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MEANING ASSIGNED TO EMOTIONAL COMPETENCE OF THE NURSE: EMPIRICAL STUDY AND IMPACT ON EDUCATION[1]

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[1] The paper results of research and doctoral thesis, approved in 2013, updated in the topic about impact on education.

ABSTRACT

Objectives: in several studies, that have happened recently, the place of emotions in nursing practice has arisen primarily focused at the level of emotional experience, enhancing the need to signify the emotional competence of nurses. That need has the main intention of find contributions that allow knowing and understanding their different dimensions and identifying their purpose in providing comfort care to the hospitalized person in a palliative care unit. **Methods**: searching for meanings, the methodological approach has taken a qualitative, descriptive and exploratory nature, using critical discourse analysis of Fairclough to find the phenomenon configuration. Research subjects were nurses and patients who experience the last stage of life, both present in palliative care units. We have interviewed thirty-four nurses and twelve people living the end-of-life. **Results**: the analysis and understanding of the social practice under study allowed to build the construct 'emotional competence of nurses' along with descriptive statements of five capabilities and twenty-one units of competency that compose it. **Conclusions**: the discursive corpus revealed that the construct of 'emotional competence of nurses' is conceptualized as a set of capabilities that allow us to know, regulate, achieve and manage emotional phenomena in order to build and sustain interpersonal relationships in affective environment; and we can explore the influence in education or management.

Keywords: emotional competence, discourse analysis, nurses, end-of-life; emotional education.

INTRODUCTION

The unification cognition-emotion as scenario of the quality and effectiveness of behaviour emerges as a key point in the understanding about emotional competence. In this sense, the purpose of associating the emotional mind and the rational mind guides us to the emotional arrays as rudder of human behaviour and work performance. These contributions converge so that not only there is relationship between emotion, cognition and motivated behavior based on the assessment that the person do in the context, but also argue that this relationship to be explored and seized, can be managed, contributing to the quality of life, the relational dimension of the person[1,2].

This was our starting point.

We have study the phenomenon of *emotional nursing competence* as influencing factor of providing comfort care to the person who experiences the last stage of life. The central question of the study was: **What is meant by emotional competence of nurses on providing care in the** end-of-life?

We have the research purpose to clarify the meaning of emotional competence of the nurse, in providing comfort care to the person at the end-of-life. Therefore, the disciplinary approach to the phenomenon took two different dimensions: in nursing, a theoretical affiliation to Jean Watson and Pamela Reed; and in the field of emotional competence, the theoretical model of Rafael Bisquerra.

METHODS

The methodological framework has qualitative nature, descriptive and exploratory. Study participants were nurses and people who experience the end-of-life, and who agreed to participate in the study through interviews, secured and protected the inherent ethical procedures.

The analysis corpus was constituted with a forty-six (46) interviews. Each verbatim was analyzed, using the critical analysis of Fairclough's speech; have emerged the construct of 'emotional competence of nurses' as a *set of capabilities that allow us to* ***know***, ***regular***, ***achieve*** *and* ***manage*** *the emotional phenomena in order to* **build** *and* ***maintain*** *interpersonal relationships in* ***affective environment***[3,4].

FINDINGS

Considering the social practice in analysis, it was possible to identify five (5) dimensions of emotional competence of the nurse, which is shown in figure n.1 - so, we make a first step, identifying those dimensions as: emotional knowledge, emotional autonomy, emotional regulation, social competence and Life skills and wellness.

