The modification of two tools to measure emotional intelligence in undergraduate student nurses: A mixed method pilot study

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Chapter One
Introduction and Background

Introduction

This chapter explores the background and context of the study and provides a brief outline of the research problem. The aim and research questions are followed by the objectives and significance of the study. The conclusion will outline the contents of the remaining chapters.

Background

The literature indicates a global trend of unsatisfactory attrition rates of student nurses (J. Cameron, Roxburgh, Taylor, & Lauder, 2011; Hayes et al., 2012; Pence, 2011). The attrition rate of student nurses enrolled in universities across Australia from 2000-2006 was 21%. This rate increased to 34% between 2009-2012 (Department of Health Australian, 2014). Factors that have contributed to this increase include stress and inefficient coping skills.

Nursing is a stressful profession. This stress is related to a variety of factors, including the exponential rise of medical technology, both in process and hardware, and the demands this places on a nurse’s ability to provide quality individual care. Student nurses are expected to cope with issues associated with the practical nature of nursing, university demands and home life. Academic ability varies amongst students, and it is often the low educational standard of entrants that can lead to failure (J. Cameron et al., 2011). Other issues related to attrition include the disillusionment of nursing and the course of study, changes in family circumstances, and ill health (Preston, 2009; Urwin et al., 2010).

Despite increased recruitment, the numbers of nurses nationally remains less than required for a viable workforce (Buchan, O'May, & Dussault, 2013; Gaynor et al., 2007; Hayes et al., 2012; Lenthall et al., 2011; Preston, 2009; M. G. Williams,
The attrition rate is such that there will be insufficient experienced nurses for future health care needs of the community. In 2012, the average age of a registered nurse (RN) was 44.3 years, while the number of nurses over 50 years also increased from 19.9% in 2009 to 22.5% in 2012 (Department of Health Australian, 2014). It is estimated that the medium to long-term demand for registered nurses will exceed supply, a figure projected to be 85,000 by 2025 and 123,000 by 2030 (Department of Health Australian, 2014). A co-ordinated approach between government, employees, the profession and tertiary education sectors was recommended as a strategy to close the gap between supply and demand.

Nursing practice requires the formation and maintenance of relationships in a variety of environments (Arieli, 2013; Bulmer-Smith, Profetto-McGrath, & Cummings, 2009; Crombie, Brindley, Harris, Marks-Maran, & Thompson, 2013; Hamshire, Willgoss, & Wibberley, 2012; Mohamed, Newton, & McKenna, 2014). Nursing practice is based on therapeutic relationships with patients and relatives, and collegial relationships with other staff. It is the nature of these relationships that affect patient outcomes and nursing satisfaction with patient centered care. Student nurses need a strategy to become more resilient to cope with emotional issues in order for them to provide safe, competent quality care.

Appropriate coping skills can lead to positive learning experiences. Furthermore, it is suggested that student nurses who experience success in their clinical practicum, may be more inclined to complete their course and continue into the workforce (Alzayyat & Al-Gamal, 2014; Blomberg et al., 2014; Chernomas & Shapiro, 2013; Crombie et al., 2013; Gibbons, 2010; Hamshire, Willgoss, & Wibberley, 2013).

One strategy, offered as a coping skill for problems associated with nursing work and study, is the use of emotional intelligence. Emotional intelligence (EI) may be defined as the ability to monitor and regulate one’s own and other people’s emotions, and to guide behaviour (Mayer & Salovey, 1997). Given the workforce statistics and the nature of nursing work, it is pertinent to investigate EI as an appropriate strategy that may decrease the attrition rate in the university and the workplace. Additionally, increasing EI skills in student nurses may help them to cope in the work environment upon graduating. As yet, however, there is no strategy in
place to facilitate enhancement of emotional intelligence in student nurses. More importantly, there are no valid and reliable tools which can be used to measure this concept in student nurses.

Aim

The aim of this study was to modify questionnaires that could measure emotional intelligence (EI) of student nurses at the University Notre Dame Australia. Secondly, the questionnaires were used pre-and post an educational intervention aimed at enhancing EI.

Research questions:

1. Can the modified Situational Test of Emotional Understanding (STEU) and the Situational Test of Emotional Management (STEM) reflect student nurses’ experience of university, home-life and clinical practice?
2. Can a change in EI in student nurses be measured, using modified STEU and STEM following an educational intervention based on an EI ability model?
3. What strategies can be recommended to enhance EI in student nurses, based on the findings of the educational intervention?

Research objectives

1. Describe key issues underlying the measurement of EI;
2. Investigate questionnaires for measuring EI;
3. Identify the key emotional challenges of students in the university, home life and clinical practice.
4. Modify tools to measure the EI of student nurses;
5. Utilise the modified questionnaires pre/post educational intervention aimed at enhancing EI;
6. Compare the pre-test results with the post-test results following the educational intervention.
Significance

The researcher has witnessed student nurses experiencing stressful situations on a frequent basis. These situations have been associated with university, home life and the clinical environment. Enhancing skills in EI may assist with these situations. To date, there is a variety of instruments for measuring the concept of EI but none that are specific to student nurses. This study is significant in that it will help student nurses to develop techniques which will assist them in completing their course and remain in the workforce on graduation. The availability of reliable and valid tools to measure EI will be useful for other researchers aiming to enhance EI in undergraduate student nurses.

