A descriptive correlational study to assess the relationship between emotional intelligence and assertive behaviour among nursing students at a selected nursing college, Bangalore. India

Prof. Nandakumar. S *

Department of Mental Health Nursing Kmch College of Nursing Coimbatore, Tamilnadu, India
Corresponding author E-mail: vijaynandu84@gmail.com

Abstract

A descriptive correlational study to assess the relationship between emotional intelligence and assertive behaviour among nursing students at a selected nursing college, Bangalore. India. The study objectives were to assess the level of emotional intelligence and the level of assertive behaviour among nursing students and also to find out the relationship between emotional intelligence and assertive behaviour among nursing students.

Non probability convenient sampling was used to select 50 participants. The investigator after getting formal written permission from the Principal and selected a list of nursing students who fulfilled the sampling criteria and selected 50 participants after getting oral consent from them. The investigator collected the data by using the Schutte self-report rating scale to assess the level of emotional intelligence and also used Robert E. Alberti assertiveness inventory to assess the level of assertive behavior using Google forms as a platform to collect the data. 30 minutes was given for each participants for the data collection. The reliability and validity of the tool was established by 3 experts. The study result found that it was 6 (12%)participants had low level of Emotional Intelligence, 25 (50%) had moderate level of Emotional Intelligence and 19(38%) had high level of Emotional Intelligence. And also it was found that 10(20%) were shown less Assertive Behaviour, 28 (56%) were shown moderately Assertive Behaviour and 12(24%) of them were shown highly Assertive Behaviour. This study found that there was a relationship exists between the level of emotional intelligence while comparing with the level of assertive behaviour. The correlation coefficient value between the level of emotional intelligence and level of Assertive behaviour was found to be r=0.284 which indicates that there was a positive relationship between the variables.

Keywords: *Emotional Intelligence; Assertive Behavior; Nursing.*

1. Introduction

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. All societies recognize that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognized differs between cultures and over time. Today, nursing education which educates the future members of the nursing profession aims to gain them high selfesteem, self-confidence and self-compassion, independence, assertiveness and ability to establish good human relations. This aim can only be achieved through a contemporary curriculum supporting students in the educational process and enabling those in charge to make arrangements by taking the characters and needs of each individual into account. [1] Some scholars have proposed that the educational preparation of nurses can be improved by incorporating emotional intelligence lessons into the nursing curricula. However, the relationship between emotional intelligence and nursing performance in nursing students is unknown. [2] According to Lisa, J.M (2004),"Emotional maturity brings with it a capacity for independence, the willingness to take action as for agent along with the capacity affiliate; it's freely initiate and sustains loving relationships."[3]

Emotional intelligence (EI) has been associated with positive outcomes for nursing students. Higher EI is associated with personal wellbeing and stress management, higher academic performance, stronger nursing leadership and practice performance, and greater patient safety.[4]

Emotional intelligence (EI) has been defined as "the ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior"[5]. Emotional intelligence has the following common components or factors: perceiving, understanding, using, and managing emotions[5]. Perceiving as well as utilizing and managing emotions is essential to everyday practice for people in different careers - management professionals, business executives, doctors, advocates, and even students. Healthcare, as a whole, is not provided by an individual, but by a team. As the leader of the healthcare team, the doctor is expected to successfully manage both themselves as well as the rest of the team members in order to succeed as effective practitioners. Therefore, there has been a shift in thinking – from individual achievement to team achievement [6], [7].

Salovay et al., (2002) studied the relation between emotional intelligence and confronting stress among the students and realized that there is a significant positive relation among understanding the emotional intelligence and interpersonal performance and psychological performance. [5].

The analyses of Mayer and Salovey on hundreds of adults and adolescents have indicated that adults are better than others in emotional intelligence skills. Mayer states that emotional intelligence is accompanied with the increase in age and experience from childhood to adulthood (Goleman).[8] Rey et al. (2011) found that emotional intelligence positively accounting life satisfaction by the presence of self-esteem. They also found that mood clarity and emotional repair had a significantly direct and indirect link with life satisfaction through self-esteem. [9] Emotional intelligence also plays a role in communication skills, job satisfaction, academic and clinical performance, alleviating stress and burnout, and maintaining patient satisfaction and a good doctor-patient relationship.[10]

Assertiveness can be defined as an interpersonal behaviour that promotes the fact all people in a relationship are equally important. All health professionals including midwife must work with and care for people. At times this will include facilitating interactions that require skilful negotiation and assertiveness. Yet embedding assertiveness education into undergraduate midwifery curricula has not been widely adopted [11].

