current research available regarding the development of EI in nursing students at the baccalaureate level.

Background

Numerous philosophies concerning emotion aim to connect emotional encounters with an experience. A similar exposure may cause a different emotional occurrence within every person. Therefore, students should develop an awareness of emotions and emotional aptitude. During their journey, educators must assist with the personal encounters students face. Fitzpatrick (2016) asserts that effective interactions between students and their patients should exhibit emotional proficiency.

In the literature, the phrase 'emotional competence' is often associated with alternative descriptive terms such as; EI (Goleman, McKee & Boyayzis, 2013; Mayer & Salovey, 1993), emotional labor (Badolamenti, Sili, Caruso & Fida, 2017) and emotional literacy (Murphy, 2006). Emotional competence is required for the development of EI, and therefore, nurses do well to develop the ability to become aware of and to express their emotions, rather than suppressing them.

In cultivating the essential qualities required to recognize emotions, students should also acquire the skills necessary to control their reactions to another individual. Several researchers maintain that emotional competence is the outcome of conscious professional and personal encounters (Kozub, Brown & Ecoff, 2016; Beckham, 2017). Additional researchers propose that since emotional proficiency requires an exceedingly prolonged time to develop, assessing undergraduates for emotional competence ought to be included as part of admission requirements into the nursing school program (Cerit & Beser, 2014; Rankin, 2013; Thingujam, Laukka & Elfenbein, 2012).

Results from the current research inquiry strengthen awareness of the need for emotional competence in the nursing profession, in conjunction with the educational preparation, as students transition from the academic world to a rapidly changing and demanding professional clinical environment. Consequently, it can arguably be proposed that emotional awareness and cognitive intelligence are required for developing EI, which is a critical factor in preparing students for their professional practice.

Significance

Nursing is well-known globally as a uniquely stressful profession (Alkrisat & Alatrash, 2017; Alotaibi, Paliadelis & Valenzuela, 2016; Oxtoby, 2015), as manifested by an exceptionally high percentage of burnout among professional nurses (Khamisa, Peltzer, Ilic & Oldenburg, 2016). Fundamental causes of tension and stress for this profession involve contact with individual suffering and pain, along with end of life issues and associated grief]. Many professionals lack the competencies that are necessary to respond in healing manners to the emotional requirements of another person (Khamisa et al. 2016). These deficiencies could provoke complex emotional reactions that are quite stressful and may jeopardize both the psychological and physical well-being of professionals.

Being a part of a multidisciplinary team, nurses must have the ability to recognize and appraise with sensitivity and accuracy the patient's emotional states along with their own. EI is

imperative for delivering excellent nursing care, in addition to regulating personal interactions (Warnock, 2104; Shanta & Gargiulo, 2014). Therefore, no efforts must be spared in cultivating the competencies necessary to become proficient at the earliest opportunities, right from the beginning of nursing school (Shanta & Gargiulo, 2014).

Students are predisposed to encounter pressure and stress. Similar to professionals, students are required to deliver patient care per the practice standards regardless of their limited experience, competence and their intellectual and emotional resources, and all of these under pressures of time constraints in busy hospital and clinic settings (Said, 2014).

In addition, students face school and work stressors, and some of them are more susceptible to becoming distressed under these circumstances. Therefore, emotionally intelligent individuals have the ability to create, recognize and control emotions in stressful situations (Goldman et al. 2014). People with these awarenesses and skills are accomplished in managing their feelings and thus preserving their excellent performance throughout episodes of intense stress. Accordingly, students who possess increased EI levels are more outfitted to deal constructively with the stressors confronted in school (Beckham, 2017).

EI is especially significant for students in the first year of their educational journey. Therefore, the essential purpose of this research inquiry was to explore the development of EI in students. Therefore, the element of EI was investigated as a factor that affects emotional competence in student nurses.

Methods

Theoretical Framework
All research must have a fundamental structure that arranges the assessment by expressing how all of the variables are anticipated to correlate. In this study, it is the belief that EI is paramount in providing compassionate and empathetic nursing care. Nursing care is predicated on an ability of the professional to treat the human experience of the patient (Rankin, 2013). Therefore, competent and compassionate nursing care inherently requires that the professional has sufficient knowledge of EI to be self-aware of nurses' feelings and sensitive enough to read the feelings of others. While EI is theorized to be one of the essential abilities that correlate with the student's ability to manage emotions (Fitzpatrick, 2016), it is only one aspect of what caring entails. Developing nurses that are capable of physical, mental, emotional and spiritual care is the primary goal of any institution of higher nursing education (Summerell, 2015).

