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LETTER

A Response to Emotional Intelligence and Clinical Performance of Undergraduate Nursing Students During Obstetrics and Gynaecology Nursing Practice. [Letter]

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Dear editor

We read with great interest the article by Belay et al[1] evaluating the association between Emotional Intelligence (EI) and clinical practice performance of undergraduate nursing students during obstetrics and gynaecology nursing practice. As final year medical students, we have engaged with teaching methods that enhance our EI and, therefore, acknowledge the significance of improving EI to maximise our clinical practice performance.

Belay et al[1] assessed emotional intelligence using the Schutte Self report Emotional intelligence Test (SSEIT). This is a self-report method that the students used to evaluate their level of agreement with descriptive statements about their emotional abilities. However, Cherry et al[2] determined that it is possible to see his or her compassion in action only by observing a person's communication. In addition, by self-reporting, the individual may lack appreciation of their emotional responses. Therefore, one way to improve this study is to engage with performance-based methods.[3] This method allows us to examine how well the participants perform tasks and solve problems related to emotions, thus reducing prejudice and limiting the student from faking EI.

The aim of the study is to "develop higher EI in the accomplishment of the nursing program so as to increase the students' clinical performance". As previous studies have shown, emotional intelligence is made up of five clusters: self-awareness, self-regulation, motivation, empathy, and social skills.[4] Self-awareness is believed to be the first trait to develop as an individual's EI grows,[4] and this has also been shown to be the main lacking factor in many healthcare staff.[5] Wilson[5] illustrated that the nurses who were self-aware, for example, devising boundaries from their home and work life, assisted in managing the emotional stress they encountered at work. On the contrary, those unable to recognise the stressors, suffered from lack of sleep and intruding thoughts within their home life. Therefore, some workers were not informed of the concept of EI or how this could be employed in their work environment. The authors need to estimate the levels of self-awareness amongst the candidates from the results of the SSEIT, and if lacking, this is where their EI improvement would begin. We believe this would address the aims of the study more effectively.

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In conclusion, this study highlights the significance of developing EI to enhance clinical practice performance, further building nursing education in academic and clinical settings. In particular, the importance of healthcare workers to handle their own emotions while understanding and acknowledging others'. However, as previously discussed, studies have shown that the best way to assess EI is through performance-based methods and estimating the levels of self-awareness amongst the students. Therefore, we believe more emphasis should be placed on observational methods used to assess EI and identify the areas of improvement for the students.

Disclosure

The authors report no conflicts of interest for this communication.

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