Assertiveness contributes to accept the responsibility of behavior, maintain and increase self-esteem and self-confidence. Assertive individuals are more satisfied with their life. The findings from the various clinical research showed the influence of teaching emotional intelligence in coping with stress in students, improving mental health, and increasing psychological adjustment in runaway girls. Also, emotional intelligence is associated with decreasing behavioral problems and aggressive behavior in students, increasing assertive behavior and positive belief in runaway juvenile. [12]

2. Need for the study

Nursing is a demanding profession that offers unique challenges. Emotional intelligence and resilience are traits that can allow nursing students to effectively respond to challenges in professional placements and future practice 13. Assertiveness is referred to as an ability to convey feelings, beliefs, and thoughts without undue anxiety and to express personal rights without denying the rights of others.[14]

Nursing education has long been recognized as important for providing the future workforce with high-calibre interpersonal skills, including assertive communication. There is little evidence to examine how far assertive communication skills are learned and practised during undergraduate nursing education. Newly-graduated nurses are in a unique position to reflect on both their undergraduate nursing education and its contributions to their current communication practice [15]. Healthcare students experience elevated stress associated with the interpersonal work of clinical practice. Emotional labour involves clinicians' use of intra-personal and inter-personal skills to manage their emotional states and promote patient and family emotional wellbeing. Effective emotional labour requires emotionally-intelligent skills. Learning to use these skills is critical to students' effective interpersonal management of stressful practice situations however, understanding of emotionally-intelligent strategies used by students on clinical placement is limited [16].

The concept of emotional intelligence has grown in popularity among nurses over the last two decades, generating interest both at a social and a professional level. Today, patient care not only includes quality medical care but also a care concept that encompasses respecting patients' goals, preferences and choices, obliging their emotional, social and spiritual needs using the strengths of interdisciplinary resources. Many patients suffer only when they do not receive adequate care for the symptoms accompanying their serious illness. [17]

Emotional intelligence influences the cognitive system and selective attention. As Caruso (2008) observes, "emotions direct our attention and motivate us to engage in certain behaviors. Bar-on believes that individuals with higher emotional quotient (EQ) are more competent in coping with demands, challenges and pressures of everyday life. On the other side, the previous studies indicated that the important factors in increasing mental health are assertiveness and self-esteem. [18]

So, the investigator felt that this study needs to be conducted to assess the relationship between emotional intelligence and assertive behaviour among nursing students to plan for emotional intelligence training.

2.1. Problem statement

A descriptive correlational study to assess the relationship between emotional intelligence and assertive behaviour among nursing students at a selected nursing college, Bangalore. India

2.2. Objectives

- To assess the level of emotional intelligence among nursing students
- To assess the level of assertive behaviour among nursing students
- To find out the relationship between emotional intelligence and assertive behaviour among nursing students.
- To find out the association between the level of emotional intelligence among nursing students with their selected demographic variables.
- To find out the association between the level of assertive behaviour among nursing students with their selected demographic variables

2.3. Hypothesis

H_0: There is no relationship between level of emotional intelligence and level of assertive behaviour among nursing students.

3. Methodology

The Descriptive correlational research design was adopted for this study. Non probability convenient sampling was used to select 50 participants. The investigator after getting formal written permission from the Principal and selected a list of nursing students who fulfilled the sampling criteria and selected 50 participants after getting oral consent from them. The investigator collected the data by using the Schutte self-report rating scale to assess the level of emotional intelligence and also used Robert E. Alberti assertiveness inventory to assess the level of assertive behavior using Google forms as a platform to collect the data. 30 minutes was given for each participants for the data collection. The reliability and validity of the tool was established by 3 experts.

