

**From emotional intelligence to emotional
wisdom: exploring stories of emotional
growth in the lifeworlds of student nurses. A
Qualitative study.**

Volume 1

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*A thesis submitted in partial fulfilment
of the University's requirements for the
Degree of Doctor of Philosophy*

2015

University of Worcester

Acknowledgements

A research enterprise is a communal experience. Therefore, it is right to acknowledge that the journey of this research study has been enriched as a direct result of the influence, support and interest of a number of individuals and groups. I would like to offer up thanks and acknowledgments to those who enabled the journey to be a fruitful one.

I would like to thank my three supervisors: Dr John Peters: for stepping in and being my Director of Studies at a critical point in the journey. I have valued his insight, his critique, and his questions, which often turned into enriching conversations around the topic of education and its enhancement. Professor Upton for his particular critique and support around issues of methodology. Alan Mortiboys who I first met on a '*Teaching With Emotional intelligence*' course at Birmingham City University. Alan's enthusiasm, support, and exploration of my topic from an applied perspective have been both valuable and enriching.

To my wife, Anne who has supported me throughout the past years of study and has sacrificed time to enable me to make this venture realised. Anne I particularly thank for nursing me through episodes of sickness and hospitalisation in the middle of the process and giving me strength to re-engage with the process of the journey.

My children who likewise gave their father space to read, think and write. I thank Lydia for her scrutiny of the work and the cheerleading role she took on along with her school friends- and her belief that I could achieve the goal of submission. Stevie, for her support, enthusiasm and particularly her laughter, when perhaps at times I was taking myself too seriously. This was valued highly by me: thank you.

This study could not have taken place without the group of student nurses who gave both their time and themselves to this research process. They engaged

and maintained their enthusiasm and willingness to participate in something, which they felt would add value to others because of their disclosures. I thank them for their openness and sharing the journey with me.

Finally, to colleagues around the globe who allowed me to interrupt their activities to talk about my topic area, to share my ideas and to ask questions of them around the topic. They kindly afforded me time and space in which to listen and offer observations, encouragements, and support.

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ABSTRACT

Reframing Emotional Intelligence as Emotional Wisdom

This research has investigated the motif of emotional wisdom (EW) within a group of female nursing students in one United Kingdom (UK) University, through my perspective as a nurse educator. The provision of effective quality nursing care according to the DOH, (2012) *Compassion in Practice* policy document identified six fundamental values of nursing: care, compassion, competence, communication, courage and commitment. Nursing practice is predicated on the presence of nurse education that is directed towards developing a safe and competent practitioner. Henderson (2001) and De Lambert (1998) have stated that nursing practice cannot be separated from the affective state of the nurse carrying out nursing care. The nursing literature suggests that EI has a role to play in nurse education, (Cadman & Brewer, 2001, McQueen, 2004, Freshwater & Stickley 2004), a role that is possibly underplayed. Using a qualitative research methodology grounded on a partnership based heuristic, [which is an adaptation of Moutakas's (1990) methodology]; the study seeks to understand the lived experience of emotional intelligence (EI) of both myself as a nurse educator and those of nursing students. It suggests that a more meaningful way to apply EI within the context of learning and developing as nurses is as emotional wisdom (EW).

Aim: to explore the lived experience of EI amongst a group of student nurses

Method: a qualitative exploration drawing on Moustakas (1990), which holds the experiences of myself as the researcher, alongside the experiences of a group of nursing students as central to understanding what it is like to be an emotionally intelligent nurse.

Findings: the data analysis uncovered four main themes relating to the lived experience of EI among us as a research group:

Confronting the Nemesis of Kinsfolk Legacy. This focused on the impact of past emotional events in the development of the study participant in shaping her current emotionally intelligent identity

Apprehending the Affective Learning Spaces. This theme explored the learning of emotions and emotional management of self and patients within the 'classroom' and the clinical setting pointing to a learning gap between those domains, which was rooted in a lack of emotional preparedness in the university.

Authenticity of Being: Occupying Two Worlds. This explored the two domains in which the neophyte nurse found herself coming to an understanding and negotiated role clarity as to whom she was whilst learning as a nurse student and who she was as a daughter, mother, partner.

Being Fully Present. This theme explored the data around the experience of learning to be emotionally attuned, or attentive to the patient.

These findings are discussed within a creative synthesis and a summary of learning from the study. This seeks to proffer a potential model through which emotionally wise learning might be mediated within nurse education to future nursing students. In presenting such however, I am also offering up these findings with an invitation to you as the reader to determine if your own experiences find resonance with these accounts.

Possible implications of the study within the field of nurse education:

- Discussion concerning the use of EI measures as an additional recruitment marker to nurse education programmes
- A pedagogical approach to nurse education predicated on an EW curricula
- Recognition of an ontological oriented curricula in nurse education as a means to enhancing self-awareness

Chapter 1

“Where is the wisdom that we have lost in knowledge? Where is the knowledge that we have lost in information? (T. S. Eliot cited in Chou, 2012)

1. Introduction

1.1 The Rationale of this research

“What does an emotionally intelligent nurse look like? What does that actually mean? Nurses are naturally caring, compassionate, and nurturing-aren't they? Well there was that time when your wife was having your last daughter and the nursing staff appeared quite rough and abrasive. Why was that....why is it that we can have nurses who at time seem not to care about there patients?” (Journal entry, June 2006)

My early experiences of nursing care were experienced within a military context. I served as a Royal Navy medic, which in addition to the provision of trauma care required me to work on the wards at a Royal Naval hospital nursing both military personal and civilians. Such nursing care was effective, personal, at times humorous, but always caring. How then did the nursing profession and my colleagues offer up sentiments that nursing education programmes ought to intentionally include lessons on compassionate care? (Journal entry, June 2006)

The provision of effective quality care according to the Department Of Health (DOH), (2012) *Compassion in Practice* policy document is that irrespective of any changes in the provision of health and social care, what will not change is the need to care for people of all ages with dignity, respect and compassion. The document goes on to identify six fundamental values of nursing: care, compassion, competence, communication, courage, and commitment. Whilst this document uses the label of ‘intelligent kindness’ (2012: 28) to address emotionally intelligent (EI) practice the premise is there as to the importance of EI in delivery of quality care alongside technical nursing competency. This research explores the essence of EI as revealed in the experiences of a group of student nurses in the United Kingdom. This study seeks to understand the experience of EI in the neophyte nurse with a view to gaining an understanding as to what it means to be emotionally intelligent within that context. In doing so, I offer a reframing of EI to that of Emotional Wisdom (EW) as a means of understanding the heart of emotion based practice.

Recent media reports have pointed to a lack of nursing care in such scandals as the Stafford Hospital and Winterbourne Gardens incidents. Consequently, Government Health leaders are calling for a re-structuring of nursing education and transition into registered nursing practice. The media reports that nurses need to learn how to be compassionate in their nursing practice and such should be developed as part of their educational experience. (Francis, 2010, Cummings, 2012, and Maxwell, 2012). The nursing literature suggests that emotional intelligence has a role to play in nurse education, McQueen, 2004, Freshwater & Stickley 2004, and Cadman & Brewer 2001). Pryce-Millar (2014) has observed that:

“Compassion is a fundamental aspect of nursing and student nurses have to be able to demonstrate compassion in pre-registration nurse education “
(2014:17)

Henderson (2001) recognised that the caring practice of nurses was inseparable from their emotional state. De Lambert (1998) also highlighted the nature of nursing care and the requirement for nurses to be skilled emotionally. The student nurse finds themselves situated within an emotion-based culture in which who they were prior to the commencement of their nurse education and who they become after successful completion of nurse education is negotiated by means of their own feeling rules or emotion values (Freshwater & Stickley, 2004). A student’s ability to identify, use, and manage their own emotions and that of others through the journey from neophyte to nurse registrant presents an area of research interest to nurse educators considering pedagogical and nursing practice matters.

1.2 RESEARCH QUESTIONS

The primary research question I had as I came to this study was:

What does emotional intelligence look like in nurse education?

A secondary area of interest was that of the largely personal and tacit nature of

emotional intelligence in the context of learning nursing, and learning nursing practice.

In order to access insight into this aspect during the research and to establish the participants' understanding, a number of sub-questions were developed for my participants and myself:

- What was the EI score for each participant upon entry into the study using the MSCEIT V2.0?
- To what extent were the student nurses aware of the role of emotion in their nurse education?

1.3 CONTEXT AND PARAMETERS OF THIS RESEARCH

This research is set within the context of student nurses experiencing and learning their art of nursing within the United Kingdom (England) within the National Health Service (NHS) health care system. The Royal College of Nursing defined nursing as:

'The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.' (2003: 3)

This would seem to suggest that nursing is framed by an awareness of and the practice of clinical judgment alone. This may be seen as in conflict with current governmental and societal expectations on nurses to be both clinically effective and compassionate individuals (Francis, 2013, Cummings, 2012).

The context of registered nursing practice is personal, intimate, and emotional. However, from the above statements one might conclude that there is a predilection in current nurse education that is shaped by an appeal to competency drivers. A nursing pedagogy and practice that is oriented towards

epistemology at the sacrifice of seeing nursing as an ontological practice. Nurse education seeks to prepare student nurses to become both accountable and autonomous practitioners. Higgs and Titchen (1995) have stated that the aptitude of health professionals to both exercise effective reasoning and to be able to justify their decisions and actions cogently is a prerequisite for effective practice, and that these abilities contribute towards an understanding of the concept of professional autonomy.

Bolton (2000) has highlighted how emotions and their management are being increasingly acknowledged in nursing work. Amidst the frenetic activity of a ward or clinical environment, it is the emotion under control, which perhaps best epitomizes the nurse. Linking to Hochschild's, (1983) concept of emotional labour, Fineman (1993) has alluded to a nurse's "feeling rules" that frame her exposure and management of emotions within the clinical area. Nursing is *ipso facto* a person-oriented practice. Inherent within this expectation is the development of professional competence, interpersonal adroitness and what Hummelvoll & Severinsson, (2001) identify as feeling for the patient's experience of vulnerability whilst maintaining an acute sense of self-awareness. A lack of such emotional sensitivity has been described by Freshwater & Stickley (2004) as emotional illiteracy. Implicit within this label is an assumption that individuals are

"...at some level (are) starved of emotional connection and recognition"
(2004:12).

Orbach (1999) defined emotional literacy as:

'...recognizing the importance of our emotional life in all aspects of our lives' (2004:14) and:

'...the capacity to register our emotional responses to the situations we are in and to acknowledge those responses to ourselves so that we recognize the ways in which they influence our thoughts and actions'

(Orbach, 1999 cited in Freshwater & Stickley 2004: 14).

Salovey & Mayer (1990) discussed the symbiotic relationship of intelligence and emotions in order to guide both thinking and behaviour as a means of increasing effectiveness in a given context. Consequently, it may be reasonable to suggest that due to this symbiosis, affective nursing practice is that which is effective practice and effective practice is affective practice.

1.4 KEY FACETS OF THE THEORETICAL FRAMEWORK

A number of definitions of EI are present within the literature. In this thesis, the definition that has been used to shape the work is that of Mayer & Salovey, (1990) as it actively seeks to conjoin emotion and intelligence. As highlighted below and will be discussed more fully in chapter 2, there are grounds and cautions for approaching EI as two concepts rather than one: that is, one which relates to cognitive ability, and one which arguably relates more to a range of personality factors. This distinction has merit in the literature. Mayer *et al* (2000) assert that the term EI can be seen to be quite distinct from personality and that there is a need for clarity in how the term is used. Mayer *et al*, (2000) argue that in order to discuss EI the use of the term 'ability' is more suitable due to its similarity to cognitive intelligence. Again Mayer *et al*, (2000) assert:

'...we take issue with relabeling all the parts of personality as emotional intelligence. (Because) if emotional intelligence does not refer exclusively to emotion or intelligence, then it becomes quite unclear to what it does refer'* (2000: 103) * emphasis added.

Mayer & Salovey, (1993, 1995) have defined it as:

'The capacity to reason about emotions, and of emotions, to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.'

Others have articulated EI as a mixture of both cognition and personality. A

collection of traits such as happiness, self esteem, motivation, and optimism (Bar-On, 1997, Goleman, 1995, Petrides and Furnham, 2001). Bar-On (1997:14) defined it as:

'...an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures'.

Goleman (1998: 7) defined emotional intelligence as:

'...managing feelings so that they are expressed appropriately and effectively, enabling people to work together smoothly toward their common goals.'

The literature points to a blurring of distinctives as to what EI is due to a multifaceted approach in definitional terms as seen above. Indeed this has been a focus of past criticism and concern (Matthews *et al*, 2004, Landy, 2005, Murphy and Sideman, 2006.) As will be discussed in chapter 2, discrepancy exists amongst researchers into EI about definitions and measures, yet there is a consistency it would seem that emotional intelligence is perceived as something different to cognitive or standard intelligence – the IQ. Wakeman (2009:40) notes that as far back as Aristotle there was an appreciation that there was:

" ...some recognition of the distinction between cognitive and non-cognitive aspects"

The intelligence testing movement pioneered by Alfred Binet (11/7/1857 – 10/10/1911) originally was linked to a level of performance corresponding to a certain mental age. IQ is linked to ideas around success in life in general and in terms of leadership achievement (Myers 1998, Wechsler 1958). However, as Stys & Brown (2004) highlight, the validity of this measure of general intelligence was soon challenged due to its lack of consideration of non-academic factors. For example, social situatedness, and the idea that the IQ did not sufficiently capture this notion of general intelligence was articulated (e.g. Riggio *et al* 2002). Wechsler, a key intelligence-testing theorist, also recognised

that there was more to intelligence than academic aspects and that affective, social and personal factors must also contribute to an individual's general success in life (Wechsler, 1940). Connecting accounts of intelligence and emotion theory Wakeman (2009) highlights the work and significance of William James (1890) who articulated a theory of emotions that argued for an instinctive basis for emotion arousal. Both James and Lang (a Swedish psychologist with whom James collaborated) found their theory discredited by other members of the academy, notably Watson who was founder of the 'Behaviourist School of psychology'. Thorndike (1927), Burt, (1949) and Guilford, (1959); cited in Wakeman, (2009) all articulated a possibility in a social intelligence, understood as relational in orientation and focusing on how we understand the behaviour of ourselves and others. Maxwell, (1984, 2012) challenges the notion that intelligence as currently understood, lacks an appreciation of knowledge, which is focused on how to offer up social good. The current state of knowledge based learning offers up to Maxwell a reality perhaps captured by T. S. Eliot in the opening quote of this thesis- that is, that wisdom has been lost in knowledge.

In his theory of multiple intelligences Gardner, (1993) argued for two types of social intelligence that he categorized as personal intelligences: interpersonal and intrapersonal intelligence. The former was predicated on the ability to be 'other aware' and to effectively work with them; the latter was seen as linked to an accurate awareness of self and one's social behaviour, (Gardner 1993, McQueen 2004). It has been stated that such interpersonal and interpersonal awareness is a necessary requirement (I would suggest pre-requisite) in nursing (McQueen 2004, Burnard, 1994, Morse 1991). Emotions are not just expressive, but informative- they are signals (Damasio, 1994). It may be deduced from the writings of Darwin, (1872/ 1998), Ekman, (1973) Caruso, (2003), that emotions are carriers of signals. For example, sadness may signal loss or a desire to be alone; joy may be suggestive of relational connectivity. Hence, for the student nurse, the awareness of emotion signals can enhance their care relationships and care provision.

The definition of EI and their subsequent modelling of the construct by Mayer & Salovey (1993, 1995) fit well with the aspiration of effective and affective communication and relationships with patients. Nursing work is emotion work (Freshwater & Stickley 2004). In assessing physical needs, the nurse is 'other aware' and as such, this calls for an intelligent use of and response to emotion expression. The practice of nursing requires the understanding and practice of interpersonal skills as muted by Gardner and implicit within EI. It is therefore valid to explore nurse education experiences with regard to their preparation of student nurses to engage in such emotional care giving. Over the past decade, tension between ensuring nurses provide care that is both self and other aware on the one hand, and the provision of a curriculum that is viable in terms of preparing nurses for such, on the other hand is evident within the literature (Mason *et al.* 1991, Henderson 2001, Evans & Allen 2002, Freshwater 2004). It is noteworthy at this stage that this is a matter that is commented on by the participants in this study.

Such questions imply that EI may be taught, or that individuals may develop incrementally in their individual EI measures. Personality researchers have argued that it is possible to train individuals in EI skills with a view to amending attitudes or behaviours although some suggest that such change is not enduring (McCrae 2000). As will be discussed in **chapter 2**, neuroscience has added to the debate around the distinctiveness of emotional vs. cognitive intelligence, suggesting that there is evidence for a distinct /different type of intelligence (Bechara *et al.* 2000). However, there appears a lack of evidence of neo-cortical connections, which would demonstrate the effect of academic learning. The suggestion is therefore present in some of the literature that genetic make-up plays a role in EI and that it is therefore static rather than dynamic in constitution. This notion has been challenged however. Emmerling & Goleman (2003) concede that individual gene make-up has a significant role in emotional intelligence although geneticists state that nature may have an effect upon gene constituency. Davidson's *et al.* (2000) neurological study also suggests that rather than being a fixed EI, may be open to amelioration and thus change.

Mortiboys (2005: 2) states teachers should:

'...develop and employ emotional intelligence to complement the subject expertise and pedagogical skills that we already offer to learners.'

Mortiboys argues that otherwise pedagogy results in a skill based exercise- wherein technical and thinking skills are prized- to the exclusion of affect in learning. Similarly, Damasio (1996: v) commented, with regard to learning:

'...certain aspects of the process of emotion and feelings are indispensable for rationality'.

Although Mortiboys does not articulate it as such, he is suggesting a pedagogy that is primarily ontological in orientation. EI is, therefore, the lens through which the world is seen and interconnections are mediated. Clinical nursing is not simply rooted in epistemological approaches – a “knowing what” It is more than that, it is an expression of the nurse’s ‘being’ as expressed through awareness of self and others (Stickley & Freshwater 2004, Akerjordet & Severinnsson 2004, and Jordan & Troth 2002)

1.5 THE RESEARCH APPROACH

The quantitative research paradigm, which is prevalent in healthcare research, has an epistemological and ontological position that I consider incompatible with the study of an individual’s learning journey. In that paradigm, truth and meaning are considered to exist out with the knower and to be situated in the entities or objects themselves (Crotty, 1998). Higgs (2001) states that in the quantitative paradigm, the researcher attempts to forecast and explicate the objects of their research using the research criteria of objectivity, reliability, and validity. However, EI and learning are cognitive and interpersonal abilities that occur within the context of the individual’s historical situatedness of experienced events, and I do not consider that such can be my journey and that of this study’s participants can be satisfactorily reduced or measured as occurrences within quantitative research.

Given the personal dimension involved in a heuristic approach to this research, I used my personal experience as a frame for the study, and this allowed me to also draw on the experience, knowledge, perspectives, and meaning-making, of the student nurses involved in this research study as a means to clarify understanding of this phenomenon (Moustakas, 1990). Moustakas writes:

"All heuristic inquiry begins with the internal search to discover, with an encompassing puzzlement, a passionate desire to know, and a devotion and commitment to pursue a question that is strongly connected to one's own identity and selfhood" (1990: 40).

To engage in this type of study as the researcher, I am required to take cognizance of my own self-awareness, intuition, values, and a willingness to regard my experienced knowledge as an acceptable contribution to building on current knowledge and understanding around EI. Douglass and Moustakas (1985) describe the purpose of heuristic research as that of orienting researchers towards their own questions and problems, and of affirming "imagination, intuition, self-reflection, and the tacit dimension as valid ways in the search for knowledge and understanding" (1985: 40).

To meaningfully engage in this type of methodological approach required me to be both open and willing to explore my own experience within the nurse education context. To explore in this fashion was at one level personally meaningful, and yet, at another personally challenging. Challenging because to reflect on my own experiences would require me to revisit memories, stories, and encounters that were emotionally negative as well as positive. I was mindful of how emotionally tender it could be to delve into such, and to bring it forward into my present. Yet, a need to build on current levels of knowledge and understanding with regard to EI and the experience of the student nurse, and to detail the lived experience of EI in the journey from neophyte to registrant nurse, energized the passion, which I have conveyed throughout this study journey.

The heuristic turn enabled me to hear my own perceptions as to the significance of EI in the nursing student journey. Yet, I had a desire to also hear and learn from others' perspectives, hence the collaborative nature of this qualitative study. The data that emerged from this study came as a result of meeting and conversing with the study participants who gifted me with descriptions of their experiences of the ebb and flow of emotions both before their nursing journey began and through their nursing education. They each described their experiences, thoughts, perceptions and understanding of what was significant, meaningful, and contributed towards their moving toward successful registration as a nurse.

This collaborative nature of the research study assisted the process of ensuring that the findings and interpretations presented in this thesis are authentic representations of this group of female nursing students. In using this heuristic approach I sought to convey to each participant my desire to not only hear their story but to validate such through being open to each individual narrative and experience. I consider that because of this type of methodological approach, each participant had the opportunity to contribute to the development of a deeper level of knowledge and understanding of this experience, at both a generic and personally intimate level. In adopting such a heuristic turn, I am conscious that at times the voice of the participants sounds out the louder in the exploration of the topic. I am conscious of this and whilst seeking to give authentic voice to myself as educator; this is also significantly about their journey and hence the focus on an interpersonal heuristic. Collaboration of this nature helped advance both a micro and macro understanding of the topic area.

The Interpretive perspective of this study sought to understand the '*life world*' of human experience. In any given situation it seeks to understand what does the world mean to those who undergo experience? It has been suggested that vestiges of Interpretive thinking originate with Weber (1864-1920) who brought a focus to what he termed the '*Verstehen*' (understanding) that are integral to human science approaches in contrast with the cause and effect of the natural

sciences. It is an epistemological position that seeks to make sense of the social world through meaning making by the individual in any given situation and/ or context. Such '*Verstehen*', as opposed to explaining, seeks context dependent/situated interpretations of the social life world in which individuals find themselves located. Crotty (1998: 67) states that as such the interpretive approach:

'...looks for culturally derived and historically situated interpretations of the social life-world.'

The Interpretive perspective adopts the position that humans construct the meaning of events and situations they encounter. Researchers therefore seek to understand this process of coming to meaning and articulate such meaning in, for example, language. Adherents of the interpretive approach seek to understand the world of lived experience from the standpoint of those who live it. The interpretive (or qualitative) paradigm embraces a number of research approaches that have as a chief goal interpretation of the social world (Higgs, 2001). In this study, human beings construct meanings as they engage with the world they are interpreting (Crotty, 1998). Consequently, subjectivity is valued, particularly that of the researcher and participants, and it is acknowledged that humans are incapable of total objectivity because they are situated in a reality constructed by subjective experiences. A study such as this one with the aim of understanding the nature of the lived experience of EI from the narratives and interpretations of myself, and that of student nurses in nurse education is appropriate for such a qualitative study. As further explored in **chapter 3**, heuristics is a research methodology aimed at understanding and describing the experience of phenomena in the *lifeworld* of individuals. Its aim is to gain a deeper understanding of the nature or meaning of our everyday life without classifying or abstracting the lived phenomena (Moustakas, 1990).

Dingwall *et al.* (1998:111) has stated that:

' Qualitative research involves broadly stated questions about human experiences and realities, studied through sustained contact with people in

their natural environments, generating rich data that helps us to understand their experiences and attitudes'

Interpretation is therefore a key element in coming to understand the meaning of an individual's world. That is, the interpretation of words and actions displayed in social situations and their meanings. In this study, the interpretative approach is not asking any sort of 'why' question of EI and nursing or learning but instead is seeking to understand the 'how' question of individuals reality or existence. Its orientation is ontological:

- How is EI experienced in nurse education?
- How is EI experienced in the context of learning?

Heidegger endeavoured to answer the question of "**Being**" (Draucker, 1999). He held that each of us is inseparable for the world around us. His concept of **Dasein** (the human way of being) equates to our everyday taking-for-grantedness – or as according to Heidegger, our being-in-the-world. Living in this way we are constantly adapting, and constantly making sense or meaning. We live as, it were, hermeneutically (Dreyfus 1995). As such, research within this paradigm is not seeking to ascertain a cause and effect relationship. Indeed, this approach to research lauds the uniqueness of the individual, whilst also seeking to ascertain the shared conceptions of phenomena and as such, the questions that the qualitative approach asks are directed towards the participant's feelings and experiences. Interpretative heuristics as a methodology is a framework situated upon an orientation to life that shapes inquiry (van Manen 1997).

Thus, the Interpretive approach assumes that any inquirer pursuing authentic meaningful interpretations will do so by means of immersing themselves in the phenomenon they seek to interpret and understand, for example by ethnography, in-depth interviewing or other sustained engagements. In this research, unstructured conversations were used as part of the data collection method in order to gain a range of rich descriptions of the phenomena. Data analysis as explored in **chapter 4** was informed by heuristic methods that

involved in-depth, iterative reading and interpretation to identify themes in the data. Thematic development and analysis requires a deliberate approach as a constituent of the overall research process and this is illuminated in this chapter.

At the very heart of this heuristic exploration are the student nurses who I collaborated with and who contributed to the study and invested their time and insights gained from their experiences of coming to nursing and journeying through this emotional work and caring and connecting with a range of individuals. Their stories are essential to this study. **Chapter 5** introduces them to the reader setting the context of each participant's experience. The rationale for this chapter is to offer the reader an opportunity to know the genesis of the discussion concerning the nature and interpretation of EI that follows through an introduction to the storytellers. Having introduced them, with some details amended to preserve anonymity, I will then present my own experience and reflections on entering nursing.

Chapter 6 follows on from this introduction and presents to the reader the phenomenon of EI as related by each student nurse and samples of initial data analysis. In this chapter, I present some of what the participants shared with me in terms of their understanding of how emotions were experienced, and what emotions and thinking means to them within the following contexts as such emerged from the interviews we engaged in:

- Entering the nurse education experience,
- Their experiences of emotions as students
- Learning both in the classroom and clinical settings
- The experience of emotional signals whilst caring for others and

Chapter 7 provides the focus on exploring the emergent themes from the data. There are four themes in this chapter, which allow the student participants to give voice to their lived experiences of emotions and cognition in the student nurse journey. **Chapter 8** brings together a model of Emotional Intelligence Identity and a model of an approach to developing a transformative curriculum

to develop a way of embedding the affective learning domain more clearly within the nurse education currently provided in HEIs. **Chapter 9** concludes this exploration of what is the lived experience of emotional intelligence in student nurses. The drawing to a close opens with a call to reimage emotional intelligence as emotional wisdom. The notion here reflecting a focused adoption of the idea of phronesis as being that of deliberate action in applying emotion knowledge and emotional understanding both to oneself and to those on whom the focus of care falls- the patient or client. I draw attention in this closing chapter to the need to present a set of 'suggested implications' from this study, but also a possible way forward in terms of an action-oriented response.

1. 6 SIGNIFICANCE AND LIMITATION OF THIS RESEARCH

Understandings gained from this study into the meaning of what it is like to be an EI student nurse can be used to enhance nursing practice. Through effectively addressing nurse education and practice, from an overt affective perspective and EI based educational approaches has the potential to enhance nursing practice. Understanding gained about the nurse-patient interaction and emotionally intelligent ways of self-awareness and other awareness are able to address issues of pedagogy in both the clinical and HEI setting. The knowledge and understanding gained from the role of emotion in neophytes journeying to registrant status are also able to facilitate the transition from novice to expert practice, and help inform nurse education curriculum.

There were several areas of exclusion or delimitation of this research. The first concerned the deliberate focus of the research on student nurses. There is evidence in nursing (Benner, 1984) showing differences between the nurse expert and neophyte in matters of knowledge, understanding and practice and a comparison of neophyte and expert nurses experience of EI would be informative but that was beyond the scope of this study. Second, the student nurse is situated within a pedagogical relationship which is a dynamic one, and one in which the thoughts and actions of the one 'educating' is significant (Mortiboys, 2005). Whilst I engaged in this study from a nurse education

perspective, I did not explicitly pursue interpretation or understanding of the nurse educator's role outside of my own perspective. However, research studies exploring the role of the educator in an EI curriculum for nurses would, I believe, foster an alternative and merited understanding of the dynamics of an affective based pedagogy.

I acknowledge that the emotional intelligence model utilised in this research study is focused upon the experiences of a unique group of student nurses in a single UK education Institute. It is not appropriate within the interpretive paradigm to produce generalisable results. A chief philosophical position of this paradigm being that there are multiple constructed realities. The key methodological goal is to investigate in depth the experiences of particular participants in their particular context. Van Manen has commented:

"...the tendency to generalize may prevent us from developing understandings that remain focused on the uniqueness of human experience" (van Manen, 1997: 22).

It is anticipated that readers of this research will find resonance in the findings of the study with their own situations and it is this sense of 'truthfulness' which provides the key measure of validity for the research as suggested by Patton (2002) and Lincoln and Guba (1985).

1.7 CONTRIBUTION OF THIS THESIS

This research makes an important contribution to knowledge and understanding about EI and nurse education. An explanatory model of EW, (that locates the experience of the individual in relationship to contingent factors of the emotional and experiential context), has been developed and provides a meaningful approach to understanding the relationship of EW to the nurse education journey from entry to exit.

This research also draws limited attention to the benefits gained from nursing practice education located in the clinical area. This highlights the value of what might be termed a "community of practice" (Lave & Wenger, 1991) that frames

transition from student nurse to registrant, in terms of both the values and ways of acting as a healthcare professional within a social grouping. It draws attention to the role of mentors and peers in the learning, critique, and development of nursing practice that is grounded in awareness of self and others. The interpretations generated in this study may be used to assist in the shaping of nurse education curricula.

Chapter 2

Reviewing the Literature

2.1 Introduction

In exploring the emotional intelligence literature, I found no research that explicitly considered a longitudinal approach to nursing students and emotional intelligence. This literature review considers emotional intelligence as a concept in terms of measurement, its use in nursing, and its relationship to mindfulness, resilience, and emotional labour. The literature review concludes with consideration of some criticisms of the concept.

This chapter reviews the literature on emotional intelligence (EI). Databases searched included CINAHL, Medline, ESBCO Host, and PsycMed in order to explore the literature on emotional intelligence both in the general literature and within that of nursing. Keywords employed in the search included:

- Emotions,
- Intelligence,
- Emotional intelligence, mindfulness, resilience, manipulation
- Emotional intelligence and nursing,
- Emotions and Learning,
- Emotional intelligence and nurse education.

Additionally, alongside the articles identified in the range of databases, other sources were identified by means of physically searching current nursing, and nurse education journals as well as reviewing literature highlighted in the references of the papers read and reviewed.

Research into EI has escalated over the past 22 years and as a topic, it remains the focus of much academic and non-academic interest (Ashkanasy and Daus, 2005; Mayer *et al*, 2008, Goleman, 1995, 1998). The range of articles I

reviewed enabled me to gain insight towards a theoretical perspective with regard to EI and its application to nursing education. I have had dialogue with EI researchers across the globe e.g. Norway, Australia, Hawaii, and the USA that has enriched my understanding of this aspect of nurse education.

In order to review the literature it is necessary to demonstrate a number of key perspectives within the emotional intelligence literature. The topic has been broken down into the following themes to aid analysis of the literature:

1. The relation of intelligence and emotion
2. Historical development and definition of emotional intelligence
3. Measurements of emotional intelligence
4. Utility of emotional intelligence, with particular reference to nursing education and practice

2.2 Intelligence

Spinoza (1677, cited in Sharma 2008) held that it was both the intellect and emotion acting together that contributed towards cognition. He argued that cognition was constructed from three layers: emotional, cognitive, and intuitive. EI brings emotions and intelligence together to enable the individual to use their emotions in order to reason and to reason with the assistance of their emotions. Intelligence has been defined as:

“...the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment” (Wechsler 1958:59).

Salovey & Mayer (1990) suggest that such a broad definition allows for recognition of areas of intelligence that have been historically noted (e.g. Abstract, Mechanical and Social) as well as allowing for more contemporary distinctions identified by e.g. Gardner (1983, Multiple Intelligence theory) and Sternberg (1985, Triarchic Theory of Intelligence). Neisser *et al*, (1996), in

Mayer *et al*, (2008) highlight that the issue of the nature and number of intelligences has been debated for some time. Carroll, (1993 cited in Murphy, 2006) whilst a staunch advocate of the idea that there is a single unitary general mental ability ('g') accepts that there may be a range of mental ability factors.

Mayer *et al*, (2008) highlight that intelligence can be understood as comprising memory-dependent (i.e. crystallized) or process-dependent (i.e. fluid) abilities. Alternatively, they state that they can be understood in terms of the types of information they focus on: for example, verbal/propositional (words and logic) as well as a spatial intelligence (working with objects and spaces for example). Mayer *et al*, (2008) comment that EI addresses the capacity to reason with and about emotions and to contribute towards enhancing intelligent thinking through the emotions.

Although EI theory has been linked to the social intelligence concept associated with the work of E. Thorndike (1920). Social intelligence as a construct has not been without contention. Thorndike discriminated between forms or types of intelligence. He identified social intelligence as involving relational behaviours, motives, and the ability to ascertain one's own or another's internal state. He stated:

“Social intelligence is the ability to understand and manage men and women, boys and girls – to act wisely in human relations” (1920: 228).

Sharma (2008) states that, Thorndike (1920) and Weschler (1940) both held to the idea of a social intelligence that included within it emotional and motivational intelligence. Wechsler's definition of intelligence effectively stated that intelligence was made up of a variety of factors.

According to Sharma, although Wechsler played a key role in developing adult intelligence testing which included the idea of social reasoning, social intelligence was not considered a component of that. Intelligence according to Wechsler was shaped by factors such as intellect, personality and non-

intellective traits such as social, personal, and affective elements. Life success was predicated on these elements. Hence, it may be argued that EI was considered an essential aspect of an individual's integrated persona (Sharma, 2008). Wechsler, (1940) identified three different types of intelligence: 'abstract', 'mechanical,' and 'social intelligences. Sharma, (2008) makes the point that social intelligence was not a distinctive in Wechsler's intelligence test. Salovey & Mayer (1990) suggest that this is due to its integration within the other two intelligences.

Salovey & Mayer (1990) argue that it is important in this context to make a distinction between what they call 'intelligence per se' and what have been referred to as 'models of intelligence'. The former refers to a broad set of abilities, as indicated by Wechsler's definition. Models of intelligence however, are narrow descriptions that serve to highlight the relationship between mental abilities. As a 'model' Spearman's concept of intelligence, 'g' (1927) holds that all mental abilities are intercorrelated. To state that EI does not fit such a model does not contradict the notion that it is a form of intelligence. As Salovey & Mayer (1990) rightly point out, it reflects on the notion of what 'g' is or is not.

The idea that there is more to intelligence than verbal, logical, and cognitive abilities is addressed in the work of Sternberg (1985). His 'Triarchic' theory of intelligence postulated intelligence as constituted by three parts:

1. Intelligence and the internal world of the individual
2. Intelligence and experience
3. Adaptation to the environment

Within this, 'Triarchic theory' is included 'practical intelligence'- tacit knowledge about what to do in any given situation developed because of experience (Sternberg 1985). Sternberg was seeking to shift the idea of intelligence beyond cognition and reasoning aptitude through recognition and acceptance of social, personal, and emotional aspects of intelligence that are acquired and developed.

Sternberg (1985) demonstrated the seed-thought picked up by Bar-On (1997) that the traditional conception of intelligence predicated on academic performance and/ or psychometric testing fell short of capturing the essence of how an individual was able to function successfully on an everyday basis. Sternberg's Triarchic theory of intelligence suggested that intelligence was multi-layered. Intelligence was made up of a layer identified as '*intelligence and the inner world of the individual*'; *intelligence and experience*', and finally, '*adaptation to one's environment*. One could argue, with a certain justification, that what Sternberg alluded to, was an intelligence that was not simply cognitive, but contextual. By that, he was seeking to provide a platform for grounding theoretical intelligence into action, a making sense of lived experience of intelligence. This notion is also reflected in Howard Gardner's work (1983), which theorises that humans have a range of 'intelligences'. Gardner introduces his concept of multiple intelligences through painting a word picture in which the reader can see, hear, and feel the different acts of cognitive behaviour taking place in his exemplars: e.g. artists, musicians, logicians. Gardner's premise is that each exemplar reflects the presence and use of a differing type of intelligence that aids sense making for the everyday-ness of living.

2.2.1 Phronesis

Phronesis is identified with educative approaches to teaching and learning and is subject to a range of definitions. This Aristotelian term has been defined as '*intelligence*' by Irwin, (1985). Additionally, he also suggests that '*wisdom*' or '*prudence*' may be better renditions. Although he prefers to keep wisdom as the translation of the Greek word '*Sophia*' as prudence seems too restrictive.

Eisner, (2002:375) refers to phronesis as:

"...wise practical reasoning....it takes into account local circumstances. It depends on judgement, profits from wisdom...it is the stuff of life"

This suggests that there is an aspect of intelligence, which is focused on social good. To theorise about scientific processes and procedures and ways of thinking and ways of being, without proceeding towards a notion and an understanding of knowledge carrying within itself the seed of social good is, perhaps to misunderstand intelligence, and learning in the first place. Such thoughts find an echo in the critique of scientific theory and social change by Maxwell, (1976, 1984, 2000, 2012). Maxwell has argued that in its pursuit of the acquisition of cognitive and technical knowledge the acquiring of contentment, or happiness, has not been realised (2012). Maxwell has defined 'wisdom' as:

“...the desire, the active endeavour, and the capacity to discover and achieve what is desirable and of value in life, both for oneself and for others” (1984: 66)

Kinsella & Pitman (2012) have pointed to the existence of concern around the prevalence of an instrumentalist approach to professional education. They frame this in terms of a distancing from a moral or value based rationality over against a procedural one (Schon, 1983, 1987, cited in Plowright & Barr, 2012). It is probable to suggest that within the literature there is a pursuit of a rediscovery, or mayhap, a re-application of Aristotelian Phronesis within the professions (Dunne, 1999, cited in Sellman, 2012; 1993, Gadamer, 1983 cited in Kemmis, 2012, Polkingthorne, 2004)

For Aristotle, phronesis equated with an excellence of mind. Sellman, (2012) points out that it is also a virtue, that for Aristotle, straddled cognition and emotion. This practical wisdom was different in substance to that of 'episteme' and 'techne'. Kinsella & Pitman (2012) state that these latter terms had their own significance: episteme, as that of knowledge, which is scientific, universal, invariable, and independent of context. Techne knowledge is pragmatic, variable, context-bound, and instrumental. In contrast to these two phronesis is value based, ethical thinking which aids practical judgment informed by reflection.

Considering this utilitarian nuance to practical wisdom, it might be reasonable to perceive that there is a disconnection between a nursing curriculum that is heavily dependent upon episteme and techne, and that of phronesis. That is, between propositional professional knowledge and applied professional knowledge. This disconnect is alluded to within the data mined from conversations with the student nurses. Kinsella (2012) draws on the seminal work of Schon to argue that reflection is a key aspect in developing phronesis. Similarly, Frank, (2012) suggests that reflective practice is the seedbed of this practical wisdom. His work encourages healthcare practitioners to reap the benefits of purposeful narration so that phronesis emerges from the often-hazy thought processes involved in reviewing practice. Reflective moments, for Frank, are the interrupted spaces of labour where the practitioner asks questions of themselves as to what and why they are doing what they are doing (2012).

As highlighted in the Introduction to this work, nurses work within contexts that are at times frenetic, as well as, emotionally challenging. Nurses have many competing demands upon their time and student nurses are those who step into this context upon registration. Frank (2012) suggests that there are at least six demands made upon the healthcare practitioner:

1. Practical claims – that is, a practical outcome
2. Professional- that is, expected codified behaviour
3. Scientific- that is, to engage in evidence based practice
4. Commercial – that is, employee related expectations
5. Ethical - that is, practice standards,
6. Moral - that is, empathic association with the patient.

Within the context of this study, I would add to that list of six claims ‘emotional adaptiveness’ as a bridge to emotional wisdom. Phronesis has been offered up as a practical wisdom that is applied within a given context. Aristotle valued the connection between cognition and emotion, thus it would seem reasonable to suggest that if, emotional intelligence has been defined in terms of the

relationship between cognition and emotions then, emotional wisdom takes us beyond a simplistic framework of EI as only exhibiting the facets of emotional episteme and/ or emotional techne. Frank's pointing towards commercial, ethical and moral claims upon the healthcare worker [specifically in this study, the student nurse], arguably highlight the interpersonal nature of the artistry of nursing and therefore, the something extra in the space between the theory-practice gap. That gap I would suggest is occupied by not simply emotional knowledge of oneself and others, but an emotional phronesis that shapes the application of EI in the care context. It is this aspect of wisdom, which I consider of relevance in extending the concept of EI to that of emotional wisdom. To conceive of EI only as a range of abilities around emotional awareness in oneself and others understates the potential benefit to others inherent in EI through an orientation towards emotional wisdom.

As an educator, the question I asked myself was, "Can such 'applied emotional wisdom' be learned"? Indeed, "Can it be taught" (Journal note, July, 2012)? Hibbert, (2012) contrasts the modern learner with the stereotypical student who sat and took dictation of copious notes and often learned by rote that which was necessary to graduate. Hibbert observes that the modern learner is no longer passive but engaged, and able to access multiple streams of information at local and national levels from a diverse range of sources and people groups. Within such fluid contexts, can emotional phronesis be taught- if such were possible. Alternatively, presented, so that fluid minds can shift beyond rule based practice to that which is applied in the here and now of people's emotional status.

Hibbert (2012) states that practical wisdom (phronesis) is both "intellectual and moral work" (2012:67). Sellman's (2012) professionally wise practitioner (a term I have fondness for as when beginning this study the provoking question I asked myself was, 'what does an emotionally intelligent nurse look like?') is one who knows what to do in any given situation. I would suggest that there is a close affinity between the notion of Narvaez' moral expert (2005, 2006 cited in

Hibbert, 2012) and the emotionally wise practitioner. Narvaez identifies the following characteristics:

A morel expert is someone who has *ethical sensitivity*- aware of others feelings, *ethical judgment* – applying a what is best approach, *ethical focus*- aligning morality with action, and *ethically competent action* – leadership resiliency and courage. These four aspects run very close to the four branches of the Mayer & Salovey EI model (1993, 1995). Replacing the words ethical with emotion / emotional presents a very substantive view of the emotionally wise nurse.

It should be made clear that in giving a focus to phronesis, the aspects of episteme and techne are not being ignored. Indeed, nursing practice would not be what it is today without the investment into it from both these perspectives on knowledge and learning. Nursing practice is codified professional activity. Nurses are registered only when found to be procedurally and practically competent in order to practice safely. Yet, as Montgomery, (cited in Frank, 2012) suggests, professional education that seeks to produce “reliable practical reasoners” (2012:67) blends both caring experience and evidence based practice, but phronesis is the essential characteristic. Whilst the EI literature does explore relationships along with aspects of nursing practice, and nursing leadership, this motif of the emotionally wise nurse is not located within the literature. It stands as a gap ripe for exploration and discovery. A means of holding nursing ‘episteme’ and nursing ‘techne’ in empathic tension through emotional wisdom.

2.3 Emotions

The word ‘emotion’ is formed of two Latin words ‘ex’/ out + motion. The notion this conveys is that of an inward movement towards the external and experienced in terms of physical response/action. Damasio, (1994) highlights this aspect when he cites emotions as being signal carriers. Parrott, (2001) draws attention to a range of theories of emotion. For example:

James-Lange Theory (1890) which suggest that subjective emotions are predicated on physiological changes.

Cannon-Bard theory (1927) point to emotion-inducing events creating a simultaneous and emotional response;

Schaller-Singer (1962) propose that physiological feedback and cognition around those causative events lead to the production of emotions;

Weiner Attribution Theory (1992) suggests that certain attributions lead to specific emotions. There is a marked degree of management of emotional response inherent within this notion around the cause of emotional responses in the first place, which can lead to amelioration of the experience.

These theories suggest a threefold typology of emotion:

Cognition – memory, reasoning, and judgment, abstract thought

Affect – emotions, moods, feelings, and evaluations

Natural Predisposition – motivation typified by goal seeking behaviour or biologically driven urges.

Barbalet (1998, cited in Ingleton 1999), states that whilst there is no overarching consensus in the emotion literature as to what 'emotion' is, what is agreed is that emotion comprises three aspects:

- Subjective feelings,
- A physiological factor of arousal,
- A motor or physical factor of expressive actions

He goes on to state that emotion comprises both cognitive and feeling based action. Ekman, (1999) identified six core emotions:

1. Anger
2. Fear
3. Sadness
4. Disgust
5. Surprise

According to Damasio, (1994) emotions are stores of information- they are in themselves neutral; the information they hold requires to be understood in order for decisions to be made. Emotions are a central feature of an individual's ability to choose which problem needs addressing first (McPhail 2004). De Sousa cited in LeDoux (1998) highlighted that emotions aid individuals in identifying the components that 'reason' needs to take account of in decision making. Emotions therefore act as a filtering system of data entering the brain. They filter the glut of information so that the range of potential outcomes or decisions is evaluated, and additionally help to guide our thinking to that which is important data for our own decision-making. Can this type of emotional based filtering system be grounded in something a bit more tangible in order to advance, or explore links between emotions, intelligence, and education for the purposes of this study? Both LeDoux (1998) and Goleman (1995) draw attention to the role of neurochemicals in the emotional-cognitive processes. Dopamine, which is used in the facilitation of cognition, is influenced by the brain's emotional system. Dopamine has been discovered to link our brain's attentional system to particular stimuli and then aids cognitive activation in the frontal lobes (Posner & Petersen 1990) before disseminating relevant information throughout the brain and enabling learning to take place. There would seem merit then in McPhail's assertion that

"...the exclusion of emotion from...rational decision making is quite literally impossible" (2004: 635)

The implicit notion of linking emotions, intelligence and learning together suggests a role for 'emotion' and 'intelligence' in education- in general as well as with regard to its application to nurse education. In the literature this interest has tended to be clustered around factors such as: - academic achievement, emotional adjustment, relationship building (Barchard 2003, cited in Zeidner *et al*, 2009 Elias *et al*, 2003 cited in Zeidner *et al*, 2009). The notion of an emotionally intelligent curricula riding on the wake of earlier ideas such as Gardner's multiple intelligences theory [particularly intra and inter – personal intelligences] (Gardner 1983) has not been without criticism. Mortiboys (2005)

has suggested that awareness of the emotional states of oneself as teacher and those of students is beneficial in creating a learning opportunity. Emotions on the other hand may be perceived as responsive or even spontaneous. It can therefore easily be conjectured that blending emotions and intelligence is in fact, oxymoronic! Intelligence structures and conforms; emotion can distort and lead to irrational behaviour. Such conflict may still be seen in the dialectic inherent in a competency driven nurse education programme that at one level seeks to structure professional education in a rationalistic, behaviourist manner and yet still argues for emotional labour from its adherents in nursing practice.