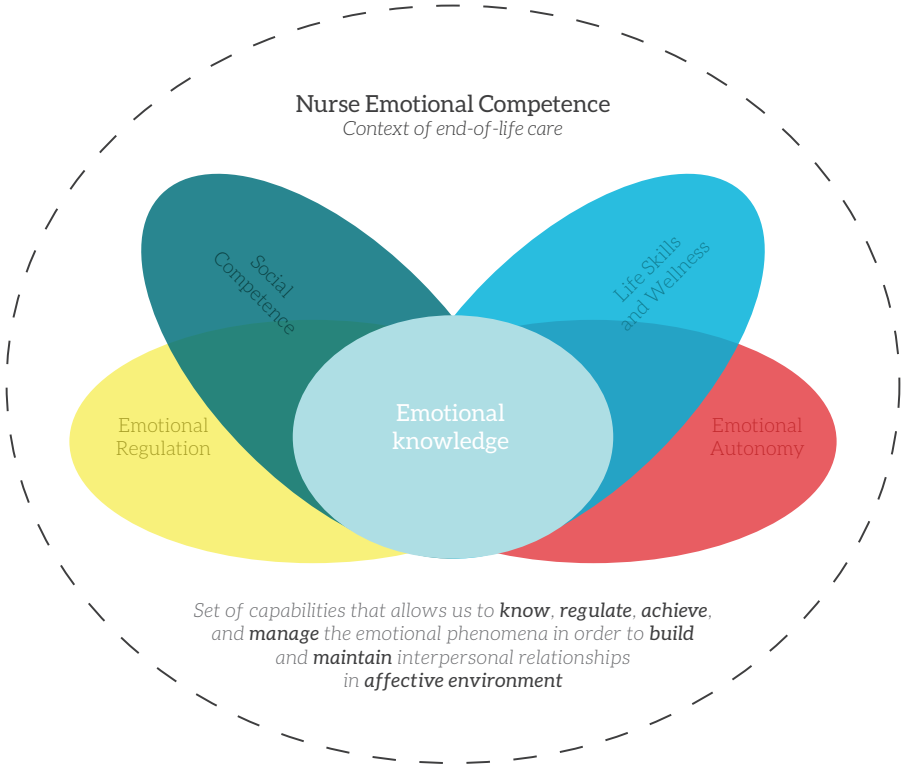

Figure 1 – Dimensions of Nurse Emotional Competence.

Exploring bridges and convergences between social practice and social problem analysis and discursive findings, it was evident that the construction of the concept of emotional competence of builds on nurse in 'emotional knowledge', so it highlights the structural nature of this dimension.

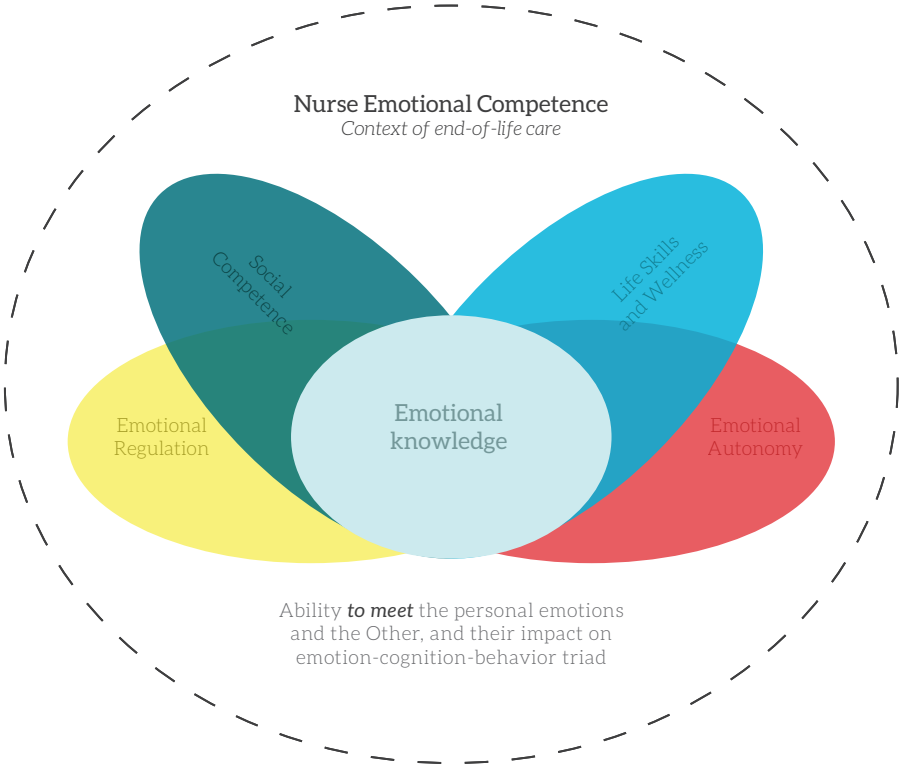

Figure 2 – Dimension Emotional knowledge.