3.1. Description of Tool

The tool consists of three sections.
Section A: Demographic information of the samples.
Section B:Schutte self-report Scale to assess the level of emotional Intelligence.This scale consists of 33 items on five point scale inventory with four factors to analyse Perception of Emotion, Managing own Emotions, Managing Others Emotion and Utilization of Emotions.
Section C: Robert Assertiveness inventory to assess the level of assertive behaviour. This rating scale consists of 35 items in the areas of non-assertiveness behaviour and aggressive behaviour.

4. Results and discussion

4.1. Major findings of the study

Among nursing students 3 (6%) of them belong to 17-19 years of age and 36(72%) of them belong to 20-22 years of age and 11(22%) of them belong to 23-25 years of age. 5 (10%) of them were male, 45 (90%) of them were female. 35 (70%) of them were studying B,Sc Final year Nursing, 9 (18%) of them were studying P.B.BSc Nursing, and 6 (12%) of them studying M.Sc Nursing. 5 (10%) of their father were uneducated 34 (68%) of their father were completed secondary education and 11 (22%) of them graduated with degree level. 5 (10%) of their mother were uneducated 35 (70%) of their mother were completed secondary education and 10 (20%) of them graduated with degree level. 18 (36%) of their father were doing business 16 (32%) of their father were farmers and 16 (32%) of their father were doing other work. 3 (6%) of their mother were doing business 41 (82%) of their mother were house wife and 6 (12%) of their mother were doing other work. 15 (30%) of them were supported by friends, 32 (64%) of them were supported by their parents and 3 (6%) of them were supported by both and other mode of support.

Level of Emotional Intelligence among nursing students at a selected Nursing college
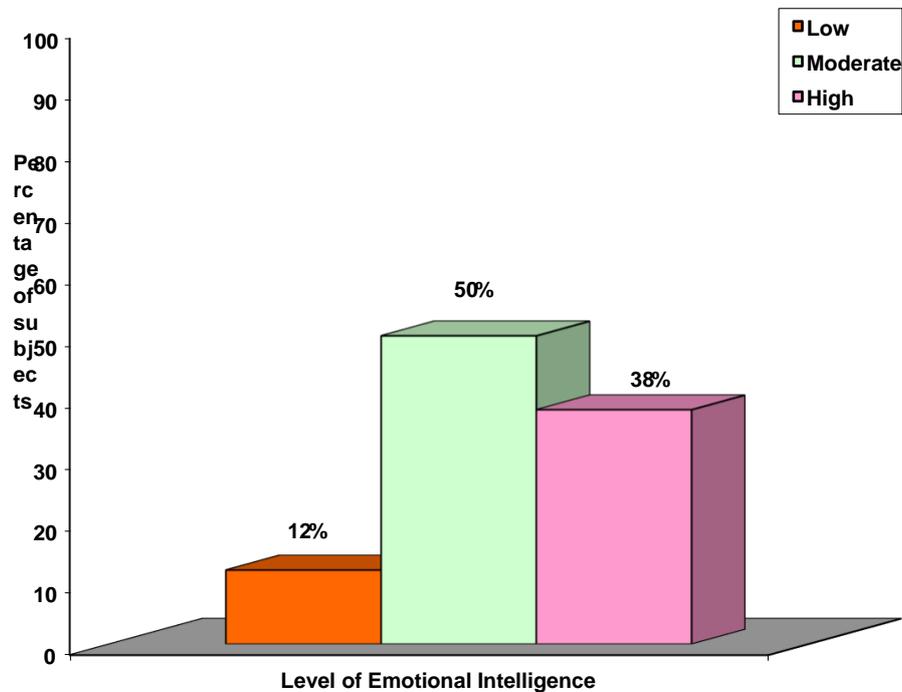
Fig. 1: Percentage Distribution of Samples According to Their Level of Emotional Intelligence Figure-.1 Shows That, 6 (12%) Had Low Level of Emotional Intelligence, 25 (50%) Had Moderate Level of Emotional Intelligence and 19(38%) Had High Level of Emotional Intelligence.

