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Emotional intelligence trends in nursing education: review the literature

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ABSTRACT

The high demand for nursing work to encounter death or disease, dealing with a high volume of work in a short amount of time, working under intense pressure, and ignoring established authority all contribute to the high levels of stress on nurses. The undisputable significance of emotional intelligence in the sphere of nursing education has led in a rapid increase in the number of emotional intelligence courses and training program that offer a broad range of educational different outcomes to the students. There is a lack of studies regarding to improve teaching and learning in Libyan nursing educational institutions. Quite a few emotional intelligence (EI) assessment studies were found that simply contain criteria and dimensions of EI in the literature study. The aim of this study is to review the emotional intelligence studies in nursing education. This evaluation encompasses a range of publications released throughout the time frame of 2019 to 2023. The findings showed that there is a need for including emotional intelligence program in curriculum of nursing education. In addition, the findings indicated that EI intervention program could boost student academic achievements and alleviate work stress to nurse profession. The discussion chiefly emphasizes on the contemporary issues that are being confronted by the field, as well as the openings for research that exist in the area.

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1. INTRODUCTION

The high demand for nursing work to encounter death or disease, dealing with a high volume of work in a short amount of time, working under intense pressure, and ignoring established authority all contribute to the high levels of stress on nurses [1]. Nursing professionals need both technical and compassionate care in the workplace, which requires high emotional and physical dedication. Care for patients also benefits from an increased understanding of emotional labor. Emotional labor is controlling one's emotions so that one's facial and body responses are appropriate for a public audience [2]. Emotions and interpersonal connections are crucial to providing high-quality nursing care.

Improved patient experience and treatment quality are the result of nurses' ability to recognize, label, and control their own and their patient's emotions [3]. On the other hand, clinical training causes a lot of emotional and mental strain on nursing students, especially in the first year [4]. Some studies have linked emotional intelligence (EI) to reduced levels of emotional labor [5]. Lau *et al.* [6] defined EI as "the capacity

to recognize, name, express, and control one's own and others' emotional states in appropriate ways". Including this psychological factor in training will improve adaptive behaviour and resistance to stress [7]. In addition, students with higher emotional intelligence would be more equipped to handle workplace pressures.

EI studies have two primary theoretical frameworks: capability-based theory [8] and the Traits theory [9]. The tripartite model is a more complex theoretical approach to EI that is gaining popularity in health-related settings [10]. Based on tripartite model, EI is seen as the "ability to perceive accurately, appraise, and express emotion; the ability to access and generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" [11]. This skill includes four sub-skills: perceiving emotions, processing emotions, analyzing emotions, and controlling emotions. The Mayer and his colleagues provide a hierarchical organization of these criteria. Thus, emotional regulation is the most crucial and intricate [12]. The mayer-salovey-caruso emotional intelligence test (MSCEIT) serves as the basis for the ability model of El (ABEI), a task-based measure of El [13].

Conversely, trait models take EI as part of one's inherent character. It entails a collection of characteristics useful in social situations [14]. This competency spans five areas: self-awareness (including self-esteem and assertiveness), social awareness (including empathy), adaptability (including flexibility and problem-solving), stress management, and positive mental attitude [15]. Personality-type scales are used in this trait model to assess EI (e.g., Bar-On EQi, [16]. Ability exams measure peak performance, whereas trait assessments examine the whole picture [17]. The tripartite model is provided as the third theoretical grounding as an alternative to the commonplace view of EI as a set of skills. There are several potential benefits to nursing education from this theoretical foundation. Knowledge, skills, and character attributes comprise this framework's three tiers [18]. When we talk about someone's knowledge level, we are referring to how much they know about methods of emotional regulation and how well they can put those methods into practice. Individual's capacity to adopt emotion management strategies is measured during an implementation exercise, such as a breathing exercise. However, this only guarantees that these techniques will be effective in some stressful situations. The characteristic level describes a person's typical response to stressful conditions [19].

The quest for and comprehension of emotional intelligence is now hampered by a need for more consensus over EI's definition and the proliferation of measuring techniques. The tripartite model's potential to unite previously competing viewpoints (i.e., EI as a talent vs trait) suggests it could be helpful in nursing education [20]. However, studies conducted with nursing students typically only considered one of these two options in their models. The nursing education industry may benefit if this obstacle is removed.

