

The level of emotional intelligence in undergraduate students of nursing

Poziom inteligencji emocjonalnej studentów pierwszego stopnia kierunku pielęgniarstwo

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STRESZCZENIE

POZIOM INTELIGENCJI EMOCJONALNEJ STUDENTÓW PIERWSZEGO STOPNIA KIERUNKU PIELĘGNIARSTWO

Cel pracy. Teoria inteligencji emocjonalnej stanowi ramę dla wszelkich pozatechnicznych umiejętności niezbędnych w zawodzie pielęgniarstwa. Termin ten jest często opisywany jako zdolność wyczuwania, rozpoznawania, zapamiętywania, opisywania, identyfikowania, rozumienia i wyjaśniania emocji. Celem badania było określenie światowego poziomu inteligencji emocjonalnej wśród studentów pierwszego stopnia kierunku pielęgniarstwo, a także sprawdzenie wpływu czynników (rok studiów, rodzaj ukończonej szkoły średniej) na inteligencję emocjonalną.

Materiał i metody. Badanie obejmowało 86 studentów kierunku pielęgniarstwo (średnia wieku $21,7 \pm 1,4$; 96,5% stanowiły kobiety). Jako narzędzie użyto standardowego kwestionariusza badania Inteligencji Emocjonalnej (IE) – skróconej formy (TEIQue-SF).

Wyniki. Wyniki pokazały wyższy poziom punktowy u studentów kierunku pielęgniarstwo we wszystkich obszarach IE poza Samokontrolą w porównaniu z normą społeczeństwa. Studenci, którzy ukończyli wcześniejszą edukację nie związaną ze zdrowiem, uzyskali wyższy poziom punktowy w obszarze Umiejętności Emocjonalne ($p \leq 0,05$).

Wnioski. Cechy IE są niezbędne w zawodzie pielęgniarstwa zarówno w praktyce edukacyjnej, jak i klinicznej. Potrzebne są badania dotyczące roli edukacji i rozwijania cech IE u studentów kierunku pielęgniarstwo, aby potwierdzić wyniki niniejszego badania.

Słowa kluczowe:

inteligencja emocjonalna, studenci kierunku pielęgniarstwa, nauczanie pielęgniarstwa

ABSTRACT

THE LEVEL OF EMOTIONAL INTELLIGENCE IN UNDERGRADUATE STUDENTS OF NURSING

Aim. The theory of emotional intelligence provides a framework to think about all of the non-technical skills you need in order to be a good nurse. It's often described as the potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand, and explain emotions. The aim of the study was to determine the level of total global Emotional Intelligence among undergraduate students of nursing and also to check the influence of factors (the year of study, type of completed high school education) on Emotional Intelligence.

Methods. The study involved together 86 university students of nursing (average age 21.7 ± 1.4 ; 96.5% females). We used the standardized questionnaire Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF).

Results. The results show a higher level scores achieved by nursing students in all areas EI except Self-control compared to a population norm. Students who have completed non-health's education achieved higher level scores of Emotionality ($p \leq 0.05$).

Conclusions. EI abilities are essential for the profession of nursing in both educational and clinical practice. Examination of the role of education and the development of EI abilities in student nurses are needed to support this foundation of EI research.

Key words:

emotional intelligence, nursing students, nursing education

INTRODUCTION

Emotional intelligence (EI) is contested but well conceptualized in the psychology literature [1,2,3] and might be related to the quality of nursing care [4]. It is suggested that EI is a useful variable in relation to nurse recruitment [5]. Most EI theorists see emotional intelligence either as an ability, a trait, or a combination of the two [6] and then attempt to measure it in accordance with that view [7]. For example Schutte et al. [3] self-reported Emotional Intelligence Scale (SEIS) as an 'ability' measure. It is theoretically grounded in Salovey and Mayer's concept of emotional intelligence who see it as a subset of social intelligence concerning the capacity to: monitor one's own and others' feelings and emotions, discriminate among them, use this information to guide one's thinking and actions [8]. One of the most recent models of EI was published in 2009 by Petrides and colleagues and marks a break from the idea that emotional intelligence is ability-based. Instead, it proposes a view that people have, as part of their personalities, a number of emotional self-perceptions and emotional traits [2]. Petrides and Furnham [9] identified via content analysis 15 distinct components common to more than one salient EI model. Tab. 1 presents a brief description of these components, which have provided the basis for the development of our operational definition of EI [10].

