Emotional Intelligence of Nursing Students and its Role in Interactions with Geriatric Patients

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ABSTRACT

**Aim:** The aim of the study was to identify statistically significant differences in levels of emotional intelligence (EI) of nursing students in relation with demographic data (age and year of study) and also determine whether the EI level of nursing students affects their interest in the issue of geriatric nursing.

**Methods:** The sample consisted of 86 full-time undergraduate university students of nursing. To measure the level of EI, questionnaires representing different understanding of EI were used. EI as an ability was determined by the SIT-EMO (Situational Test of Emotional Understanding). EI as a trait was evaluated by the questionnaire SEIS (Schutte Emotional Intelligence Scale). The questionnaire of own construction ESE-GP (Emotional self-efficacygeriatric patient) assessed the level of EI of students in the process of caring for geriatric patients.

**Results:** There were no statistically significant differences in the students’ level of EI in terms of demographic data (age and year of study). A statistically significant association (p < 0.05) was found between the students’ level of EI (SEIS) and their promising interest to pursue geriatric nursing.

**Conclusion:** The results can be applied in particular institutions providing nursing education, which can focus attention on the development of EI in the process of education of nursing students.

KEY WORDS

emotional intelligence, emotionality, students, nursing, geriatric patients

INTRODUCTION

The uniqueness of the needs of geriatric patients requires the preparation of nursing students for the provision of quality care. Emotional Intelligence (EI) allows to understand the feelings and reactions of patients but at the same time emotions of students themselves. Bulmer Smith et al. (2009, p. 1625) point out that the emotions are fundamental for nursing practice and have an impact on quality of care. Codier, Mureno a Freitas (2011, p. 183) argue that EI as the newer concept of theory of intelligence, is crucial for the effective care of patients, team relations as well as organizational effectiveness.

The basic assumption in the context of EI theory is that ability to use emotions in thinking and decision-making can be a form of intelligence. This opinion implies that combining emotion and knowledge, the decisions are more easy to make, emotions are lead, labor relations are improving and the individual makes more intelligent decisions (George, 2000, p. 1027). In the complex profession, such as nursing, the EI competencies are in intrapersonal and interpersonal relation applied in parallel to the cognitive competencies. Emotional competences interact and affect each other in its application. Lack of EI competencies is becoming a real barrier to the application of not only expertise but also intellectual capacity (Ilievová et al., 2010). Similarly, McCobe, Timmins (2006, p. 8), Moss (2005, p. 4) talk about the combination of cognitive and affective processes, which assist in the interaction nurse – patient.

In the context of EI there have been proposed several different models, these can be classified in two groups, thus as the models of capabilities and trait models, or mixed models (Schulze, Roberts, 2007, p. 54). Salbot et al. (2011, p. 8) define emotional intelligence as the ability to understand and control own emotions, as well as other people’s emotions.
It covers such qualities as knowledge of own feelings, the ability to empathize with other people and to guide their emotions in order improve their quality of life. For normal, but also the specific functioning of personality, we need not only intellectual skills (decision based on logic), but also skills that fall under EI. Baumgartner et al. (2010, p. 188) note that the theory of Mayer, Caruso and Saloveya present a clear and coherent concept of EI as a ability. Combining terms of emotions and intelligence create a specific psychological construct applicable in the defined area of human life, in contrast to very broadly conceived theories of Goleman and Bar-On. Salbot et al. (2011, p. 79) express the trait EI seems according to foreign as well as their own research to be a meaningful, relatively independent personality construct justified in the context of research and diagnostic practice. They are inclined to use the term of „emotional self-efficacy“ similarly as Baumgartner and Zacharová (2011). According to them, this term indicates the potential for perception and processing of emotions in self and others, as well as the potential for the control and regulation of emotions. Salbot et al. (2011, p. 5) prefers the term „competence“, which reflects rather self-assigned action. The concept of self-efficacy due to its connotations points to the objective of action, effect. In the context of our research, we prefer the term Emotional Self-efficacy (ESE). We justify it by the more common translation from the original concept.

**OBJECTIVE OF WORK**
The main research objective was to determine whether there are differences in EI of students due to socio-demographic characteristics (age, year of study) and to determine whether the level of EI in nursing students affects their prospective interest in geriatric nursing.