The intensity of the caring context in the end-of-life provides a strongly ingrained emotional cycle of emotionally significant events, so the 'emotional knowledge' is recognized *as the capacity to* ***meet*** *the personal emotions and of the Other, and their impact on the triad emotion-cognition-behavior*. Resulting from the description of this dimension, there are the following competency units: (1) identifies and locates personal emotions; (2) identifies and locates emotions of others, and (3) identify behaviors that generate emotions.

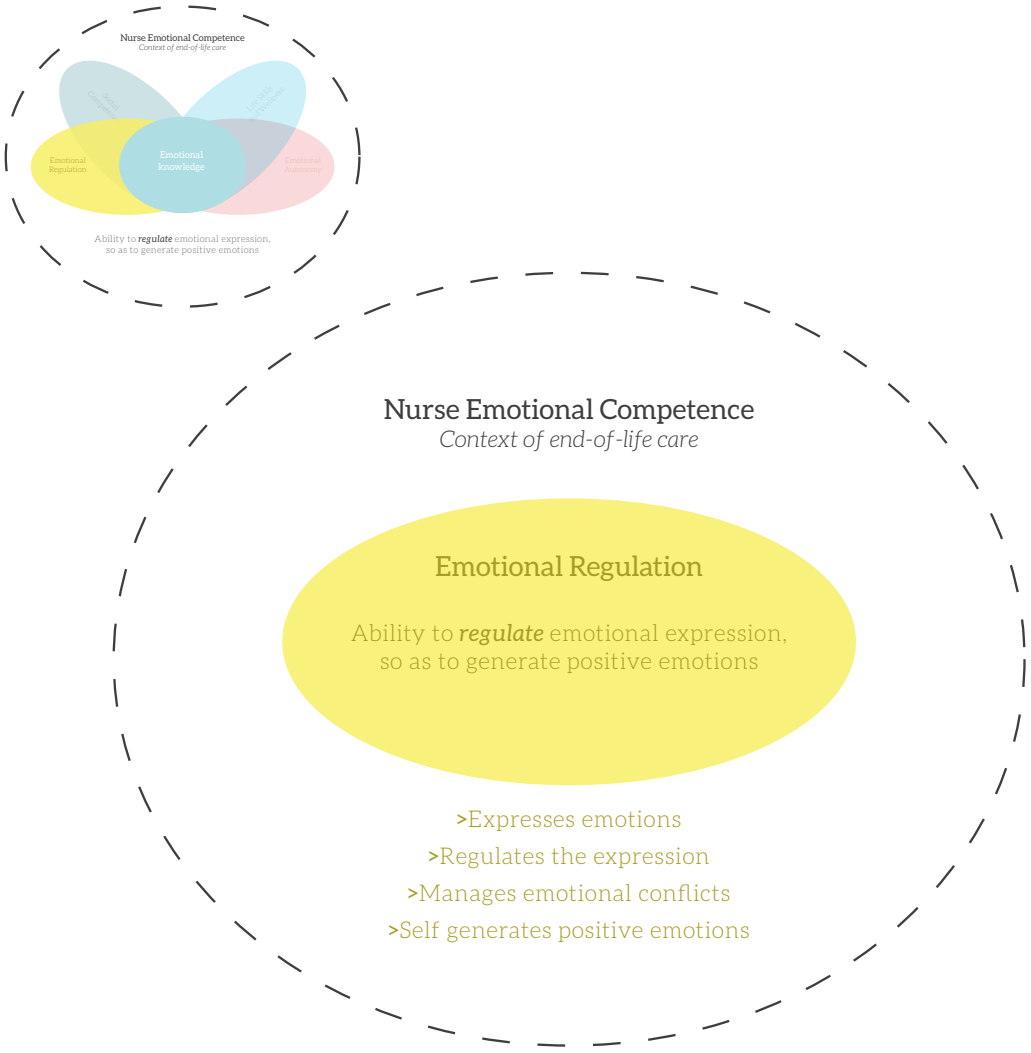

Figure 3 – Dimension Emotional Regulation.