The challenge that EI brings to the world of practice education is that it arguably requires a new way of seeing education. A shift away from an erstwhile rationalistic methodology in which practitioners are conduits of 'reason', 'consistency', 'logical frameworks' and 'intelligence'. Moon, (2004 in Wakeman, 2009:46) notes concerning EI in the learning context:

"It has been important in reframing our view of what it means to be 'good' at learning and managing learning. It recognises the importance of many other factors in contributing to effectiveness that go beyond the traditional notions of pure cognitive ability (IQ)"

This recognition of a connectedness between intelligence and emotions within the educative setting has prompted Wakeman, (2006, 2009) to observe the following:

"...there is little doubt that EI has a strong influence on the ultimate success of a learning experience.....Many other aspects of EI may also be significant depending on the type, circumstance and management of the assessment experience. It is in this context that the factors and dimensions that comprise the EI concept take on increased significance, and for that reason, we as educators are duty bound to further explore the frameworks, dimensions and clusters that we currently associate with EI as we endeavour to establish a generic model to inform future practice." (2009: 44)

It is this potential benefit of EI that has motivated me to engage in this exploration of EI within the nurse education context. Academic interest in the area of emotional intelligence emerged from the area of study into 'affect' and

'cognition' that ranged over some fifteen years from early 1980's to mid-1990's (Mayer & Salovey 1995). Although early psychological studies of emotion and cognition were framed within an opposed relationship (Woodworth, 1940 in Mayer *et al* 1999) this period of time saw an advance from such polarised positions to view emotion as a source of cognition and that individuals were not passive but more or less skilled at using this type of information. Psychologists had begun to study the interaction of thought with emotions and vice versa. Gardner, as noted above had argued for a range of intelligences which included what he referred to as a 'personal intelligence' that framed emotions as a capacity to "*understand and guide one's behaviour*" (1983: 239)

Mayer & Salovey highlighted the logical need to explore emotional intelligence from the dual understandings of studies looking at both intelligence and emotion (Mayer & Salovey 1995). They contend that any meaningful discussion about emotional intelligence should connect in some way emotions and intelligence if the meanings of the two separate terms are to be maintained. (Mayer & Salovey 1995) However, reviews of EI research (e.g. Matthews *et al*, 2004, 2007; Murphy *et al* 2006) highlight the variability of definitions currently being used to communicate what is meant by this construct. Bower's studies into mood demonstrated that positive and negative affect might have strong effects on how students process information (1981, 1991 see also Mayer and Gaschke 1988, Mayer *et al* 1991). Bower reported that students who were in a sad mood sought out information that maintained their mood, they read negative information, read it slowly, as well as spend more time engaging with it. He noted however that the reverse was also true: students in a positive state tended to process information in a much more creative, even holistic manner (1991). Emotions were known to alter thinking; that however did not always equate with making someone more or less clever (Zajonc 1980, Bower 1981). This relationship between emotions and cognition has been described as 'mood-congruent' judgment. Mayer *et al* (1999) have stated that this occurs when:

“an affective match between a person’s mood and ideas increases the judged merit, broadly defined, of those ideas” (Mayer & Salovey 1999:5)

The idea of emotional intelligence can be found in books and academic papers, populating the shelves of ‘self-help’ bookstores and as a topic of business websites and the focus of education and training sectors. In 2009:xi, Zeidner *et al*, refer to the “...emerging science of emotional intelligence” Further, they identify this as “...one of the most high-powered modern psychological constructs”. Zeidner *et al* (2009), argue for a balanced approach to this concept, that on the one hand, appears as a response to the shifting paradigms from ‘hard’ to ‘soft skills’; and on the other hand, of education’s reach for a model of enhancing opportunity through recognition that individuals are more than SAT/GPA scores (Goleman 1995). Additionally, that happiness can be pursued and success in life experienced (Goleman 1995, 1998). On the other hand, there is a lack of consensus as to what EI is, and a critique concerning its validity of the measures of EI and thus conceivably, a corresponding lack of clarity around utilisation of the construct remains.

An understanding of the nature of emotions is not straightforward. The American Psychological Association (APA) attributes intelligence with behavioural descriptors such as, thought and reasoning, adaptability, information processing and experiential learning. Emotions are complex reactions that involve physical and physiological responses to personally significant events. It is perhaps understanding therefore that theorists in the early 20th century argued that the notion of combining emotions and intelligence was challenging- emotions would make rational thought unlikely as they are spontaneous and irrational. At the heart of emotional intelligence theory the reverse is considered a truism- emotions bring clarity not chaos to the thinking processes (Brackett *et al* 2011).

As noted by Murphy, *et al* (2006) some of the claims that were made about EI within the popular press have actually undermined the advancement of purposeful study and exploration of this concept. Matthews, *et al* (2007)

suggest a number of negative aspects of EI derived from this popular approach: for example, it appears to make promises around workplace and academic success that it cannot be verified; and they point to a plethora of training programs and publications built on these claims.

As a phrase, the term '*emotional intelligence*' (EI) first appeared in a German article by Barbara Leuner (1966), a psychotherapist who used the term in the German publication *Praxis der Kinderpsychologie und Kinderpsychiatrie* (Practice of child psychology and child psychiatry). In it, Leuner discussed the issue of women who are found to have rejected their social roles arguably as a response to being separated at an early age from their mothers. Leuner suggested that they had a low EI (although this does not appear to have been defined) and prescribed LSD for their treatment. The first attribution of the phrase '*emotional intelligence*' within an academic thesis occurred in Wayne Payne's doctoral thesis (1985): "*A study of emotion: developing emotional intelligence; self-integration; relating to fear, pain and desire (theory, structure of reality, problem-solving, contraction/expansion, tuning in/coming out/letting go).*" Five years later, the seminal paper by Psychologists, Peter Salovey & John Mayer was published in this area, "*Emotional Intelligence,*" in the journal *Imagination, Cognition, and Personality* (1990). It would be injurious to Payne to casually pass over his early contribution to current debate and exploration of emotional intelligence. It is not unusual to find in literature reviews on this topic, a polite acknowledgement of Payne's work. Yet, even a reading of the abstract to his thesis, indicates that the content is worthy of perhaps more attention than it has received. From readings of his paper, it may be observed that Payne was concerned about the societal suppression of emotion. Payne observes:

"Emotion is, among other things, the major force behind all behavior – whether recognized as such or not. It is a prime catalyst for change within and without. Chronic suppression of emotion strips and renders us powerless to solve basic human problems...the suppression of emotion is by and large destructive to humans and all that they come in contact with" (1985:59).

A universal definition of EI is absent from the literature. Humphrey *et al* (2008) highlight that the term 'emotional intelligence' is one of a number of aliases for EI. Others such as 'emotional literacy' and 'emotional competence' have been used as well (2008). For example, Sharp (2001:1) refers to: "...the ability to recognise, understand, handle and appropriately express emotion" as emotional literacy. Qualter *et al* (2007) draw attention to the use of emotional literacy as a preferential term amongst UK educationalists. Yet, it may be contested that Sharp's conceptualisation of EI in terms of emotional literacy has echoes of Payne's work in 1985. According to the thinking of Sharp, emotional literacy will:

"build self-esteem in individuals who then promote group literacy, leading to a robust and emotionally literate society" (2001: 3).

Sharp suggests that emotional literacy is constituted by recognising and then labelling our emotions, understanding the emotions we have and using such to enhance the effectiveness of our learning, handling our emotions so that we build effective relationships and expressing our emotions so that we can help ourselves and others become emotionally aware and emotionally healthy. Without a doubt, Sharp's work is an attempt to not only identify, but also raise individual and societal awareness and use of EI in a manner similar to Payne. In their 2011 Report, '*A Decade of Emotional Intelligence: Trends and implications from the Individual Effectiveness (ie) questionnaire*' the Occupational Psychologist organisation, JCA observed an interesting factor concerning the relationship between individual and group levels of EI in times of economic austerity – EI levels decreased as individuals sought to preserve their work experience and consequential impacts on lifestyles. I am not suggesting of course, that during such times everyone defaults to an attitude of self-preservation that ignores the suffering of others. However, what this does underline, I would suggest is that group EI cannot always be predicted simplistically as an extension of individual EI- whilst EI is a community artefact, the same event/ circumstances experienced by members of a community may result in a range of different emotional experiences in everyone involved. It is awareness of this array of responses in, for example in nursing education, and

nursing practice that may assist practitioners, and educators to be cognisant of the importance of subjective emotional experiences and concomitant actions.

2.4 Models of Emotional Intelligence

Within the EI literature, three main conceptual frameworks have emerged as highly significant linked to the following authors: Bar-On (1997) Mayer & Salovey (1993, 1995) and Goleman (1995, 1998). Each theorist demonstrates not only a conceptualisation of emotional intelligence but I would contend a philosophical and/ or practical approach to the topic framed around a purist and pragmatic continuum

2.4.1 Bar-On's Emotional -Social Intelligence (ESI) (1997,2006)

Bar-On's (1997) approach to EI was established upon a connecting of emotions and thinking particularly in practical requirements like making decisions in the workplace and how to achieve in both personal and work life. He used the term 'emotional quotient' (EQ) as a counterpart to intelligence quotient (IQ).

Bar-On (1997) defined EI in terms of well-being:

“an array of personal, emotional and social competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures” (Bar-On, 1997, p14).

Bar-On's definition (1997) connects EQ to traits and capabilities associated with psychological wellbeing. Traits are permanent personality characteristics that describe individual behaviours across a range of circumstances and contexts. For example, his notion of adaptability to environmental challenges through 'inter' and 'intrapersonal' skills may be linked to personality and ability domains (Murphy *et al* 2007). Bar-On's ESI comprises the following factors:

*“Intrapersonal (Self-Regard, Emotional Self-Awareness, Assertiveness, Independence, and Self-Actualization)
Interpersonal (Empathy, Social Responsibility, and Interpersonal*

Relationship)
Stress Management (Stress Tolerance and Impulse Control)
Adaptability (Reality Testing, Flexibility, and Problem Solving)
General Mood Scale (Optimism and Happiness)”

(Adapted from Bar-On 1997)

This linking of the social with the emotional is integral to Bar-On's approach to emotional intelligence, which he states is:

“... a cross section of interrelated emotional and social competencies, skills and facilitators that determine how we understand and express ourselves, understand others, relate with them and cope with daily demands.” (1997:3)

Fernandez-Berrocal & Extremera (2006) suggest that there is a shift from associating EI with aspects of cognition to that of an individual's social and emotional functionality. The Bar-On model points to the importance of emotional expression and analyses the outcome of emotionally and socially intelligent behaviour in Darwinian terms of effective adaptation (Bar-On 1997). Consistent with this model, to be emotionally and socially intelligent is to effectively understand and express oneself, to understand and relate well with others, and to successfully cope with daily demands, challenges and pressures. This is based, primarily, on one's intrapersonal ability to be self-aware, to understand one's strengths and weaknesses, and to express one's feelings and thoughts non-destructively. On the interpersonal level, being emotionally and socially intelligent encompasses the ability to be aware of others' emotions, feelings and needs, and to establish and maintain supportive, productive, and mutually nourishing relationships. Ultimately, being emotionally and socially intelligent means to successfully manage personal, social, and environmental change by authentically coping with the immediate situation, solving problems, and making decisions. According to Bar-On, in order to do this, we need to manage emotions so that they work for us and not against us, and we need to be sufficiently optimistic, positive, and self-motivated (Bar-On 1997)

Emmerling & Goleman (2003) suggest that in view of this array of traits and personality factors the model as such can be conceived in terms of

psychological 'well-being' and adaptation (2003:13). Bar-On argues that emotional –social competence is a predictor of successful human functioning and that it is teachable (1997). Mayer *et al* (2000: 402) state that Bar-On's model was developed in response to the question: "*Why are some individuals more able to succeed in life than others?*" It was in a review of the psychological and personality literature that he identified the five broad areas of emotional-social functioning that he determined relevant to success. It may be considered therefore that Bar-On's work is therefore a blend of mental or cognitive abilities and other facets of ability that are not cognitive but emerge from personality. Consequently, the question needs to be asked, should ESI be labelled as emotional intelligence at all? Is this not a misnomer? Bar-on offered the following as a rationale for his use of the term:

*"Intelligence describes the aggregate of abilities, competencies and skills...that...represent a collection of knowledge used to cope with life effectively. The adjective **emotional** is employed to emphasize that this specific type of intelligence differs from cognitive intelligence..." (1997:15)*

ESI is measured through the Emotional Quotient Inventory (EQ-i). This was the first commercial instrument made available to measure EI (Bar-On 1997). It is a self-report measure encompasses some 133 items used to evaluate the five domains of the ESI model. Emmerling & Goleman (2003) stated that the use of such self-report measures is consistent within personality psychology. It would however be errant to suggest such and ignore the fact that the EQ-I has also been used as a 360-degree measure. Self-report measures are not always favourably reported upon in the literature due to their alleged vulnerability to a participant's use of deception, or to the desire to appear socially acceptable (Zeidner *et al* 2002). Concern has been expressed that self-reports are not viable ways of measuring a construct that is presented as allied to traditional intelligence. Mayer *et al* (2000) and Zeidner *et al* (2002) highlight low correlations between self-reported and ability measures of traditional intelligence. These studies generated correlations of .30 suggesting that individuals are not very good at determining their actual intelligence levels. Humphrey *et al* (2008) reported that Brackett & Salovey (2006) identified a

correlation of only .21 between self-reports using the EQ-I and an ability measure of emotional intelligence such as the MSCEIT V2.0 discussed below. However, this is based on an assumption that ESI is measuring cognitive intelligence. Bar-On's rationale for the use of the word intelligence does not in itself demand that he is alluding to a blend of IQ and EQ. Rather the use of intelligence here is more about language to describe a collection of skills and types of competencies: which by virtue of being related to thought processes are therefore labelled as 'intelligence. If the ESI is not a model of traditional intelligence, one would expect low correlations between ESI and cognitive intelligence.

2.4.2 Ability-based Emotional Intelligence (Mayer & Salovey, 1993, 1995)

The notion of societal suppression of emotion was a concern of Mayer and Salovey in their 1993 paper, but perhaps less so. Salovey & Mayer, refer to EI as the ability to identify emotions, their meanings, and their relationships and to use emotions to reason and problem solve. Originally, they conceived EI as constituting three mental processes:

- The ability to appraise and express emotions in self and others,
- To manage emotion in self and others and
- To utilise emotion in adaptive ways.

This was revised in 1995 and extended to four mental abilities:

- The ability to perceive/identify emotions,
- The ability to integrate emotions into thought processes,
- The ability to understand emotions and
- The ability to manage emotions

This approach perceives EI as a cognitive ability involving the cognitive processing of emotional information. The APA defined ability as being the capacity to perform physical/mental acts and that such abilities may be innate or

acquired through means of education or practice. Thus, this model utilises EI as a traditional intelligence measured in a similar way to general intelligence (Mayer *et al* 2000). The underlying assumption within this approach to EI is the use of emotions in thinking and decision-making. Salovey & Mayer (1993) first summed up EI as a type of social intelligence that involved an ability to monitor and discriminate one's own feeling and that of others as an aid to thinking and action. They pursued research on this concept in order to determine if valid measures of EI could be developed. They found for example that individuals who scored high on emotional clarity (naming an emotion) also recovered quicker than those who lacked this ability. Again, those who scored high with regard to perceiving, understanding and appraising other's emotions were more able to respond flexibly to social-emotional changes in their contexts and have an ability to develop new/supportive networks (Salovey *et al* 1995, 2002)

In 1995, following their research, Mayer & Salovey defined EI as the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion and regulate emotion in the self and others. This means that individuals are able to recognise the meanings behind emotional patterns and thus to reason and problem solve on that basis. For example, emotions are conveyers of information. They demonstrate and/ or reflect the dynamics of relationships between people or an individual and their memory. EI is about how individuals process emotional information and use that information in order to make decisions. Bulmer Smith *et al* (2009) state that Mayer & Salovey proposed that the human brain uses a separate:

'...processing system for emotion information' [that] '...detects, considers, processes, and regulates emotions within the overall thinking process.'
(2009: 1626)

Mayer and Salovey's (1995) Four Branch (hierarchical) model of EI assumes that emotions and cognition join together and thus lead to an intelligent use of emotions to facilitate thought, improve relations and manage emotions- both of the individual and of others. Izard (2011) argues that much of our emotional responses are dependent on automatically triggered socially selected, adaptive

responses that influenced by individual temperament. Adaptiveness according to Izard (2011) is a more functional way of framing EI. The notion being, that when confronted with an emergent emotional state the individual chooses how to respond based on the resources they have available to them. For example, in the case of threat the individual has options available to them of 'fight' or flight'. The Adaptiveness of emotions is an appealing way to frame EI. Emotions in themselves are morally neutral as signals, responsiveness to those signals of information are associated with a suite of responses dependent upon context and an openness to self-regulation of emotion. The individual confronted on the one hand by, information arising from emotions and on the other hand, a range of options in terms of how to respond. How an individual chooses will be either wise, or unwise. If we are looking for adaptive success and intelligent performance then according to Parrot (2002) individuals should make wise choices that add value to their being. There is a practically wise response to emotional information, which enables individuals to be emotionally adaptive.

2.4.3. Four Branch Model Emotional of Intelligence (Mayer & Salovey, 1995)

- The capacity to Manage/Regulate Emotions
- Understanding Emotional Meanings
- Using Emotions to Facilitate Thought
- Accurately Perceiving Emotions



These four branches should be understood as a hierarchical framework implying that upward progression through the branches is dependent on the existence of and use of the preceding layer of EI below (Brackett *et al*, 2006). This model is cognitive in its orientation. The Four Branch model is developmental in application being made up tiered abilities. The first Branch of this mental ability model titled 'Perceiving Emotions' is associated with a range of skills, which enable individuals to perceive, appraise, and express emotions. This may be through recognition of facial expressions, the use of non-verbal language; use of voice and through communication means such as narrative, music, or chosen art (Mayer *et al*, 2004). The second Branch identified as

'Facilitation' associates the use of emotions to facilitate and prioritize thinking, aid judgment, understand mood swings that can point to alternative viewpoints and the understanding that a shift in an emotional perspective can lead to different kinds of problem solving (Mayer *et al*, 2004, Brackett *et al*, 2006). The third Branch of this tiered model, 'Understanding Emotions' includes skills of labelling and distinguishing between emotions (Jordan & Troth, 2002), understanding complex mixtures such as 'love' and 'hate' and the ability to shape rules about feelings [e.g. guilt often leads to shame, loss often results in sorrow]. The fourth and final Branch of this model, titled, 'Managing Emotions' is a general ability to use emotions in order to pursue some social based goal. Here an individual may engage with or detach from a range of emotions and /or regulate emotions in themselves and /or others. According to Mayer & Salovey (1995), these aspects of EI develop from early childhood within an incremental process. For example, being able to perceive basic emotions in faces will precede the ability to discriminate false emotional expressions from genuine.

Mayer & Salovey, (1993, 1995) have suggested that this capacity to perceive and understand emotions comprises a new aspect of personality. They contend that 'emotional intelligence' along with cognition-based definitions of intelligence is stable and cannot be increased. However, 'emotional knowledge' can be increased easily. In this context, emotional knowledge would relate to the level of perception / assessment an individual would have at any given time of their emotions. They used an abilities-based (or criterion-based) test in order to assess an individual's EI measure. The latest of these ability-based tests is the MSCEIT V2.0 and will be discussed below. From a purist perspective, Mayer & Salovey (1995:10) defined emotional intelligence as an emotional 'ability'. That is:

'the ability to perceive, appraise and express emotion, access and process emotion information, generate feelings, understand emotional knowledge and regulate emotions for personal and intellectual growth'

Mayer & Salovey (1995) argue that emotional intelligence is linked to the ability to process emotional information, and like cognitive intelligence, emotional

intelligence may be measurable, can be learned, increases with age and again like cognitive intelligence may be predictive of future success in life (Mayer & Salovey 1993, 1995, Mayer *et al* 2004). They have declared EI to be 'an 'intelligence' like other' intelligences' due to the argument that it meets three empirical criteria: -

1. Mental performance challenges have right or wrong answers, as determined by the convergence of alternative scoring methods
2. Measured skills will correlate with other measures of mental ability
3. Absolute ability will rise with age.

Emmerling & Goleman (2003:15) have stated:

"...to date, the ability-based model has provided evidence to support each of these demands required to be correctly labelled an intelligence"

With regard to the individual, the EI ability model predicts that emotionally intelligent individuals are more likely to be able to identify the following characteristics in their background: -

- To have grown up in socially adaptive households
- To be non-defensive
- To be able to reframe emotions effectively (see the good in the bad)
- Identify good emotion role models
- To be able to communicate and be open about emotions/feelings
- To develop knowledge and/ or expertise in particular emotional areas: e.g. ethics, social problem solving, aesthetics, leadership, or spirituality.

2.4.4 Daniel Goleman's Emotional Competency Model (1995, 1998)

In 1995, Daniel Goleman (1995) a New York psychologist and science writer for the New York Times, published '*Emotional Intelligence: Why It Can Matter More Than IQ*' which gained the idea of emotional intelligence a popular following. It is worth noting some of the language used by Goleman in this book. For

example, he refers to 'appropriate' and 'regulate', perhaps indicative of a lack of adherence and/ or concern for this notion of societal suppression of emotion. Indeed, I would suggest that it can be argued from his book through his language, for example, words such as, 'control impulse' and 'delay gratification' that the balance between emotion suppression and emotion expression is thin. Goleman, defined EI as:

"The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and our relationships" (1985: 317).

Goleman's model has been categorized as a 'competency' or personality model in distinction to the Salovey and Mayer ability model (Stys & Brown, 2004, Roberts, *et al*, 2001). Both models have a focus on self-awareness but for Goleman this equates to the notions of emotional self-awareness, self-confidence, and self-assessment. He links strongly the notion of self-awareness with that of empathy, stating that empathy:

"...represents the foundations skill for all the social competencies important for work" (1998: 137).

A range of social-awareness skills or 'other-awareness' skills compliments competencies of self-awareness. Echoing Salovey and Mayer, (1990, 1997) Goleman evidences awareness that EI is not a uni-focal artefact, but demonstrated, or evidenced in community. Getting along with others and their emotions requires a set of social competencies, or skills. Skills, such as 'communication', 'influence', 'leadership', 'conflict management,' and 'acting as a catalyst for bringing change' (Goleman 1998).

It was Goleman's first book, 'Emotional Intelligence: Why it can matter more than IQ' in 1995 that brought the concept before the public at large. Goleman drew on a range of related materials from neurophysiology, psychology, and cognitive science. Consequently, the concept of EI was made accessible and popular. EI attracted mass appeal and interest- along with some astounding claims of how the presence of EI as opposed to IQ may be more significant a

determinant of success in life, career, and relationships (Goleman, 1995, 1998). It has been suggested that Goleman's book may be seen as a response to the Herrnstein and Murray book entitled 'The Bell Curve: Intelligence and Class Structure in American Life' which was printed the previous year (1994) which arguably created a manifesto for an privileged intelligentsia amongst white middle class Americans. According to Goleman (1995), EI is less constrained by socio-economic measures; it is also highly malleable, which, unlike traditional IQ implies the potential for growth of EI. Goleman perceived emotional intelligence as a set of learned skills and competencies. He identified emotional intelligence as the capacity we have to recognise our own feelings and those of others, for motivating ourselves and for managing emotions in ourselves and in our relationships. For Goleman, emotional intelligence is not equated with cognitive intelligence and he views it as the object of emotional self –work. It is grounded in emotional competency rather than ability. In contrast to Mayer & Salovey's idealisation of emotional intelligence being framed by a purist conceptualisation, Goleman has been criticised as being a mixed model of emotional intelligence; blending as it seems emotional competency with a range of existing psychological personality features (Matthews, *et al*, 2004, 2007)

Goleman outlines emotional intelligence through use of five emotional competences: -

- The ability to identify and name one's emotional states and to understand the link between emotions, thoughts and actions
- The capacity to manage one's emotional states- to control emotions or shift from undesirable emotional states to more adequate ones
- The ability to enter into emotional states at will linked to drives for success and achievement
- The capacity to read, be sensitive to and influence other people's emotions
- The ability to develop and sustain satisfactory interpersonal relationships.

Emotional competency reflects a model of EI that is arguably wholly different in approach and philosophy to that of ability based EI. In 1998, Goleman went on to publish a second book (*Working with Emotional Intelligence*) built around his conceptualization of EI as related to workplace competencies. Mayer & Salovey (1993) contends that such definitions as Goleman has used have served to misrepresent ability-based definitions by turning EI into a list of personality factors. As such, they represent 'mixed models' in that they have mixed a diverse range of parts of the personality. Mayer argues that through incremental research, the Four Branch model represents EI as potentially a standard intelligence (1995). Goleman (1998) has stated that this critique is based on a misreading of his first book. He argues that his purpose was to explore rather than model EI as a construct within the field of work related performance. However, Goleman does argue that his second book is competency based utilising a discrete set of cognitive and affective skills that are distinct from traditionally measured IQ abilities. Goleman argues that the emotionally intelligent employee is skilled in two main areas: personal competence [how we manage ourselves] and social competence [how we manage others]. Each of these domains consists of a range of competencies as outlined in the 'emotional competence framework' below:

Table 1 Goleman's (1998) Emotional Intelligence Competencies

	SELF Personal Competence	OTHER Social Competence
Recognition	<u>Self-Awareness</u> Emotional self awareness Accurate self-assessment Self-Confidence	<u>Social Awareness</u> Empathy Service Orientation Organizational Awareness
Regulation	<u>Self-Management</u> Self –control Trustworthiness Conscientiousness Adaptability Achievement Drive Initiative	<u>Relationship Management</u> Developing others Influence Communication Conflict management Leadership Change-catalyst Building bonds Teamwork & Collaboration

These definitions span the divide that exists around this concept. It may be perceived as that of 'ability' versus 'trait' models, cognition versus personality. It may be also be perceived as that of the purist versus the pragmatist in the sense of defining and using EI. This distinction is identified as an 'ability' model as against 'a mixed model (Goleman 1998, Mayer, *et al*, 2000). Petrides and Furnham (2000) state that early models of EI were found to be vague and lacking any link to cognitive ability typical of general intelligence. Salovey & Mayer's refined definition of their ability model of EI addressed this deficit. Pure or ability models contain the following characteristics, which identify them as a form of intelligence: they are conceptual, they correlate with other intelligences, and they are developmental (Mayer *et al* 2000). Mixed models of EI contain a range of abilities, behaviours and general dispositions, confusing personality attributes with mental ability (Mayer *et al* 2000). This hybrid form of EI Goleman argues is due to a mis-reading of his early work. He argues that he was seeking merely to explore the concept of EI rather than present a scientific articulation for the scientific community. Yet, this distinction within the EI literature has emerged significantly. Consequently, when we ask what EI is, we need to be aware of who we are asking- for the answer will reflect a particular approach.

Petrides & Furnham (2000: 314) contend that this 'ability- mixed model' split is actually a distinction between Trait EI and information processing EI. Trait EI, according to Petrides & Furnham is '...manifest (ed) in specific traits or behaviours such as empathy, assertiveness, optimism as opposed to information processing EI, which concerns abilities (e.g. ability to identify, express and label emotions). Petrides & Furnham (2000) contends that as Trait EI includes behavioural and self-perceived abilities, it belongs in the realm of personality, as opposed to ability EI that is comprised of actual abilities, and should be located within the domain of cognition. Petrides & Furnham (2000) has argued that ability and trait conceptions of emotional intelligence are different, even though their theoretical domains may be seen as shared or overlapping. That which discriminates one concept from the other lies in the contentious arena of measurement. Ability based tests (as from Mayer and Salovey) measure performance in such tasks as identifying emotions and

choosing appropriate actions based on such emotions. Personality tests (as from Goleman, Bar-On) should be able to allow differentiation from more established trait-constructs to take place e.g. Big Five- a set of five personality traits: Extraversion, Neuroticism, Openness, Conscientiousness and Agreeableness (Mayer *et al* 2007).

2.5 Measuring Ability EI

To measure such a construct as EI, it necessarily flows from a clear definition of what you are seeking to record or measure. EI is a psychological construct and as such is associated with a number of challenges. Constructs are the focus of theory, lacking an ability to be touched and evidenced in a range of individual differences. Thus, it is not the construct that is measured or recorded but its effects. This ambiguity leaves it open to multiple interpretations, and definitions. As hinted at above, differing models of EI indicate different measurements. Hence, it is important to maintain integrity of approach in any research study that aligns definitions with appropriate measures of behaviour, or actions. Studies have also indicated that there is a lack of correspondence between the varying EI measures suggesting that, they may not in fact be measuring the same thing. The lack of coherence in measurement of EI has resulted in criticism. In determining the credibility of any measure, any method of measuring EI should arguably address a number of important factors: Reliability, Validity, and the norming population (Jensen 2007 cited in Jensen *et al*, 2007). Reliability refers to the consistency of a test. A common way of determining this is through the Test-Re-Test approach and that of Internal Consistency. The premise behind Validity is that any test actually measures what it is intended to measure. Jensen, (2007) states that with EI measures, discriminant, and concurrent and predictive validity are the most commonly used approaches.

The Mayer, Salovey, Caruso Emotional Intelligence Test [MSCEIT®] (2002) (V2.0) is the current testing tool for the Mayer & Salovey Four branch model. Mayer & Salovey, (1995) have adopted an objective, performance based

assessment of EI, which echoes the type of testing used to measure traditional intelligence (IQ) (Mayer *et al* 2002, Mayer, *et al*, 2001; 2003). Brody (2004) argued that to compare EI ability measures with traditional IQ measures is unsound as the latter is qualitatively different. That there are differing measures of EI linked to different conceptualisations of the construct with arguably weak convergence evidence across them (e.g. .21 between MSCEIT and EQ-i) could be construed as undermining the credibility of the EI construct. However, such differences may also be supportive of qualitative differences between ability and personality-based conceptions.

Based on an ability model of EI, the test resembles a typical IQ test. Using a selection of 'right' or 'wrong' answers to a range of questions, the MSCEIT serves to provide an indexation of each of the four branches of EI in addition to providing a total emotional intelligence quotient (EIQ) (Mayer & *et al*, 2012). Comprising eight individual tasks, two of which aim to measure each branch component of the model. For example, perceiving emotions is measured by means of asking individuals to identify range of emotions in faces and landscapes. Facilitating emotions is measured by asking individuals to choose which emotions promote certain kinds of thoughts and actions. Understanding emotions is measured through use of blending exercises- which two emotions fit together to a certain descriptor e.g. " which two emotions together are closest to contempt: a) sadness and fear or b) anger and disgust. How an individual manages their own emotions and the emotions of others can be measured by using a series of vignettes outlining social situations and asking them how they manage their emotional responses. (Mayer *et al*, 2002).

Although it appears in the literature as one of the better scientific measures of EI (Murphy *et al* 2006), critics have highlighted concerns- particularly around the issue of scoring as framed by expert and consensus methods. For example, does scoring replicate social conformity rather than individualized social competency? There are then concerns with the MSCEIT for example:

- The adequacy of the scoring system

- Correlations between the MSCEIT and other EI measures

In answering these concerns, Mayer *et al.*, (2012) draw attention to measures taken to ensure both a theoretical and reliable development of the MSCEIT. For example, they draw attention to their use of theories of emotion reasoning, the use of 21 'experts from the International Society for Research on Emotion in addition to a normalising group of some 5000 test-takers. Mayer *et al.* (2002) state that expert and consensus scoring is highly correlated e.g. $r = .93-.99$. Again, Mayer *et al.* (2003) argue that in terms of reliability there is a viable correlation between the expert and consensus scores across a range for both total and branch EI scores, i.e. $r = .68$ for consensus scoring and $.71$ for expert scores. It is perhaps of value to note that Matthews *et al.* (2002) point to the reliability coefficients cited in cognitive ability tests have a range of $.85- .95$. Brackett & Mayer, (2004) observed that internal consistency of the MSCEIT is acceptable.

Matthews, (2004, 2007) have pointed out the high levels of correlation amongst the high level or experiential EI elements of the MSCEIT with an $r = >.90$. Although, in this same article, the correlations amongst the sub-scales, or the Four EI Branches is found to be marginal i.e. $<.60$. This discrepancy was observed following the MSCEIT scores were obtained for the study group at the start of the research process. A number of the participants had achieved a high overall EI score and yet individual branch scores could range from low to medium within the same overall high score award. Such a differential is potentially explained in the MSCEIT manual in regard to user incompetence, or the user was being asked to answer in one context (e.g. employment) but answered from another (e.g. domestic setting). I raise the point here for the benefit of the reader in order to be transparent as to the scoring process and a potential issue with how scores are operationalised. Brackett & Mayer, (2003), and Roberts *et al.* (2010) argue that the overall EI construct is reasonable and reliable, although the sub-scales or Branch scores require further work to firmly establish reliability coefficients. However, the ability-based model of EI is plausible from a scientific perspective and is meaningfully practical and I would

add offers up a way of engaging with and understanding the adaptive, or wisdom function of EI. Mayer, *et al* (2012) do acknowledge in response to Maul, (2012:405) that whilst it the MSCEIT does not measure every single emotional intelligence skill. It does measure:

“...important skills within each of the theory’s four branches rather than to measure exhaustively.”

Mayer, *et al*. (2012:407) highlight that based on correlations between the MSCEIT and other similar ability based EI models:

“...the new findings...make the case that the MSCEIT correlates meaningfully with a variety of ability based criteria of EI”

Schulte, *et al* (2004) stated that they found the MSCEIT to overlap substantially with what traditional intelligence as well as Big Five Personality factors. Murphy and Sideman, (2006) suggests that there are two possible interpretations of the value of MSCEIT. Firstly, that it is unlikely to add anything new of meaningful significance with regard to underlying human performance that one would not also get from ‘g’ or the Big Five factors. Secondly, ‘g’ and / or the Big Five factors do not necessarily add to what one would expect to predict based on the MSCEIT. When considering application of EI, it is worth noting Boniwell, (2012) who alludes to a dynamic relationship between positive psychology, mindfulness, and resilience as having an increasing influence on current perceptions of EI. Positive psychology is the study of optimal human functioning in order to promote those factors that enable individuals and communities to grow and thrive (Seligman & Csikszentmihalyi, 2000)

2.6 Mindfulness

Mindfulness has been defined as:

“Paying attention in a particular way: on purpose, in the present moment, non-judgmentally” (Kabat-Zinn 1994, cited in Pepping et al, 2013:376)

“A receptive attention to and awareness of present events and experiences “ (Brown 2007:212).

Over the past three decades, the original Buddhist approach to mindfulness and meditative practice has developed into the concept of a therapeutic mindfulness: a significant factor in a range of psychological contexts (Law, 2012). There are uses such as the Mindfulness-Based Stress Reduction programme (Kabat-Zinn, 1984 cited in Malinowski, 2008) in association with counselling and/ or psychotherapy e.g. in methods such as cognitive behavioural therapy. Within such programmes, mindfulness is developed within a systematic meditative approach where focus on an object, or sensation is the key attribution of the exercise. When movement occurs away from the focus subjects refocus their attention. Emergent thoughts and/ or emotions are acknowledged in a dispassionate manner to increase awareness of the topic under focus. This awareness is in contrast to other types of meditation that serve to contract awareness for a more pure focused concentration. Malinowski (2008) refers to this process as a ‘dispassionate’ state of mind. It seems as though the participant in such mindfulness activity is emotionally neutral, particularly when Malinowski, (2008) alludes to a sense of disassociation from one’s thoughts, and feelings during times of emotional challenge. The practice of disassociation, however cannot be dismissed, as the ability to step outside of an emerging emotional crisis, and identify and regulate (or manage) how one responds to events like this lies at the heart of emotionally wise actions.

Mindfulness is not new in the sense of being novel. It has been around as a practice for some 2,500 years (Malinowski, 2008). The dichotomy between ancient sacred texts and contemporary therapeutic practice occasioned a gathering in 2004 in order to determine a working definition of mindfulness. Bishop *et al*, (2004) as a result developed a two-component conceptualisation of mindfulness. Firstly, that mindfulness is the ability to focus attention and the

subsidiary ability to refocus attention when straying away. Secondly, that the individual is able to accept experiences whether they are desirable or not. In this theoretical approach, mindfulness is therefore an attentional awareness to the experiential now. Bishop *et al*, (2004) make a good point of stating that the benefits of mindfulness practice, e.g. calmness, self-trust, patience should not to be confused with mindfulness itself.

Baer *et al* (2006, 2008 cited in Pepping *et al*, 2013) carried out a meta-analysis of psychometric based self-report scales into mindfulness. They suggest a five-factor construct:

1. Acting with awareness- i.e. attention to the present moment
2. Non-judging of inner experience
3. Observing- noticing and attending to inner and outer experiences including emotions and thoughts and somatic sensations
4. Describing- labelling internal experiences
5. Non-reactivity- disassociated and dispassionate observation of emotions and thoughts

There is a difference between the two-component construct of Bishop *et al* (2004 cited in Malinowski, 2008) and this approach of Baer *et al* (2006 cited in Malinowski, 2008). Malinowski, (2008) notes that there may be some overlap between experiential awareness of Bishop *et al* (2004) and Baer *et al* (2006) 'non-judging' and 'observing'. Additionally, there may be some overlap between attentional awareness in both models. The remaining three elements however, Malinowski (2008) suggests possibly reflect mindfulness outcomes and should not be confused with mindfulness as a practice.

The connection between emotional intelligence and mindfulness appears with regard to notions of emotion regulation, self-esteem, and adaptiveness in behavioural responses (Baer *et al*, 2008, Pepping *et al*, 2013). It is this openness element of mindfulness that holds opportunity for healthcare professionals to more fully engage, orient themselves towards those they care

for without necessarily being swamped by the over-bearing negativity of some nurse-patient encounters. Emotions are arguably neutral artefacts. Their impact and / or influence upon us depend to a great degree in how we respond to emotions as they emerge. Such responses, as muted above may be wise or unwise. Ciarrochi & Mayer (2007) suggest that using emotions wisely is about recognising which emotions are best suited to the context in which we find ourselves. Ciarrochi & Mayer (2007) have suggested that mindfulness-based emotional intelligence training (MBETI) can help individuals to be open to the range of possibilities that emotions afford them. In their approach, they link aspects of the ability-based model (e.g. emotional detection, emotional understanding and emotional management) of EI to mindfulness approaches. Two techniques that Ciarrochi & Mayer allude to are those of emotional orientation and 'Defusion'. The first enables the individual to open themselves up to a range of emotional states and awareness (and stay open). They observe:

"Being willing' means having emotions, without trying to change them, even when they are extremely unpleasant, and even when they are leading to unhelpful cognitive biases. Ineffective emotional orientation involves the tendency to change or chronically suppress unpleasant private experience in a way that interferes with valued living" (2007: 149)

To illustrate this they cite the example of post-traumatic stress disorders in which individuals will avoid people and places that are connected with the triggering of painful emotions, although at the same time such avoidance does not negate the associated pain of memories. Practically, MBETI encourages individuals to reflect on the extent to which avoidance strategies have worked in getting them to change their distress. Often, the futility of such strategies emerges and an alternative approach of letting go of emotion control emerges as a valid way forward.

Defusion, according to Ciarrochi & Mayer (2007) is a learned skill that enables individuals to disassociate themselves from the pain of verbal assaults. They

use the labelling of someone as 'stupid' in a fused context, which elicits pain emotionally in the hearer. The hearer, however has choice and can mitigate such emotional trauma by means of defusing and turning the words into sounds, or incomprehensible language, and thus has little, to no impact upon your emotions. Skills within the MBETI approach might draw on aspects listed above such as non-judgmental, observer roles. Emotions are what they are: signals, not substances.

Law, (2012) in discussing the relationship of Buddhist philosophy and a secular mindfulness highlights an interesting perspective as to the place of 'emotion' in Buddhist philosophy. He states that Buddhism has no equivalent phrase for emotion. Instead it alludes to 'mind states' that are either wholesome, or unwholesome. Hatred would be unwholesome; compassion would be wholesome. In contrast, contemporary secularised mindfulness has an absence of this application of mindfulness. This lack of utilitarian focus on mindfulness and mind states that add or detract value seems a pivotal aspect of both emotional intelligence/ wisdom and mindfulness. To be emotionally adaptive to the contexts and demands being made upon oneself, personally and professionally, a recognition of that which adds to your lived experience and that which undermines, would seem most appropriate.

2.7 Resilience

Resilience is about the ability to objectively manage change and stress. It is the ability to confront, and gain strength through adversity by identifying meaning and purpose. A range of factors will affect resilient behaviour and responses: e.g. your age, your health, the type, and incidence of the difficulties and the resources you have to draw on in order to cope. Resilience connects to your ability to manage your emotions and thereby the ability to identify and select in oneself appropriate and purposeful emotional responses.

A resilient approach to the challenges of life and the workplace is more about a mind-set as opposed to an action-set. Fisher, (1999/2012) has developed a

model of transition through change that is predicated on such resilient attributes and takes the individual from anxiety at the point of crisis to that of transformative behaviour with a forward-looking perspective. Consequently, it is probably right to deduce that resilient people have a certain attitudinal predisposition aided by a repository of positive emotions, and an ability to be mindfully engaged so that they have a portfolio of adaptive emotional responses to utilise in any given context. Emotionally resilient nurses are self aware and aware of the impact of difficulties will upon their caring practice. Such challenges may take the shape of emotionally demanding situations connected to care giving, or indeed to the balance between care giving and whole-life living where the challenges outwith the learning environment of nursing are influenced by non-nursing challenges.

Resilient people are more actors and than acted upon. They are able to cope and take responsibility for coping choices. Studies such as, Schneider *et al* (2013), Armstrong *et al*, (2011) and Zijlmans *et al* (2011) demonstrate the role of, and relationship between EI and resilience. The latter study is of significance with regard to the focus of this research. Zijlmans *et al* (2011) undertook research into a group of caregivers who were caring for individuals who presented with a range of challenging intellectual disabilities and behaviour. The practice of caring for these individuals can be immensely demanding and emotionally draining for the care staff involved. They found that EI attributes were of value in countering negative emotions and feelings in those who offered care within these contexts. Nursing students frequently find themselves in similar challenging contexts through their nursing education programme. The ability to manage such challenging contexts in emotionally resilient ways in order to cope would seem to be an appropriate and desirable ability to have, or indeed to foster in nursing students.

2.8 Emotional manipulation

Goleman (1995) articulated a positive descriptor of EI as that of character. Goleman argued for a value added utility of EI that might favourably influence

and change for the better societal behaviours. Such benefits have been lauded and criticised (Goleman, 1995, 1998, Austin *et al*, 2004,). Echoing Payne's early thesis, it has been suggested, that in order to address a range of societal ills and woes in terms of delinquent behaviour in the home, the workplace and the school then one is only to offer some form of social-emotional learning programme and thereby raise both individual and aggregate levels of EI. However as Cote *et al*, (2011) highlight, EI offers up a picture of how well individuals handle emotions in their lives and contexts and in doing so such may lead to both prosocial and anti-social behaviour. This is something that Salovey & Mayer (1990) highlighted but does not seem to have been voiced too much in the main EI literature. Emotions are carriers of information. As such, they are morally neutral. The early proliferation of studies into EI had a tendency to focus on the benefit of the construct to society. Such however overlooks the potential that if emotions are in deed morally neutral then they are subject to the morality of the individual. Both Martin Luther King Jr. and Adolf Hitler are noted to be emotionally intelligent individuals (Grant, 2014). Cote *et al* (2008) comment:

“Emotional intelligence reflects how well individuals process emotions and emotional information (Mayer, Roberts, & Barsade, 2008; Salovey & Mayer, 1990). As such, emotional intelligence may facilitate a wide range of social behaviors, and not only socially valued behavior” (2008:105)

Kilduff *et al* (2010) comment that EI facilitates people in shaping their emotions to devise positive representations of themselves to others because they are skilled at harnessing emotional skills. A very recent example of this is the BBC television programme 'The Apprentice', which was screened this year. The winning candidate, Mark Wright stated at the beginning of the process that he was the most emotionally intelligent individual amongst this year's candidates and that he would use this to his advantage in putting himself forward in the process. Barlow *et al* comment:

“Despite reports of the positive impact of both ability and trait EI on social relationships, it has been proposed that scoring higher on EI may be associated with higher Machiavellianism, as individuals use their ability to read the emotions of others for personal gain and manipulation” (2010: 78)

Kilduff *et al*, (2010) highlights the impact that emotion-laden speeches can have upon audiences. He states that the appeal to the emotional bases of the audience serves to present the speaker in a favourable light but actually results in less critical scrutiny of the content.