Jean Watson's Theory of Human Caring was utilized as the theoretical foundation since the goal of Watson's theory is to interconnect and articulate a caring experience (Watson, n.d.). Caring is an essential nursing notion (Yoo & Park, 2015) and individually has been connected partially to the advancement of EI (Summerell, 2015). Akerjordet and Severinsson (2010) define caring as the "essence of health care" (p. 363). This suggests that EI is a skill needed for caring appropriately. Therefore, the relevance of enhancing nurses' EI has is an essential aspect of their caring behavior that we would do well to keep within our awareness and work to enhance.

EI skills can prepare nursing students for providing nursing practice that is emotionally competent (Beckham, 2017). While nursing students are often expected to understand emotions, and use the cognitive information to assess patients' needs, and then engage in emotional interventions that convey caring, this proficiency can and should be enhanced. Thus, the ability of a nurse to implement caring awarenesses, attitudes and behaviors is predictive of an individual's EI. Watson's work contributes a significant theoretical foundation for many nursing professional (Clark, 2016). The desired outcome for nursing students is to integrate the caring process while enhancing their EI, thus developing a practice of self-aware, EI caring practitioner in their profession.

Design

The study design is quantitative. All participants received a baseline EI survey plus weekly activities.

- During week one, students were instructed to practice making 'I-statements' which provided a 'mood check' that helps students develop more awareness of their moods and the impact of their moods on others.
- In week two, students were presented with a short emotionally impacted patient scenario and were instructed to write down their reactions and voluntarily share some of their thoughts on the scenario.
- Week three and four included journaling after viewing brief video snippets exposing the complexities of cultural communication. It challenges their assumptions and exposes them to issues of power, failure, and context as they learn conflict management and reflect on ways to invite and induce preferred responses in others.
- In week five, students were given a brief explanation of assumptions followed by an assumption scenario. The reason for this exercise was to examine the assumptions that individuals make and prevent them from affecting the behavior towards others.
- In the final week, students were asked to switch places with a peer with the intention of cultivating empathy and developing understanding of what others are experiencing. By listening with their ears, seeing with the eyes of others, and feelings with their hearts, the ability to communicate effectively becomes profoundly better, and the feelings of connection towards others begins to radiate.

The reliable and validated tool utilized in this study was the Emotional and Social Competency Inventory (ESCI) assessment survey. This survey was developed by Boyatzis and Goleman (Hay Group, 2017). The Hay Group extends online network tools for institutions of higher education to accomplish better individual relationships (Hay Group, 2017). This tool was used to assess the twelve concepts under four spheres of EI, consisting of self-awareness, societal mindfulness, individual management of emotions, and relationship management for the first-year nursing students.

The ESCI assessment was presented online to the participants before the intervention. The evaluation consisted of 22 questions and took thirty minutes to complete, with an analysis report provided by the Hay Group shortly afterward. The intervention consisted of students participating in the initial nursing course for six-weeks. While actively participating in the course, the four spheres of EI concepts were integrated within the required readings, homework assignments, class discussions as well as group work in class. Many of the core concepts that were discussed encompassed the need to respect the patients' goals, preferences and choices, all the while addressing the patients' emotional, social and spiritual needs. Reassessment of EI occurred immediately after intervention, and the post-survey was analyzed against the pre-survey measurement. The findings were communicated to the school of nursing faculty, including an interpretation of the outcomes and as amalgamation report of the cohort's median results.

Research Question

The essential purpose of this research inquiry was to explore the development of EI in student nurses, as a factor that affects their emotional competence. The research question that guided the investigation was: Does taking a nursing fundamental course increase EI in four-year undergraduate nursing students?

Sample

Institutional review board approval was granted, and the researcher was careful to protect confidentiality. A convenience sample included twenty-two undergraduate traditional nursing students enrolled in their initial nursing course. The students consist of a homogenous population of mostly women with various healthcare experiences. Participation in the study was voluntary. All participants were informed before enrollment of their option to withdraw from the study at any time and at any point in the research process without consequences. A written or verbal notice to the primary investigator (PI) of such withdrawal was acceptable.

First-year undergraduate nursing students received a recruiting email through the student's school email. Informed written consent was obtained during the first day of class from all participants who consented to enroll in the study. Next, the students received an email from Hay Group with a link to the ESCI survey, which utilizes the 4-quadrant model developed by Goleman (Hay Group, 2017). This model measured the awareness and management of self and others. Also, it assessed a variety of essential proficiencies demonstrated to influence actions.

Following the pre-survey, the intervention consisted of nursing students attending and being active participants in the weekly nursing course. A post-test ESCI assessment was offered to all active participants in the same manner as the pre-test. Once this data was collected, Hay Group provided a complete data spreadsheet requiring analysis from the PI (Hay Group, 2017). Hay Group's ESCI was employed as a developmental tool that was utilized to provide feedback at the end of the first term on the 22 first-year nursing students, profiling their overall EI strengths and developmental needs. Pooling the individual assessments provides a comprehensive profile of the overall group's EI (Cerit & Beser, 2014). This analysis revealed powerful insights in areas that need development, thus pointing to directions for improving the students EI performance.

