



Relationship Between Emotional Intelligence and Psychological Distress Among Nursing Students in College of Nursing Gombe State, Nigeria

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Abstract

The relationship between Emotional Intelligence and psychological distress among students in College of Nursing, Gombe state. The research design for the study was Correlation design. A Null hypothesis was formulated to guide the study. The population was all the students of the College of Nursing Gombe. 'Schutte Self-Report Emotional Intelligence Test' (SSEIMT) 'Scale and 'Kessler Psychological Distress Scale' were adapted and used as Instruments for data collection. Two experts from the department of Educational Foundation Abubakar Tafawa Balewa University, Bauchi validated the two instruments. The internal consistency of the instruments showed Cronbach's, for emotional intelligence scale is 0.86 and 0.64 for Psychological Distress scale respectively. Two hundred and twenty-five (225) Nursing students participated in the study. Ethical approval was obtained from the College Management. Pearson Product Moment Correlation (PPMC) was used to analyze the Null hypothesis. The findings of the study revealed that, most of the participants had high level of emotional intelligence and were experiencing low degree of psychological distress; it was concluded that the higher the level of emotional intelligence the lower experiencing of psychological distress by the Nursing students. Therefore, it is recommended that further exploration to better understanding of emotional intelligence and Psychological distress. Moreover, there is need to include coping strategies in the Nursing curriculum to enhance managing the emotional intelligence.

Keywords: Emotional Intelligence, Psychological Distress & Nursing Students

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Introduction

Psychological distress is described as unique discomforting response by an individual to a specific stressor which results in harm, either temporary or permanent (Jahanara, 2014)). From this definition one can term the psychological distress as a threat to the quality of human life, when a demand of an individual vastly exceeds his capabilities, this resulted to psychological distress. Thompson, (2015). clearly indicated that there is a connection between psychological distress and illness. He further found that chronic distress can lead to changes in behavior and in physiology. As distress has a physical effect on the body, some individuals may not distinguish this from other more serious illnesses. Individuals experiencing distress are less likely to seek medical care for a symptom if the symptom is ambiguous (e.g. headache) and they are

currently experiencing distress (Schneiderman, Iroson and Siegel, 2005).

Most psychological distress issues do not follow a particular pattern, some can continue to intensify and worsen over time if left untreated. When symptoms are transient, it is easier for a person to keep pushing forward without efforts to address the problem. When issues are more consistent, a person may essentially "get used to" thinking, feeling, and behaving a certain way. When issues are severe, persistent, but related to a distressing experience, it is also often the case that the person will engage in efforts to deny or suppress their difficulties. Moreover, in all of these cases, the person may try to minimize their distress to feel "normal" only to see an exacerbation or future recurrence of symptoms (Akerjordet & Severinsson, 2008)

Seeking professional psychological help continues to become less and less stigmatized, thereby making the thought of seeking help more 'acceptable'; and once the person has accepted that "something" is wrong, and at least somewhat embraces the idea of seeking professional help, these conditions can be easier to treat. This goes back to the ego-dystonic nature of having the psychological challenge present in the first place. The people who want to be healthy and be free from distress, are more willing to actively engage in therapy in order to make changes (Fernandez, Salamonson & Griffiths, 2012).

Some of the factors lead to psychological distress as advocated by Montes-Berges & Augusto, (2007). are regular exposure to stressful work, environmental condition and this can be influenced by work demands and relationships with colleagues. 'High parental expectations', 'frequency of examinations', 'vastness of academic curriculum', 'sleeping difficulties', 'worrying about the future', 'loneliness', 'performance in periodic examinations' often disturb nursing students in the hospitals (Casey, Fink, Krugman, & Propst, 2014), and they are forced to learn with limited resources and continually care for the growing number of patients in the hospitals. Having workload schedules, receiving physical verbal abuse from patients and patients' relatives, dealing with negative events and experiencing conflicts with other members of the multidisciplinary team including doctors, insufficient staffing and lack or inadequate emotional support from their superiors are the most common factors which nurses and nursing students experience (Casey et al. 2014). It is amazing how the mind, which is a highly complex and formless continuum, can lead down different paths. It can create narratives for the self that lead to acceptance or denial, and such beliefs can significantly impact action on quality of life (Xianyu & Lambert, 2006).

Schneiderman, Iroson and Siegel, (2005) who described emotional intelligence as the capacity of an individual to "monitor one's own and others' feelings and emotion. The authors when further to describe emotional intelligence as essential for one's physical and psychological adaptation life style. Emotional intelligence is based on the model



of emotion that is mostly governed by the limbic system in the brain which is responsible for impulses, drives and feelings. Emotional intelligence can be improved through training, provided it includes the limbic system. This system adapts better when receiving "motivation, extended practice and feedback (Schneiderman, Iroson and Siegel, 2005).