■ Tab. 1. The sampling domain of trait emotional intelligence in adults [10].

Global trait EI	High scorers perceive themselves as...
Well-being	
Self-esteem	...successful and self-confident.
Trait happiness	...cheerful and satisfied with their lives.
Trait optimism	...confident and likely to "look on the bright side" of life.
Self-control	
Emotion control	...capable of controlling their emotions.
Stress management	...capable of withstanding pressure and regulating stress.
Impulse control	...reflective and less likely to give into their urges.
Emotionality	
Emotion perception (self and others)	...clear about their own and other people's feelings.
Emotion expression	...capable of communicating their feelings to others.
Relationships	...capable of having fulfilled personal relationships.
Trait empathy	...capable of taking someone else's perspective.
Sociability	
Social awareness	...accomplished networkers with excellent social skills.
Emotion management (others)	...capable of influencing other people's feelings.
Assertiveness	...forthright, frank, and willing to stand up for their rights.
Adaptability*	...flexible and willing to adapt to new conditions.
Self-motivation*	...driven and unlikely to give up in the face of adversity.

Note.*These two facets feed directly into the global trait EI score without going through any factor

Emotional intelligence ability has a significant place in nursing, where compassion and caring are two foundations of the profession. In order to provide compassionate care, nurses must be able to identify, use, manage and understand emotions not only in themselves but also in others. EI ability is not something that can be taught

in a lecture class; it has to be developed through an active listening, engagement, and participation [11].

AIM

Research was conducted in order to determine the existence of differences among EI levels according to year of study at University, type of previously completed high school education of undergraduate students of nursing.

MATERIALS AND METHODS

A total of 86 day bachelor's students of nursing in their second and third years at the Faculty of Healthcare at the University of Prešov. The response rate was 100%; data collection took place from January to March 2016. The majority of students (96.5%) were women; the mean age was 21.7 (SD ± 1.4). More than half of respondents had completed high school education with healthcare specialization. The sample consisted of 46.5% of students in the second year and 53.5% in the third year of study. Most respondents – 86.1% were aged 21-22 years. More information on the respondents is presented in Tab. 2.

■ Tab. 2. Demographic characteristics of respondents.

Gender	n	%
Female	83	96.5
Male	3	3.5
Age	n	%
20 – 22 years	74	86.1
23 – 25 years	10	11.6
26 and more years	2	2.3
Completed high school education	n	%
Healthcare high school	58	67.4
Other	28	32.6
Year of study	n	%
Second	40	46.5
Third	46	53.5

We used Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF). This tool was developed by Petrides & Furnham [12] and includes 30-question designed to measure global trait emotional intelligence (trait EI). It is based on the long form of the TEIQue [12,13]. Items were responded to on a 7-point Likert scale where 1= completely disagree and 7= completely agree. Fifteen out of the thirty items were reversed. The TEIQue has been constructed with the aim of providing comprehensive coverage of the trait EI domain [12]. The Global Score of the questionnaire (all the 30 items, ranging from 30 to 210 after managing the reversed items) gives a snapshot of the general emotional functioning. It is important to note that the global score is very broad, but it is made up of more focused factor scores. These factors are: Well-being factor (selected 6 items of the 30) which suggests the likelihood to be more upbeat and fulfilled than most people. Self-control factor (selected 6 items of the 30) describes

how far people think they can control their impulses or are controlled by them. It comprises three different traits: Impulse Control, Stress Management and Emotional Regulation. Emotionality factor (selected 8 items of the 30) comprises four different traits: Empathy, Emotion Perception, Emotion Expression and Relationships. Together they indicate how aware you may be of your own emotions and feelings, as well as those of other people. Sociability factor score (selected 6 items of the 30) suggests that one feels less comfortable in social contexts than most people. This may mean you particularly enjoy jobs which require concentration on process details and little social contact. Individuals with a high sociability score are good listeners and effective communicators. Individuals with a low score are not as effective at social interaction. In study there was used a questionnaire validated in the population in Slovakia [14].