The experience of stress and distress situations, such as providing comfort care in the context of end-of-life, requires that the nurse knows to manage emotional states associated with that experiences, in order to adjust their behaviour and therefore, the self-control needed for the desired emotional regulation due to the experience. **Thus, according to the our discursive sample** *'emotion regulation' is the capacity to* ***regulate*** *emotional expression, in order to generate positive emotions.*

The description of the emotional dimension identifies the following competency units associated: (1) Expressed emotions; (2) Sets the demonstration; (3) Manage emotional conflicts and (4) self generate positive emotions.

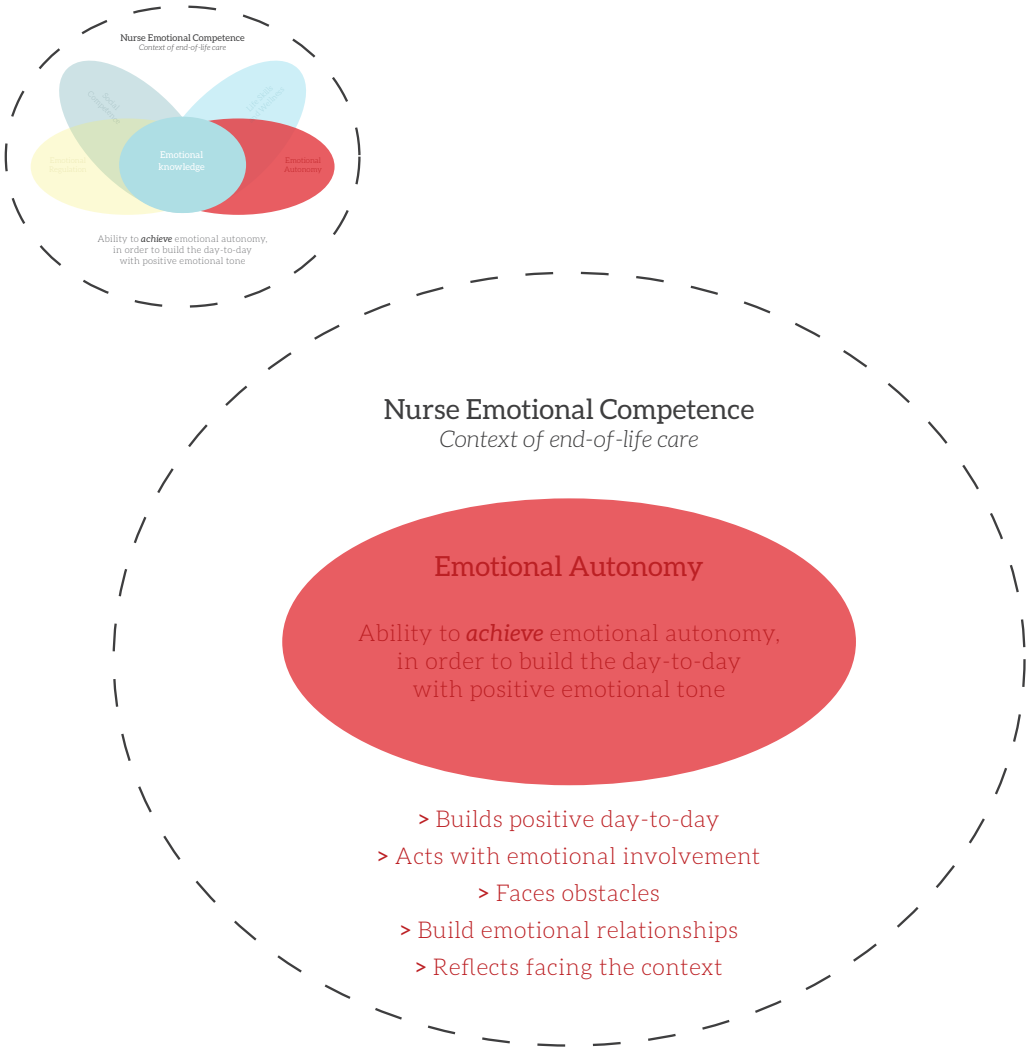

Figure 4 – Dimension Emotional Autonomy.

The professional nursing acting, in the context of end-of-life, should not be guided by emotions, simply allowing them to function as the only indicator of personal and professional behavior. The experienced emotional phenomena are circumstances that should guide human behavior - therefore, the symbiotic relationship between knowledge, reflection and evaluation assigns meaning and power (strengthen) to interpersonal relationships built on context to provide comfort care to the person in end-of-life.

Our discursive sample shows that the dimension 'emotional autonomy' is assumed as the *capacity to* ***achieve*** *emotional autonomy, in order to build the day-to-day with positive emotional tones*. The description of the emotional dimension identifies the following competency units associated: (1) Build a positive day-to-day; (2) Act with emotional involvement; (3) faces obstacles; (4) Build emotional relationships and (5) Reflects face context.