Context underpinning the study

To answer the research questions, it was decided that a mixture of research methods and methodologies was required. For the most part, objectivism underscores the development and testing of the instruments. Since, however, an element of the study could be categorised as subjective, it is appropriate that the researcher acknowledges personal experiences and beliefs that could have shaped the analysis and interpretation of data. This reflexivity is important from a qualitative perspective. It has been identified as a resource rather than a source of bias (Liamputtong, 2009). Thus, the following expose details the researcher’s experience.

As a registered nurse (RN), I had noticed that, over the years, nursing had become more stressful. In the past, nurses’ duties were at the bedside and practised in a paternalistic culture, where expectations were defined. Nurses trained and worked in the same hospital where the workplace culture was known and rarely changed. Within this environment, a student nurse, throughout the three years’ training, established a reputation as a worthy team member who provided a sense of collegiality. In today’s nurse education, however, students undertake their clinical practicum in a variety of health care agencies, with a variety of clinical facilitators and mentors. The general reports from patients and relatives concerning their dissatisfaction with the bedside manner of nurses attracted me to nursing education.
worked as a sessional tutor, lecturer and clinical facilitator of students at Notre Dame (ND) University School of Nursing.

The three-year undergraduate nursing program at ND, consists of six semesters, each with an eight-week academic study program followed by a clinical practicum of four to six weeks. In the eight-week study program, student nurses at ND must successfully complete six units of study. Pre-requisite academic units, which include skills units must be passed before students can undertake clinical practicum. Thus, there is a considerable amount of academic work student nurses are required to undertake. In terms of the practicums, students are required to complete 1120 hours to graduate and be eligible for registration as an RN (Registered Nurse).

In my role as a clinical facilitator, I listened to the students discuss their work experiences and how they coped with stressful situations. The predominant topics were their relationships with other staff and the culture within the clinical environment, rather than their level of nursing knowledge and clinical skills. Some students indicated they needed assurance and acceptance as part of the health care team and were apprehensive about their practicum. These students appeared to lack motivation, often stating that they “just needed to do the time and get through”. By contrast, those students who felt valued in the workplace explored how they could achieve their individual best.

All students in their coursework are taught many strategies for verbal communication. Those students who explored and applied these strategies were able to re-frame problems, such as looking at the situation from the patient’s point of view and acknowledging their own feelings. This often led to a sense of personal satisfaction. For some students, this intrinsic reward was strong and carried through to the remainder of their practicum and effected how they approached further practicums. This phenomenon indicated that emotion played a major role in nurses’ clinical placement. The ability to re-frame using this emotional information has been termed emotional intelligence.

Whilst dealing with students at risk of withdrawing from or failing the program, I followed a three-step process of counseling. Firstly, I posed the question to the student “How did you feel in the situation both physically and emotionally”? 
and second, “How did other people (patients, relatives, staff and other students) react verbally and nonverbally to the situation”? Finally, the student was asked “What would you do next time and why”? Utilizing this information, I developed a teaching and learning plan based on problem-based learning. It was the development of this plan that led to the present study, as I wanted to investigate whether EI in student nurses could be enhanced following an educational intervention. The difficulty, however, was the limited number of measurement tools that would fit a student nurse’s perspective.

Conclusion

This chapter discussed the researcher’s experience in the field with student nurses, and the associated problems observed in regard to coping with stress in the workplace. It also highlighted the limited number of instruments that could be used to gauge EI in student nurses, following an educational intervention.

Chapter Two provides a brief overview of the concepts intimately related to this study. It commences with a synopsis of stress followed by a brief discussion on the current literature specifically related to student nurses within the university, the clinical environment and life stressors. These issues are followed by a short expose of emotion as a concept, including emotional labour and emotional regulation. A more in-depth synopsis of emotional intelligence is discussed prior to a presentation of the theoretical framework that underpins the study.

Chapter Three discusses the methodology used to answer the research questions. It begins by reiterating the issues underlying the need to study emotional intelligence from a student nurse perspective. It further elucidates the research questions and provides an explanation of the mixed method embedded design. This is followed by a short synopsis of pragmatism, since the philosophy underpins the rationale for using mixed methods. The chapter concludes with an explanation of the three phases of the study.
Chapter Four focuses on the modification of the STEU and the STEM, as they formed a substantial part of the study. The chapter describes the first two phases, the steps taken and the subsequent findings. Since Phase 3 tested the modified questionnaires, pre-and post-implementation of an educational intervention, they will be detailed in the following chapter.

Chapter Five portrays the educational intervention designed to enhance EI in student nurses, the third and final stage of the study design. Included in this chapter is a brief review of the relationship between problem-based learning and its use in the educational intervention. Quantitative and qualitative findings are discussed in light of the effectiveness of the educational intervention.

Chapter Six forms the conclusion to this pilot study. It discusses the findings from the study juxtaposed with pertinent literature and offers explanations and interpretations. The chapter concludes with limitations and recommendations for further studies and nursing education.