Level of Assertive behaviour among nursing students at a selected Nursing college
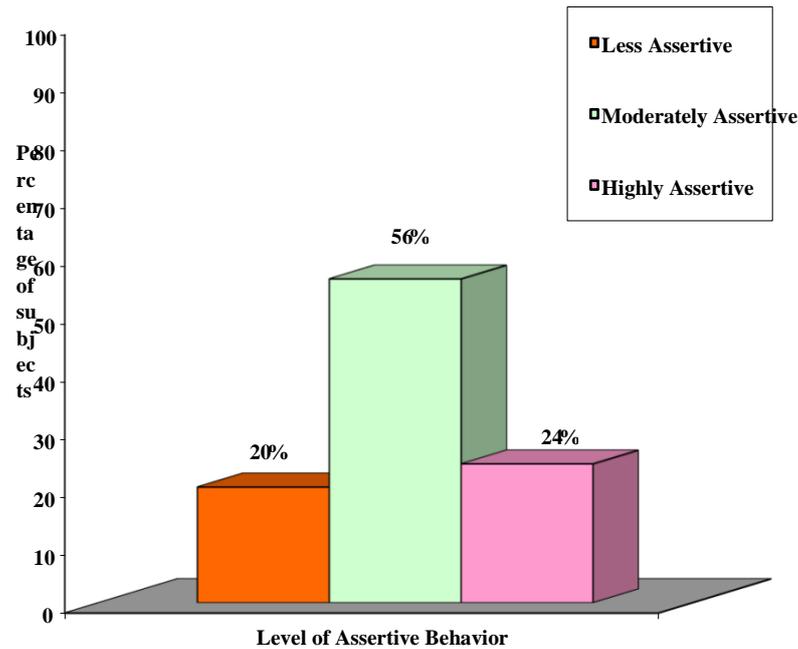

Fig. 2: Percentage Distribution of Samples According to Their Level of Assertive Behaviour.

Figure-.2 shows that, 10(20%) were shown less Assertive Behaviour, 28 (56%) were shown moderately Assertive Behaviour and 12(24%) of them were shown highly Assertive Behaviour.

Table 1: Comparison of Level of Emotional Intelligence According to the Variables Among Nursing Students Mean, SD, Mean Difference Value of Samples According to the Variables Among Nursing Students N=50

S. No	Variables	Maxi mum score	Mean	S.D	Mean %
1	Perception of Emotion	45	32.38	2.91	71.9%
2	Managing own Emotions	45	33.68	4.01	74.8%
3	Managing Others Emotion	40	31.4	3.75	78.5%
4	Utilization of Emotions	30	23.7	2.71	79%

The above table.1. shows that in perception of emotions the maximum score was 45 with mean score of 32.38+2.91. In managing own emotions the maximum score was 45 with mean score of 33.68+4.01. In managing others emotions the maximum score was 40 with mean score of 31.4+3.75. In utilisation of emotions aspects the maximum score was 30 with mean score of 23.7+2.71. It was found that in all the four aspects in emotional intelligence the nursing students are showing good emotional intelligence ability as in accordance with their level of emotional intelligence.
Correlation between the level of emotional intelligence and level of Assertive behaviour among nursing students.

Table-2: Correlation Coefficient Test between the Level of Emotional Intelligence and Level of Assertive Behaviour Among Nursing Students. N=50

Variables	Mean	Standard Deviation	'r' Value
Level of emotional Intelligence	125.06	12.10	
Level of Assertive behavior	53.04	16.89	0.284

This study found that there is a relationship exists between the level of emotional intelligence with mean 125.06+12.10 while comparing with the level of assertive behaviour with mean 53.04+16.89. The correlation coefficient value between the level of emotional intelligence and level of Assertive behaviour was found to be r=0.284 which indicates that there is a positive relationship between the variables. Hence H_0 is rejected.

This study also found that there is no association between levels of emotional intelligence and level of assertive behaviour with their demographic variables among nursing students at $p < 0.05$ level.

5. Summary

Quantitative descriptive approach with descriptive correlational research design was used to assess the relationship between the level of emotional intelligence and assertive behaviour among nursing students. The tool used in this study consisted of three sections. Section one was demographic variables, section two was Schutte self-report Scale to assess the level of emotional Intelligence and section three was Robert Assertiveness inventory to assess the level of assertive behaviour. Purposive sampling technique was used to select the samples and data was collected from 50 nursing students, at a selected nursing college, Bangalore. This study found that there is a relationship exists between the level of emotional intelligence with mean 125.06+12.10 while comparing with the level of assertive behaviour with mean 53.04+16.89. The correlation coefficient value between the level of emotional intelligence and level of Assertive behaviour was found to be r=0.284 which indicates that there is a positive relationship between the variables.