It would be inappropriate to conclude that all expressions of EI are favourable. As an ability EI is very much in the hands of the individual who may engage and express emotionally intelligent behaviour that is authentic or, conversely inauthentic. It is arguably an error to assume that EI is predicated on positive values and that such values need to be articulated, rather than assumed present. Grant, (2014) highlights one contributory factor in this area: the prevalence of self-report measures to score EI levels. This echoes comments above when discussing measures of EI and the potential weaknesses of dependency on subjective measurements false estimations. A more reliable measurement such as that represented by the MSCEIT is a more preferable way forward at this time.

2.9 Emotional Intelligence and Nursing

Due to the popularisation of the EI construct, there exists a majority focus on the application of EI within the world of organised work. Within the literature there is a strong managerial perspective e.g. EI and job performance, as a tool in selection criteria and training and development. However, Zeidner *et al* (2004) have highlighted EI as a weak predictor of job performance. Attempts have also been made to apply the concept to education, clinical care, and the work of health professionals. Increasingly, over the past 10 years, EI has begun to occupy a place of interest in the nursing literature –in terms of both nurse

education and nursing practice. Within the literature, there is a growing exploration of the connection between EI and the therapeutic relationship with their clients (McQueen, 2004; Cadman and Brewer, 2001, Freshman and Rubino, 2002, Evans and Allen, 2002)

After twenty years EI, research is still considered formative and suggestive, rather than definitive. Throughout the past years, the overwhelming majority of the research focus has been on validation and adequacy studies- a necessary and important activity. However, in order to further advance meaningful investigation of this construct future studies should move beyond validation studies, and explore rigorously the lived world/experience of EI as a means to further shaping our understanding of this concept. Within nursing education and the pursuit of evidence based care, there is a need to understand the competing philosophical approaches to EI, and seek clarity with regard to the acceptance and application of EI models: be they of a purist or pragmatic nature.

The specific literature of nursing education has identified EI as a necessary requisite for nurses to carry out their roles effectively both with regard to their clients/patients, and with regard to their relationships with peers, and colleagues. It has been muted in the past, and used as a topic of research, that applicants for nursing undertake assessment of their levels of EI (Cadman and Brewer, 2001, Hurley, 2009). There is however, paucity in the literature on this topic area. It may be argued that within nursing, the concept of EI has been received with a similar halo-effect that accompanied Goleman's popularisation of the concept back in 1995 – that EI is a contemporary, phenomenon that can be translated into nursing education and practice and better equip the nurses of both the present and the future. There is certainly an emerging literature exploring the place of EI, however, it tends to focus on qualified staff rather than nursing students as this study does.

As a construct, it can be suggested that emotional intelligence holds important implications for education in general, and for nurse education in particular. EI

has been identified as being of interest to the development and practice of UK nursing staff in the context of their therapeutic relationship with clients. Freshwater & Stickley (2004) have suggested that a lack of focus on EI within the nurse education curriculum has served to undermine not only effectiveness in the emotional framing of the nurse-client relationship, but also nursing practice. This echoes the assertion of nursing theorist Peplau who asserted that nursing should be considered both therapeutic and relational (1952). The implication of such assertions arguably implicate the prerequisite need for practitioners to be able to deal with their own and others emotions. Recently, the Government tapped into this domain, through its focus on nurses' compassion towards clients/patients.

The therapeutic relationship with clients is arguably predicated on emotion. Relationships with clients, nursing environments, and peer relationships are all emotionally charged, and understanding this relationship is important in care delivery. Whilst individuals may experience emotions, they occur within public as well as private worlds (Mann 2005, George, 2000).

2.9.1 Nursing and Emotional Labour

Emotionally laden care work appears in the literature as 'emotional labour' (Hochschild, 1983, Smith, 1991, Phillips, 1996). Although this oft-quoted piece of research considered a different sector organisation, there are related aspects: for example, the personal costs of care work in an increasingly politicised environment of care provision.

Writing in 1989, James draws attention to emotional labour within healthcare and highlights that at this period in time there was some ambivalence as to the role, or indeed, the importance of emotions in caring work. She observes:

“Looking through abstracts, references to emotion and feelings are usually psychological, psychiatric, or biophysical, and significantly, usually associated with disorder” (1989:17)

However, she also quotes Sartre, who makes the important point when describing emotion as:

“having meaning and signifying something.....not a chaotic relationship between self and the universe: it is an organised and describable structure” (1984:34, cited in James, 1989:17)

It is this aspect of emotions having ‘significance’ that appeals to me, and reflects my own experiences. It would seem that to practice care without the influence of emotion robs the care encounter of that which marks it out from all other productive processes: compassion, or empathy. My first experience of this occurred in 1976, whilst I was serving at a Royal Naval Hospital in the UK. I was caring for a young sailor (c.19 years of age) who had contracted bone cancer and had subsequently begun chemotherapy after the amputation of his left leg. I had gotten to know this young man quite well during my allocation to the orthopaedic ward and regular visits to a cancer centre in London. When he was in the Royal Naval hospital and deteriorated, I asked to be awoken during the night in order to undertake ‘last offices ‘ on his body to prepare him for removal from the ward. I was conscious at that time of competing emotions, feelings, demands upon me in that I was a Naval medic, but also a friend. I was a member of the ‘armed forces’ so the image of a feeling serviceman seemed out of place at that juncture. I had lost a friend and I wanted to sob. I felt however, I could not as I was a serviceman. In many ways, this was a pivotal moment in my interest and desire to explore the topic of emotion in caring work.

It might be argued, that how I responded was in fact the rational thing to do. Yet, as Blauner, (1966), and Parkes, (1986 cited in James, 1989) suggest the organisation of workplace emotion may leave unaddressed pathological grieving (James 1989:20). James defined emotion work as:

“labour involved in dealing with other people’s feelings, a core component of which is the regulation of emotions” (1989:15)

James, (1992) suggests that emotional labour may be described as having to do with the regulation of feelings, is emotionally hard, exhausting work, is about personal social/psychological exchanges, it can be associated with remuneration and commercial reputation, and can be subject to gendered discussions. Historically the inclusion of emotive aspects of care was often overlooked within a healthcare service heavily patronised by dominant males within an increasingly mechanised healthcare context. Women were weak and emotional. James, 1992, suggests that this reflected wider employment sector divisions around gendered labour and focused within healthcare upon the role of women (predominantly) as carers.

Reflecting on my experience caring for my young sailor friend/ patient, there was something of this social pressure in my experience related above (Oakley, 1974, 1984, Miller, 1977 cited in Smith, 1991). Hochschild's seminal piece of work on emotional labour (1983) was set against a backdrop of feminist research that argued for recognition of the prevalence of accepting that caring work was female oriented and 'natural'. When I cared for my young sailor friend after his death, re-emerging into the public world of my peers I felt that I had to dampen my own feelings in order not to be derided. Hochschild defined emotional labour as:

"The induction or suppression of feeling in order to sustain an outward appearance that produces in others a sense of being cared in a convivial, safe place" (1983: 7).

Hochschild identified those jobs that are using emotional labour as having three key characteristics:

1. They include face-to-face contact with the general public
2. They require the employee to produce an emotional state in another person. E.g. happiness

3. They allow an employer to exercise some degree of control over the emotional state of employees.

Adapted from Hochschild, 1983: 147 cited in Staden, 1998:149)

Emotion work is both rewarding, in that remuneration is attached to it within the employee context. It is also demanding in that, it extracts psychic energy, and can lead to exhaustion if unmanaged. Smith, (1985, 1991) draws attention to role of emotion work in caring for patients. An aspect not always appreciated by nurses then at that time. In her 1973 study, Anderson highlights that for nearly half of the nurses she interviewed, job satisfaction was related to task based activity. This contrasts with patient perceptions that emotional support was more important for them in nursing care. The emergence of the nursing process in the 1970s brought a focus to nurse education that included communication skills and emotional awareness (Armstrong, 1983 cited in Smith, 1991). Smith (1991) draws attention to the significance that the more nursing students progressed through their training; the more they digressed from these elementary aspects of people-centred care. Phillips, (1996) suggests that the work of Smith:

“lend(s) support to the claims of Strauss et al (1982) and James (1989, 1992) that the emotional labour performed by health professionals, despite attempts by nursing to adopt a more overtly person-centred style of care, is frequently over-shadowed by the instrumental and the mechanical”
(1996:140)

Emotional labour is connected to quality of service. Hochschild observed that airline customers judged the quality of the service through observed emotionality of the flight attendees. Smith, (1991) suggests that patients similarly judge the quality of the care they receive through the emotional element of nursing care. Nursing is demanding work, often fast paced, and nurses may find that they are required to act as if they are happy in order to assure their patients that all is well. Hochschild refers to this 'acting' in two ways: surface and deep.

Karim & Weisz (2010) observe that these two aspects of emotional labour are frequently studied (e.g. Brotheridge & Lee, 2003; Grandey, 2000, cited in Karim & Weisz, 2010). Surface acting refers to the way in which an employee adapts their outward behaviour in order to be consistent with the emotional display rules of the organisation- an inauthentic expression of feeling is occurring here. Deep acting, conversely, signifies an inward change in ones feelings in order to appear/ be authentic with the client/ patient.

Studies have connected emotional labour and EI (Austin 2004, Johnson & Spector, 2007) with mixed outcomes with regard to these aspects of surface and deep acting. Austin (2004) found no relationship between deep acting and EI, whilst Johnson, (2007) found a positive relationship. Mikolajczak *et al* (2007) found a negative relationship. This area needs further development in terms of research-based clarification as to content. EI does point to an ability to moderate and/ or regulate emotions (Mayer & Salovey, 1993, 1995). It is anticipated that those with high EI will be more inclined to adopt deep acting responses due to their ability to self appraise emotionally. Through a greater ability to read, the emotional cues from others within the work, or in this case, the care setting, they can enhance positive emotions over those that are negative (Mayer & Salovey, 1993,1995). Deep acting is therefore more likely to be considered a part of the EI nurses repertoire at the bedside as care is delivered within psychologically challenging contexts. It is this access to a range of adaptive responses, which underlines both the intelligent use of emotions and the wisdom in appropriate application.

The intelligent use of emotions in wise applications must be considered along side increasingly complex care contexts and demands upon nurses by both patients and managers. The Francis Report (2010) evidences these current pressures upon nursing staff. In providing meaningful care and in meeting managerial targets nursing practice cannot be divorced from the culture of caring that Francis refers to (2010). Ballat & Campling (2011) remind us in their important contribution to this debate (Intelligent Kindness: Reforming the

Culture of Healthcare) that individual passions to provide meaningful, empathic, care fall against a backdrop of organisational culture. Complex care demands, restructured resources and arguably, I contend, a nurse education curriculum that is framed by behavioural competencies that are required for safe practice yet overlook an effective emotional wisdom domain that would frame affective practice shift the focus away from the provision of clinically competent and emotionally wise nursing practice.

The relevancy of EI to nursing is connected to notions of self-awareness, decision-making, emotional health, but perhaps significantly, other-awareness. According to Mayer and Salovey (1995), the ability to accurately perceive, use, understand and regulate emotions will enable an individual to read emotions in others and to use emotions to aid thinking, potentialise outcomes and support, sustain and/ or change feelings (Mayer *et al* 2004). Nursing is replete with nurse patient contact; nursing is emotionally charged activity and as such, the ability of nursing students to engage in nursing practice, which is emotionally intelligent, is arguably adding value to both the patient and nurse. EI based practice is noted as supplying such meaningful attributes to the workplace-irrespective of context (Ciarrochi *et al*, 2000, Van Rooy and Viswesvaran, 2005, and Cherniss *et al*, 2001).

Freshwater & Stickley (2004) have suggested that a lack of focus on EI within the nurse education curriculum has served to undermine not only effective nurse-client relationship, but also meaningful practice. They argue that in order to create a meaningful foundation on which to build emotionally intelligent nursing practice, nurse education should look to create a curriculum that shifts away from a behaviourist approach to one that enables emotion based learning and practice to evolve.

McQueen (2004) questioned whether nurse education programmes adequately prepare nurses to be self-aware and to provide psychological support in their work. Although the importance of this aspect is recognised in the literature, nurses however are reported as stating they feel unprepared to take on the

social, interpersonal, and emotional demands of their roles. Evans & Allen (2002) highlight that the ability of nurses to manage their own emotions and to understand those of their clients is an asset in providing care, however EI is generally overlooked as a component within the nursing curriculum.

In clinical nursing, sensitivity to mood and emotions is an integral part of the attempt to understand the patient's context; self-awareness, allows nurses to connect emotions, thoughts and actions in an effective manner. It has been suggested that a nurses EI is therefore an essential ability in decision-making and other creative processes based on feelings and intuition because it consciously captures and make sense of the immediate context (Akerjordet & Severinsson 2004)

The relationship between EI and knowledge development has been recognised in the literature. Proctor & Welbourn, (2002) suggest that using experiential teaching methods can aid the nursing students self-awareness in concepts such as therapeutic communication. Freshwater & Stickley (2004) are noted for their contribution towards a transformatory curriculum model of nurse education that would enable a more robust engagement with ideas around emotionally intelligent learning and practice. Codier *et al*, (2008) have demonstrated that there exist positive correlations between high EI scores and levels of nursing performance and organisational loyalty. Akerjordet and Severinsson (2006) suggest that EI appears to be a valuable asset for knowledge development with regard to a number of factors such as: professional identity, personal authenticity, competency development, professional decision making, clinical behaviour and nursing practice. In order to create a foundation on which to build emotional intelligence practice, nurse education should perhaps look to (re) create a curriculum that shifts from a behaviourist or competency approach to one that enables emotive based construction of learning and practice to evolve. Benson *et al*, (2010) have stated that whilst such issues noted above are merit worthy (Freshwater & Stickley, 2004; McQueen, 2004; Rochester *et al*, 2005), there exists a paucity of evidence that may aid nurse educators in understanding the place of EI in nursing students, and also in enabling curricula

to be more EI oriented. Addressing the role of EI as a necessarily requisite for nurse practice and quality outcomes through developing such in neophyte nurses arguably may better equip nurses of the future to manage their own emotions and those of their patients/ peers in light of the demands of nursing practice in the 21st Century.

There exists however, a glut of quantitative literature exploring the construct of EI. Most of these tend to fall within the remit of validation studies. There is consequently a paucity of qualitative research particularly of a longitudinal nature, which explores EI within the context of individuals' lives. This may be conjectured on the belief that the only way to measure and identify emotions and their role is through measurement and quantification linked to descriptive and statistical reports. Arguably, this application of quantitative approaches leads to a discovery of what has been, rather than what may emerge as new ways of knowing or understanding.

It is therefore prudent and perhaps timely that research into EI employs a stronger qualitative methodological focus in order to allow for this exploration of the lived experience of EI, and not simply recognition of measures. It may be conjectured that to know ones EI measure is one thing; to live and practice as someone with either a high or low EI measure is another. Murphy & Sideman (2006) suggest that exploration of the social context of EI should be considered an important step in establishing EI as a valid and useful construct. Caruso (2003) sums up the ability-based model of EI, on which this study is based as being intelligence based and promoting four emotional abilities:

- To first accurately identify emotions
- To then use those emotions to influence the ways in which we think and what we think about;
- To endeavour to then understand the underlying or root causes of these emotions and assess how they will change over time;
- Lastly, to manage through emotions, by means of adding in the insight(s) gleaned from these feelings into acts such as decision making.

In his Abstract, Payne, (1985) made the following observation, that EI, “*involves relating creatively to fear, pain and desire*”. Throughout the array of literature sourced, read, often reread, this labelling of EI as a creative response to imminent emotional challenges is not often found. One might argue, however, this application of creativity, of responsiveness to emotional situations in new, different ways seems to lie at the heart of what it may mean to be an emotionally intelligent person. That is utilising EI to wisely respond, rather than to react. To pioneer unique ways of experiencing life, learning and acting, and not being emotionally ruled bound by societal expectations.

It is within this area that my own research into EI is focused, as there is a lack of connection between the theory and experience of EI. For example, “What does it mean to experience EI as a nursing student and how does that experience relate to the development of knowledge within a nursing theory-practice context?” “How does EI translate into the learning journey of a nursing student over a three year period of professional education as they transition into neophyte professional nurses?” Using a heuristic qualitative approach, this research will explore what EI means within nurse education and nursing practice contexts, as I partner with a number of nursing students who are participating in a 3 year diploma programme of nurse education within a UK University

2.9.2. Critique of EI

Some 22 years on, emotional intelligence continues to attract both advocates and dissenters. There remain three main areas of contention in the research and study of this concept:

1. Definition – what exactly is this thing called EI?
2. Measurement- how do we (can we) measure this construct?
3. Utility or application of emotional intelligence – in what ways is the construct meaningfully employed.

As a concept, emotional intelligence has been heavily researched over the past twenty years, and heavily criticised. Arguably, some claims about the impact of EI within the popular literature have served to undermine the advancement of purposeful study and exploration of this concept. Matthews *et al* (2006) point to a number of negative aspects of EI derived from this popular approach to the topic: for example, making promises around success that it cannot keep; a plethora of training programs and publications built on a not to secure body of evidence. Matthews *et al* (2006) have also raised the issue that due to the overlapping nature of the EI measures with other established validated psychological factors; the question perhaps should be asked 'does EI actually add anything new?' However, on a positive side, the popular interest in EI has at least increased the public perception of social skills. After at least twenty years of academic research and the emergence of popular texts (Emotional Intelligence, Emotional Intelligence and the Workplace; Goleman 1995, 1998), Emotional intelligence (EI) has emerged as a high profile construct. Claims exist that measures of EI enable the prediction of important educational and occupational criteria, beyond that normally captured by general intelligence tests (I.Q), (Goleman, 1998). EI has been the focus of research within the fields of psychology, education, healthcare, and management (Goleman, 1998; Mayer, *et al*, 2008). It is displayed as an essential asset in settings where relationships with people are considered important.

Academic concern with EI as a concept lay around issues of validity and adequacy. At the very outset, when compared with standard intelligence tests (IQ) measured on the basis of a 'right' or 'wrong' answer, the transferability of such a measuring scheme to the emotional world is fraught with complexity. Additionally, personality or emotional competency based models (Goleman 1995, Bar-On 1997) measured through inventories and reliant on self-measures have thus far not accrued an overall credible test history. For example, (Furnham 2005) it has been suggested that the tendency to self-enhance in self-report scores weakens such an approach in measuring EI. Furnham (2005) has also alluded to the paradox of someone with a low EI measure assessing

his or her own EI score. In a similar vein, individuals with aleximythia would also be unable to effectively complete self-report assessments.

A central critique within the literature is found regarding the idea that emotional intelligence is a separate form of intelligence distinct to general intelligence. Matthews *et al*, (2004, 2007) question the likelihood of meaningful scientific investigation due to the breadth of EI as a concept. Responses to questions such as, “*Is emotional intelligence a separate form of intelligence?*” may well depend on which theory of EI guides your approach. The literature does not demonstrate consensus on this issue. This inevitably has a consequential effect on other related factors such as measurement (Matthews *et al* 2004, Murphy & Sideman 2006). However, Ashkanasy & Daus (2005) argue that emotional intelligence is poorly defined and measured suggesting that a focus on matters of intelligence is errant and that research into emotional intelligence ought to draw from the study of emotions rather than intelligence and not to conflate emotional intelligence with Trait EI. Matthews *et al* (2007) also raised the issue that due to the overlapping nature of the non-ability based EI measures with other established validated psychological factors; the question perhaps should be asked ‘*does EI actually add anything new?*’

Definitions and measures are related. Alignment between the two is necessary for authenticity. Any good measure must be based on a clear conceptual definition. Mayer & Salovey’s Four Branch Model (1995) is based on what is considered one of the clearer definitions for EI (Murphy & Sideman 2006, Matthews *et al* 2007). There are however, still issues cited as problematic with Mayer & Salovey’s definition. For example, Murphy & Sideman (2006) have suggested that the definition refers to functions rather than processes. That is: the identification of emotions may or may not be controlled by a variety of processes, ranging from neurological patterning to higher order cognitive awareness. It arguably ignores the role of the social context of individuals in emotional information processing and the issue of whether EI is predicated on learned (social) capabilities derived from basic aptitudes, and a lack of clarity around the procedural skill of how individuals respond to their emotions.

However, I would suggest that such cautionary matters provide the stimulus for further research and exploration of this construct.

The focus of this study is that of the lived experience of EI within a group of student nurses in the UK. Amidst the range of EI models, such as Bar-On and Goleman's personality based approaches, which have been criticised for too many facets, (Landy, 2005; Zeidner *et al*, 2004), this study adopts the ability based EI approach of Mayer & Salovey, (1995) as a framework for understanding the emotional and cognitive experiences of this nurse education group.

Chapter 3

Methodology

3.1 Introduction

This research inquiry explores the lived experience of emotional intelligence in nurse education. The research methodology adopted is that of an interpretive phenomenological heuristic approach. I have adopted this in order to understand the experience of emotional intelligence. This approach permits me an epistemological framework to explore my taken-for-granted experience of emotional intelligence in a renewed way, and to connect my lived experience of emotional intelligence within the nursing education context, which I, as researcher, am embedded.

According to Cohen, (1987) interpretive study is used to address questions of meaning. It is a useful approach to use when the research task is that of understanding experience. Cohen (1987) suggests that for considering a new area of interest or, for exploring a topic that has been studied but in which a new perspective is sought, interpretive phenomenology has been of value in nursing research (Heidegger 1889-1976, Benner, 1984, Diekelmann, 1993 and Moustakas 1990). In choosing a qualitative approach, I can explore the ways in which individuals organise and add meaning to that which they have experienced and in doing so identify shared perceptions and understandings. This is an important aspect in this study because as a nurse educator, my coming to an understanding of the experience of EI within this field a shared understanding is of great value. Nursing pedagogy cannot separate how affective content is delivered and how it is received.

“ To instruct these nursing students about emotions at work whilst not being emotionally aware seems an odd pedagogical approach. So, what of those lecturers who students say come across as more fact based than showing feeling”? (Journal entry, January 2007)

The rationale for my choice of a heuristic approach will be addressed below. Firstly, by establishing ontological and epistemological approaches to the study; secondly, offering an overview of 'Interpretivism'; thirdly, exploring the place of phenomenology and addressing why heuristics is useful in both retrieving and exploring lived human experience in order to uncover the meaning of the phenomenon of emotional intelligence within the context of this study.

3.2 Ontological and epistemological suppositions

No research enterprise can be easily divorced from how each researchers views the world and how they position themselves with regard to what is 'real', or indeed how we may know, or discover that which is real and how such affects the research process (Denzin & Lincoln, 2000; deQincey, 2002). Research questions emerge from a one's ontological beliefs after which matters of epistemology and methodology follow (Grix, 2002). I take the position that the ontological belief that shapes this research is that 'being-in-the-world' is the primary way for individuals to develop and interpret what it means to experience phenomenon and that an individuals personal history, social context and emotionality all shape and reflect what is real for them.

Epistemology, which is from the Greek word episteme (knowledge) and logos (reason), links to our ideas as to how we know what we know. In this research study I chose an Interpretivist approach because it places of prime importance the role of the individual experience in meaning making within a broader social context. In this study, that broader social context is the world of nursing education. Gough, (2004) states that in order to understand experience the researcher does not gather, or collate data but, rather produces it. This is a creative act of interpretation. Taking this position this research study is focused on enabling meaning and interpretation to emerge from the experience of emotional intelligence in the world of nursing education.

Heuristic study is primarily a focus on the researcher's own discovery of self within the research enterprise (Moustakas, 1990) and therefore the researchers'

subjective self is an integral aspect of the study. Adopting such an approach was helpful for in discovering more about the place of emotional intelligence in me as a clinician I would gain insight as to how others may experience the same. I considered that this was less than what my original research question had been some two years before embarking on my research study. That original question was framed around what is it like to be an emotionally intelligent nurse. I had contemplated pursuing the study using an interpretive autoethnographic style as a way to bridge my experience with a social context like nursing education (e.g. Denzin, 1989). This approach possibly afforded me the opportunity to analyse my subjective self within the above-mentioned social context. Whilst there were aspects of the autoethnographic approach that held some appeal to me inasmuch as it afforded space to explore social contexts, I considered that a heuristic approach gave me a more considered focus on subjective experience of both myself and those with whom I journeyed in a discovery enterprise.

This study is aimed at understanding the meaning of emotional intelligence (EI) in the world of nursing education. Each student nurse is unique; they each create their own set of meanings and consequent actions. In the last chapter, it was argued that research to date within EI has focused on matters of definition, measurement and, the utility of the concept of EI. Little however has been considered by way of what EI looks like as experienced and lived out in the context of nurse education in a UK HEI.

Nursing action is predicated on not only theoretical knowledge and understanding but also on meanings, meanings that lead to action (Cohen 2006). Each student nurse (like each patient/ client) is unique and thus holds to a personalised understanding of their experience of EI. Understanding themes that may emerge from the data from across the study group may provide a useful guide to student nurses, as they transition from neophyte to practitioner. Additionally, to nurse lecturers, like myself, to understand the interaction between patients and colleagues in ways that may differ from those student nurses who lack EI and thus address such in pedagogical strategies.

Engaging with this set of experiences through qualitative study is to so inductively. Notions, understandings, and perceptions can emerge from the words and observed behaviour of those who are participants and co-researchers in this enterprise (Lincoln & Guba, 1985). Heuristic research is done with the participants, not 'to' them.

Methodology should fundamentally assist the researcher in addressing the research question or topic. Hence, I would suggest that methodologically, the heuristic approach addresses the question of what EI means in lived experience because EI is both relational and social. Gadamer, (1989) makes the case that the endeavour to understand how we each go about understanding the world we each confront is the concern of the 'human sciences'. Although Crotty (1998), alludes to methodology as being the plan of action that shapes the choice and use of methods in any research endeavour; the heuristic approach is not reducible to a neatly packaged way of working. As a researcher using this approach, it is not about following a sequence of pre-determined steps, but about embracing what Heidegger alluded to as a sense of 'Dasein'- 'being-there', 'being-open' in the process and allowing the journey to be shaped by those who share the 'world' we both are travelling (Gadamer, 1982, Harman, 2007, McManus Holroyd, 2007).

Within this study, I chose to consider the research participants as co-researchers with me. This partnership is framed around the idea that to research a topic requires active engagement by the researcher (Moustakas 1990). Dialogue and shared reflections, thoughts and stories allowed data to emerge. Hence, a fundamental foundation for this study is the acknowledgement of the participants as co-researchers and thus important sources of knowledge and insight of the phenomenon under investigation.

3.3 Methods of Inquiry

Empirical science has earned respect and reputation for the objective nature of the way it delivers important truth. This method empowers researchers to free themselves from any mixture of bias in their quest for truth and to distance themselves from any form of contamination (McManus Holroyd 2007). The use of this positivist scientific method has certainly added to the development of nursing's' understanding of its subject- the human being. However, the reductionist nature of this approach is unlikely to aid understanding of the human experience (Giorgio, 1992, Mishler, 1990 cited in Angen, 2000). Nursing practice emerges at times from a natural science perspective and a 'know-what' approach. Nursing care is guided by a 'knowing-why' that escapes pure science because concepts such as fear, anxiety, and joy cannot be seen- only their attendant behaviours. At its heart, natural science and human science inquiry is framed by, what I call the 'spectacles effect' – that is, ways of seeing.

Neuman, (1994) in Fossey *et al* (2002) stated that paradigms afford researchers different ways of looking at, observing and measuring different phenomena. The Empirico-analytic, or natural science approach, is predicated on a deductive logic and is combined with experimentation and observation in the empirical world in order to affirm or refute probabilities and/ or causal relationships. It would be a misnomer to suggest that the human sciences (in this case, medicine and nursing) has not benefited from such research. Yet, the natural sciences are not effective at helping researchers to develop understanding around subjective experience. The paradigm of natural science is constraining for nurses. Its reductionist nature provides no way for the nurse to refit this compartmentalised human back together into a coherent whole- as such this type of thinking about nursing was becoming troublesome. Nursing researchers therefore sought out alternative ways of thinking about their topic area. Embracing balancing perspectives, rather than competing approaches, nursing research entered into a different (interpretive) standpoint.

3.3.1 The Interpretivist Perspective

The aim of interpretive methodologies is that of understanding and accounting for the meaning that individuals attach to that which they experience and how they act (Fosse *et al* 2002). The interpretive tradition gathers together a range of research approaches that seeks to elicit interpretations of the social world that, are both historically and culturally aware. For example, as noted by Fosse *et al* (2002) ethnography, phenomenology and narrative approaches. Holstein and Gubrium (1994:262) add to this their observations that there is:

“...a rich variety of constructionist, ethnomethodological and conversation-analytic...strains”

Interpretivist perspectives seek to understand what has been called the ‘lifeworld’; that is, the world of human experience. In any given situation what does the world mean to those who undergo experience. It has been suggested (Sandberg, 2005) that vestiges of Interpretivist thinking originate with Weber (1864-1920) who brought a focus to what he termed the *Verstehen* (German for a notion of ‘understanding’) that is integral to human science in contrast with the cause and effect of the natural sciences. It is an epistemological position that seeks to make sense of the social world through meaning making by the individual in any given situation and/ or context. Such ‘*Verstehen*’, seeks context dependent/situated interpretations of the social life world in which individuals find themselves located.

As an approach to research, Interpretivism, assumes that reality is that which emerges from the intra and inter subjectivity of meaning making located within a social world. “*There can be no understanding without interpretation*” (Sandberg, 2000: 385). Understanding is expressed through language, action, and context (Sandberg, 2002, Heidegger 1962). Kvale (1996 cited in Bennetts, 2007) makes the pertinent point that as such meanings are contextually negotiated and embedded in the language of the time- such meanings are not permanent- they are temporal reflecting the *lifeworld* of those who declared such at that time.

Thus, the goal of the Interpretivist researcher is not to produce an end-outcome, but a dialogue, a journey of discovery that is open to future change.

Consequently, when using Interpretivist approaches in research the researcher needs to be cognisant of the philosophical assumptions related to the nature of reality and indeed the relationship of the researcher to said reality. According to Annells, (1996) there is a focus on relativism (the view that multiple constructions of reality exist collectively) within such an approach. For the researcher using a qualitative approach, the phenomenon of interest is seen as a created construction in which the researcher is seen as a co-creator of this reality. Subjective interpreting of texts assumes that the researcher is not remote or distant to the exploration of the phenomenon.

Dingwall *et al* (1998:111) stated that:

' Qualitative research involves broadly stated questions about human experiences and realities, studied through sustained contact with people in their natural environments, generating rich data that helps us to understand their experiences and attitudes'

Crotty (1998: 67) states that the Interpretivist approach:

'...looks for culturally derived and historically situated interpretations of the social lifeworld.'

Moss (1994) observes the richness of the methodology when he says that the interpretive approach is based on the pursuit of a deep level of insight as to how humans experience the lifeworld through language, context, and the inter-relatedness with others in such a social world. The Interpretivist perspective takes the position of assuming that humans construct meaning from the events and situations they encounter. Adherents of Interpretivism seek to understand the world of lived experience from the standpoint of those who live it. Interpretation is therefore a key element in coming to understand the meaning of an individual's world. That is, the interpretation of words and actions displayed in social situations and their meanings. Research within this paradigm, is not seeking to establish a cause and effect relationship. The

questions that each qualitative approach asks are directed towards the participant's feelings and experiences, their sense of Being.

In this study, the interpretative approach is not asking, any sort of 'so *what*' question of emotional intelligence (in the context of nursing education), but instead is seeking to understand the '*what is it like*' question of an individual's reality or existence- the orientation is therefore ontological:

What is emotional intelligence like in nursing education?

Within the field of nursing, qualitative approaches using descriptive and hermeneutic phenomenology are seen to influence the majority of studies, enabling researchers to explore on lived experiences of nursing, and being nursed. An example of this in the context of the current study of the lived experience of emotional intelligence might be the impact of emotions on nursing practice. A student nurse may be upset that outbreaks of anger or inappropriate emotion meant that she was a weak nurse and therefore not fit for the role. Thus, the intentional embodied relationship between a student nurse and her caring work is highlighted.

3.3.2 Hermeneutics

Heideggerian phenomenology allows the researcher to focus his or her attention on to the meanings and practices revealed in narrative accounts. The process of interpretation is hermeneutics. Hermeneutics is a Greek word which means 'to interpret', and is associated with language and the interpretation of texts where language is central (McManus Holroyd, 2007). Language is seen as central to understanding the world as experienced and thus hermeneutics allows for the meanings in human understandings to be laid open to scrutiny. Heidegger's focus was mainly in terms of how individuals live in the world and temporal matters as they related to authenticity and being-in-the-world as well as time and life experience. Heidegger contended with Husserl's Cartesian based approach to phenomenology arguing that in order to understand an

individual one must be aware of that persons world- they cannot be isolated (Dreyfus 1987, Walters 1995, Reed 1994).

According to Palmer (1994) whilst Husserlian phenomenology was epistemological in its orientation, and focused on revealing the essence of a phenomenon, Heidegger, was more challenged in using phenomenology to address another question- that of Being. Heidegger believed that the ontological question was prime- not how we know the world, but how do we understand the world (MacAvoy, 2005) The Husserlian focus on epistemology- 'how do we know what we know' could only stand on the shoulders of a stronger ontological orientation that asked – 'what does it mean to be a person?' His major work, *Being and Time* (1927/1962) although never completed was an exploration of what it means to be human- not a critique of 'Being' itself.

Heideggerian phenomenology holds that individuals cannot be understood apart from the context of their lives: their culture, their history, and their social existence (Campbell, 2001; Draucker, 1999).-Heidegger held that *Dasein* and *Being-in-the world* were essentially linked and thus one cannot be considered without recourse to the other. Like Husserl, Heidegger considered being-in-the-world an important vehicle to understanding 'Being', along with the notion of every day human existence: 'Dasein'. Used by Heidegger to depict human 'Being' (as opposed to non-human or natural Being), Dasein was a way of locating the uniqueness of each human Being and their experience of the world and their interaction with the world. In this regard, Heideggerian phenomenology is a reaction to the reductionist approach of Husserlian phenomenology (Benner, 1994). Seeking to uncover the meaning of being for humans overlooked by such reductionist approaches Heidegger argued that understanding leads to authentic *Dasein* (being-in-the-world). Heidegger's concept of Dasein highlights the factor that no individual removes themselves from the range of contexts that shape their choices and frame the meaning that they give to their experiences. Husserl in contrast, contended that individuals were able to influence the environment around them, but he paid less attention to the notion that context can influence lived experience (Deustcher, 2001).

To use such a research approach here with regard to emotional intelligence is to take the position that emotional intelligence is not a concept that is detached from each participant but each participant intimately experiences the concept within his or her unique world experience and geo-culturally situated locations. Dasein cannot be explored without awareness of and consideration of the context and therefore historicity of each individual. Hence, what does it really mean to be an emotionally intelligent nurse?

3.3.3 Heuristic Approach

The heuristic approach is associated with Heidegger's (1962) existential approach to phenomenology. As noted above, a person's historicity is significant in the shaping of experience. Historicity means that it is arguable that an individual can be seen as distinct from their background either as an individual or in a group. Heuristics is subjective. Heuristic research, according to Moustakas is, "a process of internal search through which one discovers the nature and meaning of an experience (in which) .the self of the researcher is present throughout..." (1990:9). Heuristic research enables a self-oriented engagement with the topic under study. The self is integral to the discovery process (Moustakas, 1990; Sela-Smith, 2002).

Moustakas drew on Polanyi's belief that scientific discovery could not be attained through "explicit inference" neither could its' claims be "explicitly stated". (1969:138). Moustakas looks to tacit knowledge in order to gain a more thorough and inclusive understanding of a topic. Two aspects shape tacit knowledge: firstly, subsidiary factors that gain primary attention and then secondly, focal factors which are experiential in nature. Together these form an intuitive based knowledge known as tacit knowledge. Polanyi stated, "all knowledge is either tacit, or rooted in tacit knowledge" (1969:144). There is thus rooted within heuristics a quest for discovery. Knowledge being derived from both tacit and historical contexts cannot always be overtly stated, or grasped. Heuristics seeks to aid the uncovering of such knowledge.

In a heuristic study, the researcher must have had exposure to the phenomenon being investigated (Moustakas, 1990). Consequently, the researchers' intuitive knowledge becomes the foundation of the discovery journey. This intuitive or tacit knowing has been defined as an inner sense of knowing more than can actually be declared (Douglas & Moustakas, 1985) Tacit knowledge is 'gap-knowledge' That is it dwells between that which can be articulated and that which is rooted in hunches and vague insights that throw a light on the unconcealment process of discovery. As the researcher my perceptions, understandings, and experiences of emotional intelligence are also an integral part of this discovery process. Moustakas comments:

"The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge (1990:9)

Alongside this self-searching, the researcher is not alone in this journey of discovery. He/ she is joined by others who are co-researchers and thus fused perspectives and frames of reference and insights emerge so that this co-researched occasion becomes a pivotal moment in seeing, knowing and apprehending in a different way. Heuristic methodology after Moustakas is shaped around a six-stage method, which is outlined here and commented on more fully in the following Methods chapter.

The stages include:

1. Initial engagement,
2. Immersion,
3. Incubation,
4. Illumination,
5. Explication, and
6. Creative synthesis.

Table 2 Moustakas' (1990) Process Steps in Heuristic Research

Stage	Method
Initial engagement	Identifying the focus of interest/ concern
Immersion	A lived engagement with the subject of inquiry
Incubation	A retreat to allow that which has been encountered to allow tacit encounters with the topic
Illumination	A state of receptivity to that which is tacit and intuitive allowing conscious awareness of the topics content
Explication	The examination of what has been awakened within
Creative synthesis	The production of a creative whole to convey that which has been mastered. This may take the shape of art, poetry, prose, or pictures.

Moustakas (1990: 27-32)

3.3.4 Searching the Self in the company of others

A challenge that I faced engaging with a heuristic approach lay in the pursuit of discovering the lived experience of emotional intelligence amongst the group of student nurses and being aware that my methodological theory was pushing me into the research process itself as an active player not simply a 'epistemological onlooker'. This blending of perceptions appears out of place with the essence of heuristic inquiry being framed around self-discovery, self-awareness, and self-knowledge. Moustakas does take cognisance of the perspectives of others in his work (1961/1989, 1990). He does not do so in terms of blending such but acknowledging each as separate. To stay true heuristics as methodology it required an on-going experiential process of the self. Yet, the outcome of heuristic research is not simply a synthesis of how a phenomenon was experienced by others but also by the researcher. A challenge lay therefore in

determining a way forward that would be true to the letter and the spirit of the methodology. I found help in the writing of Sela-Smith (2002) who commented on Moustakas' process in his 1990 book as being made up of two distinct approaches. Chapters one and two hold forth an internal process that is shaped by the stages in the heuristic method rather than sequential periods. She says that:

"It is not the thinking-observing self but rather the I-who-feels who is experiencing the feeling that provides access to the aspects of the tacit dimension of nonverbal thought" (2002:62)

Chapters three and four, Sela-Smith considers present a different approach to heuristics consequential to Moustakas' lack of giving in to the process of self-discovery. Here, she says, Moustakas moves to that of observed experiences. Thus for Sela-Smith, there is a 'disconnect' between heuristic theory and practice. Without an on-going awareness of self in the research process, the researcher, according to Sela-Smith, circumvents access to tacit knowledge and therefore self-transformation. There is certain value in Sela-Smith's critique although I believe she judges Moustakas too harshly. His book on the heuristic process (1990) reflects a didactic device to present a process that is both concerned with the giving and the living of a process in and through others. His book on Loneliness (1961/1989) is offered up as a methodological piece of writing in which he shifts from the inward to the outward gaze upon others who share his experience. There is perhaps rigidity, even inflexibility in Sela-Smith's pursuit of the heuristic self that debars "whatever presents itself in the consciousness of the investigator" (1990:10).

Moustakas (1990) does suggest that there is value in interviewing others who have shared experiences as the researcher as such can deepen and enrich understanding. Sela-Smith, (2002) contends that such will filter out the heart of heuristic inquiry, the "I-who-feels'. Consequently, for those who adopt heuristics after Sela-Smith, there is an avoidance of the use of participants as co-researchers. To include others, as I have done is to access their experiences, and thereby seek an enriched meaning making, acknowledging that individual

experience takes priority in this journey of discovery. Within an educative context, a lack of acknowledgement of the shared experiences of emotional intelligence would be to undermine the essence of the study question. This echoes Moustakas's observation that heuristics serves to connect that which is out there with that which is inside in terms of thoughts, feelings and reflective awareness. In accepting the approach of Moustakas is not to infer a disregard for the value, Sela-Smith gifts to heuristic research. Throughout the analysis of the data, I blend her concepts of 'I-who-feels', self-reporting and other reporting. The core of this blend is a focus on the relationship between the co-researchers. They influence the heuristic turn and indeed, through their engagement both shape and reframe that journey of discovery. Relationship amongst the co-researchers adds both value and richness to the discovery process. It also allows, I would peradventure the appreciation of group experiences as an aggregated community. In this case a community of (nursing) practice.

3.4 Concerning rigour and credibility in qualitative research

For Moustakas, that which makes the heuristic process 'valid' is the heart of experience as captured or expressed through articulated meaning. Historically, qualitative research approaches have been criticised with regard to the lack of credibility and rigour (Guba & Lincoln, 1989; Sandelowski, 1993). Tobin & Begley (2004) have highlighted that it is important therefore that research undertaken within this perspective is able to demonstrate academic rigour and integrity. A challenge of the heuristic process is its lack of definition. It adopts a 'what works' way of thinking and that can be unsettling for some. Without having pre-determined outcomes the methodology's benchmark as to what is 'right' is framed by an apprehension of that which works best. Moustakas stated that the judgment made as to the veracity of meaning derived from experience belongs uniquely to the researcher for they alone are the only person who has undergone the heuristic method from the start. Heuristics is therefore not so much about external 'proof' as it is about the internal encounter.

Finlay, (2006) states that the concepts of reliability, validity, and generalisability are commonly used within a positivist research framework for both conducting and assessing quantitative research. She goes on to say that, "...*qualitative researchers contest and reject these positivist concepts*". Critiquing these concepts Finlay draws attention to the following factors that lead to rejection of these concepts within qualitative research:

Reliability (which is the consistency of the means of data collection) is not an appropriate criterion in qualitative research as qualitative research does not seek consistent results; it seeks rather the responses of participants at a time, place and in a context- which is highly unlikely to be repeated again.

Validity (the degree to which research measures what it was meant to measure) the implication here is that, which is being measured has a reality objectively assessed. Qualitative research tends to view such a position as not appropriate. Rather, through use of subjective interpretations the focus is on whose reality is the research study addressing.

Generalisability (extrapolation of findings from the few to the many) is not a concern of qualitative researchers. Here, the interest is in showing that findings, may and can be transferred or have meaning, or value for others. It is the richness of data not its largesse that is fundamental to appropriate qualitative research. Using or developing criterion to demonstrate trustworthiness or congruence in a piece of qualitative research is therefore important if the criteria of positivism is set aside as inappropriate. The reader of qualitative research should be satisfied that there is rigour and relevance to the work.

To its advantage, qualitative research has a broad range of criterion from which a researcher may choose, or adopt in order to satisfy this aspect of their work, for example, Lincoln & Guba, (1985, 1994); Madill *et al* (2000) Polkinghorne, (1983). Koch, (1995) argued for "*each inquiry determine its own criteria for rigour (trustworthiness)*" (p, 174). In this vein, Finlay (2006) developed her own set of criteria (the 5 Cs) that she uses to evaluate the outcomes of any piece of qualitative study:

Findlay's Criteria for Evaluating Qualitative Research

Clarity-

Does it make sense? Is it coherent?

Credibility-

Do the findings match the evidence? Are they convincing? Are they plausible?

Contribution-

What does it add to the debate and knowledge of an issue/practice? Does it add value to the reader? Does it empower? Does it challenge assumptions?

Does it offer guidance for future action?

Communicative resonance

-Are findings adequately powerful, emotional to invite the reader to step inside this world? Do the findings resonate with readers? Do findings challenge? Is there evidence of dialogue with others in testing claims e.g. participants, research supervisors/

Caring

-Is there evidence that the researcher has shown sensitivity and respect for the participant's safety and needs/ to what extent is the researcher reflexive about the way the findings are explicated within such an interpersonal context? Is there evidence of ethical concerns and concern about impact of research in wider community?

(Adapted from Finlay, 2006)

Koch (1996) suggests that one way of helping to ensure rigour is for the researcher to demonstrate their awareness of the philosophical positions, ontological and epistemological orientations and purposes with regard to the research study and the impact such choices may have on the study undertaken and study congruence. A means of establishing credibility is through the demonstration of the researcher's understanding of underlying philosophical ideas and the application of the same to the study in question. In this study, the philosophical base has been stated, i.e. the adopted heuristic approach, which is linked to Heidegger's existential/hermeneutic. This has required guided reading of the literature to explore, encounter, and consequently increase my understanding around some of the metaphysical points raised. It is necessary

that the research endeavour 'holds' together so that the philosophical framework is in alignment with the research approach (Annells, 1999).