Results

In this research investigation, participants' EI was measured using the twelve scale ESCI inventory. A convenient sample of twenty-two (n = 22) first-year nursing students participated in this study. A repeated measure of pre- post-test research design was used. Participant's EI was measured as part of the first nursing class orientation. The Cronbach's Alpha Reliability for the twelve competencies ESCI inventory ranged from 0.74 to 0.87 (Hay Group, 2017). The EI inventory was distributed, and participants completed the instrument during the first hour of the first classroom lecture. The first-semester nursing education set of classes and laboratory experiences comprised the study environment.

Statistical analyses

The matched paired *t*-Test and a multivariate analysis of variance (MANOVA) were utilized to test the hypothesis.

Outcomes

Of the twenty-two students, one hundred percent responded to the pre- and post- online EI survey. Among the 22 participants, 7 individuals (31.8%) had previous healthcare experience, and 15 individuals (68.1%) had no prior healthcare experience. Ten students (66.6%) were full-time students who currently were not employed. The majority of the sample were female (95.4%). Students were between the ages of 18 to 20 years of age. The sample is significantly homogenous.

To compute the distribution of the sample, the Anderson-Darling was utilized due to its good departure sensitivity from normality for small sample sizes (Shin, Jung, Jeong & Heo, 2012) and was applied to all pretest and posttest samples. Test statistics and associated *p*-values are presented in Table 1.

Table 1.*Test statistics and associated p-values*

Emotional Intelligence Scale	Pretest Anderson-Darling Statistic	*p*-value	Posttest Anderson-Darling Statistic	*p*-value
Achievement Orientation: ESC12ACH	0.8932	0.0226	0.5273	0.1786
Adaptability: ESC12ADA	0.3556	0.4591	0.6790	0.0762
Conflict Management: ESC12CM	0.2763	0.6567	1.1834	0.0044
Coach & Mentor: ESC12CMT	0.2463	0.7568	0.2184	0.8396
Empathy: ESC12EMP	0.5134	0.1934	0.7098	0.0640
Emotional Self-Awareness: ESC12ESA	0.6045	0.1164	0.5895	0.1244
Emotional Self-Control: ESC12ESC	0.3233	0.5262	0.3802	0.4031
Inspirational Leadership: ESC12IL	0.2612	0.7074	0.5412	0.1649
Influence: ESC12INF	0.3703	0.4248	0.7166	0.0615
Organizational Awareness: ESC12OA	0.6643	0.0828	0.3699	0.4258
Positive Outlook: ESC12PO	1.0442	0.0096	1.4287	0.0011
Teamwork: ESC12TW	0.6413	0.0944	0.5967	0.1192

Achievement orientation (ESC12ACH) and positive outlook (ESC12PO) pretest scores were significantly outside the normal distribution, extremely negatively skewed, with most participants scoring 4 or 5. This showed the sample as a very homogenous group with little ability to increase their scores. The very small movements in achievement orientation (ESC12ACH) scores caused large differences in the distribution shape. The differences were likely due to measurement variability inherent in self-reported inventories.

Conflict management (ESC12CM) and positive outlook (ESC12PO) posttest scores were significantly outside the normal distribution. Posttest scores for conflict management (ESC12CM) were highly negatively skewed and showed a large portion of the sample scoring high values after the intervention. Positive outlook (ESC12PO) scores were highly negatively skewed, with the vast majority of participants having high scores. The distribution of scores on this scale made little change between the pretest and posttest.

The hypothesis was also evaluated as a multivariate comparison and as a series of univariate assessments. The results calculated an F ratio of 1.111 with 12 and 31 degrees of freedom and a *p*-value of 0.386. Therefore, no significant effect was found. Additionally, the matched pair *t*-test was used to evaluate the significance of changes in participant's EI scores before and after the nursing course. All twelve comparisons had a *p*-value greater than 0.05 and indicated that there were no significant changes in EI scores from pre-intervention to post-intervention. Moreover, the univariate analysis of variance had all F ratios that were less than the critical values and additionally had no *p* values > 0.05 on the twelve EI competency scales.

Therefore, the intervention did not make a substantial change in the variation of EI scores for the nursing students.

Discussion

The quantitative inquiry aspired to evaluate the influence of the educational arena on the development of nursing student's EI, an attribute considered advantageous by health care organizations. The study consisted of a pre- and post-test approach for measuring first-year nursing student's EI. Additionally, the Matched Paired *t*-Test and a multivariate analysis of variance (MANOVA) were utilized to test the hypothesis.