6. Recommendations

- Similar study can be conducted as comparative study in different settings.
- Similar study can be conducted to analyse the effectiveness of emotional intelligence training on assertive behaviour among nursing students.
- A study can be conducted with large sample size to generalize the results of the study.
- A similar study can be conducted to different population like children, adolescents and adults.

7. Conclusion

The study concluded that there was a relationship exists between the level of emotional intelligence and level of assertive behaviour. The correlation coefficient value between the level of emotional intelligence and level of Assertive behaviour was found to be r=0.284 which indicates that there was a positive relationship between the variables and which predicts that we can have training session on emotional intelligence and assertive behaviour among nursing students for better future.

References

[1] Şahizer Eraydın Nurse Educ Today 2017 Jul;54:44-50. Epub 2017 Apr.12. https://pubmed.ncbi.nlm.nih.gov/28463733/. https://doi.org/10.1016/j.nedt.2017.03.007.

[2] Audrey M Beauvais Nurse Educ Today 2011 May;31(4):396-401 https://doi.org/10.1016/j.nedt.2010.07.013.

[3] Lisa JM. Speak the Truth and Point to Hope: The Leader's Journey to Maturity, USA: Kendall Hunt Publishing Company, 2004

[4] Kim Foster, Nurse Educ Today 2017 Aug;55:6570, Epub2017 May15. https://pubmed.ncbi.nlm.nih.gov/28528126/. https://doi.org/10.1016/j.nedt.2017.05.008.

[5] Mayer JD, Salovey P: What is Emotional Intelligence?. Emotional Intelligence and Emotional Development. Salovey P, Sluyter DJ (ed): Basic Books, New York, NY; 1997.3-31.

[6] McKinley SK: The emotional intelligence of resident physicians . Doctoral dissertation, Harvard Medical School, Cambridge, MA; 2014.

[7] Gawande A: Health care needs a new kind of hero. Interview by Gardiner Morse . Harv Bus Rev.2010, 88:60-61. Accessed: February 27, 2016: http://hbr.org/2010/04/health-care-needsanew-kind-of-hero.

[8] Goleman D. (1995): Emotional Intelligence: Why it can matter more than IQ. New York: bantam Books. P. 36

[9] Duran A, Rey L. Perceived emotional intelligence and dispositional optimism- pessimism: Analyzing their role in predicting psychological adjustment among adolescents. Department of Social Psychology, Faculty of Psychology, University of Malaga, Campus de Teatinos s/n, 29071 Malaga, Spain, 2007.

[10] Weng HC, Chen HC, Chen HJ, Lu K, Hung SY: Doctors' emotional intelligence and the patient doctor relationship. Med Educ. 2008, 42:703-11. https://doi.org/10.1111/j.1365-2923.2008.03039.x.

[11] Jane WarlandNurse EducPract 2014 Nov;14(6):752-6. Epub 2014 Oct 2 https://doi.org/10.1016/j.nepr.2014.09.006.

[12] Zaer, Leila, and MousaKhedmatgozarKhoshdel. Meta-Analysis of Studies on Cause and Effects of Runaway Girls in Iran. Mediterranean J. Social Sciences 2014;5 (23):1995-2006 https://doi.org/10.5901/mjss.2014.v5n23p2006.

[13] Michele cleary et.al., Nurse Education TodayVolume 68, September 2018, Pages 112-120 https://doi.org/10.1016/j.nedt.2018.05.018.

[14] Lounsbury, J., Lovelavd, J., Sandstorm, E., Gibson, L., Drost, A. &Hamrick, F.An Investigation of Personality Traits in Relation to Career Satisfaction J. Career. Assess.2003;(11): 287-308 https://doi.org/10.1177/1069072703254501.