Methodology is that process whereby insights about the world and about individuals are created interpreted and disseminated. Koch (1996:174) says it a " ...means of recording the way in which a study is accomplished". For a work to be credible, it needs to be believable. Indeed, Stark & Trinidad (2007) would seem to use credibility and believable as almost synonymous words when describing the outcome of qualitative research findings:

' A study is credible when it presents such faithful descriptions or interpretations of a human experience that the people having that experience would immediately recognise those descriptions or interpretations as their own. A study is also credible when other people can recognise the experience when confronted with it after having only read about it in a study ' (2007: 307)

The purpose of this study is to inform nursing education/ practice. It is particularly directed towards, a pathic understanding of nursing- that is to do with feelings, emotions, interactions, meanings and responses which have a symbiotic relationship with compassionate nursing practice. This reference to pathic is derived from van Manen (1997) where, we might understand the connotation as the nurse meets the client/ patient not as eye-to-eye, but heart-to-heart in the very centre of a time of need, or suffering and in doing so supports, and comforts (Annells, 1999). The utility of this research project centres on how useful it is for adding to nursing education and/ or nursing practice. There exists a broad range of criteria by which any phenomenological piece of work may be evaluated or attested as rigorous. For example, by whether it addresses validity issues, how faithful it is to the art of interpretation, does it demonstrate ethics and truth? (Lincoln & Guba, 19; Sandelowski, 1995)

Although the following chapter addresses issues of research method to a greater degree, the following strategies were employed as a means of

addressing these important matters. Following each interview the participant was asked to not only clarify aspects but also verify understandings in the interpretative process. Asking the participant to review the final interpreted data relating to them and to, as it were, challenge the themes for their coherency-would their experience remain the same if the theme identified was removed. For example, *'Is this what emotional intelligence as a student nurse is really like for you?'*

Journal notes were made and kept during each interview to ensure that I did not miss anything – e.g. body language – tones of voice, use of silence (see van Manen 1990). I also noted in that journal a record of my own experiences as a researcher to track the development of thinking around the topic area, issues highlighted within the conversational interviews and my awareness of personal biases. Etymological sources of words used were traced and identified to ensure that relations to lived experiences being discussed were vital and vibrant with meaning relevant to the participant (van Manen 1997).

Qualitative research approaches do not seek to predict, generalise, or theorise. It aims rather to enhance understanding of certain phenomena and the meaning(s) that individuals attach to these. Such is of value to those who are interested in human experience and particularly within this study how such experiences and meanings contribute to the place of emotional intelligence in nursing students maturation process from neophytes to professionals. As such, studies may contain within themselves the seed for future and other related studies; it is necessary that the methodological approach used be seen to reflect the purpose of the research focus. I would assert that this chapter demonstrates such.

3.5 Conclusion

In this chapter, I have demonstrated that those who undertake a heuristic study must articulate the philosophical underpinnings related to their methodology. I have addressed how Moustakas's (1990) and Sela-Smith's (2002) heuristic has

informed the research process and data collection. Kockelmans (1997) stated that at the heart of interpretative research is that all understanding is interpretive. The issues we are looking at are located in situational, cultural, and historical contexts. Heuristic research, informed by the work of Moustakas, 1990, has been adopted as an appropriate methodology for this research study as it is attentive to both the philosophies underpinning phenomenology and hermeneutics. The study is therefore seeking to gather rich textual descriptions of the experience of emotional intelligence emerging from myself, and my study participants as co-researchers. The use of a heuristic approach occasioned the exploration of the participant experience through interpretation of descriptions shared and captured through language, poetry, and dialogue. Language that exemplifies a 'what is' about emotional intelligence and student nursing, but also language that provokes a 'what might be' with regard to the significance of any findings (Munhall, 2007). Within this chapter, the ontological orientation of a heuristic approach was identified as appropriate to enable me to address my research question because it provided me with direction to access the meaning that individuals attach to their experience of emotional intelligence as student nurses.

Chapter 4 Method

4.1 Introduction

This qualitative study was undertaken in order to explore what emotional intelligence means in the experiences of a group of student nurses undertaking a three year nurse education programme of study and, in describing their experiences seek to uncover aspects that might be related to the role of emotional intelligence in future nurse education programmes. In this chapter, I explicate the method chosen. I discuss processes of design, participant sampling and recruitment, ethical matters, data collection, analysis and rigour.

Crotty, (1998) states that the research process should be congruent with regard to matters of epistemology, ontology, and method. As discussed more fully in the preceding chapter I have taken an interpretative approach to this research study. I did this as I hold the view that reality is dynamically linked to the categories individuals create in their minds in order to make sense of the world in which they live. I hold that the development of any theory cannot be separated from the role of observation, or dialogue, or the values owned by those observed. This ontological position leads to an appreciation that the methods chosen have constructed the data. The data has emerged from a co-participant relationship with the student nurses in the sample. Epistemologically, the interpretative research approach used here draws upon the analysis of socially meaningful action that is situated in both an individuals historicity and setting. Sandelowski, (1995) suggests that such meaning may arise uniquely by the participants themselves but such meanings are experienced alongside others in their setting. Hence, as Crotty (1998) alludes to, truth and reality is individual framed and at the same time multivariate for no one truth exists.

A common criticism of qualitative study is that there can be a lack of coherence between the research methodology and method. Polit and Beck, (2008) highlight that the qualitative research approach is apt for topics that are emergent and holistic and serve to bring illumination or understanding to

phenomenon. Hence, the choice of a qualitative approach affords the researcher an opportunity to enter the lived context of the participant, and collect data and make interpretations based on that data (Leedy and Ormond, 2005; Polit and Beck, 2008). Method may be understood as the steps or strategies employed by the researcher in order to gather and analyse data in a research inquiry. In research, the method must be appropriate for the focus of inquiry. Such strategies, or steps in interpretive research differ according to the researcher. There is no 'set procedure' or process for the researcher to follow. In using a heuristic approach the researcher is seeking to open up and interpret the descriptions of an experience of a certain phenomenon as shared by the participants (Moustakas, 1990).

In this study the participants meanings as related to their experience of emotional intelligence was revealed through analysis of in-depth interviews and associated artefacts that were used to recount the lived experience of this phenomenon. The research invited student nurses to share their stories. Interpretation was based on the descriptions contained within these written and lived texts. In progressing the approach adopted, I have sought to ensure that the research method is consistent with the philosophical elements that underpin the methodology so that there is coherence and alignment. I have used Moustakas' (1990) heuristics to assist me in exploring the experiences of emotional intelligence in this group of student nurses.

Moustakas refers to six phases of heuristic research design:

- Initial Engagement- an invitation to self-dialogue around the topic area
- Immersion- the researcher engages and engrosses himself/ herself in the topic under investigation
- Incubation – a period for allowing tacit knowledge and intuition to clarify, extend, and uncover further meanings around topic area
- Illumination – a naturally occurring process opening the researcher to tacit and intuitive knowledge

- Explication- a full examination of the now opened topic area predicated upon the researcher's own self-awareness as a gateway to understanding the data derived from dialogue with others.
- Creative synthesis – this is the final piece of heuristic research. This may take the form of narrative utilising verbatim materials, a poem, drawing or a story or some other creative form (Moustakas 1990)

4.2. Accessing the field of inquiry

In order to gain such insight I needed to turn to those individuals who had experienced this phenomenon. The study participants were all student nurses on a pre-registration education programme located within a Higher Education setting in the United Kingdom in the Midlands Region. I have made a deliberate choice to refer to my study subjects as 'participants'. As the researcher, I believe it is necessary that I link the term used to describe the subjects to the overall methodological approach being used. In heuristic inquiry, Moustakas (1990) highlights that the researcher is seeking to discover the depth of a lived experience and recreate such from the frame of reference used by the one experiencing such. Hence, as I view my subjects as co-producers of dialogue and knowledge, even though the outcomes primarily benefit myself, and by extension nurse educationalists who may adopt ideas proffered because of the study. I consider 'participant' to an appropriate term. It may be countered that if they are co-producers of knowledge that can create issues around authorship or indeed ownership. This point is of merit and does lead to notions around ownership of knowledge that sits nestled in a student's head and at one level it could become a cyclical argument that Universities as repositories of learning own the knowledge they input into the minds of the student population. Yet, it could be countered that students own the knowledge shared in tutorials and seminars that shape future teaching content. I would suggest that ownership of knowledge is more a social construct than a defined object and perhaps within a professional setting and context a shared 'item' that is rooted in communities of practice. Here the use of the term is framed by voluntary participation in a data gathering activity with the aim of gaining insight and understanding of a

phenomenon. There is both a relational and reflexive aspect to the dynamic between the interview participant and the interviewer as highlighted by Wiesenfeld (2000) and Richardson, 1995 cited in Wiesenfeld, 2000)

In order to gain access to and recruit the study participants it was required to gain the support of the Head of School responsible for the nurse education programme within the Faculty of Health in the University. Before commencing the study process, this approval was obtained following discussion of my research proposal. I described the study aims and answered any questions that arose. Gaining access is an important aspect of the research enterprise and this was an important activity as gaining access depended upon support from senior Faculty staff. Following this, the next step was to obtain ethical clearance from the appropriate bodies.

4.3 Ethical Matters

The research study gained ethical approval from the Research Committee of the University of Worcester. Ethical approval from relevant bodies is an important and essential aspect of any research study before commencing any fieldwork. The Ethics Committee are there to ensure that any research conducted on humans follows ethical principles. Any research on humans, and in this context student nurses, is required to abide by prescribed standards of conduct throughout the entire process. For example, it was important that this research did not cause any harm to the participants. This is referred to as the principle of beneficence (Beauchamp & Childress, 1994). It was important that the research endeavour sought to improve the experiences of student nurses in the context of nurse education and thus as the researcher I am obliged to relate to all participants in honest and transparent ways. For example, that the study can only begin after each participant has voluntarily given informed consent and that the study adheres to a rigorous design.

Consequently, I sought and obtained ethical approval from the Research Committee of the University of Worcester (Appendix 3). Following ethical

approval, recruitment of participants took place as previously discussed, and data collection began. Before the initial interview, each participant read the Information Sheet and Participant Consent Form (Appendix 1) and I answered any questions that were asked before each participant signing their consent to participate in the study. In order to reduce issues around 'power' as a researcher (Clarke, 2006) each participant was asked where they would like their interviews to take place. They all chose to make use of the interviewing rooms available on campus at the University. In each interview, each participant was also asked if they had any questions at that point and if they still were happy to continue as they had been advised at commencement of the study that they could opt out at any juncture. Each study participant was provided with a copy of the Information Sheet and a copy of the Participant Consent Form (Appendix 2) to keep for their own records. Each participant was advised that they would be given a pseudonym in the interview transcriptions and that they would not be identified in the thesis or any subsequent publications. Each participant was also advised that the anonymised and coded transcripts would be kept in a secure cabinet in a secure location for the duration of the study period and that any audio recordings would be kept secure for a period of five years after the study. At this point any transcriptions and/ or audio recordings will be deleted, destroyed, and shredded as appropriate. Whilst no study participant expressed any concerns about the anonymity or security of the data, it was both necessary and important that they had confidence in my undertaking of responsibility to adhere to ethical guidelines and practice.

As this research inquiry was concerned with exploring the inner world of people's emotions it was important that I sought to minimise harm to the participants as a result of exploring their own lived worlds (Morse 1991). Those who took part did so voluntarily, and gave they up their time and allowed their emotional worlds to be revealed without any financial gain or other benefit. It was of great importance then that they did not suffer harm or discomfort through this process. I sought to listen sensitively, ensuring that at each interview session the opportunity to withdraw from the research inquiry was made

available and during the research interview I sought to allow for space and on-going consent for disclosure.

4.4. Sampling

Identification of the study sample was mediated through purposive sampling. In studies of a phenomenological nature, of which heuristics is one, purposive sampling is frequently observed. Miles & Huberman (1994) state that the aim of purposive sampling is to enable the identification of perceptions from a specific group concerning a specific phenomenon or topic. Patton, (1990) highlighting the value of small samples, adds that the strength of purposive sampling lies in the selection of subjects that are potentially data-rich and enable learning around a topic to take place. Coyne (1997) has stated that the sample size has a significant impact upon the overall quality of the research. Morse (1991) adds that participant selection is based on the needs of the research study. Given the context and setting of the research topic the sampling process was aimed at participants who had familiarity with the language, practices, and experiences of student nursing and nurse education.

Potential participants were purposively sought who met the following criteria:

1. They were aged 18 years or over and were able to read and speak English
2. They were students within the host University undertaking a nursing qualification
3. They were either male or female
4. They were willing to participate in the study by giving their written consent following an explanation of the study and its aims, and the requirements for their participation

Following ethical approval I was allowed access to a group of new student nurses who were beginning their first year of University education undertaking a

Diploma in Higher Education (Nursing). I was able to speak to the group as a whole (120 students) and present my research topic introducing the area of interest and answering any questions from the students as to the study process. At this point, I extended a general invitation to those who were interested in taking part to register their interest on paper and I would follow this up with a further discussion with them and an invitation to participate as a study participant.

Twenty-five students, both male and female, made a first response and each was invited to attend an individualised interview in which I presented the study in more detail and answered any further questions. Each responder was given an Information Sheet (Appendix 1) and a Study Participation Consent Form (Appendix 2) describing the purpose of the study. From the original twenty-five students who attended the follow-up interview and were invited to participate in the study, twelve consented to participate. This was a mixed gender group of 10 females and 2 males. From this initial group of twelve students recruited to the study one female opted out of the study before commencement and two males did not respond to the invitation to the first interview and participate in the on-line MSCEIT v2.0-scoring test. Sandelowski, (1995) has highlighted the value of, what she termed, 'maximum variation' in sampling types. By this, she alluded to the using variation such as class, gender, and age within their sample group. The sample that I aimed for included variation of age and gender. It was disappointing then that whilst the sample recruited did include a range of ages, it remained gender specific.

As the researcher, it is important to ask if I might have carried out some other recruiting process to engage males in the process. I sought to make contact with these two males in writing, by email and in person to explore with each of them why they had withdrawn from the study. Despite these attempts, the potential male recruits did not respond to any overtures from my side to participate. As the study cohort was based on a purposive sample that included male participants this was a disappointment. Sandelowski (1995) has suggested that such an issue might be resolved through a design that explored

one group at a time. This might have been in the current study to research a group of females with variations of age and either simultaneously or sequentially, research a group of males with age as a variation. Following completion of both research groups then a blend of findings could be developed. Whilst such an enterprise has appeal, with regard to this study, the potential male recruits would arguably be too small alongside a larger female group (Sandelowski, 1995).

Each of the remaining nine study participants was advised that they would be interviewed on at least 3 occasions through the period of their student nurse education experience- at least once in each year 1 to 3. Longitudinal studies, such as this one, can be used to explore and identify variation over a period of time and map individual change. Data can draw attention to influences on experience and/ or outcomes in knowledge development of practice. This is highlighted within the findings from this study through mapping such changes where such can be identified. Additionally, each participant was advised that in addition to the interview which would be taped recorded for transcription purposes they would also be asked on occasions to include within their interviews extracts from their reflective journals, pieces of poetry and/ or art that helped them describe the experience of emotions and learning and leading within their nurse education journey. Van Manen (1997:74) observes:

“...literature, biography and other artistic sources may provide us with powerful examples of vicarious lived experiences and insights normally out of range of the scope of our personal everyday experiences”

Each participant was also invited to participate in an on-line assessment of their ‘emotional intelligence’ score as calculated using the MSCEIT V2.0 scoring tool both at entry and exit points to the study. This assessment was undertaken at their volition and the scoring tool was accessed by means of individualised secure codes and individualised interactive scoring web pages as devised by the MSCEIT V2.0 licencing company MHS Systems. The purpose of recording this emotional intelligence score was in order to establish a baseline entry score of emotional intelligence as identified by the MSCEITv2.0 tool.

4.5 Study participants

Nine people participated in the study. This number was appropriate as it enabled me to administrate the volume of textual information that was generated and it provided sufficient rich or meaningful data to serve as a gateway to an in-depth understanding of the phenomenon. The number of individual participants although numerically small is consistent with the approach of qualitative studies which evidence small sample sizes because of the consequential volume of data that can emerge and also due to the potential richness of data that can emerge from a concentration on a few. The participants who ranged in age from 19 to 45 years were anonymised for reporting purposes and thus given pseudonyms.

The table below provides demographic information relating to each study participant.

Table 3: Study Group Demographics Data

Name [Pseudonym]	Age	Gender	Education	Pre- Course employment	Parent's employment
Sadie	19	F	A Levels- AAB	Sales advisor	Engineer [F]
Catrina	45	F	GNVQ	Care Asst.	n/a
Noreen	19	F	BTEC	Sales	-
Rosie	23	F	A level -CCC	Bar Sales	Nurse [M]
Sally	35	F	HE Cert	NSPCC	Lorry driver [F]
Mary	27	F	Access Course	Care Asst.	Factory manager [F]
Jasmine	19	F	A level DDD	Customer Services	-
Kelly	23	F			
Becky	39	F	Access	Care Asst.	Mechanic [F] Office Clerk [M]

4.6 Emotional Intelligence Score (MSCEIT v2.0)

Each participant was invited to participate in completion of the online MSCEIT V2.0 scoring assessment for emotional intelligence. 'MSCEIT' (the Mayer-Salovey- Caruso Emotional Intelligence Test; pronounced as 'mes-keet) was developed as a means of assessing emotional intelligence and may take from 30- 45 minutes to complete online. As an ability-based scale, it measures how people perform tasks and solve emotional based problems. MSCEIT has its roots in the tradition of intelligence testing as was discussed in chapter 5. According to its developers, MSCEIT evidences the ability to resolve emotional problems (Mayer, *et al* 1999). The MSCEIT is integral to the Four Branch Model of Emotional Intelligence developed by Mayer and Salovey (1995) and is outlined below:

Table 4: Mayer & Salovey, (1995) Four-Branch Model

Branch	The ability to...
Identifying Emotions Branch 1	Perceive emotions in oneself and others, as well as in objects, art, stores, music and other stimuli
Using Emotions Branch 2	Generate, use, and feel emotion as necessary to communicate feelings, or employ them in other cognitive processes
Understanding Emotions Branch 3	Understand emotional information, how emotions combine and progress through relationship transitions, and to appreciate such emotional meanings
Managing Emotions Branch 4	Be open to feelings, and to modulate them in oneself and others so as to promote personal understanding and growth.

MSCEIT scores are produced as both a graphical and text based result following individualised input to a computer scored framework. Each participant participated in the online scoring assessment and feedback was received containing both written and graphics as per the example below.

Fig. 1 Example of a MSCEIT V2.0 Scoring report



The 'overall MSCEIT score' measures total emotional intelligence. The remaining four scores relate to the individual elements of the Four Branch Model as above. Beisecker & Barchard (2004) point out that with regard to EI women have often been found to score higher than men on Ability EI measures. They carried out their study to determine if EI tests are biased against men, or if indeed there are authentic differences between the sexes. Whilst their studies did not draw firm conclusions, they do offer a cautionary note around the potential for norming groups to create bias if in fact there are more women than men in the norm group. Therefore, whilst I began this study with a hope for both sexes to be represented, there is potential value in the final group of participants being all women.

4.7 Collecting the data

The central feature of data collection in this study is the conversational interview. The interviews took place within the campus of the University between September 2009 and June 2012. The Interview serves a dual function: firstly, it allows an exploration of material that may aid the development of

deeper understanding around a phenomenon, and secondly it provides a vehicle with which to engage in dialogue with the participant about the phenomenon under investigation. The interview can evoke a participant's recall of incidents and can stimulate personal feelings all of which have a direct bearing on the quality of data obtained. Appropriate interviewing techniques were therefore important in this process. Consequently, as the researcher, my listening skills and my attention to the presence of cues and emotion signals in order to respond to the flow of information was required.

Exploring the participant's emotional context required diligence on my part as researcher to be aware of signs of distress or discomfort from such descriptive content. During the preliminary discussions with the participants, it was made explicit that the degree of disclosure and the continuance of any disclosure around any content that might make them uncomfortable could be discontinued. One might conjecture though that whilst there is a certain safeguarding element within such personal explorations and researchers should make clear supportive procedures that are in place, there is the perspective of Holloway & Wheeler (1995) who pointed to the potential therapeutic aspect of such explorations being cathartic in outcome. It is important for any research endeavour to communicate to the participants that they are of intrinsic value to the enterprise (Sorrell & Redmond, 1995). Paying attention and using non-verbal cues such as 'nods' and moving closer to the participant to show attentiveness along with appropriate use of eye movements to maintain eye contact in order to show interest and encouragement to continue were all relevant strategies employed.

Sim, (1998) draws attention to the possibility that participants may find themselves overwhelmed in interview situations due to the potential intensity of a one- to one dialogue. Being conscious of this I checked that each participant was comfortable sharing their thoughts and feelings and reminded them that their degree of sharing was at their control. It was demonstrable from their disclosures that they did in fact feel comfortable and each had an interest in

adding to the research study and thus spoke openly and freely even when given opportunity to retain sensitive information from the dialogue.

Following the initial exploratory conversations describing the study and recruiting participants I then met with each participant at a mutually agreeable time mid-way through their first year of nurse education and following their undertaking of the on-line MSCEIT v2.0 emotional intelligence scoring tool. Each study participant had previously been made aware that the interviews would be recorded on a digital recording device. It was important to establish rapport and participant comfort and security during this process so I took the opportunity to reiterate my background as a nurse and the study information explaining the reasons why I believed the findings to be important and that their experiences may be of benefit to others in the nursing profession. This occasioned the potential for participants to ask and to have any questions answered. As a researcher using a heuristic approach, such questions enabled me to shift position from an objective interviewer to a subjective co- journeyman with each participant.

At the first interview and on each subsequent occasion I had occasion to interview the participants each was asked if they still wished to continue with the study. Although informed consent had been obtained, the study procedure provided the participant with a 'release' option if they chose not to continue. At the signing of the informed consent form, each participant expressed their gratitude that such an exit was open to them- although none pursued this during the study period. None of the participants voiced any concerns about being audiotaped. At completion of the interview session, which normally ranged in time from 35- 70 minutes it was usual to chat informally. Although this informal dialogue is not included as verbatim text, these conversations did aid sense making of the recorded data. The recorded interviews took place over a period of some 39 months. The first interview occurring in September 2009, the last interview being completed in November 2012.

Each interview was unstructured and began with me asking the participant to tell me of her experience of the phenomenon under study as best, and as natural as she could. Being unstructured the interview was not shaped around any protocol as such, in order, however to orient ourselves to the topic area, I began by asking a number of open-ended questions as follows: -

- When you applied to be a nursing student, what was it like for you emotionally?
- What was it like to be emotionally aware as a student nurse in your first year?
- What are the emotions that are important to your role as a nurse, but also as a learner and developing leader of others?
- How do you experience emotions?

These open-ended questions were used in order to encourage each participant to use their own words in giving a response. That each participant was enabled to do this permitted me as a researcher to access a wider range of data, if compared to a more structured interview technique.

Following each interview, I would make a record of my own notes and reflections: consequently, a series of 'journal notes' were compiled throughout the whole study process. These notes captured contributions from post interview discussions, demographic detail, and notes made during the interview process, relating to personal, methodological and/ or interpretive matters. This was important as it not only enabled me as researcher to organise data and evidence any decision making process to myself at a later point (Clandinin & Connelly 1994), it also served to ensure that there was an individual setting or context for each participant as called for by the chosen research methodology. Heidegger (1962) has maintained that an individual's historicity is a key facet of their experiences. People are contextualised. Capturing demographic detail as part of the recruitment process helped me to gain an understanding of the ways in which each participant located their experience of the phenomenon under study within their personal world.

The Transcripts

After each interview, the audio files were then professionally transcribed. A Data Management company with experience of transcribing research outputs carried this out. When each transcribed interview was returned, I would then listen to each recording alongside the transcription giving attention to the place and significance of pauses, silences, humour, and emphases. In this way, the transcripts became, as it were, bridges back into the interview setting and enabled a reliving of the narrative process to occur. This aspect of heuristic inquiry became at times compelling and engrossing, as I would immerse myself in hearing, reading, and reflecting upon each interview. I considered it important to have a grasp of the content and initial impressions of the first interview with which I could enter into a second interview with each participant. The second and subsequent interviews also allowed me the occasion to check with each participant that I had understood their initial comments and from the first interview. The participants liked the opportunity to go back over prior data and clarify/ enhance their contributions. As an individual, this helped me to locate myself as a co-researcher with each of them rather than an objective observer and this reflects the chosen methodology. Van Manen (1997) has suggested that such engagement with study participants adds depth, richness, and confirmation of findings. This validating act with each participant is an important element of helping to establish rigour in the process as a whole as well as clarifying one's own thoughts and reflections (Findlay, 2006).

Participants was asked to participate in a second interview when in their second year of student nurse education. Reflecting the research approach as a longitudinal study an interview of each participant in subsequent years was an important aspect of the methodology. One student was unable to participate due to being on maternity leave and not available for inclusion. The second interview enabled me to gain access to the participants again and explore more fully some of the initial ideas that emerged from the first interview. These second interviews were also unstructured and did not have a protocol as such

and I began by asking a number of open-ended questions / or prompts as follows: -

- Please describe your emotions as a second year student nurse?
- Can you describe how your emotions help or hinder your learning?
- Emotionally, what is it like working with others?

One finding from the first round of data analysis was that most of the participants as student nurses had been involved in care contexts around death and dying and had struggled with how to respond in a 'professional' way to these occurrences. Consequently, I asked open questions to help the participants to explore further, what their emotions were like at this time and how this affected their learning or practice in any way.

A third and final interview took place when the students had graduated from their course and entered into employment as a qualified nurse. This third interview was seen as important as it enabled the data to capture the migration of the student as neophyte to practice as a qualified practitioner. Longitudinal research can offer up challenges around retention, and attrition. I was pleased that all who did start completed the course, as it were. It afforded opportunity to obtain insight, and to observe the therapeutic benefits of individuals growing and maturing within a nurse education curriculum with specific regard to the emotional lifeworld. This passage from unqualified to qualified, from one who acted in response to care planning by others to one who assessed, planned and intervened or guided intervention as a professional provides a meaningful pivot in the development of the emotionally intelligent nurse.

4.7.1 Analysis of the data

Whilst the process of writing about the data and its analysis comes across as sequential, the exploration for themes begins the moment data collection starts (Polit and Hungler, 1999). Following completion of the interviews, the tapes were played, replayed, and considered meditatively before sending off for

transcription. This listening up front aided the retention of the participant's voices, sounds, or words that sounded less than clear and I was able to make notes in my journal concerning matters of voice tone, body language, and emotions visible throughout the interview as well as my own response to the stories as they were opened up. These notes were then attached to files under the participants' pseudonym.

Braun & Clarke, (2006), Boyatzis, (1998) and Roulston (2001) have drawn attention to the topic of thematic analysis in qualitative research suggesting that whilst it is prevalent as a way of carrying out qualitative analysis the process of such analysis is not widely addressed in the literature. Qualitative research can be quite diverse in its reach yet, Braun & Clarke, (2006) contend that there should be a clear engagement with this aspect of qualitative research so that the approach used does not lack either coherence or explanatory power. Braun & Clarke, (2006) argue that thematic analysis can be utilised within a framework that is free from theory or epistemology. This freedom or flexibility can enhance the engagement with data and development of rich accounts of a qualitative nature. Holloway & Todres, (2003) draw attention to the important point that explication of thematic analysis methods are as important as making explicit any assumptions underlying a research process. This will enable not only alignment of the research purpose and aims across the study but assist the reader or future researchers gain insight into this aspect of the study. The notion that a researcher could use language such as, themes emerged; or themes were uncovered without some prior explanation as to how this took place lacks credibility. Such clarity around how analysis was carried out is a necessary pre-requisite (Attride-Stirling in Braun & Clarke, 2006).

The end outcome of engagement with my data is the result of my dialogue with the text presented. There is a need to articulate the process involved. To engage in thematic analysis is:

"Identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However,

it also often goes further than this, and interprets various aspects of the research topic.”(1990: 6)

To read the raw data is to go gardening according to Dey, (1993) in which the soil is turned over and made ready for the flowers to grow from the seeds sown. Handling the data from interpretive inquiry is very much akin to this seeding and growing process and such a process begins with the early data collection process. This is made stronger through reading, re-reading the texts, listening, and re-listening to the voices as they share their inner worlds- their *Dasein* as emotionally intelligent student nurses. It would be incorrect to suggest that this was a linear process. As Patton (2002) highlighted, data gathering and analysis is a fluid and emergent process in this type of enquiry and the researcher must be aware of that which is being uncovered and shaping direction even as it is being spoken. This metaphor of gardening demonstrates that engaging with themes is not a passive process as though they would emerge if we simply looked hard and long enough. Such carries with it similitudes of gazing intently at 3D images waiting for a ‘eureka’ moment, when that which was unclear, becomes clear. Ely *et al*, (1997) suggest that if themes are waiting to be discovered, if they are germinating anywhere, it is firstly inside our heads.

Braun & Clarke (2006) raise the fundamental question relevant at this point in any qualitative research process: what is a theme? In seeking to give an answer to this question Braun & Clarke (2006) argue that it really is not about size. It is about quality and purpose. Percentile distributions of words or clusters of words are not necessarily appropriate at this stage. Notions of prevalence can be quite arbitrary. In studies utilising small numbers of participants, such as this one the use of phrases such as, ‘ the majority of participants’ or, “ many participants” do not really tell us much. They may suggest a theme was present in the data as opposed to the researcher’s head so such claims require cautious handling. Themes and purpose are linked.

Reading, and re-reading each transcript, listening and re-listening to each audio recording, viewing and re-viewing each picture, poem, reflection, specific ideas and concepts were identified and grouped together. Data analysis was a

continual process of conversing with the text. Throughout such times, I would chat over emerging ideas/themes with my supervisor, or with colleagues in the Faculty of Health and with qualified nurses. Each juncture within this process was not an end in itself but a fulcrum that would lead back to the text for meaning, for clarification, and for enhanced understanding.

Seeing and hearing the data allowed the process of giving consideration to the 'parts' of the data and then the 'whole' as each story was gathered together as one in a hermeneutic circle as an attempt to make sense of the data. This manual process included identifying key words, phrases, and creating a series of tables in a Microsoft Word document as an aid to searching for implicit and explicit themes. This search for themes involved a coding process as I read and engaged with the data. Coffey and Atkinson, (1996) suggest that coding is a way to segment the data into simple categories and at the same point expand the data allowing for new questions and levels of interpretation to emerge. This was a prolonged process which although time consuming had the advantage of enabling me to engage and engross myself in the data. The segmented data was subsequently reformed as part of a process of establishing context and antecedents.

4.8 Interpretation

Researchers using an interpretative approach should be aware of their findings conveying any sort of certainty. Denzin & Lincoln (2003) caution the researcher to be aware of such positivist assumptions that certainty exists rather than an awareness and a focus on derivation of meaning as obtained from qualitative studies such as this one not being fixed or final but rather situated in the subjects context and setting. Engaging with the data flows from a predisposition towards interpretation. Although Denzin & Lincoln, (2003) refer to two differing perspectives on this the dichotomy seems a bit tenuous at times. In their work, they refer to making sense of data through an assumption that interpretation is not simply a process but a paradigm. Grounded in personal subjectivity this points to multiple interpretations that are not measured off against one another

but adjudged as acceptable in their own right. If interpretations are multiple can there be such a position as which interpretation is right for me? An answer to such a question is found in notions of resonance and persuasion to believe or accept that which we are reading. Denzin & Lincoln (2003) argue for another interpretative perspective indicating that even if a version of reality or interpretation is chosen as meaningful for us as readers no such readings can be fixed, as they are always open for comparison or amelioration in light of new (er) findings and/ or interpretations. Hence, meaning is that which is meaningful and coherent now as derived from this sample within this setting and context.

Braun & Clarke (2006) suggest that themes are recognised within the data in either a top-down (theoretical) or bottom-up (inductive) manner. The former is reflective of the researcher's theoretical interest in the area or topic of research. It can be less rich in description, but more detailed in analysis. Theoretical approaches to data analysis work with presumptive coding which maps across to the underlying theory (Braun & Clarke, 2006). In contrast, inductive analysis sees themes as linked to the data and emergence of themes as unconnected to pre-established coding frameworks. Boyatzis, (1998) states that themes can be identified at the level of whether they are 'semantic' or 'latent'. That is, they arise in direct relationship to the explicit meanings of the data (semantic) or they arise because of consideration of the underlying themes and ideologies.

The approach to thematic analysis on which this approach is based is essentially that of being inductive and semantic. Patton (1990) observes that such an approach is processed in a progression from description to semantic patterning, to interpretation where early attempts at theorising about such patterns may be attempted. According to Patton, (2000: 480) interpretation:

"...means attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order on an unruly but surely patterned world".

Due to its context-dependent aspects, qualitative approaches to research offer up multiple interpretations. The interpretations of the findings in this thesis are discussed more fully in chapter 7.

It is the process rather than the outcomes that adds richness to any endeavour. Within this context of the ebb and flow of movement between the whole and the parts of each participants story the whole is indicative of the part played by the researcher in listening to each individual audio recording of an participant's interview in order to come to an overall initial understanding of the experience captured during each interview. Hearing, listening, conversing with each audio text, artefact granted access and some degree of insight into the story being woven. Not only the story but the context, the history, the origins in which each account was located. This aspect is a crucial element of hermeneutics. I contend that phenomenon experienced is phenomenon shaped by personal history. Thus to converse with each text as a whole is to ask questions about each participant: who they are, where they come from, where are they going, what do they bring with them into this phenomenon, and what does this phenomenon mean for this person?

To capture the richness of such a conversation producing a written summary was an important aspect. In heuristic approaches written summaries of each participant is produced and these are included in the next chapter as a purposeful step in helping the reader to capture the individual and their narrative. The whole however is predicated on the parts. That is the specifics, the minutiae, the workings, and findings within each text presented. This stage of the work was manually administered. Copious hand-written notes, highlighters, ad hoc memos, field notes were all used to ensure capture of, for example, words, phrases that conveyed meaning. I was not unaware of the availability of qualitative software packages that might have been used to facilitate this (e.g. NUD*ISTv4, NiVivo 8). I admit to some reservation about using such and did not feel comfortable with the same.

4.8.1 Reflexivity in this research

As this was a heuristic inquiry, the aim was focused on the capturing the meaning of the lived experience of emotional intelligence through means of interpretation. In order for the method to fit with the methodology, it is required that the researcher involves himself or herself with the participant so that they more fully appreciate the lived experiences under study. Van Manen, (1997) refers to this as a borrowing of experiences that enhances our own perception and allows us to reflect on ourselves. That is, Van Manen argues that the researchers own understanding of the meaning of emotional intelligence in the lived experiences of a group of student nurses is mediated through the experiences of others.

Benner (1994) suggested that this process of entering into the experiences, reflections and understandings of others was not a typical Western linear way of thinking but rather, the process was circular in both construction and motion. There is a dynamic to this process: subjectivity – entering into the lived experience of others represents a movement of the researcher back and forth between the segments of the story and the story as a whole. This has been referred to as the ‘hermeneutic circle’ and this enables the researcher to take off the taken-for-granted meanings of the phenomenon and uncover the meaning that exists embedded within the text. In this context, the ‘text’ in this study refers to audio-voice transcriptions, samples of poetry, art and personal written reflections offered up voluntarily by the participants as part of their interview. Following the chosen methodology for this study, the search for meaning from the whole and the parts it was necessary that meaning be located within each participant’s unique experience of the phenomenon and against my own history as a nurse and the pre-understandings that were associated with that fact. Heuristic interpretations and judgements emerged from my own horizon of understanding as a nurse and those of these neophyte nurses.

As alluded to above it would be impossible to engage on this study without being cognisant of the exposure to ideas, experiences, and knowledge that

exists within a nurse education context. Furthermore, it would be difficult to have engaged upon this study without an unintentional exposure to the writings of the main topic area: emotional intelligence. Consequently, reflexivity as a concept highlights this connectedness, this intimacy with the research topic area, and ensuing research process and product (Horsburgh 2003). Lincoln and Guba (1985) have suggested that reflexivity is a necessary consideration for qualitative researchers. Lamb and Huttlinger (1989) state that reflexivity is not only about self-awareness but also awareness of the research context or setting. Authors such as Finlay (2002), suggest that reflexivity allows the researcher not only to be aware of their role and co-participation within the research enterprise, but it enables a conscious presentation of oneself, or I would suggest a (re) presentation of oneself to oneself: this is how I am in this venture. This creative tension around oneself as an object and as a subject can be achieved through for example, the supervisory relationship. Acting as a critical friend, an early question asked of me by my Director of Studies was based on how I viewed myself approaching this study. Was I a sociologist who had an interest in psychological ideas, or a psychologist who was interested in sociology? This question helped me to clarify my thinking and focus with regard to this study.

Dowling (2007: 11) asserts, that there is an epistemological reflexivity that the researcher should be aware of:

[This ["...broader view of reflexivity is evident in epistemological reflexivity where the researcher is required to ask such questions as: 'how has the research question defined and limited what can be found and how could the research question have been investigated differently?']

This would support the partnership of the researcher with participant in the co-creation of research text, as the researcher, like the participant, is in the world. As researcher, I bring pre-judgements with me into the research process that can and do affect interpretation. Thus, one may strongly suggest that such has echoes of the hermeneutic circle.

Reflexivity challenges me as the researcher to demonstrate an authentic self in the research enterprise. I have made explicit in the chapter that I entered into the research process with my own pre-judgements and perspectives gained through exposure to the topic area as a nurse and as an educator. However, if I am to be true to the ideas behind reflexive thinking then I must admit to dilemmas around my roles as a researcher. For example, when I recruited the study group my presentation to them was on the basis that I was a nurse, I was a nurse educator, and that my study was looking at emotions in nursing. A challenge within that approach is how far, or to what degree did I step back from my 'nurse' persona when engaged in the actual research process? Some of the study participants shared some deeply personal material during the interviews that produced tears. I was to be honest not wholly prepared for that. Arguably, some of the conversations that took place were more one-sided. I was conscious that the interviewer-interviewee relationship was reciprocal but I was aware that I was not there as a counsellor or therapeutic partner. However, was that a case of stepping back from my role as a nurse? This dilemma has emerged within qualitative research over the past number of years as an issue of significance (Whitehead 2004). Reflexive approaches within research arguably provoke the question of the researcher, "who am I?" in this process. Engaging authentically with this challenge requires an intentional act to move away from engaging in reflexive self-dialogue as a 'tick-box' exercise to demonstrate that a study has the necessary elements of rigour within it. Reflexivity in research is more important than that. It is the great ontological question about oneself.

Dowling (2007) highlights the potential for reflexivity as a meaningful concept and way of thinking to implode due to the potentiality of an infinite regression of reflection upon reflection as one seeks the authentic self. However, whilst a danger of reflexive saturation may loom upon the horizon, as an instrument of rigour, reflexivity adds value by means of making evident the perspective of the researcher and by articulating what it can mean for the researcher to be in the world within this given research study.

4.8.2 Credibility in Interpretation

All qualitative research requires the researcher to address the matter of how trustworthy their work is. This is about demonstrating credibility in the work and the working method. Qualitative research is not assessed within the paradigms of validity that one would find associated with traditional empirical lines of enquiry (Sandelowski, 1986, 1995; Lincoln and Guba, 1985). There is a need for researchers within qualitative approaches to demonstrate understanding of the relevant philosophical underpinnings to their work and how such are applied within their study.

Koch (1994) proposes that researchers use a decision trail as an aid to establishing the trustworthiness of a qualitative research study. The use of journals in which the process of the research inquiry, the observations made, and the decisions taken can aid this process. Qualitative research may be demonstrated as trustworthy by means of the concepts of credibility, dependability, and transferability. Credibility in this context refers to the value or truth of the findings as established by the researcher through contact with the research participants. Transferability relates to the notion of whether findings from one study may be transferred to another similar study in a similar context whilst holding to the meanings of the original study. Dependability may be taken to refer to agreement and reliance of a finding by direct and repeated affirmation. Guba and Lincoln, (1989) suggest that the criteria of credibility is demonstrated when a study presents descriptions, or accounts which are faithful representations and when readers are confronted by an experience that they find resonance with. As Van Manen, (1997:270) suggests that there is a type of “phenomenological nod” expressed or experienced by readers of the research, which indicates that they recognise and can relate to the experience being described.

Consequently, heuristic research can be adjudged in terms of rigour, through adherence to the following guidelines as suggested by Draucker (1999):

- The underlying philosophy should inform both methodology and interpretation;
- The merging of both the understanding of researcher and participants for enhance understanding of the phenomenon;
- The extent to which hermeneutic ideas and concepts not only are reflected in the findings but enrich those findings.

Steps to ensure rigour in this study included the following stages. After each interview had been transcribed, the participant was approached in order to attest to the veracity of the data and to clarify any areas of misunderstanding, e.g. the tone of voice, the use of lengthy pauses. Furthermore, participants were asked at each stage of this returning the narratives to them, to ascertain that the descriptions were in fact stating what they said the experience was like.

I had kept rough field notes that were made during the interviews and immediately following the interview and discussion to capture any non-verbal gestures that the audio tape recording would not reveal. These notes also helped me to identify the place and role of my own thoughts and feelings, and any biases that emerged as I listened to the participant tell their story (Benner, 1984, van Manen, 1997). Words used by the participant that were descriptive in nature were tracked to their etymological origins in order to explore the lived experiences from which the words arose. To demonstrate an audit trail as an aid to scrutiny of the process I have included extracts and verbatim examples of transcripts in the Appendices.

4.9 Conclusion

This chapter has explicated the methods of data collection and analysis that were used in this research study. They were chosen to align with the philosophical approach that guided the research. Heuristics as a research approach compels the researcher to make clear the methodology and the methods used to carry out the research.

This study has been framed by Moustakas's heuristics approach and as such there has been an emphasis placed upon the experiences of human beings in their lived experience. This focus on lived experience requires the researcher to give honour to the voice of those participants in this exploration of emotional intelligence.

Chapter 5

Introducing the Participants and positioning myself

5.1 Rationale for the chapter

The rationale for this chapter is to offer you, the reader an opportunity to know the genesis of the discussion concerning the nature and interpretation of EI that follows through an introduction to the storytellers. Having introduced them, with some details amended to preserve anonymity, I will then present my own experience of entry into nursing. It is an invitation, also, to you as a Dasein to carry your 'world' towards the 'world of emotionally intelligent nursing' explored in these chapters.

Those who work in the caring professions such as nursing inevitably find they are confronted by the range of emotions displayed, or hidden in the context of nursing practice. Illness, wear and tear on the physical and psychological frame, accompanying fear, anxiety, embarrassment, loss and rejection can leave people feeling lost, hurt and in pain. The nurse must seek to understand the role that emotions play in the lives of those they confront each day in the context of nursing practice- be that as manifested by clients (patients), relatives or indeed colleagues. Howe (2008: 1) states:

“Emotions define the character of the professional relationship. Practitioners need to understand how emotions affect them as they work with users and engage with colleagues.”

Crotty (1996: 5) has argued that in order to think phenomenologically, we must each:

“...take a hard look at the objects of immediate experience”.

In the context of this study that means, that each participant, I as the researcher, and you, the reader cannot divorce ourselves from such descriptions that follow from each participant. We each, in Heidegger's words

are entities, Daseins. We are each a Dasein because of how we exist in the world. Note that Dasein has a place in which 'to be' and as such relates to other Daseins and knows how to carry oneself in relationship to other Daseins.

What follows is an introduction to each of the participants to acknowledge their unique contribution to this study. In doing this I provide a context for their participation as co-researchers. In sharing some aspects of their stories: e.g. who they are, and how they came to nursing, their MSCEIT v2.0 profiles, early and later observations from them on nursing, learning, on their relationships and emotions in the classroom and clinical placement, their narratives weave personality through the study. Each biographical vignette is different and highlights both their unique way of seeing, and yet within such individual accounts, commonalities may be seen to emerge from their stories, which are picked up, in the following chapters.

5.2 Noreen

Noreen is a 19-year-old Bangladeshi woman who was born in Cardiff, Wales. She is a single woman living with her mother and stepfather. Before beginning her nurse education Noreen was employed as retail stores assistant in an inner city shopping outlet. Noreen had a long-standing desire to pursue a career in nursing. This desire was framed by her experience of caring for her mother who had been unwell for a protracted period. Growing up in this environment and taking on the role of carer for her mother, she was encouraged to pursue her nurse education. Noreen subsequently sought out exposure to and experience in a range of care settings as a volunteer. Consequently, entering nurse education has brought a sense of achievement. She remarked early in our first conversation how being able to care for people made *"...you feel that you've done a good deed for them..."* This sense of meeting the needs of her patients, even in small ways is enormously rewarding for Noreen.

Noreen identified herself as a Western Bangladeshi, a young woman with western ideals and western aspirations. She points to her mother as a strong






influence in this development although her mother does remain traditional with regard to some customs and habits. Culturally, Noreen is aware of the differences and thus some of the challenges in how various ethnic groupings may engage/ dis-engage emotionally in certain life-events. At this point in her nursing development, she considers herself 'adaptable' in this regard. Her mother remarried three years ago. Noreen does not communicate positively with her stepfather. For Noreen this is due in large measure to her stepfather's approach to adherence to traditional Bangladeshi culture and a distain for contemporary UK culture and lifestyles.

Noreen is dyslexic. This is a discovery she made part way through her first year. Noreen did not consider this a significant negative issue as it actually enabled her to seek and obtain academic support and provided her with a rationale for understanding why academic progression was halting at times. She noted that she had a peer support group as well who did not draw attention to her dyslexia. This did contrast however with her 'house mates' who did not know about her dyslexia and at times she would get frustrated by their criticisms of her writing and spelling.

For Noreen, what has been significant in her in this regard has been the opportunity to observe and work with a nurse that for Noreen, models what nursing is about. She listed the following attributes:

- Welcoming
- She spoke with her eyes
- Warmth
- Friendly
- Open
- She sought to understand
- Emotionally engaged
- Empathic
- Conscientious

Fig. 2 Noreen’s MSCEITv2.0 profile is below:

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from her overall and sub-scores: Overall Noreen may wish to consider how accurate her emotional perceptions are, whether she takes emotions into account in her decision-making processes.

Identifying emotions: Noreen’s result indicates that she may not read people’s emotions accurately. It may be that she does not attend to the emotion signals that are present. This can lead to misunderstandings and deficiencies in communications and interactions.