The term emotional intelligence was not being used so often until 1985 as noted by (Ogden, 2007). It was from that time; the field became rich with different models for defining or describing emotional intelligence. It started gaining popularity when the book of the same title, Emotional Intelligence, written by a psychologist Daniel Goleman, was published in 1995. Goleman depicted emotional intelligence using the following framework of five domains or competencies (Goleman, 2004). The following is the framework:

Self-awareness: the ability to understand and/or recognize one's emotional state of being and how it affects others. It can be recognized by realistic self-appraisal, self-confidence, welcoming feedback and a self-deprecating sense of humour;

Self-regulation: the ability to control one's emotion and to redirect negative emotion into something positive. It can be distinguished by one's integrity, ease in adapting to changes uncertainties, and trustworthiness; Motivation is the driving force that helps individual to persistently reach their goal. It can be recognized by one's commitment to an organization, strong will to achieve something, and being positive even in the face of adversity;

Empathy: the individual's ability to understand the emotional state of others and to treat them appropriately based on that emotional state. Social skills: the ability to create or build rapport with other individuals or build or expand networks by effectively managing relationship with them. It is indicated by one's ability to persuade, to lead teams and to lead change.

From the above described emotional intelligent framework, individuals have good physical and psychological health because they are able to cope with life's challenges and can control their emotions effectively (Salovey & Meyer, 1990). Similarly, emotional intelligence can help nurses and

nursing students to reduce their stress and improves their health and positively impacts their patients' outcome and it has been found to assist with coping by focusing on the recognition of people's emotional state which can assist in regulating behaviour and solving problems (Akerjordet & Severinsson, 2008)

Two dimensions of Emotional Intelligence clarity and repair have been found to have an inverse relationship with suicide risk in a descriptive cross-sectional study conducted by Aradilla-Herero (2014) involved 93 nursing students and established the prevalence of suicide risk among nursing students and found the relationship between perceived stress, emotional intelligence, self-esteem, depression, trait anxiety and suicide risk (Aradilla-Herrero 2014).

The study found that both emotional intelligence and age were good predictors of progression in the course. Emotional Intelligence is also a good predictor of academic performance, especially clinical performance, along with age. The findings of the study showed that the emotional intelligence dimension has a direct relationship with depression ($p < .001$) and suicide risk ($p < .001$) anxiety ($p < .001$). A statistically significant correlation was found between emotional intelligence and critical thinking ($p < .001$), help seeking ($p .003$) and peer learning ($p .004$) and emotional Intelligence was found strongly associated with academic achievement ($p .023$) of participants before and after life skills training. Skills in the life skills training included self-awareness, emotion management, time management, interpersonal communication, determination, stress management and problem solving. The study involved 39 participants which were divided into two groups, the case group received training for four hours, once a week for eight weeks; and the control group only received training after the study was conducted in respect of some ethical considerations. The study found a remarkable increase of 89.84 in the emotional intelligence mean score of those in the case group after training. Developing emotional intelligence takes commitment and a conscious effort to improve individual's capability to adjust and suit the societal needs. It also requires emotional



awareness, practice, education, accepting feedback from the others and commitment (Lolaty, Ghahari & Fard, 2012).

Lolaty, Ghahari & Fard (2012), in their study, they measured the emotional intelligence level of participants before and after life skills training. Skills in the life skills training included self-awareness, emotion management, time management, interpersonal communication, determination, stress management and problem solving. Having a good level of emotional intelligence is important for Nursing Students and the nursing staff in practice, and can lead to success in the academic activities as well in clinical experience. Furthermore, Nursing Students with high levels of emotional intelligence were also found to have fewer symptoms of burnout, could easily recognise anxiety and/or anger, and could plan an effective solution to a problem it can also assist in improving the students' capacity to deal with other challenges, which may improve their academic and clinical performance (Jahanara, 2014). Consequently, this study was designed to determine the relationship between Emotional Intelligence and Psychological Distress in College of Nursing Gombe State, Nigeria.

Statement of the Problem

People patronizing hospitals and college clinics do complain about the attitudes of Nurses and Nursing students on training towards the patients and patients' relatives, where they lack human relation in terms of hospitality. This problem may be due to over load of academic and clinical activities, the nursing course takes about three years to complete the bulky curriculum for full-time. Further clinical placement or professional practice is undertaken alongside academic learning. The structure of nursing education in the 21st century and lack of workers in the clinical training area may be the sources of additional stress for nursing students. Students are often required to work in addition to studying, these demands can eventually take a negative setback on the students' academic progress, health and psychological upright. During the classroom and clinical training, nursing students encounter emotional challenges in their academic and clinical training, hence their



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reactions to patients and patients' relatives are negative. The Nursing Students are supposed to be emotionally and psychologically upright otherwise the patients will be at the receiving end. Thus, it is desirable for nurses and nursing students to have higher emotional intelligence, as this can help them engage with patients, and their family members, as well as with their colleagues. It is against this background, the paper examines the relationship between emotional intelligence and psychological distress among students in College of Nursing Gombe State, Nigeria.

Objective of the Study

Examine the relationship between emotional intelligence and psychological distress among Nursing Students in College of Nursing Gombe State

Hypothesis

There is no significant relationship between Emotional Intelligence and Psychological Distress among Nursing Students in College of Nursing Gombe State.