**SUBJECTS AND METHODS**
Data were obtained on the basis of personal administration of research reports within six study groups in February 2012. The sample included 86 students of full-time bachelor studies of nursing (4 men, 82 women), FHSSW, Trnava University in Trnava. Age: M = 21 (SD = 2.23), 1st year = 44 (51%), 2nd year = 21 (25%) and 3rd year = 21 (24%) students.

From the first year of study, the students take in each semester 40 hours of sociopsychological training (SPT) and a clinical exercise in institutional health care facilities with opportunities to be in the process of care for geriatric patients. Respondents were informed about the purpose of the study, participation was anonymous and based on voluntary consent to participation in the study.

Due to the nature of the research objectives, a quantitative study design was elected. Research assembly consisted of three questionnaires.

SIT-EMO (Situational Test of Emotional Understanding), detects EI as the ability. Among the five options of experience, involving different modalities of emotion, the respondents elect the one deemed most appropriate in the circumstances described. For each individual item, there is only one correct version. The result is the total EI score, which is the sum of correct answers. In our study, there was used 26-item questionnaire.

SEIS (Schutte Emotional Intelligence Scale), trait EI. We have used a modified version of 41 items. Respondents express the degree of agreement or disagreement through a 5-point Likert scale.

ESE-GP (Emotional Self-efficacy in the process of care for geriatric patients), is a questionnaire of own design.

Respondents express the degree of agreement or disagreement through a 5-point Likert scale. In his creation we were inspired by the questionnaire TEIQue-SF (Trait Emotional Intelligence Questionnaire-short form), based on the model of EI as personality trait, latest long version contains 153 items, measures the scores in 15 dimensions (e.g. social awareness; management of emotions,…), 4 factors and overall EI. Abbreviated version has 30 items, also divided into 4 factors: sociability, emotionality, well-being, self-control. Juhászová et al. (2012, p. 322) verified the internal consistency of the questionnaire ESE-GP; it is satisfactory for 26 items. = 0.756. Overall score of ESE-GP, based on a calculation using the Kolmogorov-Smirnov test for normality, can be regarded as normally distributed (p > 0.05). The questionnaire has the potential to yield information on internal processes and experiences and the typical behavior of the research people in the care of geriatric patients, which is based on introspection and self-knowledge.

The data were processed in a statistical software SPSS 15.0. In the processing of data there was used descriptive statistics and methods of inductive statistics (ANOVA, t-test).

**RESULTS**
Table 1 shows the descriptive characteristics of the methodologies used. Averages variables in the questionnaire SEIS and SITEMO are above the medium.
of theoretical scales. In V ESE-GPa value is far below the middle.

The ANOVA test results did not confirm any significant difference in the level of EI (trait, self-efficacy and ability in the process of care for geriatric patients) in nursing students with regard to their age, length of study (1st, 2nd and 3rd year) (Tab. 2).

For deeper analysis, through SEIS (EI as a feature) we found that the students with higher scoring EI as a trait have a prospective interest in geriatric nursing. This statistically significant difference (p < 0.05) was found between the group of nursing students, which refused prospectively to deal with geriatric nursing and the group which did not refuse prospectively the interest in geriatric nursing (Tab. 3).

**DISCUSSION**

In our study, we identified a potential link between the interests of students in geriatric nursing and the level of EI as a trait. In the group of nursing students who acknowledge the possibility of work of geriatric patients in the future, there was significantly higher level EI in comparison with students who refused to be interested in working with geriatric patients.

**Table 1** Reached score in students (n = 86)

<table>
<thead>
<tr>
<th>Methodologies</th>
<th>min</th>
<th>max</th>
<th>$\bar{x}$</th>
<th>SD</th>
<th>Median</th>
<th>Theoretical mids</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESE-GP</td>
<td>71</td>
<td>117</td>
<td>97.26</td>
<td>8.45</td>
<td>98.5</td>
<td>78</td>
</tr>
<tr>
<td>SEIS</td>
<td>111</td>
<td>160</td>
<td>131.33</td>
<td>9.39</td>
<td>135</td>
<td>123</td>
</tr>
<tr>
<td>SIT-EMO</td>
<td>7</td>
<td>18</td>
<td>12.94</td>
<td>2.88</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

n – absolute frequency; min – minimum value; max – maximum value; $\bar{x}$ – average; SD – standard deviation