Recent studies have shown the relevance of incorporating EI into current nursing education, demonstrating the rapid growth of this field of study. This article concisely summarizes the study findings on EI's effects on the domain of EI education for nursing students [21]. This information will light how EI affects nursing students' academic success, emotional well-being, and interpersonal connections. We will also create perspectives and recommendations to facilitate the incorporation of programs to improve emotional skills in such domain. Specifically, the goal of this review of literature is to examine emotional intelligence studies in nursing education [22]. The following section describes the literature review followed by methodology, which includes the keywords, the database the time span and inclusion and exclusion criteria. The next focus is a brief discussion and conclusion. In fact, the current study focuses only on reviewing the related emotional intelligence in nursing education.

2. LITERATURE REVIEW

The related studies on emotional intelligence in nursing is a paramount field that could enhance nurse students' achievement or increase their knowledge. Santiago and Santos [23] aimed to understand better how the emotional intelligence of nursing faculty at baccalaureate institutions in New York relates to their ability to impart clinical knowledge to their students effectively. However, there was a significant association between faculty rank and clinical teaching efficacy (p=.03) but not between emotional intelligence and clinical teaching effectiveness. The findings of this study could be used better to grasp the significance of emotional intelligence inefficient clinical instruction. The lengthy nature of the survey, the participant's inability to remain anonymous, the study's limited sample size, and the difficulty recruiting participants were all drawbacks. The tiny sample size was the main drawback. There are 64 associate degree nursing programs in New York State, but only 34 baccalaureate programs; therefore, including associate degree programs in the sample would have resulted in a larger sample.

Lathabhavan and Griffiths [24] attempted to i) investigate whether and how training in emotional intelligence impacts nurses' emotional intelligence, resilience, and perceptions of stress, and ii) analyze how this impacts patients' in-hospital experiences. A tertiary general hospital in Changsha, China, used a random-controlled study. The sample study was 103 nurses from 20 different hospitals. The participants were divided at random into two groups. N=53 nurses in the intervention group went through two stages of emotional

intelligence instruction: First, they spend two weeks per month learning the ropes of the system, and then they spend the next eleven months reviewing what they have learned once a month. The control group (n=50) participated in regular meetings between head nurses to discuss specific concerns and get daily briefings. The control group did not get any kind of instruction aimed at improving their emotional intelligence. Both pre- and post-intervention data were obtained [25].

The intervention group showed significant increases in emotional intelligence, resilience, and stress after undergoing emotional intelligence training. The control group exhibited little to no change in stress levels or scores on the Connor-Davidson Resilience Scale's subscales, but they did score lower on the Wong and Law's Emotional Intelligence Scale overall. Significantly bigger positive changes were seen in the intervention group on all subscales except optimism, as shown by repeated measures analysis of variance. Post-test results on the patient experience measure and its four subscales showed intriguing differences between the emotional intelligence training wards and the control wards in the predicted direction [26]. The findings imply that teaching nurses in emotional intelligence increases their own emotional intelligence, resilience, and stress levels, and ultimately benefits patients. In order to maximize the quality-of-care nurses deliver and decrease their stress levels on the job, emotional intelligence instruction should be incorporated into nursing curriculum [27].

Chaarani *et al.* [28] examined the variables that affect clinical nurses' output in Korea. A cross-sectional study was conducted using a structured survey tool and a convenience sample of 239 registered nurses from academic medical centers. In order to isolate significant variables, multiple regression analyses were performed. The efficiency of the nurses was about average (3.3 out of 5). Nursing output was highest among those who were over the age of 36, married, had a master's degree or higher, worked full-time during the day, and had previous experience in charge or head nurse roles. Age, work status, and the two together accounted for 55.4% of the variance in nursing output [29]. The study recommended that leaders and managers in the nursing field create educational programs that train nurses to better regulate their emotions and communicate with patients and coworkers.

Pudyani *et al.* [30] intended to look into how undergraduate nursing students handled their emotions and doubts throughout the COVID-19 pandemic. Study participants included 284 undergraduate nursing students from three different institutions in Saudi Arabia: The Faculty of Nursing at Taibah University, the Faculty of Applied Medical Science at Zagazig University, and the Al-Ghad International Colleges. A questionnaire was distributed to measure students' emotional intelligence, their tolerance for uncertainty, and their demographics. The results showed that Saudi nursing students scored higher than their Egyptian counterparts on average for emotional intelligence, whereas nursing students in Egypt scored higher on average for uncertainty.

Online education and tests were much more well-received by Saudi Arabian students than by their Egyptian counterparts. In a study of nursing students, an inverse relationship was found between emotional intelligence and uncertainty. Nursing students may feel more secure in their future careers if the concept of emotional intelligence is emphasized earlier in their academic training. Educational institutions and ministries of education around the world should prioritize investing in and enhancing online education technologies.