Data analysis

For processing the results of the research, we used statistical methods of descriptive statistics – calculation of frequency (n) and percentage values (%), calculation of the average scale values (M), standard deviation (SD). For statistical processing of our data, we used STATISTICA 14 software. For statistical comparison of observed groups, we used the t-test (Student's t-distribution). This statistical methodology enabled us to identify statistically significant differences between groups for the monitored parameters. All tests were performed at the significance level $\alpha = 0.05 = 5\%$.

A detailed analysis using the U Mann-Whitney test revealed significant differences in terms of Empathic Concern (EMP_profession due to the job security scale of Empathic n possible, there is a need for actions to learn about the starting point as well as motivation for starting education are needed.

Ethical requirements

Participation in the study was voluntary and anonymous. Each person was informed about the objective of the survey and the way of completing the questionnaires. Then, a consent for participation in the study was signed by everyone. The survey procedure was in accordance with the Declaration of Helsinki. The research was performed as a part of the author's own research studies.

The authors are not aware of any conflict of interest and have complied with ethical standards of research. The institutions where research was conducted have consented to the use of the questionnaire.

RESULTS

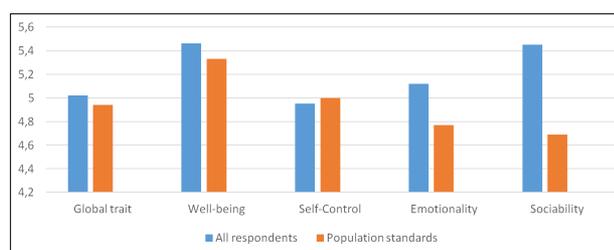
The total score of EI in our Global trait reached 5.02, what in comparison to a population norm (average value is 4.94), is above average. The highest score was recorded in the area of Well-being (5.46) and Sociability (5.45), while population standard samples showed in Well-being score 5.33 and in Sociability 4.69. Our sample of respondents achieved a successful score also in Emotionality 5.12, what is very important in profession of nurse. Popu-

lation norm in this area is 4.77. In the area of Self-control students achieved value equal to 4.95, which is slightly less

■ Tab. 3. Average scores of EI items of all respondents compared to general population.

EI		All respondents (n = 86)		Population standards*	
		M	SD	M	SD
Factors EI	01. Global trait	5.02	1.17	4.94	0.68
	02. Well-being	5.46	1.27	5.33	0.95
	03. Self-Control	4.95	1.64	5.00	0.84
	04. Emotionality	5.12	2.09	4.77	0.95
	05. Sociability	5.45	1.56	4.69	0.91

*by Kaliská, Nábělková, 2015 [14]



■ Fig 1. EI of all respondents compared to general population.

than the population norm score 5.00. For a clearer view we present the following Tab. 3 and Fig. 1.

We also compared the group of respondents in terms of year of study at the Faculty of Healthcare (Tab. 4). Students from 2nd year of study had a lower level of average value of factors EI, except Sociability which was higher. However, statistically we did not confirm any differences between two compared groups.

■ Tab. 4. Comparison of variables in terms of year of study.

