[American Journal of Nursing Science](http://www.sciencepublishinggroup.com/journal/index?journalid=152)

Volume 5, Issue 6, December 2016, Pages: 240-250

**Relationship Between Nursing Students’ Emotional Intelligence and Their Clinical Performance During Obstetrics and Gynaecologic Nursing Practical Training**

**Heba Abdel-Fatah Ibrahim1, Wafaa Taha Ibrahim Elgzar2, \*, Rehab Elsayed Mohamed3, Gihan Mohamed MohamedSalem3**

1Obstetrics and Woman Health Nursing, Benha University, Benha, Egypt

2Obstetrics and Gynaecologic Nursing, Damanhour University, El-Behira, Egypt

3Psychiatric Mental Health Nursing, Benha University, Benha, Egypt

**Email address:**

http://article.sciencepublishinggroup.com/journal/152/1521110/email1.jpg (H. Abdel-Fatah Ibrahim)

http://article.sciencepublishinggroup.com/journal/152/1521110/email2.jpg (W. T. I. Elgzar)

\*Corresponding author

**To cite this article:**

Heba Abdel-Fatah Ibrahim, Wafaa Taha Ibrahim Elgzar, Rehab Elsayed Mohamed, Gihan Mohamed Mohamed Salem. Relationship Between Nursing Students’ Emotional Intelligence and Their Clinical Performance During Obstetrics and Gynaecologic Nursing Practical Training. *American Journal of Nursing Science.* Vol. 5, No. 6, 2016, pp. 240-250. doi: 10.11648/j.ajns.20160506.12

**Received**: September 20, 2016; **Accepted**: October7, 2016; **Published**:November 7, 2016

**Abstract:**Nursing and midwifery are stressful professions due to the requirements of patients’ care. They require a high degree of self-regulation and emotional intelligence (EI). The aim of this study was to identify the relationship between nursing students' EI and their clinical performance during obstetrics and gynecologic nursing practical training. A descriptive correlational research design was utilized. The study was conducted at the faculty of nursing, Benha University. A convenience sample of all third year female students (N=98) who were registered at reproductive health nursing course at the time of study was included. Two tools were used for data collection; first tool is a structured interview schedule to collect data about the subjects' demographic characteristics and the Schutte Self Report Emotional Intelligence Test. Second tool for clinical performance evaluation it composed of performance checklist for different obstetrics and gynecologic nursing procedures and evaluation of supportive clinical performance skills. There was a positive correlation (p˂0.05) between students' EI and their total clinical performance skills. On the other hand, there was no statistically significant relation (p>0.05) between students EI and their demographic characteristics. It can be concluded that there was a significant positive correlation between students' EI and their clinical performance skills. The topic of EI should be included as a basic component of nursing curriculum in order to develop students’ EI abilities. Furthermore, Training courses and seminars about EI should be conducted for the nursing educators in order to develop and improve their own and students’ EI skills.

**Keywords:**Clinical Performance, Emotional Intelligence, Nursing Students

**Introduction**

Nursing is a deeply human practice, especially in obstetrics and gynecologic branch. For any woman, it is extremely difficult to share obstetrics and gynecology information with anyone. However, in most circumstances she finds herself obligated to talk about the most private information with a nurse. At the same time, the nature of obstetric and gynecologic examination is embarrassing and unfavorable. This situation is exaggerated by two main factors inherited in almost all Arabic countries. First: the culture of silence surrounding the female complaints. Consequently, the majority of women have fixed believe that obstetric information should never be shared with anyone, even if she is in pain and/or danger. Second, the health care system in the majority of Arab countries does not support concepts such as the named midwife or integrated midwife. This means that the woman has to share her sensitive information with different staff each time she contacts health care. [[1](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_1),[2](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_2)]

This embarrassing situation for the female client requires from the nurses and midwives to become competent at certain skills that can help her to build trustful nurse patient relationship. Building trustful relationship with the client is the first and most important skill in successful care. These skills include the aptitude to feel or imagine another persons' emotional experience (empathy), understand and regulate own emotions; acknowledge others' emotions, and the capability to manage emotions of self and others. All these abilities known as emotional intelligence (EI). [[3](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_3),[4](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_4)]

EI should be learned and developed during clinical training in the undergraduate education Victoroff and Boyatzis 2013 urged that teachers in clinical professions as medicine, nursing or dentists should consider EI as a key standard for student selection. They additionally added that many professional behaviors in health care may require abilities related to EI as: putting the patient needs ahead of their individual interests, fight to complete tasks at high standard nearly at all times, frequently assess their knowledge and skills, be familiar with their limitations and act with integrity. [[5](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_5)]

The psychologists Salovery and Mayer first used the word EI in 1990. They defined it as "the ability to process emotion-laden information competently and to use it to direct cognitive behavior as problem solving and to spotlight energy on requisite behaviors". [[6](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_6)] In other words, EI refers to "the one's capability to recognize own feelings and those of others and encompasses managing emotions effectively in ourselves and in our relationships".[[7](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_7)] It also involves possessing the capability for motivation, creativity and the aptitude to perform at an optimal level when completing tasks. EI also provides the ability to persist in face of setbacks and failures. [[8](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_8)]