Kazancoglu *et al.* [31] argued that working with culturally diverse populations is rarely addressed in undergraduate nursing leadership courses because of a lack of practical experience in this area. Authors incorporated Bafa Bafa©, a multicultural low-realism simulation designed to hone pre-licensure nurses' analytical and interpersonal skills. The authors of this piece share their insights towards implementing this cutting-edge method of instruction to elevate students' global consciousness in the classroom. When instructors stress the need of self-reflection in nursing practice, students' discoveries of previously unrecognized emotions, ideas, and perspectives can have an impact much beyond the confines of the simulation.

Another trend in studying emotional intelligence came from the integration of EI into various organizational and educational settings. Rogus *et al.* [32] argued that reducing healthcare worker burnout is widely recognized as an essential part of healthcare policy worldwide. Although emotional intelligence is a significant positive psychological resource and an important buffer against psychosocial risks, it is often overlooked in efforts to lessen healthcare worker fatigue on the job. Specifically, the research aims to better understand the prevalence of job burnout among Chinese healthcare workers who have experienced workplace violence, to verify the mediating role of workplace violence, and to offer a fresh perspective to health organizations and hospital administrators in an effort to reduce both job burnout and workplace violence.

Saefi *et al.* [33] scrutinize EI, empathy, and alexithymia among nursing students. A total of 237 students (53 male, 184 female) from the first and third years of the University Nursing Course in Modena participated in the cross-sectional survey. The study used the Schutte Self-Report Emotional Intelligence Test, the Jefferson Scale of Empathy for Health Professions Students, and the Toronto Alexithymia Scale, all of which have been validated in Italian. The data was analyzed statistically. There were statistically significant differences in SSEIT ($t=-0.6$, $p=0.52$), JSE-HPS ($t=-3.2$, $p=0.0016$), and TAS-20 scores ($t=-3.54$, $p=0.0005$) between first- and third-year students. At SSEIT, girls performed considerably better than males in the third year ($t=2.8$, $p=0.006$). Cronbach's alpha for all three questionnaires was greater than 0.80. Spearman's rho showed that SSEIT was positively connected with JSE-HPS ($p=0.02$) and negatively correlated with TAS-20 ($p=0.006$).

The findings verified that empathy, but not alexithymia, is a facet of EI, and they revealed that nursing students already possessed a high level of emotional competence before beginning their studies. The lack of a longitudinal assessment of emotional abilities in the same sample throughout the progression of the course is the key disadvantage. It may be helpful to compare nursing students to those enrolled in other medical and non-medical programs in order to gain a more nuanced understanding of the emotional skills taught in other programs. The study has constraints in its ability to draw attention to the elements that affect students' emotional skills because of the limited number of variables it included for the students.

The study concluded that empathy and EI, but not alexithymia, are positively connected emotional skills, and that these abilities may be taught and improved in a nursing curriculum. The study focused on the significant growth in students' emotional intelligence throughout their third year, especially among women. This finding highlights the potential for sustained improvement in emotional competencies over time. As such, authors argued that all health professions schools, not just nursing programs, should include instruction on emotional competences to help students cultivate the attitudes that are the foundation of good clinical practice. In fact, they emphasize that it is crucial for healthcare providers to be in tune with their own sentiments in order to develop a trusting therapeutic alliance with their patients. To effectively integrate training in university courses, further study is needed to examine psychological characteristics in therapeutic support partnerships.

Maciel *et al.* [34] seeks to discover whether or not there is a correlation between emotional intelligence and burnout, as well as the demographic aspects associated with both. Medical professors at Lahore's pre-clinical departments participated in a cross-sectional correlational study. A total of 30 people were asked to fill out the following surveys: Trait Emotional Intelligence Questionnaire-Short Form to measure emotional intelligence, while burnout in the workplace can be gauged using the Burnout Assessment Tool-Workplace Version. There were around 60% females and 40% males. Thirty percent of them took 40 or more courses online. The rates of burnout varied dramatically between occupations. The mean burnout score was highest for associate and assistant professors.

The results showed that there was a negative relationship between emotional quotient and burnout levels ($r=-0.578$, $p=0.01$). Burnout is inversely connected to emotional quotient. Creating opportunities to boost professors' emotional intelligence and cope with fatigue in the classroom could increase their efficiency. For this reason, it is proposed that seminars and workshops be set up as part of Faculty Development Programs.