Using emotions: this result suggests that Noreen may have found this part of the MSCEIT to be either difficult or unclear. There are possibly times when she finds herself unable to make herself feel what others are feeling and therefore lack an empathic relationship with them.

Understanding emotions: she has a good emotional vocabulary and that she has an understanding of the causes of emotions. There are times when she may find people’s intentions and motivations unclear, which can limit her planning ability.

Managing Emotions: whilst Mary’s score here indicates that she can address main issues with others, she may not always get to the heart of interpersonal

problems, or address hidden, emotional factors. There may be emotional situations or feelings that she does not handle as well, or finds difficulty in processing.

5.3 Mary

Mary is a 27-year-old woman born in the South of England. Her mother is unemployed and her father works as a factory manager. Before commencing her nurse education Mary was employed at a local district general hospital as a healthcare assistant. This was one of many similar positions in her career history to date. Nursing was a positive career choice for her. Advised by her school's career advisor, Mary pursued and gained some hands-on experience – a role, which she says she relished. Mary shared in our first conversation that she struggled with a lack of confidence in the transition from working in a Care Home setting to that of an acute hospital ward- as she found herself having to undertake early in her clinical placement experience. However, the actual process of being accepted onto the University programme of study was a significant boost to her confidence.

Mary confided that confidence was a real issue for her. She freely shared that “...*it is a huge issue for me, absolutely huge*”. Mary says that this issue, this lack of confidence was predicated on two significant events or experiences in her life. Firstly, a general sense of feeling of being unable to cope/ succeeds academically. Secondly, was the impact of her fiancé leaving her seven weeks before their planned wedding. She said she was devastated, isolated, left in huge debt and sought refuge back at the family home. During our time together she observed, “...*even though something as awful as that (happened) I've now changed my life around and I am doing what I want to do and what I've always wanted to do*”. Mary was quite candid during our conversations.






The road to her current state began as a, “*blur*” exacerbated by alcohol. Mary acknowledges that, “... *at the time it wasn't a good option to take, but at the time I didn't care*”. It did help her to determine who her friends were and how

supportive her family was. Mary points to the birth of her first nephew as a turning point in helping her to reorient her thinking and subsequently her lifestyle. She says, *“He was my first nephew and he spurred me on...you know; there was more to life than just wallowing in my own self-pity. So, yeah, this made me appreciate life.”*

Moving back to the local area brought both comfort and a new set of challenges as she eventually found herself establishing a relationship with another person. Trust was a significant issue for her. She describes how she would retreat into herself and then, *“...everything would just come spilling out, you know, quite emotional”*. Mary is conscious that her first partner exerted a lot of control over her and partly as a response to what she went through, she is aware that she now exerts a similar type of control in her current relationship. She accepts that this may often come across in a selfish manner – as though her prime concern is to look after herself first. When talking with her about this she observed, *“...(I) sound a bit of a control freak now considering I’ve gone into nursing. I’ve got to think about other people, ...I’ve got certain tasks and things that have to be done every day; I think that helped me kind of put everything into perspective.”* Yet she is conscious that there are perhaps two Marys, *“...two different people”*. The first is Mary the student nurse. The second is Mary the woman, the daughter, the partner. One is controlled, the other less so. Mary sees this as a professional tension in not letting the patient, carer, see that they may be annoying her. At home, the demands of what Mary identified as professional etiquette, or expression rules do not apply and Mary thus feels that she can step outside of her control when away from the student nurse role.

This control monitoring or emotional protection that Mary created around her was still very vital for her in both her nursing and her general relationships in both her second and third years on the student nurse programme. She can undertake an enabling role alongside others (patients) and offer support in emotionally laden contexts. Yet, she still struggles with this type of support for herself. For Mary the roots of this lay in that failed relationship. She believes that she is still transitioning through the grieving process.

Fig. 3 Mary's MSCEIT v2.0 profile is below.

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Mary may want to consider how accurate her emotional perceptions are, and whether she takes emotion skills into account in her decision-making processes in order to improve her EI skills in one or more of the MSCEIT sub-branches.

Identifying emotions: Mary is generally able to accurately gauge most people's emotions. However, she may miss more subtle clues at certain times, or in certain individuals, or there may be certain emotions that she is uncomfortable with.

Using Emotions: she can often connect with the feelings of others. She may not do it for all emotions or all contexts. However, she seems to be able to encourage open-minded decision-making, planning, and idea generation by virtue of considering multiple points of view.

Understanding emotions: there are situations when people's intentions and motivations do not appear clear to her. This can lead to surprise at some people's reactions to events, or that she struggles at times to describe her emotional experiences to others.

Managing Emotions: her score here indicates that Mary is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.4 Kelly






Kelly is a married mother of 23 years of age with one child. Previously employed in a number of High Street retail stores she entered nurse education with a range of customer care experiences. Her mother has worked within the health care sector in GP practices and hospital laboratories.

Kelly was “*very excited*” at the prospects of becoming a nurse and beginning her student nurse experience. Doing so with her mother’s support was a real benefit for her; although she felt that she was always trying to impress her father through actually completing the course she had begun. Kelly appreciated that her former employment experiences brought her face to face with customers thus giving her contact with other people, but she confided that this was framed by a certain monotony of routine. Nursing on the other hand, for Kelly brings the benefit of meaningful contact with others.

Kelly feels a lot of pride in herself that she is a student nurse. She recognises that she is more practical than she is academic and appreciates that represents a challenge for her. Kelly believes that in order to ‘care’ you need to be approachable. She observed, “*...I think a lot of people are very trusting; maybe it’s because of the uniform you’ve got on, I do not know. But they seem to be very willing for you to do your first injection on them and stuff like that.*” Kelly is aware that not every patient will respond to such subjects in the same manner. Kelly shared that having to deal with the dying and the dead would be an issue for her. Having had no prior experience of such, she found it difficult to follow one advice to “*detach yourself*”. She noted, “*...that has been difficult for me*”. This has been particularly true when children have been involved. Kelly has

struggled with her own emotions for example around the question of can she, should she cry in such situations.

Fig. 4 Kelly's MSCEIT v2.0 profile is below.

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Kelly may want to consider how accurate her emotional perceptions are, and whether she takes emotion skills into account in her decision-making processes in order to improve her EI skills in one or more of the MSCEIT sub-branches.

Identifying emotions: Kelly may not read people's emotions accurately. It may be that she does not attend to others' emotional expressions, or possibly, she pays too much attention and over analyses the signals. This can lead to an incorrect perception of others' communication and may result in misunderstandings.

Using Emotions: she can often connect with the feelings of others. She may not do it for all emotions or all contexts. However, she seems to be able to encourage open-minded decision-making, planning, and idea generation by virtue of considering multiple points of view.

Understanding emotions: she has a good emotional vocabulary and that she understands the causes of emotions. On occasions she may find others

peoples intentions and motivations unclear, which can interfere with her ability to plan effectively.

Managing Emotions: Kelly is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.5 Sally

Sally is a 35-year-old widow who was born in the West Midlands area of the UK. She entered nursing from a career in sales. Sally had been widowed in the past five years and she admits that the care and attention her husband received when in hospital did contribute somewhat to her decision to pursue a career in nursing. She stated in our first conversation that this was due to her perspective that nurses, “... *make a real impact on people’s lives and help them*”. (Int.1, L76). Sally had initially opted to pursue a student nurse programme of study that would lead to her qualifying as a ‘Learning Disability Nurse’ but following withdrawal of the course by a local University she commenced her study to become a Mental Health nurse.






She admitted that she had a certain empathic connection with her potential future clients as she had contemplated suicide herself following her husband’s death. She has a strong sense of belief that this has been of real value in not only engaging with her nurse education and placement practice, but also in connecting with her clients. Sally observed that speaking of about her placement experiences and meeting clients, “...*even if I do not understand where (they) are at this moment, I understand where I was when I was in (their) position*” (Int.1 L87). Whilst acknowledging her own experience, Sally believes that her maturity is an advantage in helping her to cope with the demands of the role. She remarked how often (from her perspective) those who dropped off the programme early tended to be the younger student nurse. Sally linked this to an aspect of mental health nursing that she believed the younger nurses might

have struggled to cope with. That is, the inbuilt procedures that seemed to default to a judgemental role towards the one being cared for. She found this a challenging element of her own exposure to clinical areas.

The notion of ‘professional distance’ between mental health nurses and their clients was another area that Sally found challenging to work within. She states, “...you’re asking me to go and ask them these horribly personal questions and expecting them to disclose to me. How can I expect them to feel comfortable telling me stuff, if every time they ask me a question, I thought, ‘ Oh no: I can’t answer that”

Sally considered learning in the context of the programme to be an emotional journey for her because she would often re-direct what she was learning onto herself. By this, she meant that learning from practice needed to have an empathic aspect to it, because it affected human experience. Sally was attempting to highlight the need for self-preservation, or knowing, where, when and how to draw a line in terms of what she was being exposed to in order to protect herself.

Fig. 5 Sally’s MSCEIT v2.0 profile is below.

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Sally is generally aware of emotions and uses them to direct her attention intelligently; she has an understanding of the causes of emotion and manages them effectively.

Identifying emotions: Sally is generally able to read accurately gauge most people's emotions. However, she may still miss subtle cues at certain times or in certain individuals, or there may be certain emotions that she finds uncomfortable.

Using Emotions: she can often connect with the feelings of others. She may not do it for all emotions or all contexts. However, she seems to be able to encourage open-minded decision-making, planning, and idea generation by virtue of considering multiple points of view.

Understanding emotions: she has a good emotional vocabulary and that she understands the causes of emotions. On occasions she may find others people's intentions and motivations unclear, which can interfere with her ability to plan effectively.

Managing Emotions: Sally is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.






5.6 Sadie

Sadie is a 19-year-old woman who was born in the West Midlands. She was previously employed as a Customer Service Manager for a Petrochemical Company. She was encouraged into nursing by her family, particularly her grandmother and auntie. Nursing has been a long held aspiration of Sadie's and being able to actually turn that aspiration into reality has made Sadie extremely happy and excited. She likes this sense of happiness because for her it is twofold. It brings her satisfaction because she is doing what she wants to do, but she also is happy because she is doing something that makes others happy through caring for them when they are sick. Happiness is a strong emotion for Sadie. She is conscious that at times when the situation she is in

may not be the happiest, but she observes, “ *...I try and push myself to feel, to deal with it, and to try and look on a more positive side than always feeling down or negative*”.

One aspect of her introduction to life as a student nurse that has been challenging for Sadie is that of having to learn in large groups of people. Sadie gets worried about this as she feels that with so many in the group if she were to raise her hand to ask a question, or get clarification on a point then everyone would be looking at her. She has tried to adapt to this situation by changing how she prepares for large group teaching. For example, by not taking so many notes, and doing some pre-reading, focusing more on listening. Sadie also prefers to learn about nursing in the practice areas where theory is more readily linked to practice. When I asked Sadie to explain this preference a bit more she spoke of how the University setting was a challenge for her to learn in- often as a result of what has already been alluded to. The University classroom then became a place of ‘words’, but they were words that did not always have meaning attached to them for Sadie. Sadie considers nursing very emotional. She links this notion to the range of patients she comes across, their associated problems and how she has observed they are supported during these times. Yet, Sadie is not convinced that the nursing environment is somewhere you [as a nurse] should take your own emotions because nursing should be about the patient and turning up to work with emotional hang-ups will affect how you actually care for the patients. Sadie admitted that she was not always very sure of herself. She was always questioning herself because she believed that others were always judging her. She noted, “ *I think I am always worried about what other people think*”. Sadie entered nursing education sure about her desire to be a nurse, but very unsure about her ability to cope. It was an issue that thankfully for Sadie, was becoming less of an issue as she gained both knowledge and experience in nursing practice.

Fig. 6 Sadie's MSCEIT score is below:

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Sadie is generally aware of emotions and uses them to direct her attention intelligently; she has an understanding of the causes of emotion and manages them effectively.

Identifying emotions: Sadie is generally able to read accurately gauge most people's emotions. However, she may still miss subtle cues at certain times or in certain individuals, or there may be certain emotions that she finds uncomfortable.

Using Emotions: she can often connect with the feelings of others. She may not do it for all emotions or all contexts. However, she seems to be able to encourage open-minded decision-making, planning, and idea generation by virtue of considering multiple points of view.

Understanding emotions: there are situations in when people's intentions and motivations do not appear clear to her. This may lead to times when she can be surprised by people's reactions to events and she at times may struggle to describe her emotional experiences and observations.

Managing Emotions: Sadie is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always

get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.7 Rosie






Rosie is a 23-year-old single woman who was born in the East Midlands and employed in a Public House before starting as a student nurse. Her mother works as a registered nurse within the region. Rosie admits that she had a strong desire to follow a career in nursing, but she also wanted to see the world first. Consequently, she put off her starting date until she had travelled abroad for a number of years first. She acknowledges that the experience probably helped to give her confidence when she started the programme. She admits that academically she was not too concerned about struggling; but she did find herself questioning others who seemed to struggle- to the extent of questioning whether they should actually be on the programme in the first place.

Rosie was not always confident. During her mid-teens she stated that she was, "...*painfully shy*". Having been home educated, she found the transition to Further Education College a challenge. She observes, "...I tried to fit in and I realised that I didn't actually like these other people that much". Rosie feels that her confidence emerged from her home environment and her travels abroad. Having had no one available to turn to for help when travelling, she had to learn how to do things and how to make effective decisions. It seemed to me as a listener in this conversation that the focus in her story was herself. She agreed that this was probably accurate but she did go on to state that she was actually quite close to her brothers and sisters.

Rosie has a low tolerance for the mundane in people's lives. "*There are more important things in life*" she commented. Having been exposed to the issues and challenges of health and poverty in some Third World countries on her travels, she feels that her perspective has been strongly challenged. She admits that she is conscious of this when she has been involved in nursing care

on placement experience. She commented in one of our conversations, “ ... I mean it’s fine for me to go, “Well in Cambodia you know they do not have this, or they do not have that and etc., etc., and you should be grateful”, you have to appreciate that you expect a bit more from this country. If someone is complaining you cannot just go, ‘ Oh stop complaining’ ... I mean sometimes you want to; but you cannot you have to treat them with a bit more respect...whether you agree or not.... I do not like a lot of people, I... do not have a lot of time for certain people... but I can be nice [laughing]” In one early conversation, Rosie said she didn’t like emotional baggage. I asked her to explain what she meant by that. She linked this to notions, ideas of being ‘pulled’ by people in the sense of having them rely on her, “...because I think it’s almost a weakness”.

Fig. 7 Rosie’s MSCEIT score is below:

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Rosie’s score indicates that she may want to give more consideration to how accurate her emotion perceptions are and whether she takes emotions into account when decision-making.

Identifying emotions: Rosie may not read other people’s emotions accurately, she may not be attending to other’s emotion signals or expressions, or she may

over analyse the signals. This can lead to misunderstandings and breakdown in communication and interactions.

Using Emotions: she may have found this part of the MSCEIT to be difficult or unclear. This suggest that there may be times when she struggles to make herself feel what others are fleeing and therefore lack the ability to represent their perspectives.

Understanding emotions: she has a good emotional vocabulary and that she understands the causes of emotions At times however there are situations in when people's intentions and motivations do not appear clear to her. This may lead to times when she may struggle to plan effectively.

Managing Emotions: Rosie is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.8 Catrina

Catrina is 45 years old, a mother of one aged less than 19 years of age. She was born in the North of England, moving south because of her father's changing employment opportunities. She worked in a range of work settings, including healthcare before starting her student nurse programme. Her surviving mother is retired.

Catrina originally had a desire to pursue a career in nursing when she was 16 years of age. However, with insufficient qualifications, she was directed towards employment on the factory floor. Eventually as a result of relocating around the country as her father gained different employment positions she found herself employed within a school setting and she took the opportunity to start addressing her lack of qualifications and undertook a degree by distance learning and successfully achieved her goal and aspiration to become a nurse.






Catrina had entered into her student nursing experience against a background of multiple domestic challenges. For example, her surviving mother was diagnosed with cancer, her daughter who had been travelling abroad was involved in a car crash, and the baby she was carrying was aborted. Her husband was also divorcing her. Against this array of challenges, Katrina was determined to pursue and complete her nurse education. She commented in one conversation, “...*if I do not do it now, I know I never will*”. Katrina believes that these often-emotional challenges have helped equip her with the ability to cope with the programme but also to be empathic towards both her student colleagues and her patients. Again she noted, ‘...*like the saying goes, there is always good that comes out of bad. So, and it makes me a stronger person for it*’.

As a mature student working with sick children and their parents and the range of emotions that accompany the experience of a child being unwell, Katrina believes her own experience as a mother helps her to offer appropriate support to those involved. Additionally, she is conscious that being a mature student she finds herself working and learning alongside younger student nurses. Katrina noted that she had observed how often she had seen the younger ones struggling to cope with the challenge of caring for sick children alongside their other concerns of student education: reading, writing, assessments, study. Often these competing demands, according to Katrina has resulted in stress and anxiety amongst her student peers.

When asked if she considered herself an emotional person. Katrina replied, “*No! I try to hide it*” Seeking clarity as to what she meant, she continued, “*I suppose because in my upbringing my older brothers and my mum and dad who were quite old when they had me and my sister. It was a case of.... I mean they never showed their feelings. I mean boys are not supposed to cry when they hurt themselves, stuff like that. They had to be man! ...We never hugged each other or kissed each other.*” Whilst she is conscious of not being like this with her own children, she has to control her urge to tell her son not to cry out if he hurts himself. Katrina, reflecting on actually becoming a nurse and engaging

with a range of sick children and their parents believes that this is helping her to understand more about the significance and place of emotions in the care of her patients.

Fig. 8 Catrina’s MSCEIT score is below:

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Catrina’s score indicates that she may want to give more consideration to how accurate her emotion perceptions are and whether she takes emotions into account when decision-making.

Identifying emotions: Catrina is generally able to gauge other people’s emotions accurately, however she may miss more subtle cues at certain times or in certain individuals, or there may be certain emotions that make her uncomfortable.

Using Emotions: she can often connect with the feelings of others. She may not do this for all emotions or in all situations. However, she has an ability to encourage open-minded decision-making, planning, and idea generation from multiple perspectives.

Understanding emotions: at times there are situations in when people’s intentions and motivations do not appear clear to her. This may mean that at

ties she is surprised by people's reactions to events, or that she struggles at times to describe her own emotional experiences and observations.

Managing Emotions: she is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.9 Becky

Becky is 39 years old and a married lady with two children aged under 16. She was born in the West Midlands region to parents who are employed within the mechanical engineering and office administration fields. Her husband is currently employed as a Civil Engineer. Before starting her nurse education, Becky worked in a Rehabilitation Centre as an assistant.

Although nursing was a long held aspiration of Becky's she understood that it was not a career plan that gained her families support. As a consequence entering a nurse education programme was always put on hold until her own children were older and she could then use her time to pursue both the academic qualifications and practical experience that would enable her to pursue her dream. Although she did indeed become a student nurse Becky confided that she *"...needed a lot of encouraging and a lot of support. I did well at my college course last year. I think it was the incentive I needed, really. And, yeah, I have just got a really good supportive husband who encouraged me to do it. He did what he wanted to do and always has done, work wise which has paid the bills and now, we were financially in a position to be able to [let me] do it. It was my time"*

Becky shared a lot about her lack of family support as we spoke. She commented, *"I've always known from an early age that there are three children, me and my two sisters. My older sister was born for a reason. I was an accident and my youngest sister was wanted. And I've known that throughout my*






life...And they were never really interested in what I did. When I was 16 and I said I quite like to be a nurse, I was told, " You do not have what it takes, do not bother!" So, there was never any support or encouragement. When I got my O level results, my parents never asked what I got, what I achieved. They were not interested. All they were interested in was that I went to work and earn money so that we could pay the bills at home. When I was 17 I left home...I do not actually speak to my parents anymore because it was... there's never been any physical abuse but a lot of emotional abuse. I've come to terms with that and I accept it and I just put it to bed. I do not need that anymore."

Becky shared more about what she meant by the term 'emotional abuse' and how she coped. She said she spent most of her younger years, " ... *trying to get reassurance from her parents and to try and make them happy. But it was never going to be good enough. In addition, I think that once I accepted that or stopped trying, I mean I just tried and tried and tried and it was never going to be good enough or never going to be right. I got through that, it was fine.*"

Reflecting on who she is now as she embarks upon her nursing education, she recognises she was still lacking confidence in who she is, but she had a determination not to revisit her own experiences upon her children. For Becky this was at least one positive effect from what she had gone through. She observed, " ... *I know that actually you have to show your children love and affection and you got to show them unconditional love. It did cause a lot of depression when I was younger, but my husband has always been supportive and I've always told him. And I just do not go there anymore because of self preservation.*" Throughout these conversations, Becky had drawn attention to the support of her husband, as well as from her in-laws. I asked her how she felt about meeting them. She replied, "*I can still remember the first day I encountered my in-laws because it's so clear, because it was just...it was a very surreal situation. They were very, very welcoming, completely non-judgemental. I walked in and they both gave me a kiss and a cuddle. I have never met these people before and I was saying Oh! , I mean this just does not happen in my family.*"

Having previously worked as a 'book-keeper', Becky is aware that she has a questioning approach to her nurse education and practice. She commented, “*.you do not do something just because you're told to do it. You have to know why you're doing it...that's how you learn.*” Although she is aware that not everyone appreciates this direct approach to learning that she adopts. She considers herself good at this ability too and that being able to read emotions or read people's facial expressions is helpful to nursing practice. She said that although EI is not covered in any great depth on the course, “we have had one or two lectures on EI and communication skills e.g. body language”. The main thing that she felt she got from it was the notion of simply being with the patient- of “*...giving them time when they need it*”. This aspect of being emotionally present for her patients was something that emerged for Becky from during her final years. Asked how, she could only reply in terms of, its something more caught than taught. Becky observed in this context, “...if you do not engage with the patient and you're not interested in the patient you're in the wrong job.” Nevertheless, Becky also believes that such emotional engagement has to function within a safe place for her to handle, deal with and resolve her own emotions before, during, and after nursing practice.

Fig. 9 Becky's MSCEIT score is below:

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Becky's score indicates that she may want to give more consideration to how accurate her emotion perceptions are and whether she takes emotions into account when decision-making.

Identifying emotions: Becky may not read people's emotions accurately. This may be because she is too attentive and over analyses, or does not give enough attention to subtle cues.

Using Emotions: Becky's score here suggests that this part of the MSCEIT was difficult or unclear. There may be times when she may not be able to make herself feel what others are feeling and as a result lack the ability to relate to their perspectives or experiences.

Understanding emotions: she has a good emotional vocabulary and that she understands the causes of emotions. At times, she may find people's intentions and motivations unclear, which can circumvent her ability to plan effectively.

Managing Emotions: she is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.10 Jasmine

Jasmine is a 24-year-old single woman who entered into her nurse education after first considering undertaking zoology. Whilst she had a great passion for animals this was undermined by an allergic reaction to the presence of fur and feathers. She then gave consideration to undertaking a teacher training programme of study, but as she says, "*.I do not like kids*" (Int.1 L12). Jasmine grew up in a parental home, which fostered independence and self-reliance upon the children. Although Jasmine's parents did not actively support her entry into nursing, Jasmine does cite her grand parents as being supportive of her career choice.

Fig 10 Jasmine's MSCEIT score

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall Jasmine's score indicates that she is generally aware of emotions, uses them to direct her thinking. She exhibits a good degree of understanding the causes of emotions and how to manage them.

Identifying emotions: Jasmine is generally able to read people's emotions accurately. Although at times, she may need to focus her attention on this ability. This may be because she is too attentive and over analyses, or does not give enough attention to subtle cues.

Using Emotions: Jasmine's score here suggests that she can often connect with the feelings of others. There may be times when she may not do this for all people at all times but she tends towards an open-minded approach through considering multiple points of view in her decision making.

Understanding emotions: there are times and contexts in which she may not always find it easy to understand other people's emotions. At times, she may find people's intentions and motivations unclear, which can circumvent her ability to plan effectively.

Managing Emotions: she is open to emotions and that she processes emotional information. Although she addresses the issues, she may not always get to the heart of the problem, or always address more hidden, emotional

issues. There can be situations that she handles less well, or feelings that she has a more difficult time in processing.

5.11 Ian – the researcher

As a researcher, my integration into this study is as one who is a nurse by profession and a nurse educator by way of context. Consequently, there is a certain mutuality of experience as pertains to the ‘learning to nurse’ journey that the above participants have been on that we share in common. I cannot separate that history from how I engage with them in each conversation that I have or as I read and listen to the various transcripts and audio files. This shared historicity shapes and frames our dialogue and linking together as co-researchers in this study.

I entered into nurse education a few years after I had left the Royal Navy. Whilst my time in the Navy was as a ‘medic’, I had received no formal nursing qualification. The qualification that I did have on discharge from military service was quite meaningless, and thus I had to follow a complete nurse education programme. I settled into working within the cardiac care environment and I did this for at least 10 years before moving into nurse education.

My journey into nursing was based on a sense of wanting to do good to and for others. My deep longing was to follow a career in medicine. However, my parent’s marital breakdown undermined this pursuit, as I was required to stay at home and find employment, in order to provide a contribution towards the household income. It was some years after discharge from the Royal Navy that I found an opportunity to pursue a career in nursing.

As part of the research study and the aspect of establishing my own historicity, my MSCEIT scores are below:

Fig. 11 MSCEIT Score for Researcher

MSCEIT Overall Score			
	Consider developing	Proficient	Skilled
Identifying Emotions			
	Consider developing	Proficient	Skilled
Using Emotions			
	Consider developing	Proficient	Skilled
Understanding Emotions			
	Consider developing	Proficient	Skilled
Managing Emotions			
	Consider developing	Proficient	Skilled

Implications from this score: Overall my score indicates that I am generally aware of emotions, I use them to direct my attention intelligently, I understand the causes of emotion, and manage them effectively.

Identifying emotions: this score suggests that I am generally able to gauge most people's emotions. It is possible though that I may miss more subtle cues at certain times or in certain individuals, or there may be certain emotions that make me uncomfortable.

Using Emotions: my score indicates that I can often connect with the feelings of others. I may not do this for all emotions or indeed all situations. However, I will tend to encourage open-minded decision-making, planning, and idea generation by means of consulting a range of differing viewpoints.

Understanding emotions: my score here suggests that I have a good emotional vocabulary and that I understand the causes of emotions. At times, I may find people's intentions and motivations unclear, which can circumvent my ability to plan effectively.

Managing Emotions: my score here indicates that I am open to emotions and that I process emotional information. Although I aim to address the issues, I may not always get to the heart of the problem, or always address more hidden,

emotional issues. There can be situations that I handle less well, or feelings that I have a more difficult time in processing.

5.12 Conclusion

This chapter has opened the door to the inside world of these student nurses and their lives and their entrance into nursing as student nurses. Introducing them brings to the forefront the personal aspect of this research study. This chapter serves to locate the place that these participants have in this research. It is their stories of emotional intelligence that I go on to explore through their texts. It is by means of their stories, that we can see their experience and from that we can explore the essence of emotional intelligence in this context.

Chapter 6

Emotional Intelligence as experienced

6.1 Introduction

In chapter 5, the participants and their journey into the experience of being a student nurse were introduced and the context of their journey was established. Such an introduction was appropriate to begin to capture and present the world of meaning that humans are located in. Crotty, (1996) states that in order to think phenomenologically, we must move beyond the taken-for-granted nature of the things to which we are exposed and “...*take a long, hard look at the objects of immediate experience*” (1996: 5) if we are to become exposed to or made aware of the fullness of what phenomena are. To be phenomenological is a way of comporting oneself towards the world in general.

To move beyond textbook definitions of what EI may be and to be open to the possibilities of what this phenomenon is like in the experience of the participants was a challenging and at times time-consuming matter. Trying to move beyond the boundaries of culture, tradition, upbringing, and professional socialisation to ‘see’ anew what emotional intelligence looks like was challenging and yet context and historicity are valid aspects of a hermeneutic approach. It is an irony that at one level, hermeneutics is enriched through its focus on language as an expression of experience and being-in-the-world, yet at times I struggled to articulate such experience through language. I frequently questioned myself after each conversational interview:

“Am I actually capturing what she said? What has her relationship with her friends got to do with being emotionally intelligent. Am I asking the right questions.. sometimes, what I hear is not what I read about....but, isn’t that the point. Isn’t it ironic.. I feel frustrated, miffed, at my own emotional response to this.. why? (Journal entry, June 2008 following an interview)

During the interviews with the study participants, what was discussed was in the main, the role of, and their perception of emotions on their thinking and their acting. As opportunity presented itself during the interview, the situatedness of emotions and learning whether from the University or clinical setting was explored - in what ways did these processes aid the intelligent use of their emotions? Whilst these disclosures were of value, they did not always capture the way EI immediately presented to them in their experience. Yet, there were glimpses, and it is these, that provide the material from which a description of EI might be drawn. In the first and subsequent interviews, they were asked to describe the time when they heard that they had been accepted for the student nurse position and to describe, for example, “ *How did it feel to be accepted?*” This focus on ‘how did *it* feel’ rather than ‘how did *you* feel’ was not always appreciated. The notion that a phenomenon could reveal itself seemed odd and difficult to separate from who they were and how they experienced ‘things’ emotionally. Each participant however, was able to articulate that sense of ‘being’ in their ‘world’ and conscious of connecting with and accessing experience through an emotionally intelligent filter, as it were.

In this chapter, I present some of the data that the participants shared with me in terms of their understanding of how emotions were experienced and what emotions and thinking means to them in this setting. The edited narrative extracts that follow concern the emotional worlds of the participants and are presented with a focus on their emotions. Extracted and edited in order to centre on the content that gave rise to the unique voice of each participant as identified above. That some appear as brief excerpts underlines the challenging task of recalling experience in its direct form. These narrative extracts are from student nurses whom, given the nature of the ‘world’ in which they inhabit, they experience EI in a manner different to the general population. Examples of early data analysis are attached to some of the transcript extracts in order to show the relationship between data and thematic development.

6.2 Kelly

So, if you go back to when you applied for your nursing, what were your emotions like?

Very excited because it's something I've always wanted to do but I've always thought, you can't do that and I think my mum was very much pleased for me but my dad had always been like, "Oh, you do not want to do that." So, it's sort of like proving him...I can get in and do it. So, I was excited about it andI was worried with the nursing that I would be more squeamish and things would, you know, like injections and things like that would make me think, "Oh no," but it hasn't bothered me at all.

What's it like actually rolling up your sleeves and seeing another person and working with them?

I think you have to be approachable and...I think a lot of people are very trusting; maybe it's because of the uniform you've got on, I do not know. ...I think it's learning not to say...like, you know when you're doing the observations and you do someone's blood pressure and you think, oh, no, that's really high. And they're like, "What...what is it? What does 160 mean?" I said...at first you say, "Oh, it's a bit high, I'll ask somebody." But then you learn, that scares them so it's learning to keep them calm and saying, "Well, it's a little raised so I'll make a note of it," and just keeping it low... some people...patients are really scared because they do not know what's wrong them and I think they need a lot of reassurance and...

You're obviously hinting at the fact that patients may have a different range of emotions and they're anxious and scared. Reading other people's emotions, is that something you find you're good at?

I can tell when someone's not happy, whether they're not happy with the care that they're receiving, or...not necessarily from me but previously, with other members of staff, then I can tell when...like you said, they're scared or something like that. I suppose it's something you have to gain with experience...I do not know.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>I can tell when someone's not happy, whether they're not happy with the care that they're receiving, or...not necessarily from me but previously, with other members of staff, then I can tell when...like you said, they're scared or something like that. I suppose it's something you have to gain with experience...I do not know.</i>	Not happy I can tell Experience	Not judging Emotional care

...What's it like to be emotional in the classroom?

I do not think you are, are you? I think...unless you're talking about an experience, or maybe reflecting on something.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<u>...What's it like to be emotional in the classroom?</u> <i>I do not think you are, are you? I think...unless you're talking about an experience, or maybe reflecting on something.</i>	Emotions and learning Emotions and experiences/ reflections	Emotional education Learning emotions

6.3 Jasmine

So tell me about a placement, what was that like?

...I liked it at first, but my mentor wasn't very nice and she said that she didn't mean it how I took it but she said...there was this woman, she was dying...well, ...and then I like... did her 'obs' and I went to tell my mentor that she was...that...I can't remember...there was something wrong with them, so I told her. She didn't listen, so I told her again. But she didn't hand it over

and then she said to me the next day, "If you would've told me, I could've done something."

How did that make you feel?

It really, really upset me. It wasn't so much that I didn't like my mentor, I thought of people do not get on, but when she said that to me, that really upset me and I thought well, if I do that now, I've got no hope. And then when I told the other one, like one of the other nurses, she was like "Oh yeah, you're still alright, do not worry about it. She said...often says things that she does not mean"

<i>Example of beginning analysis: significant idea/phrase/ statement</i>	Key Words	Concept development/ thematic motif
<i>It really, really upset me. It wasn't so much that I didn't like my mentor, I thought of people do not get on, but when she said that to me, that really upset me and I thought well, if I do that now, I've got no hope. And then when I told the other one, like one of the other nurses, she was like "Oh yeah, you're still alright, do not worry about it. She said...often says things that she does not mean"</i>	Emotions and learning Emotions and experiences/ reflections Confidence Not approachable/supportive	Learning emotions, affective learning

Would you describe yourself as an emotional person?

Yeah. My boyfriend always says, "You'll be up here one minute and down here the next." Like he found me yesterday and I can't remember what it was about and it just happened like I was really happy at the end of the conversation. Ten minutes later, I was shouting and screaming at him because he would upset me, but then when he thought about that, he says, "Well, what the hell did I upset you over?" I say, "I can't remember." He states that it is like being on a roller coaster because he never knows what emotion I am going to be because I am emotional.

Do you think you are...good at...reading people's emotions that you do not know?

I do not know. I am not reading...to be quite honest, the truth is, if it is a stranger, I do not really care. If it is a stranger, it is their problem, not mine.

6.4 Noreen

Looking back at that whole sort of situation, do you feel that you are different in any way because of that experience?

Yeah, it does. It does make a difference because when I look back on those, the way in which you reacted to these stuff and the emotions I had around it, and how I was and like at home or even...I mean, we have family, friends, and stuff. I mean, it is like...not totally different, but it's just stuff I do, and stuff. You know, I'll become more...not delicate, but more sensitive towards people, and I am just there listening to like what they're talking about and stuff and you know.... I feel like I've grown up like that and being able to understand people more as individuals than just as a bunch of patients ...you know, six patients in A bay and six patients in D bay.

Example of beginning analysis: Significant idea/ phrase/ statement	Key Words	Concept development/ thematic motif
<i>I mean, it's like...not totally different, but it's just stuff I do, and stuff. You know, I'll become more...not delicate, but more sensitive towards people, and I am just there listening to like what they're talking about and stuff and you know.... I feel like I've grown up like that and being able to understand people more as individuals than just as a bunch of patients</i>	Emotions and learning Emotions and understanding	Attentiveness, attunement, being present

Describe a good nurse?

Professional, but in a quite kind caring way, not just professionally in the sense of just paperwork, but interacting with patients. Very busy, lots to do. Looking at a lot of...holistically at patients... I've come across different types of nurses and different types of patients and how they approach them and then there're a few nurses that just kind of adhere to the physical factor. You've got a wound, let us get that dressed, and that's it. ... There's others

nurses who kind of ask, “How are you doing today?” and look at the state of the house, if they need any other equipment or anything and kind of like really do a holistic assessment.

Example of beginning analysis: Significant idea/ phrase/ statement	Key Words	Concept development/ thematic motif
<p>... I've come across different types of nurses and different types of patients and how they approach them and then there're a few nurses that just kind of adhere to the physical factor. You've got a wound, let us get that dressed, and that's it. ... There's others nurses who kind of ask, “How are you doing today?” and look at the state of the house, if they need any other equipment or anything and kind of like really do a holistic assessment</p>	<p>Looking around, observing, attention</p>	<p>Attentiveness, attunement, being present</p>

6.5 Mary

So, what brought you up from Portsmouth to be a nurse?

You really want the honest truth? Okay. I was originally born in Portsmouth. When I was 9 years old, my dad lost his job, but was offered a better job up in Malvern. Therefore, as a family, we all moved up. I always felt that I didn't like Malvern. I never particularly fitted in well. I think it's just I was used to the city. So, when I was 19, I moved back. I then met someone, got engaged. We bought a house together and he left me seven weeks before we were supposed to get married. Obviously, my head was a pickle. In addition, my mum rang me up one day and said, “Right, you're coming home.” And that was over three years ago.

How did you feel or how did you cope?

How did I cope? Originally, six months of my life was a blur because, okay, this is going to sound really stupid. I wasn't an alcoholic, but I liked my drink and my friends and my family weren't there, I was drunk. And, okay, it wasn't a good option to take, but at the time, I didn't care. It also made me realise who my true friends were and, you know, how dear my family are to me. In addition, my sister just had a baby. He was my first nephew. And he

spurred me on as well. You know, there was more to life than just wallowing in my own self-pity. So, yeah, this made me appreciate life.

So, here we are six months into the first year of your nursing, how does that feel for you?

I feel on top of the world. I feel that I am finally doing that something that I should've done years ago, but then I've also now got life experience behind me. . I am loving it and I am so proud when people say, "Oh, what do you do?" And I say, "Oh, I am a student nurse." It's brilliant. Even six months down the line, I find it brilliant

I always feel like two different people though. Like when I am at work, I am student nurse Mary. When I am, you know, at home, I am me. I do not know...I am a lot...you know, I am...how do I put it? It's different. I am a different person when I am on the ward. But when I am at home, I tend to...I do not know, I suppose be a bit more emotional. I think as a nurse, you can't show that someone's annoying you, you can walk off, where at home, and it's not as easy to walk away from a situation.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>I always feel like two different people though. Like when I am at work, I am student nurse Mary. When I am, you know, at home, I am me. I do not know...I am a lot...you know, I am...how do I put it? It's different. I am a different person when I am on the ward. But when I am at home, I tend to...I do not know, I suppose be a bit more emotional. I think as a nurse, you can't show that someone's annoying you, you can walk off, where at home, and it's not as easy to walk away from a situation.</i>	Different people At home, at work Emotion displays	Roles Congruence Two worlds

You seem to be giving me the impression, that in order to be a good nurse, you need to keep your emotions in check.

No. Oh yeah. Definitely. Do not get me wrong....I am not...I do not want to be the sort of person who will go in, do a dressing, and come back out again. I would like to think that I would be able to have a conversation with that person, be emotional that way, and build a relationship. And...well, for example, when I worked in the surgery ward, we had a colleague of ours die and we all stood there crying. And that's me, that's not a problem. What I do not want to do is take my outside life, bring it into the hospital and because I've had an argument with someone at home, I do not want to be coming in to the ward and be shitty with one of the patients. Do you know what I mean? I do not want to...if...I can be emotional with the patients and with the staff, but I do not want outside things to affect the way I behave and work.

How does that caring relationship work if one is emotional and one is maybe sort of trying to fence around?

I think with other people, who are finding their emotions, I can stand there, I can cry with someone when they're sad and I can laugh when they're happy. When it comes to me, and someone says, "how are you really feeling?" I would be like, "Yeah, I am fine. I can deal with it." If it's someone else's situation as in, "Oh, I saw you crying with that patient," you know it's a really sad situation. Oh yeah, it's awful. When it's me and my experiences, I am very protective over that. And even though I've tried over the last few years to try and open up especially to my partner, it's been really difficult and it still...it's not painful about what I went through but it's almost it's my problem, he does not have to have the burden of it. ...I think he wishes that I would open up a bit more. But then I think if I opened up, it's going to be a little bit...it's still going to be raw, as in the way I am dealing with it.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>When it comes to me, and someone says, “, how are you really feeling?” I would be like, “Yeah, I am fine. I can deal with it.” If it’s someone else’s situation as in, “Oh, I saw you crying with that patient,” you know, it’s a really sad situation. Oh yeah, it’s awful. When it’s me and my experiences, I am very protective over that.</i>	Guarded Defensive Protective	Roles Congruence Two worlds

Do you think that your classroom sessions prepared you emotionally for practice?

Definitely not. No. And that’s why, again, I think you should experience before you go into nursing and because you can’t just sit there and you just...but going back to that man, for example, you sit there, oh social services do this, they put that in place before someone goes in. This is how it’s done. This is how it’s by the book. You go into placement, you meet human people and patients, and it does not work like that. It does not work as in...you know, you’ve got this ideology of a nurse and it’s written in the book, this what you should do and this is when you should do it. ...So, I do not think emotionally it prepares you at all. I think the placements...if anything, we should be on placement more rather than doing the theory work.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<u>Do you think that your classroom sessions prepared you emotionally for practice?</u> <i>Definitely not. No. And that’s why, again, I think you should experience before you go into nursing and because you can’t just sit there and you just...but going back to that man, for example, you sit there, oh social services do this, they put that in place before someone goes in. This is how it’s done. This is how it’s by the book. You go into placement, you meet human people and patients, and it does not work like that. It does not work as in...you know, you’ve got this ideology of a nurse and it’s written in the</i>	Learning emotions Practice-v theory Not prepared	Learning gap Affective education

<p><i>book, this what you should do and this is when you should do it. ...So, I do not think emotionally it prepares you at all. I think the placements...if anything, we should be on placement more rather than doing the theory work.</i></p>		
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6.6 Sadie

Do you think nursing is very emotional?

Very. I think you have those patients who you can't help as much as you want to, I suppose. And then when you have, fortunately you have really happy times when you done the best you can and patients are grateful and they have gone home and back to their normal self then there's those who you can't so much help because of the condition or whatever is happening. Or there are these patients where things have changed but you can help them adapt to a new life and a new situation...the way of...a different way of living. You can't help everyone unfortunately, I know. I do think every job you have bad days and good days. I think that you've got to be able to take...not take your emotions inside, inside the hospital and you just have to be professional. Then when anything happens at work, you have to try to leave it at work and not take it home with you.

Do you think emotions have a place in learning in that type of teaching environment?

Not as much as I would have thought. Because I thought that we might not be taught, but I do not think on emotions, and how to deal with them whilst in placement. I thought that maybe they would talk just more about that before we went on the placement, and whether they did that to see what we're like on placement how we adapt ourselves. In addition, I would say that emotions really come into the theory side because they talk and got to take it

in and I just. (Laughter) ...I think you have to learn and use a lot of your emotions and...I do not know. I do not think, I do not know. (Laughter).

3rd year Interview.... begin by maybe telling me a little bit at this point, what does emotional intelligence mean to you?

I kind of feel that it's a tool with nursing, because you can sort of, be sort of overly empathetic and then start projecting your emotions and feel like you're being sort of interpreting the way they feel. Then you could actually just be have a reflection of your own and probably the last 12 months, I've been trying to get a good balance, that I am not just purely projecting the way I feel, that I am actually taking into account.

6.7 Rosie

So how do you handle your emotions?

I do not see...we're quite unfeeling in our family. We do not do emotional sort of let us come and hug it out, let us have a cry. We do not and that's sorts of sounds like, that we're sort of emotionally stunted, we're not. We're just we do not worry about the little things... We move on quite easily. It's like you separate bits of your life. I am not a massively emotional person in a sense I do not sort of...be bothered by a lot of the things that other people would find upsetting, I do not because there are just bigger things to be upset about, really. There're bigger problems to sort of deal with. So I suppose it comes back to the emotional baggage thing like why I am...I think it's...certain people have certain...I think what I meant by I do not like to have emotional clutter or emotional baggage is more I do not like being pulled. I do not like sort of other people relying on me too much. Because I think it's almost like a weakness in people and like, "No, you shouldn't have to rely on other people."

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>I do not see...we're quite unfeeling in our family. We do not do emotional sort of let us come and hug it out, let us have a cry. We do not and that's sorts of sounds like, that we're sort of emotionally stunted, we're not. We're just we do not worry about the little things... We move on quite easily.</i>	Context Family Experiences	Growing up Family legacy Deposits

Do you think... from your personal experience that the subjects that you were exposed to in the classroom prepared you for the emotional issues out in practice?

They didn't sort of go, "Right. Now, this is kind of what you're going to have to do, you know, for each of the patients." But I think you have to come and look at it module work is only 50% of what you're actually doing. And you are...when you're on placement, I mean I still kind of work...when I first walked onto the ward, I still got there and I've got a shock because I was like, "Oh, my God, sick people." And I am a nurse. I was there as a student nurse going, you know...I had like six weeks in uni and you knew how long it was. I still got there and I was shocked to see people in bed looking...you know, with drains or whatever. I mean, no, they can't.... They can't tell you what it's like to...they can tell you sort of how to, you know, this is what you need to for someone that's grieving. They can't tell you how you're going to feel and they can't tell you sort of what...every situation that can actually happen because you can't do that. But what they can sort of say is you need to be able to look at your own...perhaps, actually kind of work with others.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<p><i>They can't tell you what it's like to...they can tell you sort of how to, you know, this is what you need to for someone that's grieving.</i></p> <p><i>They can't tell you how you're going to feel and they can't tell you sort of what...every situation that can actually happen because you can't do that. But what they can sort of say is you need to be able to look at your own...perhaps, actually kind of work with others.</i></p>	<p>Learning emotions Practice learning Preparation</p>	<p>Learning gap</p>

6.8 Becky

You mentioned that your family didn't give you support. Can we talk about that further?