In midwifery and nursing, EI is appreciated as one of the critical component of competency of care, which both influences institutional work and the building of effective nurse-patient relationships. These ultimately lead to more patient-centered care. According to Bulmer-Smith et al (2009) EI became popular within nursing literature but it is sometimes inadequately defined, overestimated and has not been actually measured. [[9](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_9)]  In many circumstances EI is used as a predictor of communication skills, professional performance, team working as well as staff training. [[10](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_10)] It enables individuals to deal with life events and be more successful in personal relationships. This is particularly relevant to nursing and midwifery students. EI ensures that feelings are acknowledged and not dismissed or suppressed. Consequently, effective understanding of self and others may help the development of more insight in the complex situations that professional relationships bring within nursing and midwifery clinical training. [[11](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_11)]

Three main models have been proposed for EI. First, Goleman, 1995 viewed EI as "a set of skills and personal competences that enhance self-awareness, self-regulation, empathy and success in human relationships" [[12](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_12)]. Second, Mayer et al., 2003 defined EI-like academic intelligence "as an ability that can be learned and occurs when an individual can perceive, appraise and express emotions" [[13](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_13)]. Third, Bar-On, 2006 conceptualizes EI "as being similar to a set of personality traits and abilities".[[14](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_14)]

Mayer et al., 2003 haddetermined four main categories of EI. These categories were perceive emotions, using emotions, understanding emotions and managing emotions. [[13](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_13)] While Schutte et al., 1998 has proposed EI scale that contain three main categories. Namely, appraisal and expression of emotions, regulation of emotion and utilization of emotional information in thinking and acting. Each one of these three categories is divided to subcategories. First, appraisal and expression of emotions, which is the ability to detect and read emotions in self and others. This detection of emotion can be done in self through the ability to deeply recognize own feeling and conflicts. Moreover emotions can be detected on others through voices, pictures, facial expressions…etc. Second, regulation of emotion which is the ability to regulate and control emotion in both self and others. Therefore, the emotionally intelligent person can control emotions, even negative ones, and manage them to accomplish planned goals. Third, utilization of emotional information in thinking and acting. It can be defined as the aptitude to connect emotions to facilitate different cognitive activities. The emotionally intelligent person can benefit from his or her changing moods in order to best fit the duty at hand. This category can be further divided into four subcategories (flexible planning, creative thinking, motivation and redirected attention).[[15](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_15), [16](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_16)]

In nursing and midwifery practice, EI is acknowledged as an essential attribute of the effective nurse student in clinical training. [[17](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_17)] The difference in learning theoretical materials and practical one has been highlighted by Begley, 2006. He suggested that theoretical materials can be effectively educated in class rooms where, practical aspect together with its accompanied human skills including EI needs filed experience together with role model. [[18](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_18)] Consequently, nursing students need to be guided by good role model with high level of EI in their practical training. This involves approaching patients and colleagues in a constructive manner, listening to them carefully, effective communicating of information and giving skillful feedback to other team members. Consequently, the relation between EI and clinical performance is two-dimensional. On one hand, the student needs EI to perform better in clinical training and gain the client satisfaction. On the other hand, he needs to learn EI from the training experience through good role model and different training events. [[17](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_17),[18](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_18)]

Two studies had emphasized on the importance of EI in clinical skills than intellectual intelligence, since people with high EI work better within team, and demonstrate higher interactive skills. They warning from nursing and midwifery students who have affective neutrality. According to them affective neutrality means lost ability to recognize the importance of emotional aspects in women care. Accordingly, they will be professionally disconnected and avoid emotions in their practices. [[19](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_19), [20](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_20)]

Clinical performance is an important part of nursing education. It focuses on developing and applying the students’ knowledge, attitudes, and skills required for future professional practice. [[21](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_21)] Clinical education provides students with unique teaching opportunities in which skills and theory are applied in the real life situations. Clinical training have a great role in improving students' learning, augments their sense of responsibility, bridging the theory practice gap, and provides them with a great chance to demonstrate nursing competences.[[22](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_22)] In clinical performance evaluation, it must be confirmed that the students have an effective professional and ethical conduct, establish good relationship with the patients, have the basic knowledge about clinical practice, prioritize the patients problems, perform nursing skills correctly, and apply critical thinking skill. [[23](http://article.sciencepublishinggroup.com/html/10.11648.j.ajns.20160506.12.html#reference_23)]

EI also could help the midwife and nurse student to overcome harmful emotions in training places. Deery, 2005 highlights the critical role of midwifery and nursing student's supervisors in supporting them through emotional aspects of practice. He reported that clinical supervision could be successful in developing an increased self-awareness in nurse student. They can facilitate and support the emotional needs of their students. Accordingly, they can help their students in developing EI. Studies have concluded that EI can be learned later on life although it is developed early in childhood. They can be developed and changed in later life. Undeniably, EI can be developed with age and experience. Many students feel poorly prepared for the interpersonal and emotional situations that sometimes take place in their practice settings. Birth experiences should be used to develop the nurse emotional experience in the educational settings. Nursing educators also need to re-skill them in areas of EI and communication to deliver emotional sensitive care. [5, 20, 24]