# DEVELOPMENT OPPORTUNITIES OF EMOTIONAL INTELLIGENCE WITH REFLECTIVE STRATEGIES USING VIDEO BASED TRAINING

**Abstract:**

Background: Within nursing, Emotional intelligence (EI) means the ability of nurses or nursing students to understand not only their own feelings and reactions, but also, and more importantly, the feelings and reactions of the patients in their care. EI plays an important part in forming successful human relationships as a part of emotional labour. Emotional labour is important in establishing therapeutic nurse–patient relationships but carries the risk of 'burnout' if prolonged or intense. Objective/Purpose: The assessment of students' views and perceptions of video based training as an opportunity to develop emotional intelligence. Material and methods: Data about the video-based training in relation to EI were collected, after the completion of the reflection assignments, using semi-structured interviews and reflective sheets (ALACT model /acronym of the basic phases and steps/ - Action, Looking back on the action, Awareness of essential aspects, Creating alternative methods of action, Trial). The study included 46 students in total (post-graduate student Intensive care nurses) in two sequential academic years (2012/13 n = 15 and 2013/14 n = 31). The results showed that students in both cohorts considered video as an effective tool for carrying out self-evaluations and development of EI. The usefulness of video and peer-feedback for other reflection processes differed in students' view. Most students (80 %) appreciated the opportunity of viewing some unusual situations from clinical practice and appropriate ways of communicating. Some students (17 %) stated that they needed more time for similar teaching activities.

Conclusion: 80 % of all the students considered video based training generally useful for all the reflection processes and improvement of EI; however they also indicated some limitations (i.e. time consuming teaching method). The study demonstrated that student-centric pedagogies and reflective activities on student learning showed more advanced development of self-evaluated EI.

**Keywords:** emotional intelligence – reflective strategies – nursing education – video-based training - communication

# Introduction

In the practical part of health care education, students are instructed to apply their theoretical knowledge to their practice. It can be divided into education obtained both in the clinical laboratory and clinical practice. Traditionally, clinical practice education has been defined as practical experience occurring in a real-world environment [1]. Generally, any practical education taking place on a clinical site will, however, hardly ever meet the learning goals planned by curriculum designers, or educators. This is especially true when speaking about the teaching of communication skills and employing students' emotional intelligence (EI). The perceived factors contributing to this inbalance include unpredictable working environments, the need to consider patients' comfort, dignity and safety, increased attention to patients' rights and self-determination, and the shortage of training staff (both mentors and qualified staff who help them during the clinical practice) when compared to the number of students. There has to be emphasize the fact, that real patients cannot be "standardized", so in real-life situations the tutor is never able to predict, whether a given patient would be suitable for such a demonstration and what kind of reaction is the best solution for both (patients and caregivers). The situation within intensive care units is even more problematical, as the lack of time is a daily reality and the majority of patients may be unconscious and need highly specialized care.

There is a strong evidence in the literature [2], that nursing students want real-world training rather than theoretical lectures – not only for training related to their communication skills.  However, the limited time spent in clinical practice, and the acknowledged theory/practice gap suggest the need for specific classroom based session on communication skills.

EI is connected with communication skills [3], and a high EI demonstrates that empathy and social/interpersonal skills are being improved especially in the students' ability to express their own feelings or recognize inappropriate behavior, which is evidenced by their response to the video clips. An improvement in communication skills is related to a satisfactory (improved) level of EI, which means that the student in her role as a nurse is able not only able to understand her own feelings and reactions, but also, more importantly the feelings and reactions of patients under her care.

The importance of the EI concept in the context of nursing is increasingly emphasized [4, 5, 6]. Thus, recently nursing educators have been trying to find new ways and approaches to the training and development of EI. Traditional role-playing during communication lessons in lecture rooms receives positive evaluations overall, but there are several disadvantages including limited

involvement by all the students, disconnection with real situations and the shyness of some students. One possible way to solve these issues is the use of video-based training. A video clip allows students to observe communicative and interactive techniques [7]. Using video clips in this kind of education assists students to improve their own nonverbal behavior, such as laughing, eye contact as well as various verbal techniques, such as paraphrasing and interpretation of the observed actor's behavior [8]. After watching the video clips, students - with the facilitation of their tutor - usually reflect on the effect of the movie on their communications skills and their ability to become an empathetic healthcare professional. Students stated that they are able to understand some nonverbal and verbal expressions as well as being able to identify appropriate reactions and that it was possible to be professional whilst, for example, laughing with patients.