I've always known from a very early age that there are three children, me and my two sisters. My older sister was born for a reason. I was accident and my youngest sister was wanted. And I've known that throughout my life. And they were never interested in what I did. When I was 16 and I said I quite like to be a nurse, I was told, "You do not have what it takes. Do not bother." So, there was never any support and encouragement. All they were interested in was that I went to work and earn money so that we can start to pay the bills at home. Therefore, when I was 17, I left home. And I do not actually speak to my parents anymore because it was...there's never any physical abuse but a lot of emotional abuse. I've come to terms with that and I accept it and I just put it to bed. I do not need that anymore

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<p><i>I've always known from a very early age that there are three children, me and my two sisters. My older sister was born for a reason. I was accident and my youngest sister was wanted. And I've known that throughout my life.</i></p>	<p>Context Family Experiences</p>	<p>Growing up Family legacy Deposits</p>

So, the person that I am seeing in front of me this morning has that experience in helped or hindered, shaped the person that I am seeing in front of me?

I still probably do not have the confidence that I would like to have. However, that's getting better and I decided that I would not bring my children at the same way that I was brought up. So, that sort of had a positive effect, really, because I knew that, actually, you got to show your children love and affection and you got to show them unconditional love. It does not matter what they do, they're never going to please you all the time. But they did and...so that's helped. And it did cause a lot of depression when I was younger. And...but my husband has always been supportive and I've always told him. And I just do not ever go there anymore because it's a bit of self-preservation.

It seems to be that professionalism and emotions do not seem to mix, at least on display.

I think you can be professional and emotional but I think you need to know...maybe keep that in check a little bit, you can have empathy, you can show sympathy, and you can be extremely supportive 100%. But I do not think it helps if you go over the top with emotion. I think there is a place in nursing. You know, they want you to be supportive and strong and to get them through it. And you'd walk like...in the ward and you go can sit in the toilet and you can cry your eyes out, that's fine. You know, go and talk to somebody. But I do not think that's appropriate and necessarily in front of patients, sometimes.

So, Becky, three years down the road -The teaching sessions that you have did any of those add to your understanding of emotional intelligence?

Yeah. I mean we had one or two lectures. We have not had a huge amount but we have had one or two lectures about the use of emotional intelligence and reading body language and communication. I can't say there was anything new that I learned from them, but they did reinforce it and that's a good thing. I think we've been taking that note into practice because we

enforce how much value patients put on, not necessarily the nursing skill and you can...you can be rubbish at carrying out the nursing but if you sit down and hold somebody's hand or sit down and give them time when they need

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>You can be rubbish at carrying out the nursing but if you sit down and hold somebody's hand or sit down and give them time when they need</i>	Taking time Sitting there	Attentiveness Being present

What is it that...makes a good nurse and/ or a tutor?

For me, a good nurse is somebody that stops and listen, that stop, watch, look as well, and look for the alternative sides to what the person is saying. Just because a patient says they are okay does not necessarily mean that they are, and somebody that just goes an extra mile to make things better. And, I suppose a tutor.... What makes a good tutor? One that does not talk down to students. One that does not come across that they are better. One that engages with the students that openly invites a debate on the subject and the points of view. One that's approachable.

Example of beginning analysis: Significant idea/ phrase/ statement	Key words	Concept development/ thematic motif
<i>A good nurse is somebody that stops and listen, that stop, watch, look as well, and look for the alternative sides to what the person is saying. Just because a patient says they are okay does not necessarily mean that they are, and somebody that just goes an extra mile to make things better.</i>	Taking time Observant Aware Not judging	Attentiveness Being present

6.9 Sally

Is learning emotional for you?

Yes. Because the way I learn, is what I projected back on to myself. It's the same when I am dealing with patients.

Does everybody walk through the nurse education door emotionally aware, do you think?

Yes. But then there are different elements. Someone who is going to make a fabulous theatre nurse would not necessarily make a fabulous psychiatric nurse. Someone who is a great midwife wouldn't make a great general nurse. So, I think you have to play to your strengths. I think everyone has strengths. So, that's what you need to channel into. So I think, it all depends where you are going and what you're doing and it's also what you'd see as right, and what I would see, as right in dealing with someone will probably completely different. So, I do not think you can really sort of say like, emotional intelligence is a given or something you can really measure...

Chapter 7

Interpretation / Discussion

7.1 Setting the scene

The aim of this chapter is demonstrate the interpretation and the findings that flowed from the analysis of data explicated in the previous chapter. Patton, (2000: 480) has said that:

“Interpretation means attaching significance to what was found, making sense of findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences...”

Themes become powerful because they iterate lived experience and not simply abstract notions. Braun & Clarke, (2006:6) state that:

“Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail.”

In line with Braun & Clarke, (2006) I have attempted to adopt an analysis of the data from an essentialist semantic approach looking for meanings and experiences from the participants involved. I have identified each theme with regard to the story that the data tells of the experience engaged in by the participant. Any sub-themes are so identified as they are seen as co-constituents of the overall theme.

It is important then that as the researcher now moving into this stage of reporting on my study findings that there continues to be alignment between the component parts of this study. That is, the research design (methodology and methods) is consistently represented and maintained in this section. This thesis has explored the lived experience of emotional intelligence for me, and the nine women who entered a nurse education programme of study in the UK. My interpretation is shaped, or framed through a process of co-construction of

realities. That is, my thoughts and understanding has been merged with those of each participant to shape a new perception or reality, and a new model though which emotional intelligence in this pedagogical context may be understood.

The main themes emerging from the data analysis were:

- 'Confronting the nemesis of Kinsfolk Legacy',
- 'Apprehending the affective learning space',
- 'Being fully present' and
- 'Authenticity of Being: occupying dual worlds'.

I describe these as the 'essential' attributes of the phenomenon of what it is like for this research group to experience emotional intelligence within student nurse education. The word 'essential' has been chosen deliberately as it conveys that which relates to or constitutes the essence of understanding; that which is fundamental, indispensable, or crucial to gaining an understanding of what it means to live in the emotionally intelligent world. As such, this reflects the underlying methodology of heuristics in seeking to understand experience.

From my experience of undertaking this study, I have come to appreciate that the qualitative researcher, in his or her research quest, is engaged in many things simultaneously. They are journeymen on the road to discovery, they are ontologically oriented, and they are excavators of experience, diggers for truth as experienced. The world in which this researcher has entered has been one of experience and narrative, distinctives and fusions. Heidegger and van Manen (1962, 1990) both draw attention to the need to attend to the interpreted life. Van Manen presents this point well:

"...hermeneutic understanding for Heidegger was not aimed at re-experiencing another's experience but rather the power to grasp one's own possibilities for being in the world in certain ways" (1997:180)

Heuristics is living in another's shoes so as to experience their life by proxy and through such, gain insight and understanding. It is to be authentic in one's own life through being enlarged in ones ontological disposition. Adopting such an

approach to the lived experiences of the study participants gives access to their sense of Being. I am privileged to have been able to journey through this study with the participants as we each received and added to the research journey.

According to Bruner (1991), narrative is the medium through which experience and memory is conveyed. Bruner suggests that narrative (containing the likes of stories, myth, excuses, and expressed rational ways of thinking and living) can only ever achieve “verisimilitude” or plausibility as versions of reality. To engage with narrative constructions is to engage with the lived life outwith normative conventions of epistemological verification. Staying true to Heideggerian motifs, it is in this world that Dasein is, not to be found, but to be revealed in experience(s). None of the experiences shared by these participants were experienced in isolation. Emotional intelligence is a social experience. Each participant who was interviewed was situated within a dynamic that touched others, that was time bound, and framed by a relationship between who they are as nurse students and how they learned their artistry against a backdrop of communal emotional intelligence. I present these four major themes with due diligence towards not only the philosophical underpinnings required by the Heuristic methodology, but also through regard for the narratives shared and co-constructed on this journey. Emerging from the data, they reflect essential characteristics for these participants of the lived experience of EI within the stated context of nurse education in a UK higher education institution. The themes are explored and each interpretation considers implications for nurse education practice.

7.2 Theme: ‘Confronting the nemesis of the Kinsfolk Legacy’

The first major theme ‘Confronting the nemesis of the Kinsfolk Legacy’ is made up of the sub-themes, ‘Family Culture,’ and ‘Bringing history with me’. ‘Confronting the nemesis of the Kinsfolk Legacy’ involves the experience of one’s emotional past influencing present day experiences of emotional living. Entering into a new setting this experience is oft lived in private and includes the challenges of bringing one’s history into the present where the kinsfolk

legacy of parental abandonment is experienced, or parental expectations of success were unmet by the child as they grew up. Widening the understanding of kinsfolk from direct family to a broad acceptance of 'nearest and dearest' this experience can include emotional abandonment from significant others. The legacy of our kinsfolk can of course be framed in positive terms. In the sense, that they can instil positive traits in us, as we mature in stable environments. Yet, what might be considered stable and affirming in one context may be too raw in another. Participants carried with them in their new context of nurse education the challenges of unhidden emotional legacies. Salovey & Mayer (1990) highlighted this aspect of familial influence upon EI deducing that family contexts played a role in shaping both the experience and expression of emotion in children as they matured.

The Chambers Dictionary (2003) defines nemesis as:

"...The Greek goddess of retribution, retributive justice, something that cannot be achieved, a rival or opponent."

Nemesis also was known by another name, "Adrasteia" which meant, the inescapable. It is this notion of not being able to escape one's history in the present that gives significance to this theme. I draw attention to this aspect as it creates a picture of each participant moving forward in their own emotional lives, yet the past reaches out after them, with talons of either positive or negative emotion histories shaping their current experiences or approaches to contemporary contexts. During the conversational interview as participants shared their life story with me, it became clear that contemporary expressions of emotion were shaped by personal history. The student nurse sitting in the lecture hall, or the student nurse learning her artistry in clinical placements carries with them this legacy which influences their experience of and exposure to emotionally framed worlds. I recall my own experiences as both a nurse and a lecturer in which historical emotional challenges reached out to my nursing practice and nurse tutor role. I wrote in a diary about this after listening to one participant [Mary] share her story:

“We cannot separate who we are today from whom we were yesterday. By that I mean, how I choose to nurse today, or teach today, is the result of past experiences. The grieving wife who cursed me as her husband was left to die alone stands out.” (Journal entry, May 2009)

Kinsfolk legacies behave as a nemesis. That is, rivals from the past influencing present action, dreams, hopes, and aspirations. It was in the course of asking about their journey into nurse education that some afforded this glimpse into their past. A pulling back of the curtain over their past lives to reveal the emotional construction of their present day living. As each student nurse enters into an educative programme this idea of a rival, or an opposing legacy is of import because of the influence of past emotions on current learning and practice. In light of an individual participant’s EI MSCEIT profile, the presence of antecedents (this ‘Kinsfolk Legacy’) arguably adds either resilience to the participant, or highlights their ability to engage therapeutically with patients in an EI way.

For example, the following examples from the data transcripts express this notion of the past influencing the present:

Mary, one of the participants shared the following with me in our second year interview:

“Obviously, I was devastated when the relationship split up; but it turned particularly nasty. So when I moved up here, I had a lot of emotional problems in any case. So, I was rebuilding a bond with my family whom I moved back with. My (new) partner has put up with a lot from me being angry and taking things out when I am...not physically but verbally and he quite often tells me of my emotions. In fact he told me last night as well...I am a very emotionally hard person to get on with because it’s me and that I do not let anyone in.” (Mary Int. 2 / 114)

Rosie, made the following comment:

“ ...We’re quite unfeeling in our family. We do not do emotional sort of let us come and hug it out, let us have a cry. We do not and it sounds as

though we're sort of emotionally stunted, we're not. We're just, we do not worry about the little things...we move on quite easily." (Rosie Int.2 / L20)

As noted in the literature review, in her seminal work Hochschild, (1983) wrote of emotional labour. She identified this as emotion based work undertaken in exchange for financial reward. She stated that in the context of work, we adopt 'feeling rules' that shape our external displays of emotion (e.g. happy faces in the middle of relentless pressure) and our internal emotion coping strategies (e.g. we may be smiling on the outside, but inside we could be angry, or sad). Hochschild's work was largely based on the experience of airplane flight attendants. She argued that these individuals had learned to comply with organisational feeling rules that were not only aimed at emotion expression but at a deeper level these flight attendants were required to actually experience the emotions they were externally expressing. This suppressing of emotional history was thus an aspect of everyday experience for these student nurses and for me as a nurse tutor.

It seems, for some students that there is a reality in their experience of EI that draws attention to this 'legacy of kinsfolk' emotional context. In which, whilst engaging in learning and practice, the nemesis of the kinsfolk legacy pushes them to either adopt a Stanislaviskian approach to emotion based working, or to contain that emotion history as a way of being more focused and effective. A certain tenacity about being emotionally intelligent pervades these narrative accounts and illuminates the motif of kinsfolk legacies. To persist in the pursuit of dreams against a backdrop of familial challenges that might otherwise deter or detract from such a pursuit, suggests that one aspect of answering the question 'what is it like to be emotionally intelligent as a student nurse?', is to answer: it is about persistence in the face of challenging personal antecedents.

Entry onto an education programme such as that represented by nursing students was for some of my participants about satisfaction, or recognising that their time had come. Others highlighted that it was about fulfilling younger ambitions. The notion then of antecedents in understanding EI in the student nurses' world is not simply about understanding the challenge of negativity but

the positive pursuit of ambition. This was not only true of the participants, but also for me. I had long wanted to be in the health profession. It was all very romantic and perhaps naïve for me as I grew up as a young lad in Belfast. Having seen so much devastation of life, I desired to give something back to society. I wanted to care. I loved the idea of being able to be in a position to contribute towards saving life against a backdrop of a country in which so many lives had been lost in tragic circumstances. Nursing was an emotional quest.

To raise such notions is to confront the question of 'Being' in a Heideggerian sense of the word. At this juncture of entry into their experience as students of nursing a critical element that perhaps is overlooked is that of ontology. In this understanding, the appropriate question is what does it mean to *be* a student. Antecedents give helpful illumination to the idea of whom these students '*are*' as they enter study. Questions concerning who they will become may be addressed later. This ontological orientation will take us beyond a focus on knowledge and skills alone in the present. Otherwise it can be conjectured that without an ontological orientation, the reliance on epistemology and practical skills alone will, like a two-legged table, lead to imbalance and therefore instability (Barnett 2007).

I believe that this draws attention to challenges for Higher Education [HE] lecturers in apprehending this existential lifeworld of the student in that the *being-to-be-in-the-future* for each student is framed by the *being-to-be-in-the-past*. Confronting the nemesis of the kinsfolk legacy is an awareness of a temporal framing by these students around answering the ontological question, 'who am I?' and 'who am I becoming?' by casting an eye backwards and facing the 'who I was' of their journey. Each participant has communicated to me during our interviews that whilst they bring with them to the new venture as a student nurse their existing knowledge and skills, they also bring with them a pathic-based, or emotion-based history that frames and informs their educative journey. I would contend that an issue this raises for educationalists within this care setting is that recruiters have need of cognisance not only of epistemological concerns expressed in grades and awards but also in

ontological matters, such as those that address the questions of not only '*what does she know and what can she do*', but additionally, '*who are they?*'

Family culture (positive or negative) and peer connections are seen carried by the student nurse into their new learning environment. They bring their emotion history with them; it is not left at the door of the University when they commence a programme of study. Nor is such history exchanged for a student identity badge when enrolling on a programme of study. The identity of a student nurse amongst this group of participants was in addition to who they already were. If, as McQueen, (2004), Freshwater & Stickley, (2004) and Cadman & Brewer, (2001) suggest that there is a necessity for nurses to work in emotionally intelligent ways, they require to be taught from an emotionally intelligent curriculum that gives consideration to how to engage therapeutically from an EI perspective. An important starting point for such would be to consider EI scores at the recruitment stage to student nurse programmes of study so that there is awareness of EI scores at entry.

The University of Dundee undertook such an approach in 2012 as part of the selection process for the school of nursing. According to Rankin, (cited in Kendall-Raynor, 2012) a number of potential recruits found it difficult to distinguish between anger and sadness when considering the facial recognition element of the EI test used. Hudson, (cited in Kendall-Raynor, 2012) also commented that this use of EI as part of the selection process was one of a number of approaches being considered in nurse recruitment as it enabled recruitment to be based on more than academic skills. It would seem that in order to talk about EI in such applied ways is to seek to move the understanding of EI beyond that of just a connectivity between cognition and emotion to perhaps conceive of it as more 'emotional wisdom'. The data from the participants in this study is predicated on a range of emotion identities. Identities evolved in relationship to antecedents in their contexts. With regard to the concept of EI, I suggest that 'Wisdom', that is, the application of practical emotional knowledge is a marker of import in this regard. My approach to use 'wisdom' or 'phronesis' in this thesis echoes Aristotle's idea of 'phronesis'

(*Nichomachean Ethics*, 1985) as that which relates to the deliberate prudent, practical application of emotional knowledge and insight in the specific context that a nurse student/individual may find themselves located.

In my journal I observed:

My past? Is that shaping me as a lecturer? What is my nemesis lurking in the secret caverns of my history shaping, defining, refining my practice? Does it matter? I think it des because the ability to emotionally adapt to contexts and people is either going to help or hinder me as a lecturer. Teaching, training, nurturing students on the one hand and yet, letting them down on the other, because, I cannot be all things to all men. I have off days... bad days... all of this I bring with me: mayhap my nemesis comes not from my familial past but from my clinical past- good and not so good” (Journal entry, May, 2009)

When each individual participant’s EI MSCEIT profile is considered in light of the properties of each Branch of the Mayer & Salovey EI model (1993) the presence of antecedents is noted. Arguably, adding resilience to the participant or undermining their ability to engage therapeutically with patients in an EI way.

Table 5: Biography, Antecedents, and EI scores

Participant	Antecedent	Overall EI	Notable Branch scores.
Rosie	Family background not emotionally expressive, early independence,	Consider developing	Proficient- understanding and managing emotions
Catrina	Family cancer, serious road traffic accidents, divorces. Family had clear roles as to gender based emotion expressions.	Consider developing	Proficient- in all 3 except understanding emotions
Becky	Lack of family support, unwanted at birth, tolerated in family, never able to please parents.	Consider developing	Proficient- understanding and managing emotions.
Noreen	Adult carer most of her childhood, poor	Consider	Proficient-

	relationship with step parent, independent outlook	developing	understanding emotions
Mary	Fiancé broke off wedding plans 7 weeks before wedding day, lack of trust, alcohol used to get her through, family support during recovery	Consider developing	Proficient- Identifying, using, managing emotions
Kelly	Differentials in parental support, always having to appease father figure and wanting to prove him wrong that she could not complete the programme	Consider developing	Proficient- using and understanding emotions
Sally	Death of husband	Proficient	Proficient all 4 Branches
Sadie	Lack of self-belief, believes others scrutinise her	Proficient	Proficient- all 3 branches except; consider developing understanding emotions.
Researcher		Proficient	Proficient across all 4 Branches
Jasmine	Lack of emotional attachment by parents growing up, learned independence.	Proficient	Proficient in 3 branches except understanding emotions.

The above representation of the participants EI profile mapping however raises a number of interesting points. It can appear as an anomaly that the majority of participants scored low in terms of their overall EI measure and yet, their Branch scores returned a range of scores indicating a range of abilities. According to guidance given in the MSCEIT Manual this can be accounted for, by those taking the test, not fully understanding the purpose of each MSCEIT test question (MSCEIT, 2002). There is obviously an obligation on those who use such tests ensuring that participants do fully understand the type of questions being asked and the type of responses required. It might be that I did not make such requirements clear to the participants. Additionally, the MSCEIT Manual (2002: 18-19) states that the Overall score is a generalised way of understanding an individuals EI profile, which should be considered alongside a

range of other more specific scores in for example, the Area, Branch and Task Scores.

How much weight should we apply to a prospective students ability to perceive emotion in themselves and others. This is the question raised by the study in Dundee University, and a question that emerges from this study when the EI profiles are taken into consideration. Across the total scores recorded above, it is noticeable that only three of the participants were scored as 'proficient' in terms of identifying & expressing emotions – a key factor in the nurse patient relationship. Yet, the entire study group scored varying degrees of proficiency in terms of using emotions, understanding emotions and managing emotions. This could be conjectured as a limit in the scoring method, however, what it points to is that the task of assessing an EI score is not simply a matter of giving someone a score. As discussed in the literature review with regard to MSCEIT reliability, it has its issues, but it is generally accepted as the most reliable and most scientific test currently available (Matthews *et al*, 2007). EI scores require careful interpretation and attention to the context before conveying to the individual concerned, or evaluative judgments being made as to vocational determinations. Mayer, *et al* (2002) comment:

“The task scores must be used with caution, given that the reliability for some of these scores is lower than it is for other MSCEIT scores.....feedback to participants should generally be focused on the Branch, Area and Overall scores” (2002: 19)

Accepting that the study group is made up of only nine student nurses, this lack of an ability to recognise emotions in others in four of the group could be a detrimental sign concerning engaging in nursing practice.

For example Rosie, commented:

I do not see...we're quite unfeeling in our family. We do not do emotional sort of let us come and hug it out, let us have a cry. We do not and that's sorts of sounds like, that we're sort of emotionally stunted, we're not.

We're just we do not worry about the little things; particularly like say somebody goes out I've had friends that have had boyfriends and "Oh he has not called for two days is not. He has not called me for two days, you know, oh, we just go oh somebody hasn't called for two days and then we move on. We move on quite easily.... (Rosie, Int. 1. L18)

The following is an extract from Mary, who also scored low on the identifying emotions Branch.

Researcher, Do you find it easy to read other people's emotions?

Mary, I would like to think so. Yeah. I would like to think that...I would like to think that I've got this sort of like...personality where if someone was feeling sad, and I asked him, "Are you okay?" I would like to think that they'd...(Overlapping Conversation)...yeah, talk to me; but then, I would also...I do not want to push them, so I just...if that makes sense. Right, I want to be approachable to someone and I want to be a good listener. So, if they did want to talk, I would be open too. But I would also like to think that if I saw someone not being themselves, I can pick up on it. (Mary. Int. 2 L 31,32)

Sawbridge & Needham (2015) draw attention to the concern around nurses lacking in compassion. They draw attention to the Francis Report, (2010) and the linking of such concerns with staff recruitment. Whilst registered nurses who use NHS websites looking for employment are required to undergo evaluation of their values, Sawbridge and Needham, suggest that there may be a disconnect between these lacking in verification; especially at the systems level. As noted by Rankin, (2010 cited in Kendall-Raynor, 2010) this lack of emotional ability at the recruitment stages is, "worrying". The data from this group is not being used to establish cause and effect – that is beyond the scope of this study. It is of note that of the four participants who score low in terms of being able to identify and express emotions, particularly here in others, there is evidence of a lack of family support, of less than positive emotional contexts as they grew up or matured. Yet, it is also observable that such backgrounds are

also present in the other participants. Therefore, this in itself is not strongly indicative of any relationship. It is also of interest that given the range of backgrounds highlighted in the interview data that over all the participants all score positively (to varying degrees) on the other four branches of the EI model. With regard to these participants, it may be conjectured that they survived the emotional traumas of their familial contexts; of peer-relationships that went sour and that, they persevered. It may be suggested then that in terms of this theme of 'confronting the kinsfolk legacy', is not so much that a student nurse in this study group at the point of recruitment is low on an ability to recognise facial and tonal changes, but that they have an ability to cope; the resilience to survive.

Resilience is about being able to recover from and position elastically; being able to withstand shock, suffering, and disappointment. Resilience has been identified in the literature as a key component of successful learning, for example: Walker, *et al* (2006), Deakin Crick, (2007). What is clear from the accounts of the participants is that a number of them, indeed the majority of them, had significant challenges in the context of family or peer relationships that they identified as playing a role in their emotional wellbeing. Despite this, a number of them went on to enter nurse education and successfully graduate. In their humanness they recovered, they found form again. As Mary highlights in her interviews (Int.1 L 32) it was hearing of the birth of a nephew that provoked a reorientation of thinking and attention to a values based approach to life and a snapping back into place of the elastic. Seligman, (cited in Kahneman, 2012) states that resilience is part of one's defence mechanism. Taking on an optimistic perspective, shields oneself from injury to the self-image. I find this of interest, as, whilst it may be stated that with regard to these participants one may deduce from their narratives that there are the resilient amongst them, that is, there are those who have learned to cope with emotionally challenging contexts and environments. There yet remains (according to the MSCEIT scores), the reality that almost half of the group lack the ability to recognise emotions in others, particularly as expressed through facial changes or changes in tone of voice and it is this person to person dynamic that is at the core of the

nurse's therapeutic relationship with the patient. Smith, (2012:27) notes the comments of a patient who gives significance to the ability of nurses who gave "...*the time or willingness to listen to ...concerns*".

It perhaps can be conjectured that in the midst of a functionally busy clinical setting it is the ability outlined in the concept of EI to recognise those fleeting emotional signals that can enable such attention to care. Akerjordet & Severinsson, (2004) and Freshwater & Stickleby, (2004) have highlighted the influence of EI on nursing practice. As highlighted in the introduction, the current calls for compassionate nurses, presses upon nurse educators the necessity of enabling such abilities to emerge in nursing students. A theme I believe raises the question of: should nurse recruits be screened for EI as part of the admission process? I believe that it is timely to consider such. If student nurses lack the ability to recognise emotional signals from patients, a second question remains: can this be developed in them as they journey towards graduation? I would contend that an emotionally wise curriculum would enable such to occur. As for the apparent discrepancies in the MSCEIT findings above, it is worth bearing in mind that the MSCEIT represents 'what is'; it does not draw attention to 'what might be'. It is here that the role of pedagogy and EI nurse tutors play a role in an emotionally wise curriculum. It also highlights that EI measures as part of nurse recruitment is, a part of the process and should be seen as such. This aspect of the use of EI requires further investigation as to the benefits to be gained in using such screening indicators.

This main theme of 'confronting the nemesis of the Kinsfolk Legacy' serves to highlight the situatedness of these student nurses as Daseins in their 'world'. This historicity gives a context for each one as they journeyed towards entry into this nurse education programme. The possible implication drawn for the literature (Cadman & Brewer, 2001; Freshwater & Stickleby, 2004; Benner, 1984; Akerjordet & Severinsson, 2004, 2006; Bolton, 2000; Hurley, 2008) is that nursing and nurses connect emotions to care giving. Whilst this study does not seek to establish causal relationships, it is prudent to consider if as represented by this small group of student nurses there is a need to address this lack of

ability within the recruitment and educative process. The theme stresses the importance of the lived experience of the student nurse, and thus highlights that from a pedagogical perspective there is a need to recognise this aspect of the student nurse journey into nurse education. Plus a need for nurse educators to be aware of this, engage with it, and help students draw out the value of their resilience.

7.3 Theme: Apprehending the Affective Learning Spaces

The second major theme 'Apprehending the Affective Learning Space' comprises the sub-themes: 'Shifting learning Contexts' and 'Bridging the cognitive-emotions gap in learning'. Apprehending the Affective Learning Spaces involves the experience of the student nurse encountering a connectedness between what is taught in the classroom and what is experienced in the placement setting. Not that these are seen as divided but that both learning spaces should capture the role of emotion in enabling the nurse student to blend nurse theory with nurse practice. As may be observed from the following observations from the study participants, their experience was that of a cognitive- affective interrupt in dealing with theoretical matters relating to practice applications: a gap between the theory and the practice.

For example, the following data extracts give evidence to this gap:

"...It didn't prepare you emotionally. It prepared you practically, but your emotions...I do not think anything can prepare you emotionally for sitting and watching somebody dying or you've done all you can and they still go off and you do not see them when you come back in the morning. [Sally Int.2 L 120]

"...I preferred it in the clinical setting, because I felt I learned a lot more in a little time. You can sit in an hour of lecture and learn one thing. You can do an hour on the ward and you can learn numerous things. It's...I would rather prefer to learn a lot more, because I get bored easy. So, just sitting in a lecture is one thing. However, we all have different abilities. [Sally Int. 2. L146]

"...The lecture was based on...it was about death and dying and how patients...it was kind of about...it was really, really bizarre because he

came out with this video on studies such as when someone dies, the tears are more healthy for you than when cutting onions and it was ridiculous stuff like that which, not ticked us off, but it was just what kind of thing. It does not make sense kind of thing [Noreen Int.2 L48]

“...the whole emotional side of it. I do not think uni deals with that at all. And we have talked about death and dying or, you know, going through cancer and things. But again, I do not think we really touch on the emotions side of it, but then also, from uni’s point of view, they can’t get too emotional because they can’t have 60 odd women all sat there bawling their eyes out. Do you know what I mean? So, but, I do think it’s important. I really do. And it’s things like...for example, my first resus, being there, doing the compressions, and maybe losing that person. I mean, the first time I did it, my patient survived, but you knew that they were going to die. But uni does not deal with that at all. [Mary Int. 2 L98]

The learning gap that has emerged from the data resonates with the gap identified by a range of authors who point to a mismatch between effective and meaning-making role models for student nurse learning in the clinical domain. Additionally an increasing distance between university lecturers, who are wholly based in a university, e.g. as cited by Smith & Allan, (2010): Carlisle *et al*, (1996), Barnett, (2007). It may be conjectured from these accounts that for the participants there is a lack of engagement with emotions within the University beyond tokenistic references in teaching aspects of care. For the study participants, it was in practice that the impact of emotions and how to use them effectively to negotiate care was experienced.

Educationally the challenge is the enabling of both theoretically competent and practically compassionate practitioners of nursing to emerge from three years of classroom and placement based learning in which a gap or as Smith & Allen identify (2010) an uncoupling has occurred between theory and practice consequent to learning nursing in an HEI. It is difficult not to sense a theory-practice uncoupling between nurse education’s aim and nurse education’s practice as demonstrated for example in the data transcriptions above.

Owen-Smith, (2008) has suggested that in higher education we have separated the learning heart from the learning mind. To apprehend the affective learning gap in the nurse student experience is to perhaps move beyond EI to EW-

emotional wisdom. It is this distinctive, which also differentiates emotional literacy from EI. Notwithstanding the necessity of a competency based curriculum to develop safe doers of nursing predicated on a triad of knowledge understanding and skills. This I would suggest requires to be considered alongside the challenges of EI and emotional labour as a means to addressing the cognitive – affect gap in nurse education.

I agree with Owen-Smith, (2008) who alludes to a change in higher education epistemology to that which gives a focus on heart and mind as evidenced through such pedagogies as, experiential learning and attention to values and ethics. Furthermore, she argues that such is not a discarding of a education or curriculum that is grounded in theory but, rather embedding this cognitive approach in a more contemplative one that brings a focus to growth and not simply educative outcomes. Owen-Smith raises some pertinent questions that may reflect the current concern with a nursing practice that is certainly being articulated, in the extreme, as devoid of compassion and emotional adroitness.

For example, she asks:

‘What are the capacities we want our students to have and what are the capacities that they need so that they might contribute to a more sane and compassionate world?’

“How might wisdom be incorporated as a pedagogical goal?”

“ How might we assist our students and ourselves in moving through life consciously rather than unconsciously?” (2008: 32)

This potential lack of an ontological turn in nurse education may be reflective of an out-dated rationalistic paradigm that in theory at least was supposed to be replaced by a more holistic approach to nursing care but which I would suggest has got stuck consequential to a lack of effective emotion based education within the context of behaviourist institution.

As a lecturer, Owen-Smith’s questions are just as applicable, if not more so. To separate compassionate, emotional pronesis from ourselves as carriers and teachers of nursing artistry is to disconnect who we are from what we do. Not

always written out in Journal form but always pondered was the challenge: “*how do I model the emotional wisdom I believe nursing education should embed in today's nurses*”?

It may be conjectured that, as has been observed from this small study group, there are those who enter into nurse education with an ability gap with regard to any one or combinations of the Branches of Salovey's & Mayer's EI model (1990, 1997). A lack of ability to read people may lead to disjuncts in caring practice. The affective learning space - that space in which the student can encounter, mayhap confront her own emotional history, and re-orient towards an integrated nursing practice would appear to be lacking from these participants' University based learning experience. Could it be that such is the case due to an over-emphasis upon a curriculum that is weighted towards an epistemology of competency with little inclusion of space for an ontological orientation in learning?

The distinction I am contending for is that of 'knowing' and 'being'. Owen-Smith (2008) and Barnett, (2007) bring a focus on the learner that reflects Heidegger's notion of Dasein as Being-in-the-world'. The student nurse, as Dasein, lives and breathes in his or her world, the nurse educative world, and in such exists in relation to other Daseins. Knowledge that does not translate into how each student nurse comports himself or herself, lacks authenticity and integrity. I would suggest that a 'knowing what' and 'knowing how' requires a conscious balance with a Being how. In terms of one's emotional identity this speaks of emotional equanimity. To accept that such emotional poise is only limited to an epistemological curriculum is to render a lack of justice to who our students are. Barnett (2007) in his discussion of the will in a student's learning, focuses on this key aspect of the student, they give themselves to learning. This giving of themselves to learning is an ontological orientation. Barnett, (2007) suggests that as a student gives of him or herself they demonstrate a 'will' to learn. This willingness is an act of commitment and evidences a mode of being in their world, a world of classics, and a world of literature, or of economics, or of nursing. This aspect of will as existence blends existentials such as temporality

and spatiality together in the experience of the student nurse. This blend of lifeworld existentials of time and space may present a challenge to nurse pedagogies that appear weak in connecting theory and practice based learning (Allen, 2000; Landers, 2000; Harwood, 2011). Participants in this study spoke of a gap in emotion-based learning and of the challenge of applying theoretical components of practice to the lived world of nursing practice. This is represented by the sub-themes of '*shifting learning contexts*' and '*bridging the cognitive- emotions gap in learning*'.

To identify the student in this way is not to seek to confuse the issue of learning from theory and from practice. It is to recognise however that the student is present in the world that they inhabit and indeed that they turn-up in that world. How they do turn up is connected with where they came from- hence the value of having raised and explored notions around kinsfolk legacy. How they turn up in their world is also connected to who they are becoming- the journey from neophyte to registrant. Student nurses are taught their craft, or their art within a competency-based curriculum. The Nursing and Midwifery Council (NMC) has set down standards of education achievement for both higher education providers and for all students to successfully graduate and register as a nurse in the UK.

Theoretical competency is important in terms of nursing practice. EI is noted as being comprised of competencies as well as being a competency (Cooper & Swarf, 1997). Know-what linked to know-how is important. Competency is not in itself devoid of any associated sense of wellbeing. Griffin & Tyrell, (2013) state that we each have a need to be successful and to be achievers. Additionally, within the context of providing nursing care, a lack of competence is fraught with risk and harm. Griffin & Tyrell, (2013) remind us of the physiological response to achievement in the form of dopamine being released into our bodies and the subsequent feeling of pleasure. Along with the need for autonomy and relatedness that they cite, it may be stated that cognitive achievement, success in achieving grade passes in a theoretical competency driven curriculum, is not in itself wrong. However, this bias of competence and autonomy situates the

individual in a dynamic relationship with the 'world' of the other. In order to give due consideration to the challenge of apprehending the affective learning space in a meaningful way, curriculum models, and pedagogical intent requires addressing. Otherwise, we may not appreciate that a space exists, or that there is a need to address student nurses' learning needs around emotion-based knowledge and understanding, and their desire for competency in doing and attention in 'Being'.

Participants highlighted that, whilst in the educational setting of the classroom, they were 'taught' topics such as palliative care, communication, and handling relatives of the dying. It was not until they were at their placement that they were able to observe, participate, and gain insight through being-in-the-world of that context. Emotions and feelings are powerful realities in the learning experience (Dirkx, 2002). Competency based curricula that engineer the production of knowledgeable doers and safe practitioners are, I would suggest predicated on a rational approach to the role of emotions in learning where the emotional is constructed more as an obstacle to learning than a motivator. As Dirkx, (2002) highlights education is shaped by information and reason is used in order to reflect and learn from experience.

Participants in this study populated this affective gap by their own acknowledgement that they entered upon this educational process emotionally:

"I've just got a really good supportive husband who encouraged me to do it. He did what he wanted to do and always has done, work-wise, which has paid the bills and now, we were financially in a position to be able to do it. It was my time. So, yeah, still very scared". [Becky, Int. 1 L2]

"Okay, okay. We might come back to that later. (Laughter). Okay. Super. So, here we are...what...six months in to your nursing? I think it's scary". [Sadie, Int.1 L29]

Denzin, (1984) states that should we seek to understand anyone then we need to understand emotion. Emotion is that expression of self that resides within each of us and is expressed in how we comport ourselves and shows up in our

'world'. That is as true for the learner as it is for the teacher. Thus, there is a need to engage this affective gap for learning to be enhanced. To learn nursing is to expose the mind to conceptual knowledge and understanding of topics such as anatomy and physiology, care giving, nutritional balance, care of the dying, trauma care principles, and skills based learning. It is also exposing the heart to emotions, and to the demands and contradictions of emotions. For example, we get angry because of injustice observed and yet we feel guilty or sad that we lost our emotional equanimity in the first place. We find ourselves physically caring for someone, yet angry at the cause that brought him or her into our care; for example a self-inflicted wound, or illness. Hence, the challenge facing competency-based learning located in HEIs is that of bridging the theory –practice gap that has been noted in the literature (Burke, 2005, Betts, 2006) and has been highlighted by participants in this study. Neuroscience attests to the increasing recognition that the rational and the emotional are not competitors in the creation of sound decisions or meaningful actions, but rather as demonstrated by Damasio, (1994, 1999) they are complementary to one another. This collaboration serves the development of a meaningful emotional identity that values both mind and heart.

Damasio (1999) argues that the evolution of emotions was predicated on a simple dichotomy- to gain pleasure, and avoid pain. Hints are evident here of the signalling system of the emotions that guide human decision-making and adaptation as part of an individual's coping mechanism, (Stein & Book, 2006). The point being expressed by such sentiments is that success, or, the gaining of pleasure, or happiness is not simply linked to notions of accumulation of 'treasures' but the ability to:

"...get along with others was crucial to the survival of the early hunter-gatherer societies" (2006:15)

History and experience would seek to demonstrate that this reality is as true today as it was then. Cognitive excellence is weakened by a lack of ability to socialise. As Stein & Book (2006) state that being brainy but rubbing people up the wrong way is not beneficial. Cognitive intelligence may be important and

valid but it is not the full measure of an individual. That of course is not to denigrate the value of cognitive intelligence or to assert wildly (as was done in the early days of EI's popularisation in the press) that EI is of more benefit or kudos than general intelligence. Those outlandish claims undermined the development of EI then and still serve to undermine general acceptance of the concept even today (Matthews *et al*, 2004). As a nurse educator, this is both a cause for concern and a challenge in terms of effective pedagogy.

The effective focus of ability EI that is used as a basis for this study is its use of cognition, rather than personality. Data transcripts demonstrate that students are seeking to use their emotions intelligently as they engage in their nursing practice.

For example, the following examples evidence this link:

Sally

"I think when you're in a ward, you have to kind of forget your own emotions.

Because you cannot go into a ward if you split up with your boyfriend or something like that and sit and cry. You're there to look after people. You're not there to be...feeling sorry for yourself. It's a job. You're there to look after people. If you're there feeling sorry for yourself and look upset, the patients aren't going to be very...they're not going to think...they're going to think, "Oh, she is a bit...like she is upset." Or whatever. You just have to go in and be the nurse. You go in as student nurse. You do not go in as Sally (Sally, Int.2 L184).

Mary

Like I said, the therapeutic relationship to me is really important now because when I go in and sit down with that patient who is just come onto the ward, they're really scared that, you know, they might not have been in a hospital before, they might not have left their partner before. I can sit there, I can explain things, and I could say, you know, "I know it's scary, but if you've got any questions, I can answer it or the doctor can answer

it.” You know, just the reassurance and then get to know them so if they are scared.... Like one woman was upset because she left her cat at home. She was worried who was going to look after her cat. Then she was really agitated. But after you say, “Look, I’ve spoken to your son or spoken to your neighbour, they’ll look after the cat for you. It’s okay.” You can see them relax. And if they’re going to be relaxed and a bit more comfortable, then it’s going to speed their recovery. So again, getting to know the patient. (Mary, Int3. L.196)

Emotional literacy is as Steiner & Perry, (1979) suggests the ability to recognise and communicate about emotions (reading and ‘writing’). Ability EI goes beyond this to take into consideration the intelligent utility of emotions. Claxton, (2005) does provoke a questioning of the relevance or usefulness of which version of EI that educators in general currently employ. Whilst, I consider this to relate to a misunderstanding between EI models, what Claxton points to is an apparent need to reframe the language of EI. For, what this difference is indicative of is that the wisdom of EI occurs in the space between stimulus and response because it is an ontological experience and not simply epistemological feedback.

Why is this gap of significance in nurse education? Perhaps a short illustration may help lead us towards an answer. It has been observed that at the pre-start of any orchestral concert the audience is subject to a cacophony of sound and noise as each member of the orchestra seeks to prepare his or her musical instrument for playing on. This musical dissonance fills the auditorium and possibly jars the experience of the hearer. Then the conductor steps into the gap between the orchestra and the audience and works to achieve not dissonance, but resonance across the musicians so that what is heard and experienced by the hearer, is beauty and awe. I would suggest that when the participants in this study were sharing their experiences of a lack of connectedness between some theoretical explorations of nursing practice in the classroom and the exposure to the reality of raw emotions uncovered in the placement setting, they were alluding to this dissonance between nurse theory

and nurse practice- particularly in those emotive contexts. The affective learning gap in the students experience like the experience of musical dissonance, is addressed by a bringing together of craft and direction for application. The lack of preparation they expressed for such direction can be found in the affective gap that frames this theme. The challenge of emotional labour to which they were exposed and a means of re-coupling the theory-practice break requires, a flow of skill and ontological artistry to be used in order to bring resonance to the learning experience.

My own nurse education was not university-based, but occurred in one of the last ward based or apprenticeship styled forms of learning that preceded the Project 2000 changes in the preparation of the nursing workforce. From a retrospective horizon, there are advantages in a mode of learning that was mainly carried out 'on-the-job' so to speak, in which theory was focused on the provision of discrete content relevant to nursing practice contexts. As Smith, (1992) and Smith & Allan, (2010) highlight, a central figure in that era was the ward sister. The nursing literature before this time identified his or her key role in creating a caring ward, and a learning ward, (Fretwell, 1982, Smith, 1992). I suggest that one reason for such a positive environment was the style of learning to which the student nurse was exposed enabled student nurses to find themselves in the sense of their identity- not only professionally, but emotionally: to the extent that they were becoming nurses and not simply doing nursing. The apprenticeship style of nurse education led to a focused theoretical education in the nursing school classroom and then a clear field of application as they then engaged the practice domain and the applied learning was negotiated through the presence and enthusiasm of the Ward Sister in adopting such an apprenticeship model of learning.

Although not explicitly mentioned in connection with EI, the work of Lave & Wenger (1991) is of value here concerning this notion of an affective gap. In pointing to what they have termed as 'Communities of practice'...Lave & Wenger (1991) offer up a social context for learning which reflects the development of emotional wisdom. That is, EI is a social experience. EI is

predicated on connectedness with others. The suggested disconnect between learning in the classroom and learning in practice as noted above by the participants may well be addressed through recognition of the value and role of such communities. Participants highlight key members of nursing staff who have assisted them in negotiating the gap by building, as it were, bridges of practical and emotional support. Perhaps this is why learning in practice is esteemed higher in this group. One of my early reflections as I embarked on this study was, “what does an EI nursing students look like, and where do they best learn?” (Journal entry, Sept 2006)

The core premise of Lave & Wenger’s work (1991) is that communities of practice are ‘learning communities’ that emerge in all types of context (schools, the home, and in the workplace), and within such groupings, we learn both propositional and experiential knowledge. This knowledge is both individually and communally owned. This communal aspect helps to shape this community along with an aspect of shared interest and enabling relationships along with being practitioners as opposed to theoreticians. That last sentence needs qualifying. Lave & Wenger (1991) are not discounting theory, rather they are placing an emphasis on applied theory, that is, practice. It is true that the current nursing curriculum provides for both classroom based theory and learning in practice. Participants point to the benefit of learning within the latter domain. Practice contexts have in place, both mentors and supervisors, and Placement Support staff that work in practice (often in a trouble shooting capacity) giving guidance to nursing students. Yet, it would seem that it is the experience of learning within a practice community that finds resonance with the participants. The practice context or community bridges the affective learning gap. I have not found literature that explicitly links EI to communities of practice however the literature on group EI (Ballatt & Campling, 2011, Barsade & Gibson, 1998, Ciarrochi, *et al*, 2000, Mayer *et al*, 1999, Roberts *et al*, 2001) would be of relevance here. Notions of trust and collaboration are pointed to in the literature as being crucial to group success (Ancona & Caldwell, 1992, Fiske & Taylor, 1991, and Jones & George, 1998). Ballatt & Campling have addressed this in their book on intelligent kindness (2011). Of course, as

reflected in the earlier discussion in the literature review concerning EI as manipulation, group EI does not guarantee positive or prosocial outcomes. Ballatt & Campling observe:

“ Most of us have some awareness that our behaviour can be affected by the group of people we are with, that working in a ‘good’ team is very different experience from working in a ‘bad’ team. We ay even have caught ourselves behaving ‘out of character’ in a particular group situation, or celebrated having the best ‘brought out of us in another” (2011: 68)

Group EI, in short the aggregate EI level being of greater significance than the individual's own level would it seems carry additional weight in pursuing a recognition of the value of practice learning communities for nursing students, greater than that of theoretical classroom sessions. However, Ballatt & Campling (2011) do sound a note of caution around a continuing dominance of individualism within workplace settings. They point to an under-valuing of group dynamics in learning and influencing change in behaviour, negatively, or positively. The caution is that individuals may get subsumed within a wider manipulative disempowering system, such as was reported on in the Francis Report (2010), although, even there “islands of good team working can be found where attention to patient needs is paramount” (2011:78).