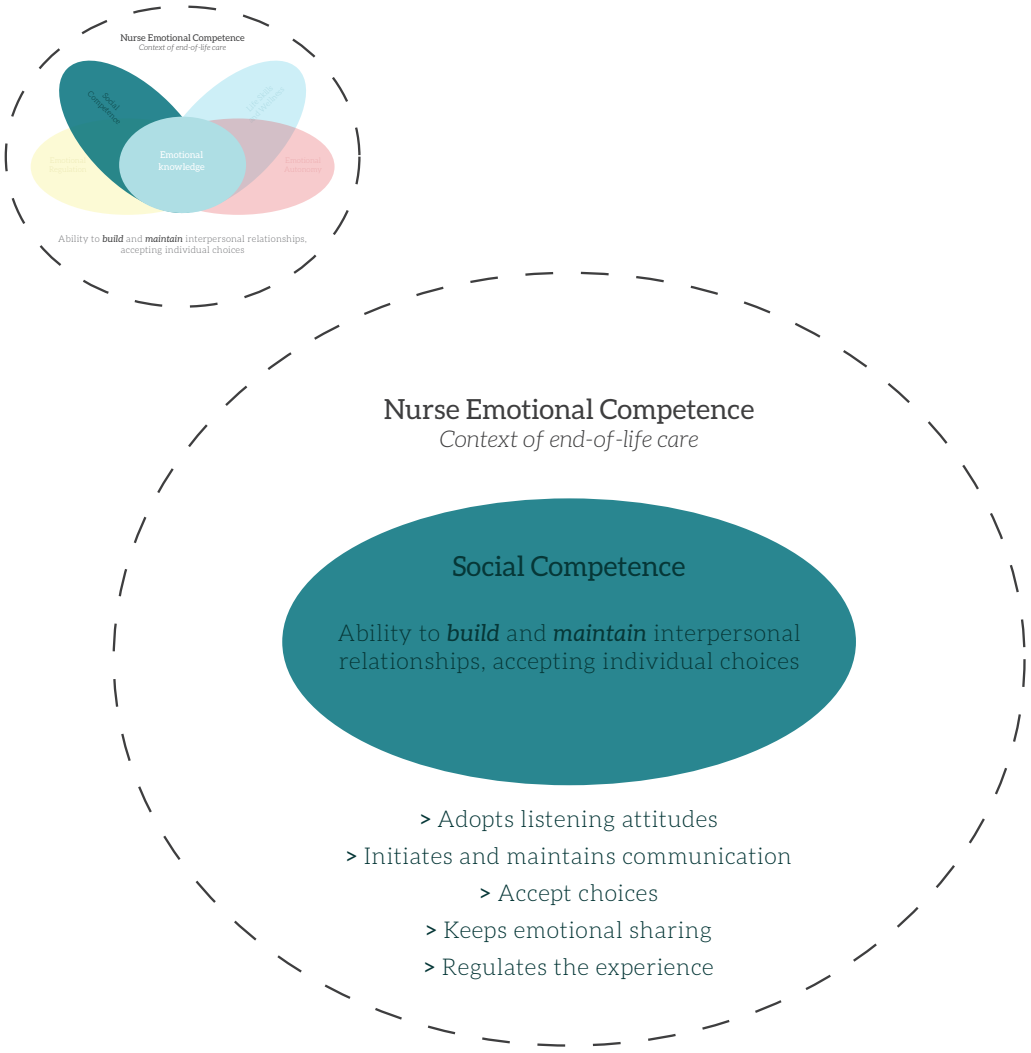

Figure 5 – Dimension Social Competence.

In the context of caring in the end-of-life, **communication is evident as a strong element on performance** of professional practice, allowing nurses to ensure control in the relationship, adapting well to the diversity of emotional tones that make the provision of care comfort in end-of-life. Thus, the attributes are linked to communication assertiveness, active participation in relationships, often serving as an example for sharing and also to interactions with a focus on respect for human dignity and individual choices.

Our discursive sample give evidence that dimension 'social competence' is assumed as the *capacity to* ***build*** *and* ***maintain*** *interpersonal relationships, accepting individual choices*. The description of the emotional dimension identifies the following competency units associated: (1) Adopts listening attitudes; (2) Initiates and maintains communication; (3) Accept choices; (4) Maintains emotional sharing and (5) Regulates the experience.