## Methods

Data about a video-based training lesson focusing on EI development was collected through reflective assignments, semi-structured interviews and reflective questionnaires according the Kortaghen´s ALACT model [9]. A short sequence from the 'Spacesuit and a butterfly' (the original French title: Le Scaphandre et le papillon) was shown for 15 minutes and the students discussed sections of the video during their facilitated sessions and reflective assignment as a part of the communication sessions (subject: Didactics in intensive care nursing). There were 46 students involved from the "Intensive care nursing" master degree programme in two sequential academic years (2012/13  n = 15 and 2013/14 n = 31). Analysis of the reflective questionnaires was performed with the use of the Heideggerian phenomenological approach involving open and axial coding of the text.

## Participants

In the academic year 2012/2013, there were 23 students who participated, and the reflective questionnaire was completed by 15 students –13 female students and 2 male students. Their average age was 22 and most of them were without previous clinical practice as nurses (6 students had had limited professional experience in nursing as part-time employees). In the academic year 2013/2014, 36 students participated with 31 students filled out the reflective questionnaire – 30 female students and 1 male student. Their average age was 24 and most of them were without any previous clinical practice (9 students

had had limited professional experience in nursing as part-time employees, and 2 students had professional experience in nursing of over 10 years).

## Results

The overall students' attitudes (80 %) to video-based training were extremely positive. Students appreciated the comprehensive approach and the opportunity to react immediately in response to the behavior of the actors who played health professionals in stressful situations (for example when communicating the diagnosis and prognosis to the patient, when bathing, during rehabilitation). All students (100 %) also appreciated the opportunity to discuss selected scenes in smaller groups and reflect on them in written form afterwards – either during their lectures or later outside of formal teaching.

## Positive evaluation of the video based training

Most of the students (n = 40; 97 % in total in both academic years) stated that it was their first experience with video-based training in such comprehensive way and most of them (80 %) of them evaluated it as positive experience. The most common words in their descriptions of the video-based training were: "helpful" n = 16; 35 %, "illustrative" n = 34; 74 %, "very colorful" n = 10; 22 %, "fun – despite very sad sometimes" n = 43; 93 % (in relation to the main character of the movie, who was ill seriously), "interactive" n = 45; 98 %, and "mediating" n = 41; 89 %. Analysis of the transcripts revealed three main themes, all with associated subthemes. The first theme identified was CHALLENGE for students with subthemes: inspirational and motivational, demonstrations with immediate explanation and awareness of errors and deficiencies in student´s own behavior in comparison with actor´s role playing. The second theme was MOTIVATION for searching new information with subthemes: ability for consultations, discussions of their own ideas and personal/different view on the issue. The third theme was higher EFFICIENCY OF LEARNING with subthemes: "experiencing" a situation that enriches personal experience, the ability to find the "effective" solution to the problem and understanding the "impact" of equity in one´s action.

# Negative evaluation of the video based training

A minority of the students (n = 3; 20 % in the 2013/2014 academic year and n = 6; 19 % in the 2013/2014 academic year) reported negative attitudes to the video-based training. The common denominator was the time demands. Some students from both study groups (n = 8; 17 %) wanted to see the whole film and not just sequences.  There are risks associated with seeing the whole film; for example, loss of students' attention or missing out on some of the important learning details. Another problematical issue identified by students from both groups (n = 4; 9 %) was their unwillingness to express themselves and participate in the classroom discussion. Students also recommended some ideas for increasing their compliance of the video-based training. They suggested:  (i) to extend the time devoted for video-based training; (ii) more frequent use of films in other subjects; (iii) to reflect on the entire film rather than on several selected sequences. They also suggested having some kind of motivational video at the beginning of each video-based training session - focused on the main topic of the session. They also requested viewing some films with comments and tasks within their e-learning courses and this has been established. One of the most interesting findings was that the students (n = 35; 76 %) felt that more educators needed to have a wider overview of similar sources of popular information which could be used within a professional context. The students highlighted that they recognized that they do not have to obtain new knowledge and skills purely from academic textbooks and journals, but could acquire knowledge and skills, especially related to communication, from other sources.

# Ability to reflect previous experience from video-based training

The ALACT model describes a structured reflective process, where the person reflecting should firstly describe a particular situation and then use their previous experience for future improvements in their values, attitudes and behaviors. In our study, students were able to describe problematic situations they had experienced in relation to communication and recognized how some film sequences related to the problem. They were not necessarily able to suggest better solutions or to come up with ideas which might have been helpful in improving and enhancing negative relationships and communication between the patient and healthcare providers.  However, we cannot say that

this is a negative finding as when reflection activities are used students should feel free to respond honestly and openly.