Tosepu *et al.* [35] analyzed nursing students' self-reported levels of emotional intelligence, self-esteem, and empathy while they were completing clinical rotations in pediatric units. Data were collected from 60 BSc nursing students gaining practical experience in pediatric wards using a cross-sectional survey. Emotional intelligence, self-esteem, and empathy were measured through self-report questionnaires, and demographic information was also gathered. Relationships between the constructs were investigated using Pearson's correlation. The emotional intelligence of nursing students was above average. A much lower level of empathy was seen among nursing students. Students in the nursing program showed no correlation between EQ and empathy. Nursing students' emotional quotients and self-perceptions were significantly positively correlated. Nursing students' empathic abilities and sense of self-worth were not significantly linked. More study is needed to determine the relationship between nursing students' emotional intelligence, self-esteem, and empathy, all of which are important in delivering high-quality care to patients.

Nizamie and Kautsar [36] investigated how these factors (mental health, EQ, grit, and confidence on the work) are connected. From May 26-30, 2020, the study polled 317 clinical nurses with at least six months of experience working in a general hospital in Seoul using an online questionnaire. Three hundred were gathered for statistical purposes. The study's findings indicated that clinical nurses' job-efficacy is affected by psychological well-being, emotional intelligence, and willpower, and that emotional intelligence mediates the relationship between these three characteristics. This research is significant because it demonstrates the need for nursing schools to provide courses that specifically address these issues. In particular, it is recommended that a curriculum and program be developed to better support the mental health and develop the emotional quotient of nursing students. Clinical nurses are expected to thrive in their highly stressful career after completing this training.

Hanafi *et al.* [37] stated that health care providers are increasingly expected to demonstrate proficiency in psychosocial competencies like communication, empathy, and emotional intelligence. Another significant concept is self-esteem. A lack of confidence can lead to mental health issues like depression and eating disorders. Self-esteem may be a significant factor in the health and success of health professional students, who are exposed to high stress levels and a higher chance of developing similar disorders. The study's hypotheses assumed that many first-year students would show signs of poor self-esteem and set out to investigate this possibility. It is also postulated that EQ and empathetic behavior go hand in hand with a healthy sense of self-worth [38].

Students in the fields of dentistry, medicine, nursing, optometry, pharmacy, and veterinary medicine participated in a cross-sectional survey. Participants filled out self-report questionnaires to measure their own sense of self-worth, emotional IQ, and empathy, and basic personal data was also gathered. Scores were tallied, and analysis of variance and chi-square tests were used to look for significant differences between the groups.

Associations between the constructs were evaluated using Pearson's correlation. The mean self-esteem score was 26.2 ± 2.3 but 21% of the sample evidenced low self-esteem. The percentage of students with low self-esteem was consistent across all programs. Although race did have a role in how confident people felt about themselves, gender played no discernible role. Males also fared better than females in terms of emotional intelligence [39].

Self-esteem was found to be moderately related to emotional intelligence and empathy. It is safe to say that many first-year students in the health professions struggle with poor self-esteem. These individuals may be more vulnerable to the psychological effects of academic pressure. The training of health professional students and the difficulties they experience call for more study into the connections between self-esteem, emotional intelligence, and empathy.

Trudel-Fitzgerald *et al.* [40] reported that mobbing is rather common among nurses, with estimates ranging from 17 % to 20 % worldwide. Using emotional intelligence as a buffer against psychological harassment at work, several researchers have sought to explain the success or failure of adaptation to the work environment and teamwork. This quantitative, observational, cross-sectional study intended to identify the mediating effects of other variables, including social support and sensitivity to anxiety, in the association between emotional intelligence and mobbing as experienced by nurses.

The final sample included 1,357 Spanish nurses, ages 22-58, who had volunteered from a variety of healthcare facilities. Participants filled out the surveys (the Perceived Psychological Harassment Questionnaire, the Brief Emotional Intelligence Inventory, the Brief Perceived Social Support Questionnaire, and the Anxiety Sensitivity Index-3) via a website. There were calculated mediation models and descriptive analyses. Employees with low emotional intelligence and a high sensitivity to anxiety were more likely to be bullied on the job. If they have a strong social network of loved ones and friends, they may be able to weather the storm of the mobbing. Based on the study findings, it is important to provide nurses with emotional intelligence training at college and in the workplace to create a more positive environment for everyone.

3. METHOD

In this investigation, we use a narrative analysis of related literature. The lack of relevant literature or the author's personal attachment to a piece of literature are common motivating factors in narrative analysis. In addition to providing an in-depth analysis of previously published information, the major purpose of a narrative review is to add to the ongoing general debate on a certain topic [41] sent study review process consists of multiple actions. Find out what people are searching for when they utilize terms like “Emotional intelligence model OR Emotional intelligence OR Emotional intelligence techniques OR emotional skills OR academic achievement and nursing education OR nursing AND Libya”.