On the first day of nursing school, the students were asked to complete the EI survey before the educational course began and again six-weeks after. The ESCI survey instrument was utilized to appraise the twelve constructs of EI under the four areas of interest including individual consciousness, social forethought, personal care, and interpersonal connections.

This study indicated that the null hypothesis was retained because the fundamental nursing course was not strong enough to impact the participant's personality traits. It would appear that only more powerful and/or prolonged interventions can impact these characteristics. Although the findings did not indicate that nursing students' EI grew during the six-week intervention, an individual's cognitive ability to perceive, evaluate and express emotions remains an important aspect in fostering caring behavior with patients. When caring relationships are developed with patients, the emotional element of nursing students is difficult to ascertain sometimes in particular cases, especially in the school environment when there are many competing factors that arise.

Additional research is necessary to examine if there was a relationship between first-year nursing students' twelve EI competencies and healthcare experience, which could be achieved with a simple linear regression analysis. The analysis would provide a greater insight into what is most likely a complex relationship between previous healthcare experience and nursing students EI. Subsequently, further exploration is desirable to assess vicissitude in nursing student EI scores over the course of the curriculum, thus, indirectly improving the caring aspect of patient outcomes.

Limitations

There are distinct limitations to this research investigation. The primary shortcoming includes a small sample size of twenty-two first-year nursing students who successfully fulfilled the instructive study environment. Moreover, the researcher was the class instructor for the first nursing class and may have inadvertently biased the participants EI reaction to selected learning situations. Besides confounding the treatment effect, this threat also challenges this study's external validity. The research instructor will not be available to all nursing students and may be the cause of a unique treatment effect. Additionally, there was likely a multitude of competing experiences that transpired during the study period. Some of these may have contributed positively to student's EI while others may have had a negative impact. There was no control of these influences during the study, and any of the students may have had a greater or lesser number of uncontrolled experiences.

Another limitation of the inquiry correlates to the nursing student's demographic attributes. The participants were very homogenous, as noted above.

Recommendations for Future Research

Nursing practice in the 21st century has changed to meet a sicker and more complex healthcare population, with greater needs in the present patient population. Oye, Mekki,

Jacobsen & Forland (2016) wrote about the gradual change in the nursing professions over the years. Previously, nurses were being discouraged from showing emotions toward patients, whereas the current acceptability of emotional reactions leads to transparency in the nurse-patient relationship. The reality has not changed, and nurses are expected to manage their own emotions while still having to offer help and support to patients and others as necessary. The view of applying EI proficiency and enhancing nursing student's competency in recognizing emotions will ultimately enhance the healthcare needs of patients. The cultivation of EI in the academic arena can mutually benefit the nurse-patient relationship, leading to superior patient outcomes (Shanta & Gargiulo, 2014).

However, the results of this study force further examination of the development of EI and nursing students as they matriculate through the baccalaureate program. The next phase of the research plan includes the administration year-end ESCI, thus providing a valuable opportunity to gain insights into the development of EI competence. The last phase consists of administration of ESCI annually for subsequent two years and finalize the overall data analysis.

Pending examination of the three-year longitudinal study, any identification of a practice gap will be related to a review of the nursing curriculum to evaluate potential points of action in reconciling the care of emerging EI nurses.

Implications for Nursing Practice

The application of this research project may impact the growth and development of the EI competency which is an underpinning for successful nurse-patient interactions. Since EI was introduced at the commencement of the nursing program, EI development should hopefully grow and enhance as they matriculate through the nursing curriculum, thus, producing professional nurses who are emotionally competent following graduation. As a result, nursing instructors who contribute to the student's EI development will ultimately contribute to the students' emerging nurse-patient relationships, thus, developing empathy. When implemented, nursing education should incorporate the concepts of EI into the curriculum. Improving EI competency correlates success within the nursing profession (Codier, Kofoed & Peters, 2015).

Conclusions

Caring in a hospital appears to have dedicated attributes that augment its significance on healthcare, including the inputs of nursing students. Even though the findings of this research revealed that first-year nursing students had rather low EI scores in all four dimensions (perceiving emotions, use of emotions in facilitating thoughts, understanding emotions, and managing emotions) it is essential for students to provide EI care that is empathetic and adaptable. This facilitates connecting more easily with patients and meeting their psychological needs.

Unfortunately, young, novice nursing students do not appear to possess educational and life experiences that would support or enhance their EI. Results from this inquiry suggest that further inputs, monitored with inquiries such as in this study, are necessary to enhance discernment regarding the correlation between EI and performance of students undergoing a baccalaureate nursing education. In particular, an upcoming inquiry is desired to investigate if more extensive nursing education focused on EI will enhance nursing students' EI competencies, thus increasing caring attributes. Ultimately, the enhancement of EI proficiencies are essential for nursing professionals to provide quality patient care and, therefore, must commence in the student's educational environment.

Acknowledgements

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