[15] Mansour, (2020) Health Professions Education,Volume 6, Issue 2, June 2020, Pages 176-186 https://doi.org/10.1016/j.hpe.2020.02.001.

[16] Kim N.foster, (2020),Nurse Education in Practice,Volume 43, February 2020, 102743 https://doi.org/10.1016/j.nepr.2020.102743.

[17] Dawn Freshwater and Theodore Stickley (2004). The Heart Of The Art: Emotional Intelligence In Nurse Education. Nursing Inquiry. 11(2); 91-98. https://doi.org/10.1111/j.1440-1800.2004.00198.x.

[18] Fiori, M., &Antonakis, J. Selective attention to emotional stimuli: What IQ and openness do, and emotional intelligence does not. J. Intelligence.2012;40(3):245-54. https://doi.org/10.1016/j.intell.2012.02.004.

[19] Mayer JD, Salovey P. Emotional Intelligence and Emotional Development. New York, NY: Basic Books; 1997. What is Emotional Intelligence? pp. 3–31.

[20] Bar-On, R. (2006). *The Bar-On model of emotional intelligence.* Consortium for Research on Emotional Intelligence in Organizations – Issues in Emotional Intelligence. Retrieved May 15, 2008, from http://www.eiconsortium.org

[21] Gohm C.L., Corser G.C., Dalsky D.J. Emotional intelligence under stress: Useful, unnecessary, or irrelevant? Personal. Individ. Differ. 2005;39:1017–1028. https://doi.org/10.1016/j.paid.2005.03.018.

[22] Hunt, Nigel and Evans (2004) Behav Res Ther.2004Jul;42(7):791-8. https://doi.org/10.1016/j.brat.2003.07.009.

[23] Gardner and Qualter (2010), AustralianJournalofPsychology62(1):5-13 · March 2010 https://doi.org/10.1080/00049530903312857.

[24] Ravikumar R, Rajoura O P, Sharma R, et al. (January 22, 2017) A Study of Emotional Intelligence Among Postgraduate Medical Students in Delhi. Cureus 9(1): e989. https://doi.org/10.7759/cureus.989.

[25] Dwivedi A. and Qasim S.H. (2017): A Study of Emotional Intelligence of Secondary Level Students.Annals of Education, Vol. 3[1]: March, 2017: 48-52.

[26] Parker, James DA, et al. Emotional intelligence and academic success: Examining the transition from high school to university. J. Personality and individual differences. 2004; 36(1):163-72. https://doi.org/10.1016/S0191-8869(03)00076-X.

[27] Brackett, M. A., & Mayer, J. D. (2003). Convergent, discriminant, and incremental validity of competing measures of emotional intelligence. Personality and Social Psychology Bulletin, 29, 1147–1158 https://doi.org/10.1177/0146167203254596.

[28] Rasetsoke RL (2012) Assertive behaviour of professional nurses and nurse managers in unit management at Academic Hospital settings in the Pretoria Region. University of Johannesburg.

[29] Perry, (2011), October2011Nursing Forum46(4):218-30.

[30] Greenlees-Rae J (2016) Being confident in practice: A study on the influences on confidence in new graduate nurses.

[31] Ibrahim SAEA (2011) Factors affecting assertiveness among student nurses. Nurse education today, 31(4), 356-360. https://doi.org/10.1016/j.nedt.2010.07.006.

[32] O'brien, ME (2017) Spirituality in nursing: Jones and Bartlett Learning

[33] Zavertnik JE, Huff TA and Munro CL (2010) Innovative approach to teaching communication skills to nursing students. Journal of Nursing Education 49(2): 65-71. 34. Anna Deltsidou (2008) Nurseeducationinpractice9(5):322-30 · October 2008

[34] SupriyaNamdevKadam (2018) www.sinhgad.edu › Volume-VIII-Issue-I-June-2018 https://doi.org/10.3928/01484834-20090918-06.

[35] AnahitaKhodabakhshiKoolaee, Middle East Journal Of Psychiatry And Alzheimers , June2016, Volume7, Issue 1

[36] Iro-Idoro (2017) International Journal of Engineering Inventions e-ISSN: 2278-7461, pISSN: 2319-6491 Volume 6, Issue 12 [December. 2017] PP: 22-28.