## Ethical consideration

The purpose and procedure of this study, voluntary participation, guaranteed anonymity, and the possibility to withdraw at any time were explained to the subjects and written consent was obtained. Ethical permission for the study from the university was obtained.

## Discussion

The efforts of the stakeholders, curriculum designers and educators need to look at reorganizing the clinical curriculum and education of nurses so that there are more opportunities to be innovative in developing communication skills within a controlled educational context. Generally, it is thought that communication competence is only effective when communication training is done in the clinical environment [10]. However, we believe that when educators use simulated situations such as videos clips and discussion about them, that this as effective in developing communication skills and EI.

These students expressed that through the improvement in their communication skills by the group discussions they were able to recognize problematical situations and also understand the opinions and views of others. We cannot say that in our experience this occurs within a more traditional teaching pedagogy which may seemingly constrain communication skills and EI where teaching is didactic.

The purpose of developing communication skills within a classroom environment is to improve empathy and to educate students to understand others. For nurses to be safe in practice and provide quality care in clinical practice, there is need for EI as well as communication and intellectual skills (decision-making based on logic, knowledge and skills). Fernandaz et al. [11] claimed that emotional intelligence training should be included in the nursing curriculum and video based training is an appropriate way. However, the use of video-based training and teaching must respect some basic rules. There should be a rationale for using them and not just to "kill" time. When using film/video clips, the teacher/educator needs to have an effective teaching plan and a facilitation strategy to elicit information by students. Furthermore, teachers/educators have to utilize an appropriate teaching strategy in relation to the students' motivation, ability to be concentrate and individual learning

style. As in the reflections questionnaires, students reported the risk of loss concentration (n = 15; 32 %).

The technical support is very important as teachers/educators and students should not be wasting time due to some technical obstacle. Finally, there is the need for evaluation and verification of the learning that has taken place as a result of video based training and reflection, in this case discussion and reflective assignment seems to be the most appropriate tool.

For future usage of video-based training it would be helpful to involve students in role-playing in similar situations as those they saw in the film to further help them to understanding situations and emotions, develop EI and create future positive behaviors [12].

In our study we did not use an emotional intelligence scale for objective evaluation as the students did not want to complete another questionnaire. We are aware this is a limitation and it would be useful to use one in future research. We believe it will be beneficial to use a specific EI questionnaire to measure in more detail communication skills such as empathy and social skills. Students with high EI are more able to recognize not only the reaction of others, but also their own reactions and can modify their behavior accordingly.

According to Salbot et al. [13], EI includes qualities such as awareness of one's own feelings, empathy for the feelings of the other person and regulation of emotions with the aim of improving their quality of life. For effective video-based teaching, EI and communication needs to be contextualized. There needs to be preparation in the form of content analysis of the sources (films/video clips) by the teacher/educator, as well as an opportunity for analysis by the students together with the opportunity for reflection of the benefits and possible risks of this teaching method - reflection with video clips/films. Students in our study appreciated the opportunity to reflect on situations in their own time after the lectures, but on the other hand they wanted to explore situations involving conflict in group discussions. Some groups that experienced extreme conflict in finding a solution often solved it through group discussion with the educator.

We concluded that the highest contributory factor to developing communication skills and EI can be attributed to participation. Indeed, it has been found that effective student participation in working groups is a strong predictor of satisfaction within a profession. As Salbot et al. [13], stated and it was mentioned already, for both regular and specific personality functioning, we need both rational abilities (decision-making based on logic) and abilities that fall within the domain of EI to increase also our professional satisfaction.

Through these activities and experiences, this study identified the fact that EI could have an influence on efficient communication competence (e.g. the

ability to react in hard to solve situations) [14]. The gap between the theoretical expectations and the practical reality of the clinical learning environment for nursing students has been noted in many studies and is an international issue which needs to be addressed [15]. New technologies are seen as a way forward. Given the constant development of new technologies in the health care arena, discernment should be used regarding the implementation of all new developments in modern preclinical/pre-registration training in order to prevent negative impacts on students' emotional status which limit the development of EI. Using video based training or simulation training in the classroom environment situation (i.e peer group discussion, simulated patients/ mannequins) and the follow-up group and individual reflection is one way to include technologies in order to have a positive impact and influence and link theory and practice.