Structural changes within the provision of both healthcare and nurse education in the UK have had an impact upon the learning experience for both teacher and learner. This uncoupling relates to both the learning space and the learning experience. There is on the one hand a pedagogical uncoupling of practice from theory. On the other hand, there is a dissonance between ‘learning to nurse’ and experiencing such learning at the individual level. The shift to university based education represents a challenge for the student in coming to terms with their emotional identity and how they perceive, use, understand, and regulate their own emotions given the theoretical and spatial distance of which these participants disclose. As may be observed from the MSCEIT findings from this

group of student nurses in these four Branches such challenges may be outwith their capability of experience.

Only two of the student group were measured as 'overall proficient' in terms of their total EI. Six of the group were identified as 'proficient' in terms of the sub branch measure of 'managing' (or, regulating) their emotions. Six were also identified as having an ability to 'understand' their own emotions and those of others as determined by the Four Branch model of Salovey & Mayer, (1990, 1997). This suggests that there is a twofold challenge associated with this notion of an affective learning gap as identified by this group of participants. Pedagogically there is a challenge of how the gap may be addressed in terms of effective learning, however perhaps the greater challenge is that of students entering a nursing education programme lacking the ability to demonstrate such emotionally intelligent adroitness.

Heron, (1982) argues that the human condition has been predicated on Aristotelian and Platonic models. With regard to the former, that the intellect is supreme virtue. He states that with regard to emotions and Platonic thought that the emotions are subject to the intellect. Although Heron, (1982) observed at this time that as a result of such dominant paradigms education prized intellect above the nurturing of emotional ability. It would not be strictly true to say that, this always holds in contemporary educational contexts. However, that does not necessarily equate to curricula that give space to the affective domain. It is certainly correct to state that increasingly over the past decade that nurse assessments have used 'reflection' as a form of determining the accrual of knowledge as part of the nurse education process. Indeed, most professionals in the 21st Century advocate reflection as part of the learning journey. Yet, it seems subject to so much distaste by students and it has become a chore rather than an integral aspect of learning. The use of reflection as an integral aspect of the participants earning journey was seen as a necessary requirement of their education.

For example:

Sadie

Researcher: Is that something that comes easy to you, reflection?

Sadie: I do not really like doing it but....

Researcher: Why do not you like doing it?

Sadie: I was...It just feels weird writing about stuff like....I do not even know if I am doing it right in the portfolio. I think you're just supposed to write down on a piece of paper, 'I followed the module once in that essay' like in...I can't remember which one it was. One of the modules but, I think, when you are supposed to reflect about something and you're supposed to just write it, it's just...what am I supposed to write ...I find it difficult to just sit down and sort of empty your thoughts, like what's happened, onto a piece of paper. (Sadie. Int.1. L36)

Noreen

I absolutely hate that portfolio. Reflective journals, I've kind of...I put some reflective journals in, but I've looked beyond just reflective journals. I've got other things such as like if I see an article, which I think, is quite interesting, I tend to like just annotate it a little bit and I just put that in. And other things that I pick up in placement' hand-outs, sheets, and stuff like that. A lot of that kind of stuff is...whereas in my first year, I used to use a lot of lectures because I thought that was the only kind of evidence you can provide.

(Noreen, Int2. L64)

The student nurse is exposed to events, experiences, and encounters that are emotionally charged. Nurse education, as experienced by the students in the study group was an unequal balance between being taught or informed that such emotional exposures may take place and that there are reasons that individuals may respond to health challenges in their lives in such a manner. Yet, also having an opportunity to enter a safe place beforehand in order to learn experientially what it is like and thus be better equipped to respond to real events of this nature. Reflection can be used cathartically and the student can gain benefit through effectively engaging in such a transformative process. Yet,

the challenge of the affective learning gap is how we can proactively equip nursing students for such exposures. As the researcher of this study and as a nurse educator the interesting question I asked myself at this point was, '*how can this affective learning gap be closed*'? Alternatively, perhaps another more fruitful question is: '*how can educators of nursing fill this gap in order to enhance the learning journey for the student and enable meaning making to occur between classroom theory and clinical placement experience. How can I do this in my lecturing practice?*'

Perhaps a response to those questions is found in observations made by Heyward, (2010:197) who notes that:

"Much education practice operates at a safe neutral level without the space for emotional engagement, yet the idea that emotion plays a crucial role in learning has been discussed by many educational researchers".

The participants in this study identified in their narrative accounts that a similar space was evident in their experience. Haywood suggests that role-play might be a means by which this 'learning space' may be usefully engaged. He rightly points to a range of educational theorists who echo his own support that role-play can be a useful means of improving learner understanding: for example, Bolton & Heathcote, (1999); van Ments, (1999); Craig & Bloomfield, (2006); Harris & Daley, (2008).

Tooby & Cosmides, (2010) and Jensen, (2008) highlight neuroscience studies that demonstrate the role of the brain's amygdala in adding value to memory development/ function by means of impregnating the recall of an experience with meaning through association with emotion. The experience of emotion is played out in a societal context. As Heidegger (1962) contended, Daseins not only exist in their 'world', but they exist in relation to other Daseins in their worlds too. This connectivity adds meaning to experience. Thus, as suggested by Nuttall, (cited in Haywood, 2010) group learning is not simply about acquiring knowledge and/ or skills, but about being exposed to associated emotions from these communal activities. Exposure to such emotive contexts and challenges

deepen memories for those involved hence the added value for the student nurse in exposure gained from such in the clinical learning context.

The use of role-play as an EI learning methodology (Vitello-Cicciu, 2002) restricts the pursuit of privacy in educative contexts and can serve to create a synergistic learning experience from the cognitive conflict, which emerges from such group work. Indeed, from any type of group work in which individuals are anticipated, or expected to offer up ideas and responses to learning activities, (Hamilton & Ghatala, cited in Heywood, 2010). It may be conjectured that didactic learning does not afford such internalising of ideas and/ or experiences offered up through role-play. Well-ordered role-play can enable the student to experience a genuinely learning moment as it calls forth from them authentic adaptations to created contexts within a safe learning space.

Effective acquisition of learning and understanding from role-play can be facilitated by means of group critical reflection on points within the role-play, as opposed to reflection on role-play. A challenge related to the very notion of role-play is authenticity. O'Neill, & Bolton, cited in Heyward, (2010) raise this issue of context building for the setting of the role-play and the need to engage with the imagined world. Stanislaviskian acting is perhaps predicated upon such a notion and hence the ability of actors to step in the roles they play and perform with a marked degree of authentic pathos. Role-play is dependent for ultimate success on all players stepping into this imagined world and comporting themselves accordingly. Additionally, exploring the narratives from and about clinical practice from role models and exemplars can enhance understanding of emotions at work.

Dirkx, (2002:63) highlights the significance of imagination in the learning journey. He observes:

“Emotions and imagination are integral to the process of adult learning.”

Educationalists have pointed to the role of emotions and feelings playing a vital role in the development of our sense of self within the educative context. For example, Brookfield cited in Dirkx, (2002) comments on the contested areas of recognition and presence. Graham *et al*, cited in Dirkx, (2002), emphasises the bonding that occurs amongst groups in the classroom setting. This is something on which a few of the study participants also commented. For example:

Sally

Researcher: What it's like for you learning within that type of big group and then obviously when you breakdown to your branch group?

Sally: I actually looking forward to when it breaks down to branches...sort of, sheer noise-value of the room. And that can be really difficult to try and sort of filter out all the, you know, mobile phones. And so, that's quite difficult but I actually prefer smaller groups to work in anyway.

Researcher: Can I ask why?

Sally: I think you learn more and you actually can learn a lot more from each other. There's just 20 of you in a ring, you just breakdown to like two. If there're only five of you, you tend to work as a whole group and then you get a natural balanced approach to what you're doing. [Sally, Int.1 L52-55]

The point that Dirkx, (2002) is making represents both a valid and creative means by which the imagined world that belongs to the creative context of role-play can be used to meaningfully engage and support learning in the student through the student's apprehension of imagined or simulated worlds. Such a pedagogical strategy may foster a more meaningful level of emotional literacy in the student, through meaningful dialogue with each other, and in doing so afford a bridge across this affective learning gap.

This theme highlights the importance of the affective learning gap in the experience of this group of student nurses and thus underlines that from a pedagogical perspective there is a need to recognise this facet of the student

nurse journey. A need for nurse educators, like myself, is to be aware of this, engage with it, and help students draw out approaches to learning about nursing that will enable an effective and meaningful engagement of emotions in the learning experience of nursing. This second major theme 'Apprehending the Affective Learning Space' involves the experience of the student nurse encountering a connectedness between what is taught in the classroom and what is experienced in the placement setting.

7.4 Theme: Authenticity of Being: occupying Two Worlds

The third major theme 'Authenticity of Being: Occupying Two Worlds' comprises the sub-themes, 'Living & Working and 'Finding myself'. This involves the experience of the student nurse existing within two worlds and two sets of expectations; that is: the world of the learning within the University and Clinical settings, and the world of their domestic lives. Participants shared the reality of often finding that they identified themselves according to their context. For example, the 'Mary' at home and the 'Mary' at work. From the narratives shared, it was identified and confirmed by the respondents that this balance of emotional identities was integral to their learning: particularly so in the clinical areas. The notion of EI in this theme relates to a balancing act voiced by the participants concerning that of whichever setting they find themselves located. Emotions from one setting can cross over into the another e.g. a domestic row in the evening before an early shift can lead to overtones of carrying emotional memories from that context into that of the learning setting. It may be deduced from the narratives that this was about 'control' or the 'appearance of professionalism'. Listening to the stories the influence of antecedents was evident and manifested in the guise of matters of trust, or lack of, or of taking on a persona in order to do the job. At one level, such a guarded response to occupying such '*twin worlds*' may be conjectured as either being inappropriate, or indeed undermining the notion of the theme of Being Present. It may be perceived as inappropriate as it creates a sense of interpersonal conflict. It can be perceived as undermining the notion of being 'fully present' as the very idea of occupying two worlds can only be undertaken one world at a time. Yet, the

heart of the individual as Dasein is that of authenticity in the word they occupy (Heidegger, 1962). The data would seem to suggest not an experience of 'either/ or' but role clarification. This points to a certain balancing act that nurses undergo in mediating between their 'learning and 'domestic' identities.

This I suggest can be seen from the samples of narrative below:

Becky

Becky: I see it's a bit of privilege to look after people while they're dying and they pass it on and I consider that she would go into palliative care. And, you know, and I talked about it with people that I've worked with to make sure that I do not dwell on it. So, I just think maybe it's a little bit of age, I do not know. I could...I just haven't come across the situation yet where it's really really upset me. I am sure I will without a doubt. And I am sure, I'll probably be blobbing like a big baby. But I am different when I am at work.

...when I go to work I do the best that I can and take a lot of pride in my work. It's taken me a long time to get there. However, I am just the same at home where, you know, I do encourage my children to do the best that they can. I, you know, I have no problems with talking to my kids openly or doing something. It's just that once I am at work, I just think that it just requires a little bit more professionalism than it is at home and maybe that's the difference. I do not know. Maybe I am a bit more confident at work than I think I am. I do not know [Becky Int. 1. L98-102]

Sadie

Sadie: Let us say, if something happened at work, I would try and deal with my emotions there where there's support and where other staff know what's happened rather than take it home and try and talk to someone about it who does not necessarily understand....and they might feel bad or put them in an awkward position because they can't...I do not know...help. I think that's the first thing they (the nurse tutors) taught us about. I think it's hard to be able to leave work and then switch off completely and go

and then be at home and not think about what...but I do not know whether that will come with time or....

Researcher: Is it something that you want to come with time?

Sadie: I think if something bad had happened at work, I think it would be better not to take it. If it would just stay in the hospital; then, I suppose that it would be easier to deal with emotionally rather than always think about it. But I do not think it would ever be like that again. And I do not think that I am strong enough to think, "Well that's happened," so let us move on; whereas I tried to be like that, but sometimes, things are harder to carry within. Does that make sense? (Laughter) [Sadie, Int.1 L78-82]

Mary

Mary: I always feel like two different people. Like when I am at work, I am student nurse Mary. When I am, you know, at home, I am me. I do not know...I am a lot...you know, I am...how do I put it? It's different. I am a different person when I am on the ward. But when I am at home, I tend to...I do not know, I suppose be a bit more emotional. I think as a nurse, you can't show that someone's annoying you, you can walk off, where at home, and it's not as easy to walk away from a situation. Do you know what I mean? Is that what you're getting at?

Researcher: I know what you mean. You said you couldn't be emotional. Where did that sort idea come from? Is that something that you feel because you are a nurse, you can't be emotional, or because someone has told you or you've read...?

Mary: No, I think...I mean you can't show as a professional person that, okay, that person is up and down from that chair 20 times and, you know, they're shouting at you and they're whistling, and you know, it's not their fault. They can't help it. But naturally, people will get on your nerves and, you know, you worry about them. You worry about them falling down. Whereas at home, you can go, "For God's sake will you sit still!?" You can't do that on a ward. Do you know what I mean?

Researcher: Okay. Is that what you've been told or is that how you feel?

Mary: No, that's how I perceive things. [Mary Int.1 50-54]

From the accounts of the student nurses this shifting between two worlds is it is a reality and potentially places emotional demands upon them. Savage, (2004) and Carmack, (1997) both point to this aspect of nursing care between their emotional engagements with patients therapeutically and yet, emotional detachment as individuals suggesting that it under researched. Ten years on, this issue of developing as nurse practitioners yet competing with the realities of emotional labour and 'feeling rules', (whether they are implicit in the clinical setting or taken on by the individual student nurses as they transition through the years of nurse education towards registration) is a required focus for the attention of nurse educators. This notion of 'feeling rules' emerged from the work of Hochschild (1983) on emotional labour, as exhibited in the airline service industry.

The concept of emotional labour, discussed in the first theme, maintains a presence in this theme. Smith, (1992) stated that emotional labour is prevalent in contexts where there is a gap between what we feel and what we think we should feel. Although Savage, (2004) does point to a distinction in the literature between 'emotional labour' – that's is, how the feelings of others are responded to, and 'emotion work' – how we manage ourselves emotionally in ensuring appropriate emotions are expressed. Although this is perhaps a subtle distinction, the importance of it is in establishing the requirement of the individual student nurse managing his or her own emotions in the care that they offer up to their patients/ clients.

Emotional labour is a scarlet thread that weaves itself in and out of these themes. Its presence is evident again in this theme. Emotional labour may be understood as an organisational requirement either implicitly comprehended or explicitly communicated, which sets up expectations on employees that certain emotions must be shown to clients, and/ or that certain emotions are not to be shown. Hochschild's (1983) writing on this topic is still of import today and has been applied to nursing (Smith, 1992, 2012; de Lambert, 1998; Hunter, 2001).

The following extracts give voice to the demands and challenges of the emotional in the context of learning, whether in university or the clinical setting:

Rosie

But you also need to be able to separate your emotions a little bit more. Like...you need to be able to sort of go, "Right. Yeah, this is horrible." We can't sort of go, go...to floods of tears all the time because that's just not...it really isn't going to solve anything. I mean that's not saying I am heartless. Because personally, I do still find these kinds of things kind of quite upsetting. But you just have to find slightly better ways of dealing with things. Particularly when you've got patients and yeah, certain situations are very sad. I mean I've sort of seen a few things where people have been quite upset. But you can't...fall to bits over that. You have to be there and sort of find some kind of like emotional support for them. I mean at the end of the day, you go home and start crying...sort of you know, go, and hit a punch bag or something. I suppose you kind of goes back to finding your own way of dealing with things." [Rosie, Int.1 L20]

Mary

Well, a nurse actually said to me once, "If you're not emotionally involved and then you do not get out the things like that, you're in the wrong job," because nurses are supposed to be there to care. And if you see someone die or something like that and you do not get emotional, then, maybe it's time that you got out of the job. Because I said to them afterwards, I felt stupid for crying because I did not even know the person. And I went...but it's really traumatic seeing something like that. No one wants to see that. No one wants to be involved with something like that; but as a nurse, you do. So if you didn't worry and you didn't get upset about it; then, there's something wrong. [Mary, Int. 2 L72]

Becky

I try not to go in either way to be honest because if you're purely in hospital, the first thing you will see is a nurse around the ward and equally the same if you've seen something really depressing, they have got enough of their own problems that they do not want to see. I think probably what might affect me more is just the fact that I was tired. In the morning particularly early to overcome that, but the fact that you actually have to concentrate on so many things is actually the thing that puts everything else on your mind. ...You have so many things to do in that shift; you do not have time to dwell so actually coming to work is probably a good thing. It's things that you can bring in and what you should keep in private and your professional life separate. [Becky, Int. 2 L66]

These second year interviews serve to evidence some of the subtle changes in the student's emotional awareness in that in the first year interviews they spoke of a very clear divide between displaying their emotions at work due to their perception of what was considered appropriate or professional. In these second year narratives, the significance of emotions has not gone but it has found expression in the way in which an individual's experience of emotion may affect others. Those others may be patients, or clients, or indeed spouses or partners when the student nurse has returned home from her place of education. This reflects Grandy's observation (2000:97) concerning emotional labour that it is:

"...the process of regulating both feelings and emotional expression..."

Emotion regulation links to this idea muted above that the student nurse in her experience of EI is finding that place of 'emotional balance' an aspect of emotional wisdom perhaps in the notion of using her emotional knowledge in astute ways in order to bring about meaningful dialogue, engagement and support of others.

Hochschild (1983) suggests that employees engage in one of two types of emotion regulation displays. The first she labelled '*surface acting*' in which the

employee will seek to modify the emotion displays in order to fake or exaggerate his or her own felt emotions. The second type of regulation she identified as '*deep acting*'. Here the employee seeks to influence emotional displays by means of acting on their own feelings and thoughts to produce and/or control their own emotional display. Such dichotomies raise and further challenge the notion of this theme of being authentic in how the nurse turns up at her place of learning, particularly the clinical context (Smith, 2012) Commenting on a student nurse in her study about her feelings following a young patient who had chemotherapy and the student's subsequent emotionality:

"She recognises that, as a nurse she is expected to be happy rather than cross and expected to manage and cope with extremes of feelings. As these expectations come from her seniors she consequently expects them of herself. Like Hochschild's flight attendants, she must induce or suppress her own feelings, some would say subordinate them, to make others feel cared for and safer, irrespective of how she feels herself. She learns through 'trial and error' to switch off and 'forget about work' when she goes home'. (2012: 24)

Smith, (2012) states that the Hochschild research demonstrated that 'workers' could be trained in surface and deep acting in order to shift away from a wholly externalised relationship with clients to one that was meaningful. This training in deep acting enabled them to identify and separate their 'work roles' and their 'private roles' healthily. Interestingly, Smith makes two observations here which are highly pertinent to this issue: firstly Hochschild found that it was the more mature flight attendants who were more adept at this management of their emotional identities, and secondly, such emotional management was for these flight attendants on the basis of, "*...intensive training in the use of deep and surface acting*", (2012:24). A 'training' that is not as focused or articulated in the current nursing competency-based curricula.

It may be considered unusual that in a theme that explores difference or 'dividedness' that this theme is considered alongside a theme on totality of Being. Heidegger, (1962) suggests that Dasein and notions of understanding and authenticity are experienced in the reality of relationship with others in the

worlds that those others occupy. This dichotomy is evident in the data examples above and highlights the factor that even if educators or placement providers were able to proscribe students from bringing their emotions to work; or from taking their emotions from work to home; that is not possible as we carry emotion with us everywhere we go. For the students it was about managing their authentic self in each 'world'. As such, within the University learning environment the student nurse seeks to be authentically present in her relationships and interpersonal connections with others. Similarly, within the domestic setting, she also seeks to be authentic concerning those who share that lived space and lived relationality with her. Heidegger, (1962) does not conceive of notions of role conflict. Heidegger's notion of 'being-in-the-world' is about self-management and hence, I would suggest expresses the idea of how the student nurse 'turns up' in her world. Notions of self-management are intrinsic to the Ability Model of EI and emotional wisdom.

It would be incongruous to suggest or imply that as a lecturer that I was shielded from such personal challenges in my own life. Many of these narratives around having to emotionally live in two worlds are as true of me as they are of my participants. I noted in my journal following one conversation:

"I didn't ask her as such, but it seems to be listening to some of her stories and accounts that we live in the midst of colliding worlds and colliding emotions and how they, we, me. navigate such collisions with some sense of survival. I rushed here having started off late from home because of a silly row over bus money. Now I sit here as the 'researcher; and I have to smile and be pleasant and encourage these kind nursing students to be relaxed and share their lives with me. Today... my thoughts are elsewhere.... Ian, that's not good, yet, this is the challenge—suppressing, framing, reframing my exterior to disguise my interior—Hochschild was right..." (Journal entry, Sept. 2012)

The sample of data above strongly suggests the participants in this study were alert to this duality in how they turned up in their student role and how they appeared in their non-student living. *Authenticity in the Two Worlds* is therefore, in one aspect related to the notion of personal emotion management. Emotion management is the fourth Branch in Mayer & Salovey's model of EI, (1993, 1995) and is located at the top of the hierarchal structure indicating that in order to be effective in managing emotions the individual student nurse (in this case) should be able to recognise, use, and understand emotions to effectively manage them.

When the student nurse attends her place of learning or, her place of practice, she brings a set of emotions with her. This reality is evidenced above. Taylor Moss, (2005) states that with regard to nursing practice, the emotions are suppressed and clothed in professional clothing as the individual attends the clinical area. Taylor Moss, (2005) points to the work of Ashforth & Humphrey, (1995) who give description to four ways in which the suppression of emotion at the workplace can occur. I have added extracts from the data that demonstrate this:

Neutralising – an attempt to put off the emergence of emotion through attention to routine tasks:

Rosie: Int.1 L20 *But you also need to be able to separate your emotions a little bit more. Like...you need to be able to sort of go, "Right. Yeah, this is horrible." We can't sort of go, go...to floods of tears all the time because that's just not...it really isn't going to solve anything. I mean that's not saying I am heartless. Because personally, I do still find things kind of quite upsetting. But you just have to find slightly better ways of dealing with things*

Buffering – an attempt by the individual to keep separate their emotions and their rational thought processes:

Becky, Int.1 L98-102: *But I am different when I am at work. ... It's just that once I am at work, I just think that it just requires a little bit more professionalism than at home and maybe that's the difference.*

Sadie, Int1. L78-82: *Let us say, if something happened at work, I would try to deal with my emotions there where there is support and where other staff know what has happened rather than take it home and try to talk to someone about it that does not necessarily understand. They might feel bad or put them in an awkward position because they can't...I do not know...help.*

Mary: Int1. L50-54: *I am a different person when I am on the ward. However, when I am at home, I tend to...I do not know, I suppose be a bit more emotional. I think as a nurse, you cannot show that someone's annoying you, you can walk off*

Prescribing – this relates to using what we consider appropriate emotional signals for the context we are in. For example, when anxious we may speak faster and at a higher pitch; when we are keen to keep happy we may 'put on' a big smile:

Sally, Int. 2. L184 *"I think when you're in a ward, you have to kind of forget your own emotions. Because you can't go into a ward if you split up with your boyfriend or something like that and sit and cry. You are there to look after people. You are not there to be...feel sorry for yourself. It's a job. You're there to look after people.*

Normalising – this means we seek a rational explanation for an emotional decision. For example, 'I wasn't fearful of going to speak to the patient; I had another task to complete first.'

Becky, Int1. L98-102: *So, I just think maybe it's a little bit of age, I do not know. I could...I just haven't come across the situation yet where it's really, really upset me. I am sure I will without a doubt. And I am sure, I'll probably be blobbing like a big baby*

EI is a social experience inasmuch as the degree to which one is intelligent about their emotions is in relation to their awareness of their own self and their awareness of others in the worlds they occupy. Consequently the degree to which we are aware of how we turn up at our places of work and we are alert to the signals that emotions are being suppressed either by ourselves or by others, the greater will be the cumulative effect of raising the collective experience of emotional wellbeing. This emotional contagion (that is, the influence and spread emotional atmospheres in a location) is an important element in promoting and sustaining emotional wellbeing. Hence the authenticity that the '*Two Worlds*' points to is that of awareness of and an ability to be able to work malleably within the current emotional climate and use emotions intelligently if it is a negative environment, or sustain it if it is a positive one.

Elfenbein & Amlady (2002) draw attention to the finding that the most consistently validated aspect of emotion management was the ability to perceive emotions. This was not only the most consistently validated emotional ability, but they suggested that it had significant implications for the effective running of organisations in terms of improved ways of working, better communications, decision-making and overall effectiveness. The ability to work in emotionally intelligent ways would therefore seem to be a means of bringing such effectiveness cited by Elfenbein & Amlady, (2002) to the nursing context. This therapeutic relationship is the very type of dynamic that has been criticised for its absence from the UK nursing workforce through for example the Francis Report, (2010) and the Keogh report, (2013).

Mayer & Salovey, (1995, 1993) have stated that effective emotional management is predicated on an ability to work at the lower levels of the 4-Branch model first. Hence, in order to be able to manage one's own emotions and create a positive emotional climate for others, the ability to perceive emotions in oneself and others is a necessity. Of note then, is the fact that of the nine participants, five were found on their MSCEIT profile to be located within the '*consider developing*' segment of their Branch scores for the

perceiving emotions in self and others domain. This foundational ability is necessary because within the Four branch Model it is stated that one cannot move up through the model to the higher domains of EI ability if this one is not achieved, (Mayer & Salovey, 1995, 1993). There have been occasions when this hierarchal Branch model has seemed lacking in coherence when the MSCEIT scores are taken into consideration. By that, I mean that a single student can demonstrate 'proficiency' in Branches 2- 4, and yet show a low score in Branch 1. The statement that the Branches' are incremental seems to be undermined in such measurement outcomes. The issue here though is one of a low score, rather than a zero score. It speaks to the potentiality of developing within this domain of EI, rather than a determination that such ability in this individual is not achievable.

7.5 Theme: Being Fully Present

The fourth major theme 'Being Fully Present' is made up of the sub-themes, 'Attuned' and 'In the moment'. This theme involves the experience of the student nurse coming to occupy the space between her client/patient and their fears, anxieties and expectations of care. Participants shared their reality of finding that they often occupied this space, where through the sub-themes of attunement and locating themselves in the moment, they consciously made themselves available. This aspect of their EI links to the Branch scores of Strategic EI; that is those scores representing the student nurses' ability to understand the complexities of emotions, their blends and their impact on the emotion climate around them. Additionally it is also reflective of how well they are able to manage those emotions both in others and in themselves for outcomes that are adding value (MSCEIT, 2002).

The transcripts from the participants in this study offer up narratives that afford a glimpse of this acknowledgement by the student that an integral component of their emotionally intelligent identity in their working is being present for the patient. The data from this study indicates that 'the good nurse', indeed 'the good teacher', highlights matters of socio-emotional ability/ competence,

alongside technical nuance. The students in this study speak of the nurse who is kind, caring, listens, and such are the motifs applied to both the teaching and nursing staff that were spoken of:

Examples from the data follow:

Sally:

If say like I've got pain and you think, well you've had your toenail off. But if they're in pain, they're in pain. They have just got to appreciate what each different patient...not just lump them as a whole. That if somebody comes in with a drug abuse that they're going to be a down and out. You've just got to appreciate that that's what they're in with. When you do nursing you're just...you're always that kind of person. (Sally, Int. 2 L112-118)

Becky:

For me, a good nurse is somebody that stops and listens, they stop, watch, look as well, and look for the alternative sides to what the person is saying. Just because a patient says they are okay does not necessarily mean that they are, and somebody that just goes an extra mile to make things better. (Becky, Int.2 L72)

Rosie:

Well I think nursing, when you kind of boil it down is basically your job is to care. Now whether that sort of holistic care, physical care, mental whatever, that's your job. Moreover, I think the kind of the characteristics that you actually need to be able to do that job things like effective kind of communication skills. Like you need to be able to kind of talk to not only your patient and actually kind of pick up on that...it does not have to be verbal. It could be anything. You got to be able to sort of see that patient actually kind of be able to...how we could find out what's wrong to be able to...like reassure them to kind of be there.... I mean this has come a very sort of like...the majority of nursing is very sort of humanistic kind of

profession. Like you can't sort of like put everything in boxes because it's sort of like a combination of things. Because you're not just looking after the physical aspect of someone. It's that whole kind of holistic care sometimes you just lose a little bit of that sort of like... the art of nursing...the kind of caring aspect because you just do not always get the patient interaction. And I think that worries me for when I qualify because I mean I do not know exactly what area I want to go into, but I want to be able to provide care to the best of my abilities. And you have to be able to kind of take a step back and just go, "Right." You just got to understand why they did it. You got to...or maybe...maybe not even understand, but you just got to sort of realise that they did do this and not that for whatever reason that they do. (Rosie, Int.2, L26-42)

Mortiboys, (2012) adopts a simple classification of 'expertise', 'skills', and 'EI' in his work with teachers helping them to appraise their own EI with regard to teaching. Adopting that classification and applying it to the data extracts above, it may be proffered that Sally identifies the good nurse as primarily from within an empathic framework: that is appreciating that each patient is different and they are more than a diagnosis. Sally is, I believe pointing to attributes of the good nurse being 'accepting' and non-judgemental. The good nurse is empathic in her caring. Becky highlights nursing expertise and skills such as being observant, having up-to-date knowledge and drawing on her experience. Alongside this Becky also points to the good nurse as exhibiting some EI attributes such as, being attentive and responsive and empathic. In her extract, Rosie draws attention primarily to the expertise and skill of a nurse as identifying her as being 'good' For example, from her extract she notes that a good nurse is actually someone who does physical nursing care. They are communicators and in communicating draw on observations, knowledge and intuition. Associated with this list are EI attributes such as being attentive, and being empathic.

Rosie in talking about the good nurse alludes to the awareness of others that such requires. Becky highlights the emotional engagement that nursing calls for

so that descriptively that which stands out are the attributes of character and socio-emotional presence alongside the technical skills of nursing. Sally drew attention to the non-judgemental approach of the nurse in stepping into the space between illness experienced and hope looked for. These overtures to nursing as a humanistic endeavour- the recognition that the patient is more than aetiology and pathology would seem essential to a holistic engagement of nursing practice. The data suggests that the nurse who is attuned, who fully embraces the moment of connection with the patient (colleague) is present in that occasion (Rosie, Int.1 L20; Mary, Int.3 L30). I consider this an important aspect of emotionally intelligent care as it challenges the notion that simply being 'with' a patient in a procedure for example as a chaperone or, perhaps asking the newly admitted patient questions about their health status and personal history could be conveyed as being present with them as conveyed by this theme. Shanta & Connolly, (2013:174) refer to the:

“.manner in which nurses care for their patients and work with their colleagues relates to their own ability to perceive interactions within their own personal system. This includes perceiving one’s own emotional responses to the environment.”

According to Shanta & Connolly, (2013) the EI abilities of nurses in recognising their own emotional intelligence identities in order to understand themselves and understand others they are relating to in such a care context (McQueen, 2004, Freshwater & Stickley, 2004). Thus, to be 'present' with the patient in this concept is more than physically being there; it is an orientation towards the patient as another authentic Dasein and engaging with who they are historically, personally, affectively. To be present is to be attentive, to be empathic beyond a relationship based on aetiology and pathology alone.

Nursing skills, that is, the technical expertise of the art of nursing equips the nurse to effectively address aetiological and pathological issues of nursing craft – the procedures. Procedures may open doors to the patient, or to a colleague; yet, it is ability in emotional wisdom that enables the nurse to be truly present. Nursing care is a balance in my opinion between technical competency and

emotionally intelligent or emotionally wise approaches. This reflects again the complementary nature of blending epistemological approaches to nurse education with an ontological turn. The point should be made that the balance of this equation was that teachers who were not supportive, sharing of themselves and their experiences, feelings and kindness were seen as less than good.

Ability based EI has been linked to prosocial skills and attitudes such as, helping and caring for others by virtue of its assisting of individuals to read others emotions, take on board others perspectives and enhance communication (Brackett, *et al*, 2011). Healthcare employees, and in the case of this study, student nurses find themselves located within a range of 'emotional zones' (Fineman, 1993) in which the ability to manage emotions is a growing necessity in the student nurses' repertoire of abilities. "*Implicit feeling rules*", (Fineman, 1993) exist within each learning space by the student nurse as she engages in gifting the art of nursing (care) to her patients. Fineman, (2004) notes that there may be correspondence between our subjective selves and how such is manifested to those around us. Such correspondence may agree, often it is not, and it is this lack of correspondence, that for Fineman turns feeling rules into political rules. The practicing nurse may not always be able to articulate the warring emotions taking place within. Yet, Fineman (2003) notes with irony that it is easy for others to shape what and how nursing staff should be feeling. A similar refrain might be suggested for the glut of voices sounding forth the need for healthcare staff, primarily nursing staff to engage in caring, compassionate, nursing practice which is essentially laboured emotion, and arguably more politically focused than patient oriented. Fineman, (2004) makes an important point concerning the commodification of emotion in the workplace. Nursing is arguably being re-constructed in a time of structural and economic challenge as being populated by the 'happy nurse'. Both policy and patient power seem to demand that whatever else is happening, nurses must care compassionately, and thus similar to Hochschild's (1983) emotionally laboured flight attendants, nurses work the public face of compassionate care.

Such is not true for all nurses. Indeed, based on the MSCEIT profiles of this study group, emotional labour can be negotiated in non-stressful ways. The issue for nurse education curriculums and myself as a nurse tutor is how can the classroom prepare students for such potentially toxic realities of nursing practice? Fineman (1993, 2003) draws attention to the role of 'zones' in the emotional labour game- an approach aimed at individuals can control the process involved in emotional labour, rather than be controlled. In his book, *Understanding Emotion at Work* (2003), Fineman highlights the use of such games. In one 'game', the goal is playing out a role with an improvised script. It is authentic fakery. The idea of 'zones' is that of organisations having emotional zones. Some can be emotionally intense, for example, an intense patient-nurse engagement. Others may be relaxed, as in a coffee room. The idea that Fineman suggests is that nursing staff can move, or shift zones from formal to informal and thereby reduce the emotion costs.

In this gift of 'emotionally framed' nursing care the student nurse learns to become authentic in their role as a 'nurse'. In giving such, they give themselves to the patient in that world by being present. This is not role ambivalence of role, but role clarity. To use Heidegger's (1962) language they are learning in the role of being a 'nurse' and in the role of being a wife, or a partner, or a mother, or a daughter how to comport themselves in the worlds that they occupy. Christiansen & Jensen (2008:326) observe:

"In nursing, the importance of interpersonal and expressive qualities has long been recognised. 'Caregiver's work', as with many other types of work, requires different ways of managing emotions (Bolton, 2000). In nursing education, the student's ability to cultivate qualities in caring is usually associated with experiences in relationship to patients."

The world she inhabits as Dasein affords ways of being, norms of behaviour as well as boundaries to exist within. Such boundaries allow the developing student nurse to say 'no' to certain things in pursuit of saying 'yes' to others. This is her comportment in the world of nursing in which she lives, breathes, and moves. This way of being enables her to present herself with her patient in times of emotional challenge. Being present with her patient is an expression of

her authentic emotionally intelligent mode of being. Metaphysical language such as this helps provide a way of understanding the value of an ontological turn to nurse education. Nurse education curricula that focus wholly on competency based learning disenfranchise the student nurse as Dasein comporting him or herself in a full and meaningful way inasmuch as it can be deemed to be producing inauthentic practitioners.

The emotionally intelligent nurse is self-aware. According to the MSCEIT (2002), the higher the EI score the more self-aware and 'other' aware an individual is, and hence the effectiveness of utilising the four-branch mode of EI in relationship with others, and the contexts they find themselves located in. How we perceive ourselves is central to our ability to effectively relate to others. This self-awareness is not static but evolving. The student nurse who sat down for a second or third interview to share her narrative account of emotions and intelligence was not the same nurse student who sat down with me in the first interview. I also had changed from their perspective. I had moved away from the University that I taught at, I had developed a greater understanding of nurse education and of emotional intelligence as a concept. Yet, we were the same people. When we confess to such feelings as alluded to above; we give voice that we are both different people when we compare ourselves to who we were in 2010, yet we are also the same. Such verisimilitudes occasion an awareness of the place of being centred in the moment of who we are becoming. The literature suggests that mindfulness is of value in this discussion. Although not expressed by the participants, the concept of mindfulness is a topic that I have become increasingly aware of with regard to EI during this study. Not that mindfulness is 'new'. Stanton & Dunkley (2011) state that mindfulness has been used in psychological therapy for at least twenty years and is now being used by nurses in a range of clinical contexts. Stanton & Dunkley define mindfulness as:

“The skill of being able to bring our attention to what we want to focus on. It involves noticing when our attention wanders and gently bringing it back to the present moment. It also involves being able to notice – without

judgment- our thoughts, emotions, sensations and urges, and not getting caught up in them; in doing this, we can choose when to act on these and when just to observe them” (2011:22)

Therapeutically, mindfulness has been shown to be effective in a range of clinical contexts: for example, within dialectical behaviour therapy (Lynch & Linehan 2009), mindfulness-based cognitive therapy (Segal *et al*, 2002) cited in Davis & Hayes, 2011, and chronic pain management (Zabat-Zinn, 1987 cited in Stanton & Dunkley, 2011). These interventions are aimed at enabling individuals to gain, or regain attentional focus, somatic awareness, attunement, and clarity around thought processes. If only at this level, it would seem cavalier to ignore that similar benefits might be afforded nursing staff in the context of their own inner emotive demands. Pipe *et al*, (2009) have observed:

“Today’s healthcare environment is turbulent, rapidly presenting nurses with stimuli, interruptions and competing priorities. The stakes of success are extraordinarily high; nurses in all roles must cope successfully with numerous demands to make timely, accurate decisions affecting human lives” (2009:130)

Pipe *et al* (2009) also draw attention to the issue of patient safety because of a loss of attention in nursing care. It would appear then that there is a value in the idea behind the concept of mindfulness to nursing practice. Certainly as this theme is highlighting, for the students the notion of being ‘fully present’ is of significance to their development as nursing students. At this point though, three questions are of relevance. Firstly, if nursing practice is as tumultuous as Pipe *et al* (2009) highlight, how do nursing staff build mindful practice into their ‘shift of duty’; secondly, is there a place for training in mindfulness within the nurse education curriculum, and finally, is the mindful nursing student the emotionally wise one as well? Reid *et al* (2013) observe in their study of mindfulness in the lives of occupational therapists that mindfulness is seen as an important practice skill for healthcare staff. They cite Epstein (1998), and Grepmaier *et al* (2007) who suggest that mindfulness also has benefits for

healthcare practice staff in terms of improved clinical work. Such benefits hone in on the value of a re-orientation to the present moment away from a cacophony of theories, models and ideas of cause, cure and care thus enabling a more skilful, compassionate and technical presence. This reflects Kabat-Zinn's (2003) definition, cited in Malinowski (2008:15):

“The awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment”

There is a suggestion that mindfulness draws the practitioner into a disassociated, dispassionate state in which thoughts, ideas and impressions are held in a neutral observed state in order to arrive at a clearer level of thinking and insight (Malinowski 2008). To suggest that mindfulness is disassociated and dispassionate is not to conclude that as a practice it is devoid of personal meaning and/ or pathos. Bishop et al (2004) have structured the components of mindfulness as being about attention and curiosity around experiences; the outcomes of which Malinowski observes are patience, trust, and self-awareness. Pepping *et al*, (2013) suggest that there is a prosocial benefit for the more mindful amongst us. They state that individuals with greater mindfulness are better able to:

“...respond to internal and external experiences flexibly and adaptively, which should foster enhanced psychological wellbeing. In line with this, research has suggested that mindfulness is associated with healthy emotion regulation (Arch & Craske, 2006, Creswell et al, 2007, Modinos et al, 2010, Pepping et al, 2013) (2013:377)

Baer *et al* (2006) cited in Pepping *et al* (2013) draw attention to the positive outcomes of mindfulness in terms of self-esteem. They highlight that those more disposed towards mindfulness are likely to be non-judgmental, non-reactive, and more aware, in terms of their actions, predicated on such cognitive and emotional control. That is, their focus is on the moment and not the whirlwind of

thoughts and ruminations not allowing such to flood their minds and undermine focused action in the moment. Law (2012), observes:

“ We know from research that the approach is effective.....because we can show that by learning to apply these methods people become more empathic, they have better focus; they have more sustained attention; they have a better capacity for perspective taking; it will change their communication skills; their emotional intelligence skills and so on....(we are) being asked to help people become better with their attention; to become more resilient, to become more emotionally intelligent; to become more empathic..” (Law, 2012: 335)

As a nurse tutor who is required to visit the clinical areas where student nurses learn to practice their craft, and having been a clinical nurse myself, the challenge of using, or adding mindfulness practice to a nurses' tool-kit is around the question of how. How do we incorporate such practice into the frenetic activity highlighted above (Pipe *et al*, 2009), and a number of times in this study as being the world of nursing practice? Although Beddoe & Murphy (2004) and MacKenzie *et al* (2006) have both carried out mindfulness training over periods of eight and 4 weeks respectively, the main focus of such was stress management- which is of course a helpful pre-requisite for student nurses going out into clinical practice. I am not at this point particularly aware of a mindfulness-training programme for student nurses that do not focus on such as a therapeutic intervention for patients, but for enhancing both attentional and attunement skills in the student nurse. Arguably therefore as, Kozak observes ([www.mindfulnessmatters](http://www.mindfulnessmatters.com), 2015):

“ By being in the present moment we help ourselves as health care providers to moderate the challenges of stress, even having the opportunity to transform previously overwhelming situations into ones of challenge and mastery. This presence also helps us to be better clinicians. We are more present, more available, and better able to access empathy, compassion, and caring skills.....Cultivating the skills of mindfulness also

gives us something to offer our patients. In any given moment we can encourage our patients to pay attention to their breathing, redirecting their attention away from painful narratives and into the present moment”

Mindfulness may well afford a means through which to traverse the challenges of change as we proceed through our world(s). Each step of processing is a step of discovery for the student nurse. She carries with her a sense of self-awareness of who she was and thus into whom she is becoming. Perhaps that is a reason why although at the entry point to the study over half of the student study group scored as ‘consider developing’ EI in their total EI scores, their experiences and narratives attest to an evolutionary nature of increased emotional awareness of others. They discover themselves and they discover the essence of their *daseinish* nature in existence towards others. There is thus an inherent transcendence to the nature of EI in that it promotes ‘presence’. To be present at the bedside of the sick or to be present in the classroom is to be who we are and who we are becoming. This directs our attention to emotionally intelligent identities in transition and development. Such development however is not opportunistic, or random. Whilst there is an awareness of this process of becoming in the essence of EI as ‘being present’, there is also awareness that there is a lack of enabling, or affective based education that for this group of study participants was perceived in their attribution of an affective learning gap. Higher Education for the nurse student requires a framing around the notion of knowledge, skills and attitudinal competencies, alongside that which pushes the student to question, to determine to engage in on-going internal interrogation as to who she is and how she turns up in the world, her world; her world of nursing as a responsible emotionally intelligent nurse. This process of discovery for the student nurse (in this study) is demonstrated in samples from transcripts above. The transcripts that have been used in this and the previous chapter point to a notion of self-awareness that emerges from a sense of personal identity and agency and a sense of relationality, (Mason and Whitehead (2003), Goleman, 1995, 1998, Mayer & Salovey, 1993, 1995). Emotional lives are finding a voice through narrative. In the lives and history of the student nurses in this study the essence (s) of EI has been articulated through thematic language such as:

- 'Being present'
- 'Occupying twin worlds'
- (Learning and working in.) An 'affective' gap
- The nemesis of the Kinsfolk legacy

This discovery is linked to ideas around the student nurse finding for themselves this notion of an emotive aspect to their care. Additionally as may be observed, the realisation that their patients are more than pathology but they do turn up with their lives and emotions as one package in the care context. The student nurses in this group voice their journey of uncovering these emotional aspects and attaching them to their nursing care and nurse patient relationships. However, there are echoes here of Peplau's caution (cited in Shanta & Connolly, 2013) that the unrecognised needs (emotional) of the nurse can shift the therapeutic focus away from the patient to that of the nurse and thereby undermine the care given. This notion of self-awareness is present in all models of EI and thus presents itself as an important affective connection to effective nursing care in this context. A case of the ancient maxim, perhaps: "Nosce te ipsum" (' know thyself')

7.6 MSCEIT and Emergent findings

When students enter into nursing studies, they bring with them not only disparate levels of academic qualifications but also differing levels of emotion management. The emotionally intelligent nurse is a work in progress. He or she is on a journey of becoming. From the themes explored within this study one may note that they may well be better able to cope with the challenges and demands of who they are becoming based on their own emotive journeys from who they were and as typified in the first theme: the kinsfolk legacy. They present as being aware of the challenges of emotional labour prevalent in the aspect of the learning at University and in practice, that brings an occupation of different worlds (Twin Worlds). They are also conscious that as this twin occupancy exists there was a gap in terms of their perception of learning and

being equipped to engage in emotion work based on theory alone. However, in this journey of becoming, indeed of discovering, uncovering, recovering their emotionally intelligent identities that they entered into as student nurses, the self-awareness that they carried with them has added to them a resilience, it would seem to pursue their goals of nursing. Past emotional strains shaped and framed their nursing experiences and nursing practice. For example: broken relationships (Mary), the knowledge of being unwanted as a child (Becky), and (Rose) family contexts where emotion expression was not considered part of the norm and finally, traumatic events such as one's children being involved in road traffic accidents and the impact such had on potential progeny (Catrina)

On Revisiting MSCEIT Score Interpretation for this study, the range of EI scores are suggestive of a need to take into consideration the full range of scores available in making any assessment, or determination as to the ability of an individual to be regarded as emotionally intelligent in terms of 'high' or 'low' EI. It may be considered that lower EI scores in certain Branch areas e.g. the ability to identify emotions, and to manage emotions may be a requisite for effective and competent nursing practice to develop.