EI		2 nd year		3 rd year		p
		M	SD	M	SD	
Factors EI	01. Global trait	4.81	1.62	4.87	1.72	0.554
	02. Well-being	4.98	1.60	5.14	1.60	0.268
	03. Self-Control	4.4	1.64	4.6	1.75	0.077
	04. Emotionality	5.16	1.57	5.27	1.78	0.449
	05. Sociability	4.56	1.67	4.47	1.76	0.508

Key to the significance of the statistical results * p < .05; ** p < .01; *** p < .001, M – mean, SD – standard deviation

When it comes to comparing students with completed healthcare high school education (n =58) and non-healthcare education (n =28), we found a higher score in group of non-healthcare education students regarding the level of average values of EI factors. The level of Emotionality was higher among the non-healthcare educated group. The significance of the difference was analyzed using the Student's t-test, in our sample of respondents this factor was confirmed by a statistically significant difference (*p < .05) (Tab. 5).

■ Tab. 5. Comparison of variables based on type of completed high school education.

EI		Non-healthcare		Healthcare		p
		M	SD	M	SD	
Factors EI	01. Global trait	4.95	1.58	4.89	1.75	0.567
	02. Well-being	5.13	1.57	5.02	1.68	0.461
	03. Self-Control	4.65	1.68	4.54	1.75	0.523
	04. Emotionality	5.44	1.52	5.09	1.75	0.022*
	05. Sociability	4.59	1.58	4.55	1.82	0.818

Key to the significance of the statistical results * p < .05; ** p < .01; *** p < .001, M – mean, SD – standard deviation

DISCUSSION

EI has recently engaged the attention of researchers. It encompasses the human skills of empathy, self-awareness, motivation and self-control. The relationship of EI with academic performance is controversial. EI as a predictor of life satisfaction and mental health, is the ability to assess, regulate, and utilize emotions and has been found to be associated with academic self-efficacy and a variety of better outcomes, including academic performance. EI has been found to be associated with a variety of outcomes, including academic performance. Some studies have examined the moderating influence of EI on the link among academic self-efficacy and academic achievement among university students [15].

In this study, the level of our respondent's score in the area of Sociability (M 5.12) was above-average when compared to a population norm (M 4.77). This area is responsible for shaping the skills of effective communication, listening, adapting to being single, honesty, social sensitivity, creating a favorable social interaction [14]. In the Emotionality field, we also recorded above-average values, what show the ability of students' perception of their and others emotions, expression of emotions, relationship skills and empathy. The results of this study showed that EI Global score and factors EI of nursing students were not significantly different when paying attention to the year of study and type of secondary school.

A few studies have examined the outcome after including EI training/education in nursing programs. Nursing students who began EI training with a high EI level strengthened their ability to process emotions, communicate and feel clinically competent [16,17]. After the EI training, nursing students also reported an increase in their EI level [16]. The EI training/education enhanced the level of EI with two major assumptions: the current study curricula does not promote the level of EI in nursing students and an adjunct EI training/ education is needed to enhance EI in nursing students. As a result, the current science about EI in regards to nursing students is questionable because there is no research on the status of the EI and the nursing students' perception of their EI throughout the study curriculum [18-20].

CONCLUSION

EI issue is given little attention in Slovakia. Without the empirical evidence to support the idea that many health care outcomes can be improved by increasing EI in health care professionals, widespread adoption of programs to increase EI should not be considered. The questions posed here call for a systematic examination of the role of EI in health care rather than the uncoordinated and scattered approach which is currently evident. The study results have limits, because some results could be influenced by the methodological limitations (size and composition of the sample group).

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Manuscript received/Praca przyjęta do druku:

09.12.2016

Manuscript accepted/Praca zaakceptowana do druku/:

09.03.2017



Ministerstwo Nauki
i Szkolnictwa Wyższego

„Konsultacje z zagranicznymi naukowcami i wprowadzenie dwujęzycznych (j. polski/angielski) treści do czasopisma Pielęgniarstwo XXI wieku” finansowane w ramach umowy 547/P-DUN/2016 ze środków Ministra Nauki i Szkolnictwa Wyższego przeznaczonych na działalność upowszechniającą naukę.