**Table 2** Comparison of the results of scores according to years of study

<table>
<thead>
<tr>
<th>Methodologies</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESE-GP</td>
<td>0.202</td>
<td>0.818</td>
</tr>
<tr>
<td>SEIS</td>
<td>1.239</td>
<td>0.295</td>
</tr>
<tr>
<td>SIT-EMO</td>
<td>1.220</td>
<td>0.301</td>
</tr>
</tbody>
</table>

**Table 3** Prospective interest of students of geriatric nursing – comparison of scores of two group in the questionnaires

<table>
<thead>
<tr>
<th>Methodologies</th>
<th>t-test</th>
<th>Sig.</th>
<th>Difference in averages</th>
<th>Standard error in average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESE-GP</td>
<td>1.826</td>
<td>0.071</td>
<td>3.29</td>
<td>1.80</td>
</tr>
<tr>
<td>SEIS</td>
<td>2.287</td>
<td>0.025</td>
<td>6.97</td>
<td>3.05</td>
</tr>
<tr>
<td>SIT-EMO</td>
<td>1.250</td>
<td>0.215</td>
<td>0.77</td>
<td>0.62</td>
</tr>
</tbody>
</table>

Our results lead us to the view that one of the reasons of the relationship between the level of EI and the prospective interest in geriatric nursing, may be that students with higher EI feel more competent, more confident to work in emotionally demanding environments. Burbank et al. (2006, p. 91) point out that only a few nurses are adequately prepared to care for the unique needs of geriatric patients, which is partly due to the fact that programs of the first degree of nursing education devote poorly to the issues in geriatric care. Juhássová et al. (2012, p. 323), established on the basis of mean values measured in the dimensions of ESE-GP, that nursing students are experiencing well-being in the context of geriatric patients, expect positive events at work with them. However, the lowest score achieved in dimensions of social awareness and the management of emotions may indicate that the students are feeling anxious in an unknown social environment of medical facility (department), because they are not sure how to behave. Students do not know so much how to influence and manage emotions of the geriatric patients (e.g. reassure, motivate, comfort them), they are unable to make the geriatric patients feel better when they need it. Wilson and Carryer (2008, p. 36) argue that effective nursing practice requires the ability to recognize emotions and the manage responses in relationships with patients and their families. Freshwater and Stickley (2004) discuss the necessity of including the development of EI to study subjects of nursing.
According to Dobšovič, Ilievová, Bekó (2009, p. 46–47) is possible to expand communication skills, grow personally, develop own personal qualities, uncover and find own communication barriers and increase social competences through training based on the establishment of encounter groups.

In our study, we showed no statistically significant difference in terms of demographic characteristics (age, year of study) of nursing students and the level of EI. Birks, McKendree, Watt (2009) as much as we did not detect, that the level of EI differed significantly with respect to age of students.

Global EI scores among students of our research, which was found in SEIS 131.3 (SD = 9.39), is similar to the results of other studies (Pau, Croucher, 2003; Spence et al., 2004). Por et al. (2011, p. 856) measured EI score (SEIS, 33 items) for women (n = 117) 124.6 (SD 11.5), for men (n = 13) 127.9 (SD 12.7). The strongest relationship has been found between the level of education and the level of EI (rs = 0.23, p < 0.01) and age (rs = 0.18, p < 0.05).

We recognize the limitations of our study. One of the shortcomings is the sheer size of the survey sample. We recognize that the results of this study relate only to mentioned questionnaires and nursing students of one educational institution which should be kept in mind when evaluating the results.

CONCLUSION
An interest in emotional intelligence in nursing is justified. The EI level of nursing students as future nurses may become one of the aspects of quality of care process of geriatric patients. From the side of institutions providing training for future nurses would be appropriate to show interest in the development of EI nursing students, particularly to focus attention on developing of emotional self-efficacy of students in the process of care for geriatric patients in natural conditions of health facilities. Students can discuss with nurses from practice and also find optimal solutions for the improvement of relations with geriatric patients.

From the presented results of our research, but mainly the EI issue pertacted in current professional texts, it is indicated the need for further study of EI, particularly the EI in the context of study of nursing. In this area, stagnation is present and the further research is necessary.

REFERENCES


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