Methodology

The research design for the study was non-experimental specifically, Correlation design. The population of the study consisted of all the Nursing Students of the College of nursing Gombe that are currently on training in 2019/2020 academic session. The number of the students was two hundred and twenty-five (225) during the 2019 session. The students included all year 1, 2 & 3, the male were 34 while female were

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191. The total number of students in the college as at the time of the study 225. Due to the small number of the students, the researcher used the entire population for the study. According to Kumar (2013), if the number of the subjects under study is not too large, and it can be manageable, there is no need for sampling. The study used adapted Instruments namely: The 'Schutte Self-Report Emotional Intelligence Test' (SSEIMT) Emotional Intelligence Scale by Schutte, Malouff, & Bhullar, (2009) and the Kessler Psychological Distress Scale (KPDS) by (Kessler, Green, Gruber, Sampson, Bromet, Cuitan, Zaslavsky, 2010). The validity of the instrument was ascertained by two experts in Abubakar Tafawa Balewa Bauchi and established face and content validity. The internal consistency of the instruments showed Cronbach's, for emotional intelligence scale is 0.86 and 0.64 for Psychological Distress scale respectively. The Schutte Self-Report Emotional Intelligence Test (SSEIT) Schutte et al. (2009). measured the participants' general emotional intelligence. It is self-administered scale containing 33-items and adapted from its originally ranges from 33-132 as total Emotional Intelligence scores and the current study used 33-165, which is the sum of all responses in the scale.

Hypothesis Testing

H₀₁: There is no significant relationship between Emotional Intelligence and Psychological Distress among Students of Gombe State, Nigeria.

Table1: Correlation Analysis between Emotional intelligence and psychological distress

Variables	R	df	P	r ²
EI	1.000	216	-0.357	10.00%
PD	-0.357	216	1.000	12.74%

EI= Emotional intelligence, PD= Psychological Distress

From table 1, revealed that there is statistical significant relationship between emotional intelligence and psychological distress. Results indicates that the $r = -0.357$, $p = 1.000$ ($p < 0.05$) at two tail test of significance at $df = 216$. The null hypothesis is rejected. This signifies a statistically negative relationship between emotional intelligence and psychological distress at the strength of

weak relationship. It implies that as the emotional intelligence scores increases, the psychological distress scores decreases. This means that as the students have more emotional intelligence, their psychological distress decreases. This account for 12% of the variance in students.

Discussion

Findings revealed that the emotional intelligence level was average in students of the college. This matches with empirical study carried out by Beauvais, Brady, Oshea and Grffin, (2011) that there was average levels of emotional intelligence and experiencing less psychological distress. The implication is that, students with moderate emotional intelligence may experience less psychological distress. In support of this idea, study related with this idea, Landa, Lopez-Zafra, Martos and Delcarmen-Aguilar-Luzon, (2008) noted that nurses who scored low in different dimensions of emotional intelligence were easily experience high psychological distress such as when there were sudden changes in their shift, experiencing conflict with colleagues or when there was not enough support from superiors. In addition, the study indicated that nurses who scored high in different dimensions of emotional intelligence were less likely to report experiencing physical pain which could cause limitation to the nurses' productivity, and usually had better general and mental health status.

Furthermore, another supportive study which is in line with this finding is the study of Foster, (2017) which found that individuals with high level of Emotional Intelligence were more capable of managing emotions emerging from the demands of the course, and can easily recognize anxiety and/or anger, and can effectively plan a solution to his problem and experienced less psychological distress. Similarly, Emotional Intelligence can assist students with adjustment to campus life and increase their self-resilience in academic activities (Cheng, Liou, Tsai, & Chang, 2015).

Interestingly, the students participating in this current study who reported of high level of emotional intelligence also reported to be experiencing less psychological distress as far as this finding is concerned. This finding is supported by Salovey, Mayer, & Curso, (2002) where participants who demonstrated a high level of emotional intelligence show low psychological Distress. Beauvais, Brady, Shea, & Griffin, (2011) also found that emotional intelligence was negatively correlated with psychological distress. In addition, some nursing performances



measured by nursing performance subscales have also been associated with high emotional intelligence and low psychological distress (Asturias (2017).

Conclusion

This study examines relationship between emotional intelligence and psychological distress among students in College of Nursing Gombe State. The awareness of the emotional intelligence and its application in College will provide more focused needs of situations to raise emotional intelligence and less psychological distress to ensure academic achievement. It is therefore, imperative that College management assess and raise the students' emotional intelligence to facilitate effective academic progress in the college. The study concluded that, the negative relationship between emotional intelligence and psychological distress existed.

Recommendations

The followings are some of the recommendations based on the findings of the study:

- i. Preparatory programmes on emotional intelligence and psychological distress should be organized for aspiring emotional intelligence skills to the students. This will give them the insight of the necessity of raising students' emotional intelligence in the work place.
- ii. Since from the findings of the study, most of the students have average emotional intelligence, therefore, there is need by the college management for improving the emotional Intelligence level of nursing students which can assist them to cope with the environmental demands, improve mood and self-esteem in stressful situation develop and maintain positive relationships with patients and patients' relatives.

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