## Conclusion

Although this was a pilot, this study has produced a wealth of data that demonstrates the impact of video-based training on students' ability to reflect on their feelings and their ability to understand the feelings of others. We suggest that students were able to improve their communication skills and EI as they were able to reflect not only their actual emotional status but also use the scenarios from the film for reflection. It is a rewarding experience to get into touch with one's inner potential, and to use this as a basis for future positive action. We anticipate that through the model/simulated situations which students experienced using this video-based training their leaning is enhanced within a safe arena in the educational setting rather than in a clinical one, resulting in transferable skills. According to the findings of our study we would like to suggest that a variety of scenarios can be developed for use in simulation video-based education and training in the area of intensive care nursing.

## Limitation

In this study, the number of participants was quite small, so it is difficult to generalize the results because of this and it is limited to these two cohorts. It was conducted with the participation of students from only one university and our students were motivated to use the new teaching and learning methods. The students completed a self-report reflective questionnaire, which can lead them to answer questions in a confidential way where they could be potentially be more open. As mentioned previously, this study did not use an EI questionnaire which would have enabled triangulation of the data. The study

did not evaluate the dynamics and potential impact arising from one-to one interviews and feedback with teachers and mentors outside of the regular communication class. We recommend that a future study should be designed to include activities taking place outside of the regular class time and also possibly including role playing by students and their own video clips (students as actors), as well as using and EI questionnaire.

## Acknowledgement

## Conflict of interest

The authors stated that there is no conflict of interest.

## Literature *

[1] Lee WS, Kim M. Effects and adequacy of high-fidelity simulation-based training for obstetrical nursing. J Korean Acad Nurs 2011; 41 (4): 433-443. http://dx.doi.org/10.4141/jkan.2011.41.4.433.

[2] Reising DL, Carr DE, Shea RA, King JM. Comparison of communication outcomes in traditional versus simulation strategies in nursing and medical students. Nurs Educ Perspect 2011; 32(5):323–327.

[3] Cherry MG, Fletcher I, O'Sullivan H. Exploring the relationships among attachment, emotional intelligence and communication. Med Edu 2013; 47: 317–325.

[4] Beauvais AM, Brady N, O´Shea ER, Griffi MTQ. Emotional intelligence and nursing performance among nursing students. Nurse Educ Today 2011; 31(4):396–400. doi: 10.1016/j.nedt.2010.07.013

[5] Codier E, Odell E. Measured emotional intelligence ability and grade point average in nursing students. Nurse Educ Today 2014; 34 (4):608–612.

[6] Montes-Berges B, Augusto JM. Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. Journal of Psychiatric Mental Health Nursing 2007; 14 (2): 163–171. DOI: 10.1111/j.1365-2850.2007.01059.x

[7] McConville SA, Lane AM. Using on-line video clips to enhance selfefficacy toward dealing with difficult situations among nursing students. Nurse Educ Today 2006; 26:200–208.

[8] Yoo MS, Yoo IY, Lee HJ. Nursing students' self-evaluation using a video recording of Foley catheterization: Effects on students' competence, communication skills, and learning motivation. J Nurs Educ 2010; 49(7):402–405.

[9] Korthagen F, Vasalos A. Levels in reflection: core reflection as a means to enhance professional growth. Teachers and Teaching: theory and practice 2005; 11 (1): 47–71.

[10] McConville SA, Lane AM. Using on-line video clips to enhance selfefficacy toward dealing with difficult situations among nursing students. Nurse Educ Today 2006; 26:200–208.

[11] Fernandaz R, Salamonson Y, Griffiths R. Emotional intelligence as a predictor of academic performance in first year accelerated graduate entry nursing students. J Clin Nurs 2012; 21:3485–3492

[12] Üstün B. Communication skills training as part of a problem-based learning curriculum. J  Nurs Educ 2006; 45(10):421–424.

[13] Salbot V. et al., Emotional intelligence as a trait and psychometric properties of the instruments for measuring. University of  Matej Bela, Pedagogical faculty: Banská Bystrica, 2011.  79 pp. ISBN 978-80-557-0303-9.

[14] Cherry MG, Fletcher I, O'Sullivan H. Exploring the relationships among attachment, emotional intelligence and communication. Med Edu, 2013; 47: 317–325.

[15] Brown T, Williams B, McKenna L, Palermo C, McCall L, Roller L, Hewitt L, Molloy L, Baird M, Aldabah L. Practice education learning environments: the

mismatch between perceived and preferred expectations of undergraduate health science students. Nurse Edu Today 2011; 31 (8):22–28.