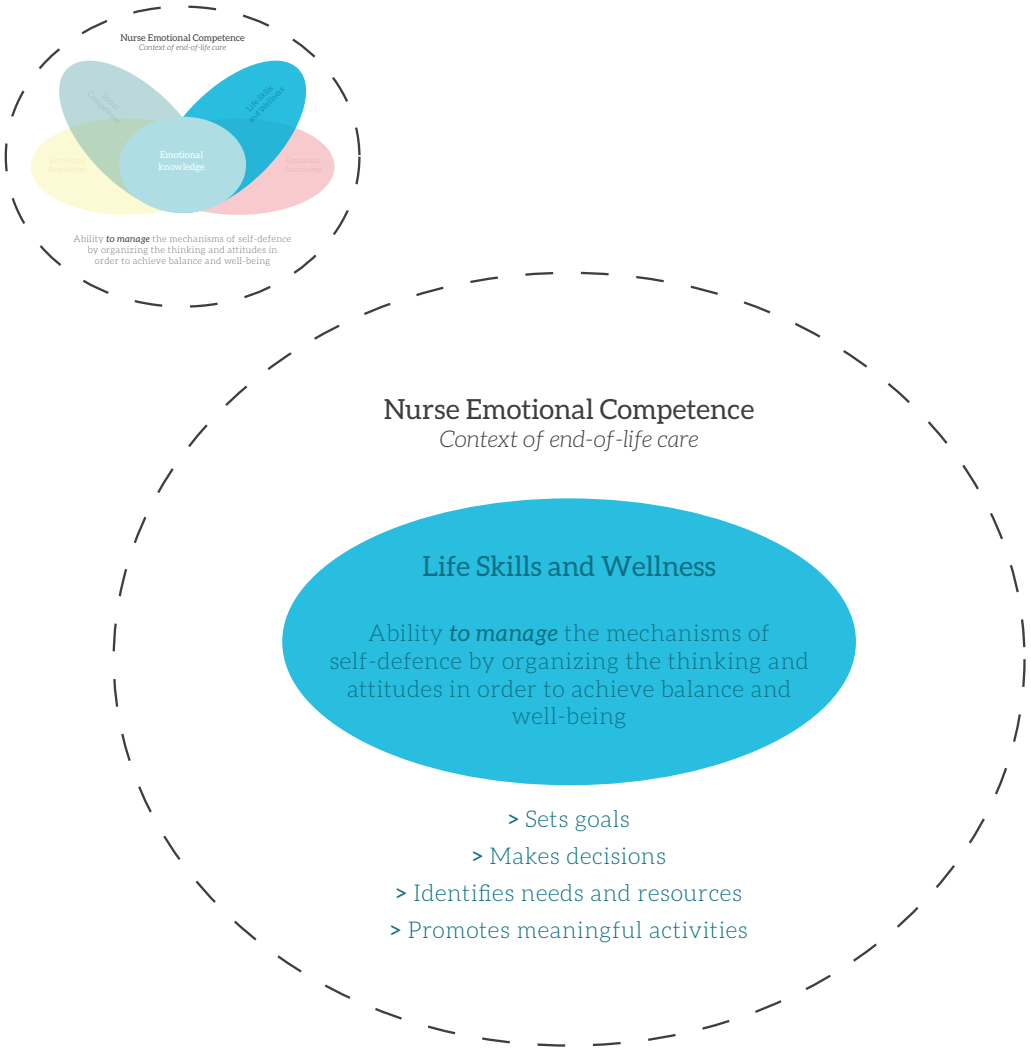

Figure 6 – Dimension Life Skills and Wellness.

Although it is difficult to make operational not only a concept as a process around the emotional well-being, stands out for being an affective and emotional state experienced by the person. Thus, in emotional day to day we found an inverse correlation between positive emotions such as joy, pleasure and pride, for example, and negative emotions such as sadness, anxiety and anger.

Our **discursive sample shows** that the dimension 'life skills and wellness is assumed as the *capacity to* ***manage*** *personal defence mechanisms, organizing the thinking and attitudes in order to achieve balance and well-being*.

The description of the emotional dimension identifies the following competency units associated: (1) Set Goals; (2) take decisions; (3) identifies needs and resources; (4) identifies needs and resources; and (5) promotes meaningful activities.

DISCUSSION

Impact on Nursing Educational Practices

Emotional education is in a permanent educational process originated in the family, later passing through academic training and consequently through the professional life, influenced by society evolution affecting family groups and the school.

Bisquerra & Pérez Escoda report[1] that the emotional education is an educational, continuous and ongoing process, focused on the emotional skills promotion. It is a key element in the overall development of the person empowering for life. Therefore, contributing to the development of emotional skills. Thus aims at learning to recognize, to understand and to regulate personal emotions focusing in recognize and regulate motions of people around us.

The scene of our study features principally the academic and professional context, focused centered on the paradigm of emotional education with *the emotional-intellectual growth of the nurse* as a critical assumption. Thus, it is important to invest in the training of professional action so that the nurse acts, not only with stability and emotional security (personal), but also as a promoter of emotional literacy of persons (patients) who provides care in order to enhance them emotional comfort.

Training and emotional education of nurses are assumed as a way to optimize the quality of health care provided by these professionals, so authors reiterate that the resumes of health care programs, especially nursing programs, should include emotions as cross-cutting theme to different areas of the courses[3].

Discussing about emotional education implies necessarily not forget the theoretical currents, since cannot turn off this paradigm of historical evolution that the study of emotions experienced, nor ignore the concepts related to it. Considering the emotional competence construct of nurse (see Figure 1 for description), it is emphasized that the emotional learning helps nurses to make decisions in their personal and professional life since the emotional brain is as involved in reasoning as rational brain, and emotions of crucial importance with regard to rationality, and vice versa[4].

Emotional education is a continuous and ongoing process, focusing on the entire life cycle. It aims to boost growth, is the foundation of emotional skills as essential to human development, and aims to increase the personal and social well-being. It arises from theoretical foundations of integrative nature, with multiple branches, where the affection assumes a relevant role.