In first round of research, we obtained 2,390 records." Boolean operators such as "OR" and "AND" were employed effectively during the search. All of the scholarly articles were found by using Google Scholar as the search engine. The second phase involves filtering out irrelevant content. Therefore, we restricted ourselves to scholarly articles published in English between 2019 and 2023. The titles and abstracts of the returning papers were reviewed before the full texts were read. Articles that didn't have anything to do with student happiness weren't considered.

4. RESULT AND DISCUSSION

Several articles about EI and nursing students were synthesized in this review. Our evaluation mostly consists of studies conducted in the United States and Spain, with some additional research coming from India, Pakistan, Egypt, Italy, South Korea, and China. This evaluation only includes works that appeared after 2019. Although we search for emotional intelligence in Libyan nursing during time span between 2019 to 2023, there no any study was conducted in Libyan nursing context during this period. This shortage is a strong indicator to conduct more studies.

Furthermore, the small number of studies published on the topic of EI in nursing students within the last decade demonstrates that this is a relatively new area of study that has room for growth in light of the needs of the nursing profession. Therefore, it appears crucial to incorporate the idea of EI into the curriculum of nursing schools. However, various methods are available (e.g., ability vs. characteristic model) and many tests can be administered. In the examined studies, researchers employed a wide variety of tools, the most common of which were self-report questionnaires. Since each study used a unique set of methods and metrics, comparing the results is challenging. Research on EI and nursing care is more difficult to comprehend due to the lack of agreement on the definition of EI and the use of a wide range of methods and tools [42].

To better prepare students for the emotional demands of the profession, the tripartite model might be used to include the notion of EI into nursing education. Indeed, a nursing education that includes EI development exercises that combine knowledge of what EI is (trait) with practice implementing this information (capacity) can help students better manage their emotions (behaviour). Furthermore, an

intervention that changes EI knowledge and skill promotes long-term change in the EI trait, as shown in a study by Shevlin *et al.* [43] with medical professors based on the tripartite model. This suggests that a program based on the tripartite model and the specifics of nursing education and practice could better equip students to handle the emotional demands of the profession. This notion could be investigated through the introduction of experimental qualitative studies into nursing curricula.

Our research indicates that EI can better prepare nursing students for the emotional labor of their chosen profession [44]. Students that have a high level of EI are better able to focus, control their emotions, and achieve academic success. better themselves and the people they interact with in the medical field [45]. These qualities have been found to increase the likelihood of nursing student success [46]. Emotional regulation skills are crucial for nurses since nursing is about more than just providing medical care; it is also about building connections with patients and other people [47].

The health and satisfaction of nurses, as well as the well-being of their patients and the success of the hospital, are profoundly impacted by their confidence in their abilities as medical professionals on the job [48]. Recent studies have shown that high levels of job-efficacy are crucial for an organization's success. The capacity to do one's job well has a direct impact on a hospital's ability to compete [49]. The cultivation of competent and compassionate nurses requires both emotional intelligence and a will to learn. Improved patient care, higher academic achievement, and general well-being are all possible results of nursing students' efforts to develop their emotional intelligence and encourage the development of their intrinsic motivation [50]. Emotional intelligence training and support systems should be incorporated into nursing curricula to better prepare students for the challenges of the profession [51].

5. CONCLUSION

Over the past decade, research on EI and nursing students has progressed significantly. There is widespread agreement that students benefit from developing their EI. Students and doctors who are emotionally intelligent have better relationships with their patients and their loved ones, and are more productive in their work. While emotional growth is an essential aspect of any caring career, it is rarely emphasized in nursing or healthcare programs. Furthermore, the variety of models and methodologies utilized makes it difficult to compare studies. Both the trait and the ability models have their proponents among scholars. Complementing one another, rather than competing, these models.

Therefore, it may be possible to foster EI not only in these students but in the healthcare workforce as a whole through the deployment of a training program that emphasizes knowledge, ability, and characteristic. Several initiatives targeted towards nursing students have been launched. Program length and content, both of which may affect EI improvement, were not compared in any of the studies. We think, for instance, that a sustained intervention centered on using techniques for emotional regulation in the field of nursing would be more beneficial than a brief one centered on a small number of conferences.

Furthermore, indicated that there was a favorable correlation between empathy and EI, whereas no significant relationship was found between alexithymia and emotional skills. Moreover, the study suggests that these emotional qualities can be effectively taught and enhanced within a nursing curriculum. Last but not least, such instruction should begin in the program's inaugural year. In fact, students' tension and emotional levels tend to be at their highest just before they begin training.

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