

LA INTELIGENCIA EMOCIONAL EN LA FORMACIÓN DE LOS ESTUDIANTES DE ENFERMERIA

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RESUMEN

En la última década, un gran número de estudios han destacado la importancia de la IE (Inteligencia Emocional) en la mejora de las competencias en los estudiantes de enfermería. El presente documento establece un modelo para el desarrollo de las competencias emocionales y lograr la incorporación de dicho modelo a la formación universitaria en enfermería. Tras realizar una revisión bibliográfica, se han obtenido una serie de resultados en los que se demuestra la influencia positiva de la IE en el ámbito académico, en la relación enfermero-paciente, a nivel interdisciplinar y en el cuidado de la salud del enfermero. Por otra parte los modelos en los que se fundamenta el desarrollo de las competencias emocionales son el modelo de Aradilla, Edo y Tomás (2011) junto con Bisquerra y Pérez (2007). En el presente trabajo se propone un modelo que integra los aspectos clave de ambos, dividiendo las competencias en tres: emocionales, sociales y de autocuidado e incorporando la toma de decisiones y fijación de objetivos. Para poder llevar a cabo este modelo se concluyó que el profesorado también debe involucrarse en el desarrollo emocional de sus alumnos, que resulta de vital importancia no limitar este desarrollo al primer año de grado sino, establecer el desarrollo de las competencias emocionales a lo largo de todos los años del grado sobre todo en las prácticas clínicas y finalmente fomentar el trabajo colaborativo, junto con una evaluación constante cada año para que el alumno sea consciente de su evolución.

Palabras clave: Inteligencia emocional. Estudiantes de Enfermería. Educación. Competencias. Burnout.

EMOTIONAL INTELLIGENCE IN THE TRAINING OF NURSING STUDENTS

ABSTRACT

In the past decade, a great deal of research has highlighted the importance of EI (Emotional Intelligence) in the improvement of the skills in the students of Nursing. The present document establishes a model for the development of the emotional competencies and advocates for the incorporation of that model into Nursing Education. The revision of the literature shows the positive influence of EI in the academic field, in the nurse-patient relation at an interdisciplinary level and in the nurse's healthcare. The models of the development of competencies are based

on Aradilla, Edo and Tomás (2011) and Bisquerra and Pérez (2007). In this project a different model is proposed that integrates the most important aspects of both, dividing the competencies in three: emotional, social and self-care, incorporating decision-making and goal-setting. To be able to implement this model it has been concluded that a) the faculty has to involve themselves into the emotional development of their students; that b) it is very important not to limit this development to the first year of degree, but establish this development of competencies throughout the whole degree, especially in the clinical training; and finally c) promote collaborative work, with a yearly feedback in order to make students aware of their evolution.

Key words: Emotional Intelligence. Nursing Students. Formation. Competencies. Burnout.

INTRODUCTION

EI (Emotional Intelligence) is defined as person's capacity to manage one's and others' emotions with efficiency and generating satisfactory results (Salovey and Mayer, 1990).

The inclusion of EI into Nursing Education is essential in the clinical practice, in the development of a professional career in building a satisfactory nurse-patient relationship, which includes dealing with the relatives and the rest of the interdisciplinary team (Hurley, 2008; Pulido, Augusto y López, 2016).

A great deal of studies has investigated the possible relation between EI and the benefits in Nursing Education and the nursing professional activity. Fernández, Salamonson and Griffiths (2012) conducted a study with 81 nursing students, yielding the result that conscience and emotional understanding have a positive impact on academic results. Codier, Kamikawa, Kooker and Shoultz (2009) with a sample of 350 nurses, have proved that those with scoring higher in EI have a better performance and a higher rate of job retention. Chan, Creedy, Chua, and Lim (2011) used a sample of 112 nursing students to demonstrate that a positive influence of EI on health exists. Morrison (2008) used a sample of 94 nurses obtaining as result that EI positively impacts collaboration when resolving conflicts and in a negative impact on accommodating.

DISCUSSION

The development of the EI is understood as a continuous and permanent process which aims to improve the emotional competencies. In figure 1, the two pedagogical models of competencies development and the aspects that their proposals have in common are compared.

MODEL OF EMOTIONAL COMPETENCIES IN NURSING Aradilla, Edo y Tomás (2011)	EMOTIONALS COMPETENCIES Bisquerra R. y Pérez N. (2007)	
EMOTIONALS COMPETENCIES 1. Perception 2. Comprehension 3. Assimilation 4. Emotional management	SOCIAL COMPETENCY	Ability to maintain good relationships with others
	EMOTIONAL AUTONOMY	Set of elements related to personal self management
SOCIAL COMPETENCY 1. Empathy 2. Active listening 3. Conflict resolution 4. Team work 5. Basic social skills	EMOTIONAL REGULATION	Ability to handle emotions. It supposes to become aware of the emotion, cognition, behavior...
	EMOTIONAL CONSCIENCE	Awareness of emotions, including the detection of a certain emotional climate
SELF-CARE COMPETENCIES 1. Self esteem 3. Resilience 2. Positive attitude 4. Stress tolerance	COMPENTECY FOR LIFE AND WELLNESS	Ability to adopt appropriate behaviours to successfully meet daily challenges

Figure 1. Similarities and differences between pedagogical models of emotional competencies

In the field of Nursing, the emotional competencies model of Aradilla et al (2011), as we can see in Figure 1, classifies the competencies in three: emotional, social and self-care. The competency of self-care is essential in the professional life of nurses since it helps to avoid the burnout syndrome and the multiple problems caused by stress, which can even result in suicide. (Tomás and Aradilla, 2007). But this model doesn't include a key element, which is the cause and effect of most emotions: correct decision-making and goal-setting. This element is necessary not only to be able to make the right choices under pressure, but also for the student to design a life-style in line with his or her expectations.

On the other hand, the competencies model of Bisquerra y Pérez (2007) is very thorough and groups competencies in five blocks: awareness, regulation, self-autonomy, interpersonal intelligence and competences for life and wellness. It is worth mentioning this last ability, which is the capacity to adopt appropriate and responsible conducts to face challenges satisfactorily by facilitating the experience of self-contentment or well-being. Among undergraduate students this ability can be very important so that they develop a healthier life when under pressure, and thus developing their resilience. However, and because this model is very exhaustive, it turns too complex when implementing these competencies throughout the degree and really difficult to evaluate.

CONCLUSIONS

After revising the different pedagogic models of emotional competencies, it is considered that using the three-competency model proposed by Aradilla et al (2011), incorporating the sections of personal care, decision-making and goal-setting, could help to ameliorate the specific needs of students of Nursing.

The study of emotional competencies can't be confined only to a subject in the first year of the Nursing degree; this study must be present in the whole degree. In order to do this, the study of emotional competencies can be incorporated during the modules of hospital training when dealing with these topics; it can also be present as online tools for an annual evaluation of the different aspects of these competencies so that the students can reflect on them discuss courses of action for improvement with their tutors.

It is very important that the faculty is knowledgeable in emotional competencies so that they become examples of good practices to their students. This way, they can evaluate the possible lack of competencies of their students and offer them a correct orientation (Mayor, 2016a).

Another recommendation is the creation of, both during class and clinical training, some collaborative activities where the students could have the possibility to give and receive feedback (Mayor, 2016b) to generate a constant process to improve their emotional competencies and create an environment of mutual support.

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