Table 6: MSCEIT Total and Branch Scores

	Consider developing	Proficient	Skilled
Total EI Score	11111	1111	
Branch 1 Perceiving Emotions	11111	1111	
Branch 2 Using Emotions to aid thinking	11111	1111	
Branch 3 Understanding Emotions	1111	11111	
Branch 4 Managing Emotions	111	111111	

(Branch 1 & 2 = Experiential EI - Branch 3 & 4 = Strategic EI)

This has been a subject weaving its way through the emergent themes from this study and particularly addressed in the theme of the gap in the affective learning space. Dependency on EI scores alone alongside academic credentials as a determination for admission to nurse education programmes of study would seem lacking in support. Because, although EI scores in their totality can offer up a panoramic view of the potential nurse of the future; the student nurse is more than an EI score, just as they are more than an IQ score. To focus only on such determinations without addressing and considering the student in front of you and the process of ontological growth through an EI framed curriculum, which enables the emotional identity of each student nurse to arise alongside their professional identity, seems short-sighted in light of an expectation of caring, compassionate authentic practice.

From the students who took part in this study there is possibly another way of framing EI. When the backgrounds, or the antecedents of each student nurse in this study are considered, alongside the contexts and emotional landscapes that they visit and engage. When these are held in tension with the realities of learning to nurse and becoming who they are, so that in each patient-nurse situation and indeed, in each nurse-peer dynamic they are authentic, responsible nurses. Then mayhap what we are alluding to is wisdom, emotional wisdom. The following chapter will seek to address this suggestion as well as consider the question of whose wisdom, and if there a moral dimension to be attended to in taking EI into consideration at all.

7.7 Conclusion

This chapter has presented four main themes identified from the data that describe and frame the experience of EI in the lives of the student nurses in this study group. The four themes present a picture of the student nurse as an individual who enters into nursing education accompanied by a unique emotion history that, in the case of this group of participants may be seen to have added resilience to their life-experience. Given the emotional nature of their career choice, the participants presented personal accounts of their educational

journey and for them a learning gap in how the affective aspect of their learning was addressed. The group saw this affective learning gap as focused within the 'classroom' setting. The group also articulated the dual reality of their lives and the challenges of being authentic in both their learning worlds and in their domestic settings. There was an appreciation that whilst there was the potential of role ambiguity in existing within these two worlds, there was also an opportunity to find addressing each world as a coherent whole and not to confuse 'who' they were in each world. This notion of authenticity was carried in the final theme of 'Being present'

A desire expressed of being fully with the patient in his or her time of illness or health but requiring support. This linked to notions of how a good nurse might be surmised and whilst there were links to ideals around nursing expertise and practical competency. The participants also identified EI attributes as being of importance in their representation of the 'good nurse' being one who looks beyond the aetiology and pathology of the patient to be empathically attuned. It may be conjectured that each theme was touched to varying degrees by the notion of emotional labour and feeling rules. This idea of how emotions ought or, ought not to be carried within professional contexts was prevalent in these four themes. These themes point towards the need for dialogue around the preparation of student nurses to undertake effectively the emotional aspects of their nursing roles and whether nurse education curricula currently equips them for such a challenging responsibility. Chapter 8 presents two models that may assist nurse educators with a way of addressing this issue and bringing a greater ontological shift towards the current nurse curricula.

Chapter 8

A Creative Synthesis of findings: An Approach to Emotional Learning

8.1 Introduction

This chapter builds a bridge between the interpretation of the preceding chapter and two suggested models that provide explanatory frameworks for moving beyond interpretation to possible application of notions raised in the last chapter. An 'Emotional Intelligence Identity' as a way of understanding the process of an ontological journey as an emotionally intelligent or wise student nurse alongside a model for curriculum development (TCEIL Model) within nurse education that takes account of the need demonstrated in the data to close the affective learning gap. This chapter begins however with a exploration as to the utility of maintaining EI as a way of understanding the concept, or if a more meaningful term may be more appropriate on the basis of the student journeys that have been followed.

As was stated in the Introduction, the delivery of effectual quality care according to the DOH, (Compassion in Practice, 2012) is that regardless of any changes in the provision of health and social care, what will not change is the requirement to care for people of all ages with dignity, respect and compassion. Six primary values of nursing are identifies within that document: care, compassion, competence, communication, courage, and commitment. The premise remains that EI is regarded as important in both care and in total nurse development alongside developing technical nursing competency.

8.2 Reimagining Emotional Intelligence as Emotional Wisdom

I have identified Emotional Wisdom as a Meta-Theme in this study as a way of reframing EI. This notion has been a constant companion on this doctoral journey. Such a quest has been a companion on this journey primarily because of the literature review showed the descriptor EI in itself is problematic as it can

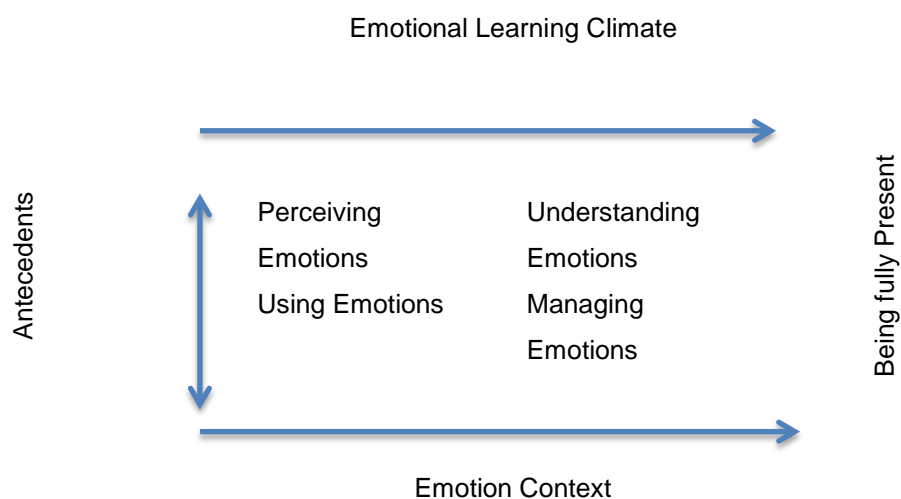
relate to any EI model: Mayer & Salovey, (1993, 1995), Bar-On (1997), Goleman (1995, 1998), and Petrides (2000).

As Matthews, *et al* (2007) highlighted such a range does not necessarily imply confusion, but grounds for being open to the potential that EI may be perceived in different ways. The issue was whether such different ways were rigorous enough to be accepted based on scientific testing. EI is perhaps acknowledged therefore to be multifaceted. This study has been predicated on a cognitive-ability model of EI measured using the MSCEIT (2002). The journey of the participants in the study uncovered through the data has identified a range of four major themes:

1. The nemesis of the kinsfolk legacy
2. Apprehending the Affective Learning Spaces
3. Authenticity of Being: occupying Two Worlds
4. Being Fully Present

It may be helpful to locate those themes around a model of emotional intelligence.

Figure 12: A model of Emotional Intelligence



This model represents the four themes that emerged from the data and which were explored in the previous two discussion chapters. In order to understand the student nurses journey towards and through her nurse education it is

relevant to consider the cognitive-ability model of EI (Mayer & Salovey, 1993, 1995) in relation to the students *Antecedents*, which in this model form the base from which the student's Emotional Intelligence identity emerges from. That is the personal history of emotion formation that has occurred prior to and leading to their application to pursue a nurse education programme. As was highlighted during discussion that which the student brings with them is more than a set of academic credentials or a articulated desire to follow a career in nursing. They bring with them the on-going forming of who they are in Heidegger's (1962) terms of 'Being' and 'Becoming'. A student's ontological journey into transcendent self-awareness does not just begin when they enter into University Education- that is a formalised continuance.

Pedagogical challenges of embedding meaningful affective based learning are represented by the motif: “ *Emotional Learning Climate*”. The data suggested that for these students there was, an affective learning gap that was present in their experience and pointed towards an essential comprehension. That to be emotionally intelligent was not only about ceding awareness of a person's historicity but also appreciating that emotional identities are formed by meaningful, affective based curriculum, as a complement to nursing competency based education. This process of becoming is further addressed by the motif: '*Emotion Context*' and is directed at the challenges of emotional labour inherent in caring work and the evolutionary procession towards an understanding of role and balancing the role of 'Nurse' with the role of 'Person' in adaptive ways and sustainable ways. This reverts back to the implicit need for addressing the affective learning gap so that the student is able to continue to journey towards that ontological state of '*being fully present*' whenever she is with someone, particularly her patient. Emotional intelligence, as represented by the above model of Emotion Intelligence represents the following definition which I produced as I considered the process of the educative journey towards nurse registration that each of these student nurses had been on towards their notion of being fully present, fully authentic:

“Emotional intelligence is the understanding of both the role and application(s) of emotions in one’s own and other people’s thoughts and feelings, their hopes and beliefs, their plans and aspiration, their ways of seeing and ways of acting. “

8. 3 Emotional wisdom

The original research question, which framed my journey of discovery along with the group of students who made up my research group, was couched in the following terms- “ *what does an emotionally intelligent nurse look like*”? My research was seeking to move beyond previous studies that had focused on matters of definition and measurement to that which was directed towards what was perceived as a gap in the literature- how is emotional intelligence experienced. How does it feel? What does it look like? What is the significant part of EI? These phenomenological hermeneutic questions directed my research approach. Having thus immersed myself in the data (Moustakas, 1990) the Model of Emotion identity and the ‘TCEIL’ model suggests to me as the researcher that what lays at the heart of EI particularly from an ontological perspective is wisdom. EI is about wisdom. Wisdom maybe understood as applied knowledge perhaps. The QAA understand it in terms of Aristotle’s ‘practical knowledge. It can be defined as: the ability to make right use of knowledge, prudence, learning, spiritual perception” ‘or, being able to make good use of knowledge, judging rightly, astute, shrewd, There are echoes here of the notions of phronesis visited in the early chapters of the Introduction and literature review (Irwin, 1985, Thompson, 1976). Maxwell (2012) has argued that the academic focus on acquiring ‘knowledge’ has thoroughly equipped the world for success, for advances in science, agriculture, medicine, technology, and even war craft through an appeal to ‘academic inquiry’ (2012:3) but it has not addressed the achievement of happiness or of social good/harmony. Maxwell calls for a shift from a wholistic focus on academic inquiry to that of a ‘wisdom inquiry’ (2012:5).

Cognitive EI affords a similar challenge in my thinking based on the data from this study that frames the experience of EI within an orientation towards the use of emotions and decision making in both patient- nurse relationship and nurse-colleague based relationships- that colleague may be understood as a fellow student or a domestic partner. Emotional knowledge without the astute, prudent application of the same for the benefit and advantage of others in an altruistic reframe I would suggest falls short of expressing the heart of EI as being essentially about the heart of the relationship that a student nurse may find herself located in. It is this astuteness or use of right judgment, that I draw attention to in the use of emotional wisdom here. The astute application of emotional knowledge around the signals an individual perceives may only be applied through a meaningful and wise application of such signals. A wisdom that acknowledges the emotional context, the emotional climate, and the emotional antecedents in an individual's journey from who they were to who they are becoming. In this study supported by both the TCEIL and Emotional Intelligence Identity Models, a preference for the use of Emotional Wisdom (EW) would seem an appropriate and meaningful way forward of understanding this concept. I define emotional wisdom as follows:

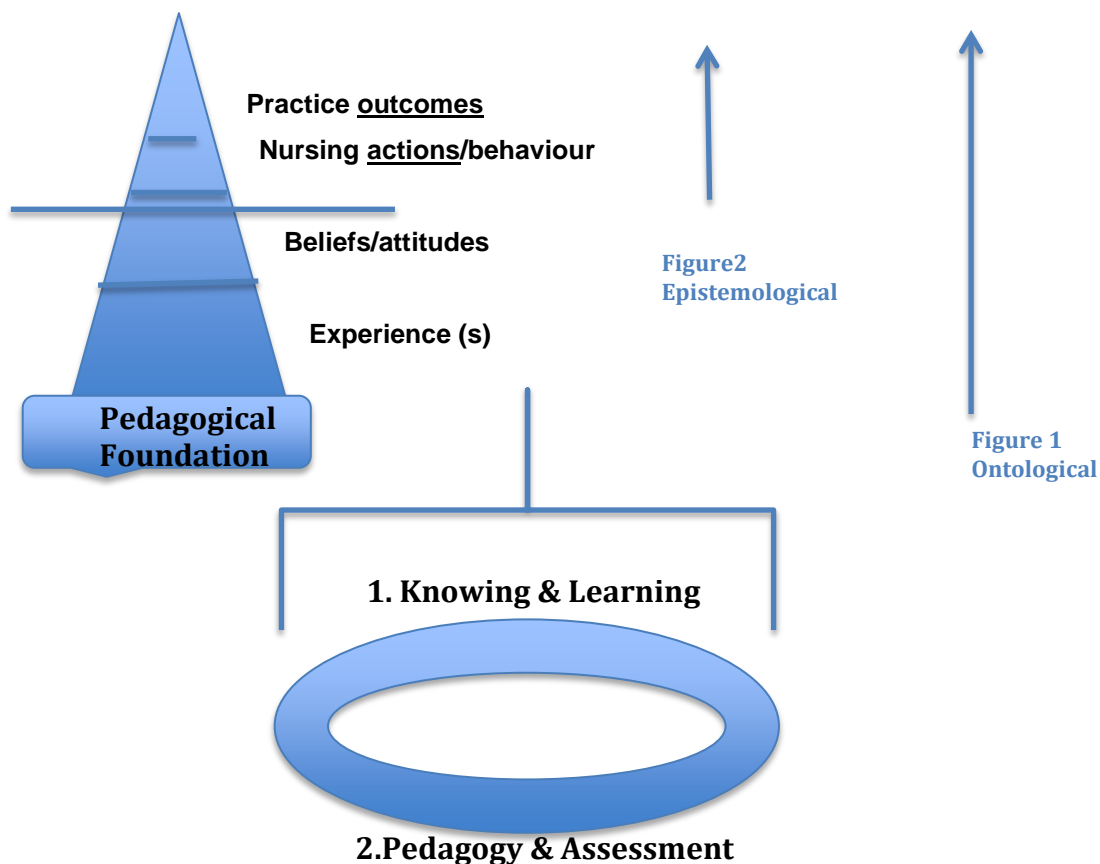
“To be emotionally wise is to be mindfully aware of an individuals Being, not only their doing. Emotional wisdom is the application of emotion knowledge in mindfully engaging with others through language, behaviour, symbols, and being. Emotionally wise individuals are intelligent about what emotions are and how they affect us, about how they can be managed and encouraged and used in shaping both thinking and doing in themselves and in others. Emotional wisdom is mindfully applied emotional intelligence”.

8.4 The TCEIL Model

The Francis Report (2010), and Keogh Report, (2013) highlight that nurses ought to be kind and compassionate in their practice. Unless nurse education invests into a focused application of an emotionally intelligent curriculum EI management is unlikely to never be more than a survey in a communication

module. A nurse curriculum that seeks to embed clinical knowledge and expertise at the expense of education in the intelligent use of emotion, or emotion management, undermines both the profession and the neophyte nurse by not adequately addressing the student's need to gain knowledge, experience and understanding in the getting of emotional wisdom. A shift to a more ontologically framed curriculum is required.

Figure 13: Transformative Curriculum for Emotionally Intelligent Learning



To advance towards a curriculum that seeks to develop a more emotionally intelligent nurse then two fundamental challenges are observable. Firstly what is it that should be the focus of their learning experience and, secondly what are the shifts that may occur in terms of curriculum development. The *Transformative Emotionally Intelligent Curriculum Model* © (TCEIL) above may help to address this first question. In order to develop, or promote a more ontological education it is necessary to move beyond the strict (but legitimately

required) notion of a nurse's learning journey represented by the top two sections of the pyramid above- 'actions' and 'outcomes'. This knowledge centred or epistemological framed learning is predicated on a competency-based outcome of technical capability. Its goal is the production of a safe and competent nurse. Thus, effective outcomes are based on effective actions. However, by taking a whole pyramid approach which includes the needed technical education alongside promoting an educative experience that addresses values, beliefs, identity and emotional education/management, the students learning is framed ontologically through the addition of the lower two sections of the pyramid represented by the sections, 'experience(s)' and 'beliefs'.

The TCEIL© is predicated on a series of questions having been addressed: With regard to '*Knowing & Learning*' – what is nursing knowledge? What does it mean to learn nursing in whole pyramid ways? How may theoretical and practice education be both technically and emotionally advancing? These questions serve to help nurse educators explore further questions involved in working with the EI concept: 1. What is an emotionally intelligent nurse? 2. What should an emotionally intelligent nurse experience in terms of learning? 3. How should they be assessed? The lower portion of the circle provokes thinking and decision making around pedagogical matters for example: Concerning '*Pedagogy & Assessment*' – Has a recruitment/ entry point EI measure been identified? How appropriate are the learning and assessment methodologies in each learning context in order to develop a transformative EI curriculum? How may clinical educative learning assess emotional development and identity? How emotionally competent are teaching staff?

The presupposition of nursing curriculum development can often be formulated around a dichotomy of technical 'know-how', or nursing competency (literacy) is a given. I agree, it is! Emotional intelligence or management in educative terms has still not gained wholesale respect according to Claxton, (2005). Although the stability of one's emotions has been identified as being predictive of educative achievement, (Lounsbury, *et al*, 2002, Chamorro-Premuzic &

Furnham, 2003) studies using 'emotional intelligence' as a variable have led to mixed results with regard to a focused resolution as to the role of EI in educative success. This is more than likely based on a lack of distinguishing between the model of EI adopted and the results gained (Jensen, *et al*, 2007, Bastion, *et al*, 2005).

The putative notion that EI is a 'predictor' of academic success, (Goleman, 1995), whilst a laudable claim – e.g. if so identified, academic support programmes can be oriented towards those who evidence weaker EI scores – the evidence is not conclusive at this point in the research journey of EI. It presupposes a question or, mayhap an attitude however towards the educative journey *per se* that academic success is always to be defined by quantifiable achievement on a 'pass' or 'fail' basis. This of course is part of the paradox of nurse education. In order to achieve their assessment scores are totted-up, grades awarded, and graduation is accomplished. This however may be representative of the top section in the TCEIL © curriculum approach: a nurse who has been educated primarily in terms of nurse theory. The bottom sections of the TCEIL may not have been addressed and thus emerging onto the nursing landscape is a competent nurse but not necessarily an emotionally intelligent nurse who can win hearts as well as minds in terms of her practice and relationship with herself, her peers, and patients. A challenge for nurse educators is therefore the development of nursing curriculums that assess both nurse epistemology and nurse ontology. A transformative model of nurse education such as the TCEIL may offer guidance to those engaged in such ventures. Competency based nurse education is predicated on achievement in order to graduate/ obtain registration status as an NMC nurse. Let me stress, if I should be misconstrued, such is important and necessary. If, as attested to by this small study group, there is a 'learning-theory gap' with regard to the affective in current nurse education provision then 'whole pyramid' learning (TCEIL, 2013) can enable an approach to nurse education that fills that gap through the use of education strategies that are cognitive as well as emotion based. Emotionally Transformative education may lead to nurse practitioners

able to attend to wounds and patients' daily activities of living in addition to both creating and managing emotionally enhancing environments.

It would seem prudent to reflect and question at this point the five students who scored low on their total EI score. As highlighted earlier in the preceding chapter, a low EI score does not equate with a 'non-EI score' the scores represent margins above and/or below the normative range (MSCEIT, 2002) and as such provide indicators of relative strengths and or weaker areas. It would seem prudent to ask, at the very least, if this weaker ability should have excluded them from commencing their studies in the first place. Secondly, does an inability to recognise a patient's emotions exclude them from being clinically competent? Thirdly, does a lack of this basic ability at the start of their nurse education preclude them from developing in their ability throughout their nurse education? Such musings provide seed for debate around the use of EI scores within nurse recruitment schemes. Whilst it is too early to report back on the findings from Dundee University following their use of EI measures as part of the overall recruitment process (Rankin, 2013) the issue may be of value in future research endeavours.

EI is predicated on an individual's inherent self-awareness (Mayer & Salovey, 1993, Goleman, 1995, Bar-On, 1997). Whilst there exists differences of approaches to EI amongst these major theorists of EI the fact that all point to self-awareness as a common feature indicates its strategic credentials. Hurley *et al*, (2012) state that self-awareness is a foundational capability. The emotionally wise student nurse finds herself shifting across a range of different and differing emotion landscapes as part of her nurse education programme. Without this sense of self-awareness and the ability to be 'other-aware' the student nurse's healthcare, indeed, anyone's healthcare intervention will be less effective. Hurley, *et al* (2012) observe that self-awareness enables reflexive approach to the development of healthcare staff in which they are able to develop and reflect on their experiences and add value from adopting strategies in moving forward for future (re) encounters. Hurley, *et al* (2013), suggest that there is a certain reality, when one individual encounters another, [e.g. nurse

patient]. There is a degree of self disclosure and a degree of self- containment that takes place, as each seeks to be open or closed in response to the context, and content of what is occurring at the physical and/ or emotional level. Whilst Mason & Whitehead, (2003) identify 'Persona' as a vital aspect of self-awareness, Jung (1928) originally discussed the concept in terms of the mask that we as humans wear in our social roles such as mother, father, husband, daughter, nurse, friend. These social roles allow for a greater degree of disclosure based on relationality and trust in the role itself. The self-aware student nurse is positioned for a greater degree of resonance with her patients and her colleagues through mindful, meaningful, and authentic dialogue based on this ideal of being known and knowing others. The data theme addressing the 'affective learning gap' presents an opportunity for nurse educators to clarify pedagogical means by which the development of curricula that address the ontological shift addressed in this study. Freshwater & Stickley (2004) called for a nurse education curriculum that was more emotionally intelligent. Cherniss *et al*, (2006) suggest that educational institutions should evaluate their components for effective EI educative potential. As highlighted in this study, EI is a social phenomenon. It is not experienced in isolation but in relationship with others. Therefore, educative changes carry with them attitudinal changes, not simply ones of educative content or process. EI has been identified as being connected to the central notion of self-awareness, and other awareness, such that a key feature of any EI based programme of education is that of self-management (Cherniss *et al*, 2006).

The challenge from early EI pioneers in the field of nursing such as, Cadman & Brewer, (2001) and Freshwater & Stickley, (2004) called for such a curricula remodelling- integral to such being the idea of role-modelling of such emotional self awareness by nurse tutors. There is debate, for example, Cadman & Brewer (2001) and Hurley, (2008) as to which is the most efficient medium in education to use in fostering EI abilities- the virtual or real worlds. With an increased use of virtual learning, an appropriate question would seem to be could such enable for effective interpersonal communication and emotive based socialisation. Currently, my own view is that whilst the virtual world could

provide a medium to potentiality address such affective education, face-to-face learning methodologies are preferred-although online tools may be used to add to such learning through use of blended approaches utilising videos exemplars and discussion forums. Freshwater & Stickley (2004) suggested that a curriculum that sought to promote EI features would incorporate the following:

- Role modelling (by teaching staff and exemplars)
- Reflective activities
- A focus on developing empathy and the self-concept
- A commitment to use of the arts in learning and teaching
- Supportive mentoring
- A commitment to emotional literacy and competency (2004: 96)

I would suggest adding to that list, mindfulness, and dramatic learning. Foster & McKenzie (2012) have sought to apply learning and teaching approaches to the four branches of Mayer & Salovey’s (1993, 1995) EI ability model as outlined below:

Table 7: Learning activities linked to Four Branch Model of EI

<p><u>Identifying Emotions</u></p> <p>The use of facial observations and checking same with the degree of congruence in spoken words and tone of voice;</p> <p>Clinical Learning utilising emotional relationships, observations in others with feedback;</p> <p>Use of a ‘mood journal’ for both term and clinical locations</p>	<p><u>Understanding and analysing emotions</u></p> <p>Learn about the role emotion plays in meaning making in relationships and how emotions transition from one state to another</p> <p>Gain an understanding of emotional literacy – types and ranges of emotions</p> <p>Role-play emotional situations and feedback afterwards</p> <p>Make use of clinical scenarios around emotions</p>
<p><u>Using emotion in thought</u></p> <p>In contexts where individuals are anxious/stressed, learn active listening skills to build an orientation towards the now through empathic listening. Reflective feedback and exploration in mentoring sessions can be used to follow -up</p>	<p><u>Managing Emotions</u></p> <p>The ability to enable emotions to surface in order to problem solve, or to settle before an emotional event can be gained through e.g. relaxation techniques and/ or breathing exercises.</p> <p>(After Foster & McKenzie, 2012, p142)</p>

Since Freshwater & Stickley (2004), wrote their critique of EI within nurse curricula, there has been little wholesale movement away from the 'essentialist' nurse education model of the past two decades. This is focused around a functionalist education giving primacy to propositional and practical knowledge across two locations: the academy for the former and the clinical area for the latter (Freshwater & Stickley, 2004). However, the literature would suggest that since the early part of this decade (2000-2010) a more critical approach to nurse education has been emerging which is more challenging of its behaviourist approach, finding comradeship amongst approaches such as reflexivity, feminist thought and critical social theory (Freshwater & Stickley, 2004, Rolfe *et al*, 2001, Randle, 2002). An overt application of propositional and/ or practical (nursing) knowledge without attention to the emotional core of the human at the receiving end of such interventions is to miss an emotional touching point. Here the emotionally intelligent nurse perceives not simply a patient's physicality, but their emotive state, through overt signals such as a wide smile, or a depressed look, alongside clinical indicators such as, a shallow pulse and/ or an accelerated pulse in the presence of a significant other. I would offer up the observation that to the degree that every nurse encounter with a patient is a human-to-human encounter it is the subject of emotional wisdom. For the nurse who is emotionally intelligent the issue is not simply perceiving emotions but knowing how to practically act in light of them. This emotional phronesis makes EI meaningful. Echoing Freshwater & Stickley (2004), I would suggest that nurse education curricula that do not prepare the student nurse for empathic encounters are failing to prepare the future-nursing workforce for their emotion work. Either, in terms of the gift they offer up in the course of the care they give, or in terms of the learned ability to be authentic emotionally competent individuals within the profession.

The putative idea, foundational to Maxwell's (1976, 1984, 2012) critique of an inquiry-based academy is that of transformation. The achieving of social good through application of rationally acquired wisdom lays at the heart of his educative approach and pursuit of wisdom in Universities (Maxwell, 2012). In

the context of nurse education models, Hurley *et al*, (2013) offer up transformative learning theory as a method for creating a more emotionally intelligent curricula based on Mezirow's adult learning theory (1997, 2000, cited in Merriam 2004). This theory is predicated on the challenge to assumptions that filter our values, beliefs and habits of thought so that learning processes open the mindful and empathic horizons of the student to widening possibilities and ways of seeing their assumptive based positions and actions. Mezirow (1997 cited in Merriam 2004) argues that such a learning methodology which incorporates learning methods such as role play, case studies, simulated experiences consciousness raising can be used within a learner-centred participatory approach wherein the tutor acts not as expert but as facilitator. This is important in the context of EI education as it provides a platform on which the student's self-awareness and empathy may find room to grow and develop within a safe environment. There is however a conundrum with Mezirow's theory. Transformative learning theory allows, or affords the student the opportunity to enhance their emotionally intelligent approaches to education and to ways of thinking and working that lead to change. Yet, Mezirow (2000) has stated that effective engagement with such a learning approach requires emotional maturity in the first place. I do not consider this as an either / or dilemma but a recognition that empathic education is a work in progress. Through use of the MSCEIT, each student can enter into nurse education with an EI profile as part of the overall recruitment process. This will alert the nursing educators to the potential and realised levels of EI that can be supported or developed in the pursuit of a caring, compassionate, competent, courageous, committed and communicative nurse of the future (DOH, 2012)

8.5 Revisiting the experience

The nature of this study was both heuristic and longitudinal. Thus, it afforded an opportunity to observe participant change. As noted above, as each conversational interview came and went we had all changed. The study group were changing in terms of their course progression and experience in clinical nursing. I had changed in terms of location and job roles. The study never set

out to capture the presence or meaning of change as no intervention was employed, but at the same time, it could not avoid the implications of the same. In terms of the study, it is possible to pick out emotional growth as individuals shared their stories. I would expect this to take place due to the very nature of EI being linked to notions of increased self-awareness, emotion regulation, and the putative association with the benefits of mindfulness (Mayer, *et al* 1991, Law, 2012). I briefly draw attention to a selection of narratives in which such growth, or lack of growth is identified, giving weight to the therapeutic, if not prosocial aspects of EI in the student nurse context.

Mary was 27 at the time of recruitment to the study. She was a healthcare assistant before starting her course and she relished the opportunity that the programme afforded her. Her MSCEIT on entry demonstrated that she was in the upper range of her overall EI requiring development although, one of her Branch scores was significantly higher, namely that of identifying emotions. This is of little surprise given the emotionally traumatic history that Mary brought with her. The experience of being left by her fiancé a few weeks before the planned wedding and an unexpected debt of several thousands, drive Mary to consume copious amounts of alcohol as a way of coping. Her experiences made her very self aware and cautious around others. She learned to be attentive to how people presented themselves. (Mary Int.1). Mary highlighted how she often sought to be emotionally in control of both herself and others because of this history. Something her current and supportive partner dealt with patiently. Mary was conscious of worry in her life showing up as ‘nagging’ (Mary Int. 1), also her desire at times to “punish” herself because she hid her emotions for so long during the years of separation and isolation. As we spoke in her third year (Mary Int. 2), Mary confided that she recognised that she had been going through a grieving process and that one of the most beneficial lessons she had gained both from her history and her nursing studies to date was that: “being a nurse you have to connect emotionally with someone”. However, she also framed that by going on to say, “ as a nurse, you got to know your boundaries as well” This connection with her patients, her sense of being ‘fully present’ with

them, or emotionally therapeutic with them may be observed in the following comment:

“ If someone’s worried about their illness, they’re going to want you to explain to them. So, if you are working on a ward and you do not know why the main reason that people are there then obviously, they cannot approach you and you cant explain things to them. I personally worry that I don’t know enough; ...and I’m thinking, ‘what should I know? What’s important to know?’” (Mary Int.2)

Mary had journeyed from hiding her emotions to comfortableness about expressing them in front of others, not randomly, but as part of the therapeutic relationship. In fact, she confessed that she had repositioned herself in light of a comment from a mentor who had commented that if she felt no emotion in the face of suffering then perhaps it was time to leave the job.

Rosie was a 23-year-old single woman employed in a Public House before starting as a student nurse. Her mother works as a registered nurse within the region. Rosie admits that she had a strong desire to follow a career in nursing, but she also wanted to see the world first. Consequently, she put off her starting date until she had travelled abroad for a number of years first. She acknowledges that the experience probably helped to give her confidence when she started the programme. She admits that academically she was not too concerned about struggling; but she did find herself questioning others who seemed to struggle- to the extent of questioning whether they should actually be on the programme in the first place.

Rosie had a low tolerance for the mundane in people’s lives. “ *There are more important things in life*” she commented. Having been exposed to the issues and challenges of health and poverty in some Third World countries on her travels, she feels that her perspective has been strongly challenged. She admits that she is conscious of this when she has been involved in nursing care on placement experience. She commented in one of our conversations, “ ... /

mean it's fine for me to go, "Well in Cambodia you know they do not have this, or they do not have that and etc., etc., and you should be grateful", you have to appreciate that you expect a bit more from this country. If someone is complaining you can't just go, ' Oh stop complaining' ... I mean sometimes you want to; but you can't you have to treat them with a bit more respect...whether you agree or not.... I do not like a lot of people, I... do not have a lot of time for certain people... but I can be nice [laughing]" In one early conversation, Rosie said she didn't like emotional baggage. I asked her to explain what she meant by that. She linked this to notions, ideas of being 'pulled' by people in the sense of having them rely on her, "...because I think it's almost a weakness".

Her MSCEIT score on entry showed that she was in need of developing her overall EI level. In our conversations in her first year (Rosie Int. 1), Rosie made it clear that she had a tendency to become defensive when she felt questioned over her level of independence. She was quite self assured, confident, at times it appeared emotionally cold, but she believed that such could be addressed through means of the persona that she could adopt within the clinical area. Rosie came across as lacking in emotional adaptiveness. I am sure that such is perhaps too 'clinical' a description. She was a good clinical student, she was knowledgeable but she didn't like her contemporaries emotional childishness and felt that whilst she was and could be caring and compassionate within the clinical areas, she was quite happy in her emotionally free world that she inhabited away from the University. Much of the emotional distance she associates with her family way of living- on one occasion she stated, " We don't do hugs". Again, " I learned anger from my father, because he had a short fuse" (Rosie Int.1). Rosie's journey in her second and third years are summed up in the following observation. An observation, which shows that with time and exposure to suffering and lived experiences of pain and fear, her emotional demeanour had softened somewhat:

" You can't judge people by your own standards, really. And I would always treat people how I would like to be treated myself, which is I would like someone to come be able to look at me and treat me as an individual

but actually listen to my problems and actually kind of treat me rather than just treat the disease kind of thing” (Int.2)

Noreen, was 19 years of age when she entered the student nurse programme and her entry MSCEIT profile demonstrated that her overall EI level was in the lower portion of in need of development. Noreen entered into nursing from a short period of employment in retail and a history of looking after her single elderly mother. During our first conversation, she often alluded to herself as being unsure about her emotional competence. In times of stress she would often seek refuge in a quiet area, express her desire to be left alone to cry, recover, and then return to the ward or clinical environment to carry on [Noreen Int. 1]. She found reflection and journaling to be a way that she could manage her emotional experiences and come to terms with what the role was demanding of her. She observed that during her first year she would often talk with her friends; friends she had an emotional connection with and that shared feeling was of help to her. At the mid-way point of her third year, she shared how whilst she was more knowledge and more capable in terms of her clinical skills, she still found that in order to deal with her emotions “going to the toilet and just sitting there and crying” (Noreen Int.2) was the best way to cope. However, whilst it may appear that Noreen still struggles with her overall EI, it is worth highlighting something which she drew attention to in our conversation: reflecting on the competing challenges of home and work Noreen observes:

“I do turn up at work and I do turn up at university even if I do have problems at home. I don’t feel like going in and just want to hide under my duvet for a little longer or something, but I do go in because I think it will give me time to think what to do” (Noreen Int.2)

Noreen has found reflection and journaling to be a source of support in her dual roles of student nurse and caring daughter. She considers herself “very emotional” and “trying to hide them”. In consideration of her entry MSCEIT, it would seem appropriate to conclude that based on her narrative over the period of study, it remains a fairly accurate reflection of her emotional ability. An

emotional ability she had learned to apply to herself in order to become more resilient.

Chapter 9

Drawing to a close and suggestions for carrying findings forward

9.1 Introduction

This concluding chapter brings together my key findings, a model of Emotion Identity as a way of understanding the process of an ontological journey as an emotionally wise student nurse. The implications of this research are explored and I evaluate the research offerings suggesting future directions for research. This chapter begins however with an exploration as to the utility of maintaining EI as a way of understanding the concept, or if a more meaningful term may be more appropriate on the basis of the student journeys that have been followed.

9.2 My journey

During this research, I was both a researcher as well as a member of the nursing profession that my participants were seeking to gain entry to. My position allowed me several benefits. For example, it laid the groundwork for trust to be built which aided confidence in me, this afforded me an initial degree of openness by the participant, and permission to access privileged information contained within each narrative. My position as a nurse educator also gave both the participant and me a common language with which the narrative could be constructed without continuously having to reorient because of a term or phrase that was interjected. It was however an important and necessary part of the process of both data collection and analysis to seek clarification from the participants.

I entered this research journey with both excitement and apprehension. Excitement because I had a real passionate interest in my topic of EI, apprehension because I was a novice, and to a degree, I still feel that I am. This has been an apprenticeship, in which I have moved two steps forward, and three back as I endeavoured to gain confidence in my methodology. I sensed at

the start that this research would be challenging. I underestimated the emotional pressure that I would feel as I underwent a roller-coaster ride of engagement and dis-engagement with both the topic and the participants. My experience of these interviews with nursing students was intimate, tantalizing, absorbing, emotional, and challenging. Their willingness to share their lives with me was a privilege. Their stories had me in both laughter and tears. As they told their stories it was as if they removed a veil from off their personhood and gifted me access to their most precious commodity: themselves, their history, their hopes, and aspirations. In doing so, they provided me with what I had set out to discover – a deeper access to my own reflective journey through a deeper understanding of myself in this context.

As I was holding responsibility for how the interview proceeded, directing the conversation if fitting. I kept myself alert to my own reflective thoughts and challenges as I listened to them share their histories, and experience of what it is like to be emotionally aware, adaptable, and wise. Often their accounts would provoke me to think of my approaches as nurse tutor to nurse education, particularly as they highlighted gaps or disconnects such as that of the affective –learning gap and the challenges of living in two worlds. I found myself at times swinging on an emotional roller coaster as I listened once, twice and often very frequently to narrations that shared the reality of their kinsfolk legacies with me: broken relationships, emotionally dispassionate families, unwanted children, and medical traumas. As a nurse tutor, I struggled at times to ‘fit’ their stories into the lived experience of being a nursing student in which nurse tutors had very little, if any idea as to the personal history of the individual sat in front of them.

Would I use heuristic methodology in my research again my answer would be, “Absolutely”. Although I approached it with some trepidation, Heuristic inquiry has been a breath-taking qualitative approach that embodies a personal journey towards tacit knowing. I have been challenged to be creative, empathic, self-aware, and reflective (Douglass & Moustakas, 1985). Heuristic inquiry imparted to me an appreciation for the richness and complexity of my co-researchers’

and my experience through capturing the meaning of our journeys. Heuristic methodology represented a disciplined pursuit of the experience of the phenomenon and it required me to personally explore of the experience of emotional wisdom within the context of student nursing.

9.3 Research Overview

This study explored the lives of nine female student nurses who were following a programme of study leading to a professional qualification as a Registered Nurse in the UK. This programme of study took place at a University and learning was comprised of a fifty-fifty split between the University and a clinical placement for varying periods of time and at varying locations. The research question which framed the study was “ What is the lived experience of emotional intelligence in student nurses?” a subsequent question was focused on two supplementary questions: “what was the EI score for each participant upon entry into the study using the MSCEIT v2.0?” and, “ To what extent were they aware of affective learning contexts?’

Each study participant was invited to take part in a series of interviews in which the areas of emotions, learning, and peer-relationships were explored. The interviews were open-ended, allowing the interview to be guided by the participant in terms of direction and flow of narrative shared. The collection and analysis of data was guided by Moustakas’ (1990) procedural steps. The data was then analysed, thematically arranged, and then interpreted in a heuristic manner. Four major themes emerged from the data, as identified above:

1. The nemesis of the Kinsfolk Legacy
2. Apprehending the Affective Learning Spaces
3. Authenticity of Being: occupying Two Worlds
4. Being Fully Present

9.4 Key Findings

This research achieved its goal of addressing the research question, “ What is the lived experience of emotional intelligence in student nurses?” In addressing this research question, the data led to the development of two explanatory models. The first model, the *Emotional Intelligence Model* (see Figure 12) represents a process model of the journey to and through the student nurse experience. The model presented up here offers up an integrated way of understanding our relationship with ‘our’ social world as a Being-in-the-world. Our emotional intelligence identity can be understood from our empathic relationship with the internal world that we subjectively experience and the external world and associations that are provided for us from the world outwith our subjective selves. The second I named the TCEIL model- ‘Transformative Curriculum for Emotional Intelligent Learning’ (see Figure 13) which provides a framework for developing taught programmes that help develop the ontological perspective and address the affective learning gap identified in the study group narrative accounts of their educational contexts. The model demonstrates that curriculum and pedagogical approaches predicated on an emotionally wise framework can serve to provide a richer learning experience for the student nurse. In terms of complementing a competency, or epistemological bias, by bringing a focus to nurse education, that enables the student nurse to become aware of her own growth and development as a practitioner in terms of Being. Nurse education framed by an action-oriented focus circumvents the understanding that EW is an expression of Dasein, that is: of who the student nurse was and is, and is becoming.

Based on the four main themes of this study, the model points to a means of understanding that may assist in determining how individual student nurses arrive at their courses and how antecedents such as their emotional history can add value to their nurse education experience and assist the development of appropriate educative content. Based on these two models the above definition of emotional wisdom was offered. It is perhaps a key finding that these models

are inter-related and offers up twin understandings of the essential nature of what the lived experience of EI was for this study group. Learning as a student nurse is influenced by a student's historicity, her current context, and climate in addition to a transcendent understanding of the process of Becoming. In Heidegger's (1962) language, each student is Dasein and is so in relationship to others. EW is a social experience and a socially responsible experience because Dasein is privileged with choice and responsibility.

9. 5 Limitations and Directions for further study

A limitation often considered by researchers working interpretive paradigm is the lack of generalisability of findings from qualitative research. This interpretive approach was chosen to inform this research because it was deemed appropriate and suitable to be used as a means of exploring the research phenomenon. Crotty (1998) rightly points to the nature of interpretive research when he highlights that such research findings are unique and time focused. Indeed, amongst a plethora of ways of seeing the nature of hermeneutic research data, this is my way. If there are links to be made between the findings and each reader's contexts, such linkages must derive from that native reading. After Hammersley (1992), the notion of how transferable these findings may be to another context or setting is perhaps another way of determining the application or contributory value of any qualitative research. My aim has been to describe the setting of this research satisfactorily so that any readers can adjudge the applicability of the findings to their own contexts. As a nurse educator and as a co-researcher in this exploration alongside the participants, the degree of similarity and motifs articulated about antecedents, emotion based pedagogies, the challenges of seeking authenticity and Being present that weaves its way through the data, leads me to suspect that these findings may well be transferable to the wider nurse education populations.

There were areas of limitation in this research. The first arose from a deliberate focus on the student nurse. These participants were chosen because they would be able to uncover their journey within an educative environment and to

share their personal experiences of EW. I consider though that there would be great usefulness in future research in which a comparison between neophyte and established registered nurses was undertaken. Furthermore, the notion of assessing the EI score for recruits into nursing has been raised on a number of occasions within the interpretation chapters. It would also seem a logical avenue to pursue the value of such a recruitment measure both in terms of the developing caring and compassionate nurse of the future and also in terms of academic achievement as this is an area which as noted lacks research evidence in general educative terms. Additionally, the relationship between the teacher and the student is both dynamic and fundamental and a study of the theme of "*Apprehending the Affective Learning Gap*" and "*Authenticity of Being: Occupying Twin Worlds*" in both students and teachers may add further value to this area of educative interest.

My research occurred within a pedagogy that was predominantly focused on learning that occurs in 'classrooms' or within the context of what may be described as a learning community within the clinical setting. Nurse education has increasingly moved towards growing use of technological learning modalities; for example, Virtual Learning platforms such as Moodle and Blackboard and increasingly the use of Virtual or Simulated Environments. What are the implications for affective learning in courses delivered 100% online, or in a simulated environment? Further research is merited in order to understand "virtual" learning and the development of emotional learning and emotional identities.

I consider that the findings from this research study are suggestive that nurse educational learning experiences should seek a greater synergy between the epistemology and ontological of nurse 'doing' and nurse 'being'. It would seem that a way forward from this study would be to further research my findings; for example by developing a unit of study (or curriculum) informed by the TCEIL and Emotion Identity models as a structure underpinning and informing its creation. Evaluating the impact of such would require time and opportunity.

9.6 Suggested Implications that may be posited from the current study

A number of suggested implications are evident from this study. At least one was vocalised by several of the study participants and the remainder emerge from my interpretation of the findings.

1. To assess nurse recruits using a validated measure of emotional intelligence
2. To review the current construction of nurse educative programmes as to their suitability to develop the emotional identity and competence of the nurse practitioner
3. To incorporate into nurse curriculum Mayer & Salovey's (1995, 1993) Four Branch Model of EI as a way of providing students with a tool for becoming and coping with the emotion based contexts that they will find themselves located into as part of their nurse education programmes
4. To research, review and consider the emotional competences of nurse teaching staff in order to better enable them to teach with emotional intelligence from an ontological perspective and not simply as using a competency based set of tools.

9.7 Moving from “Suggested Implications” towards practical action

On my journey towards this point in my research study, I have endeavoured to avoid using the word, 'end-point'. Over the years of this study in dialogue with others and from observations carried out it has been disquieting to see the findings of research populating library shelves and the perception that little more has been done in terms of dissemination and action on any suggestions. As the popular story about 'doing good' goes, I can't throw back every starfish that lays stranded upon a seashore, but I can throw them back one at a time and thereby make an incremental difference. Translating that into action with regard to this study means the following minimum advances:

1. Local, national, and international sharing of findings. For example, I have submitted peer-reviewed abstracts to speak at conferences in Dublin and Dubai. I will also be submitting papers to peer-reviewed publications in both the UK and Internationally.
2. I will be exploring an offer from one of my Supervisors to take forward and investigate what an emotionally intelligent curriculum might look like that is both epistemological and ontological in nature

9.8 Conclusion

This study explored the experience of nine female student nurses through their three years of nurse education and considered the question, “*what is the lived experience of emotional intelligence in student nurses*”. I uncovered four main themes, which for these student nurses captured the essential nature of EI

1. The nemesis of the Kinsfolk Legacy
2. Apprehending the Affective Learning Spaces
3. Authenticity of Being: occupying Two Worlds
4. Being Fully Present

This study suggests that a proactive approach to acknowledging the emotional intelligence identity of all recruits to a nurse education programme and the facilitation of an on on-going development of the student nurse in ontological terms will aid the student nurse journey towards becoming an emotionally wise practitioner of nursing. Nurse education so constructed, can aid the self-awareness of the student nurse in order to promote the essential Being of each individual. In this way we can all learn to be mindfully present with our patients and peers by virtue of an emotionally wise journey of learning, in which we become who we are: emotionally wise identities in transition over a range of emotional landscapes and lifeworlds.

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