In the last decade, the emotional education has aroused particular interest in terms of different areas, emphasizing the underlying emotion to the educational processes of the various professional and educational sectors. In this sense, the emotion theories are central to emotional education, which is an essential element for the necessary innovation of educational practice responses to the social needs of people/communities. Theories about biological conviction emotion were published by Ekman, Izard, Plutchik, Zajonoc, cognitive emotion by Arnold, Lazarus, Frijda, Scherer and as a result of social constructionism by Averill, Harre, Kemper.

The result of extensive research around the self-esteem and self-concept revealed important aspects of emotional skills because extend self-confidence, self-efficacy, self-motivation among others, impact on emotional autonomy, argued by Branden (1989, 1995), Castanyer[5], Cava & Musit[6], Feldman[7] and Steinern[8]. Gardner's theory of multiple intelligences focused on interpersonal and intrapersonal intelligence is an important pillar for the development of emotional education and consequently of emotional competence.

The receptivity and the need for emotional education are usually high on the part of individuals, regardless of the level and type of context in which it appears (academic and/or professional). The person faces the possibility of using their emotions on their behalf, using them as an aid in behavioral adequacy and improving the results of such knowledge.

The challenge of emotional education goes through the person to feel and to recognize that the genesis of emotional development focuses on the look of himself, taking as a major goal the understanding of what happens inside. It is boosted by the effect all this *"positive wave of unifying"*. This is not only encouraging the encounter with himself but also providing easier relationships with the surrounding environments, i.e., school, family and/or professional. Thus, the search for a full human being drives the discovery balance between emotion and reason through emotional education intrinsic link with the academic education. Therefore, it is essential to consider the promotion of the need to explore and enhance the balance between the cognitive, rational and emotional of people (educating and/or professional) in schools, families and organizations.

If a person does not develop his emotional competence is likely to spend his energies on impulses and passions (desire), failing thus to combine the excitement of knowledge, and preventing personal and professional achievement, even when have high knowledge (IQ).

Emotional education allows the reflexive control of emotions in order to promote emotional and intellectual growth of the nurse. When the professional is available (if predisposed) to invest/know the meaning of your feelings and emotions, pleasant or unpleasant, it is certain that through reflection will involve them or distance them as an object of

thought, monitoring your emotions, recognizing their usefulness and influences in professional action (and also in your personal life). Therefore, authors consider that the resulting emotional competence of the permanent educational process provides the knowledge necessary (emotional knowledge) to recognize the importance of moderation of negative emotions (unpleasant) and the appreciation of positive emotions (pleasant), if in any case happen to be suppressed.

The current reality focused in the curricula of pre-graduate education, shows that the curricula are filled with many relevant issues, however, verifying which are also accompanied by a dwindling number of hours contact with the student. The level of study of postgraduate training programs is similar to decrease in contact hours with students and transferred to the care contexts to develop certain skills. In this sense, authors consider that a strategy for the development of emotional education can be based on the adoption of modules, content and teaching methodologies of emotions, feelings and interpersonal relationships integrated with other content, thus allowing access to the mainstreaming of education emotional regardless of the training scenario. That is, consider that the same applies if thinking of an emotional education process at the level of bachelor degree in nursing, the postgraduate training courses, including postgraduate courses in nursing, as well as the training that professional develops over working life[3].

The definition of criteria for the selection of syllabus goes in particular for adapting them to the training level of nurses, encouraging reflection on the personal emotions and group, and no doubt the focus on the development of emotional skills, which is theoretical support in Weisinger[9]; Steiner & Perry[10] and Pedreira[12]. As an example of possible relevant content to address the emotional nursing education, without specifying the individual requirements of each group (groups or teams), the following are considered: conceptual framework of emotions, including theories, the concept, the affective phenomena, the types, characteristics, causes, among others.

The methodology should be eminently practical, including group dynamics, self and hetero reflection, auto and hetero observation, dialogues, breathing and relaxation techniques, and communication games, essentially with the purpose to promote emotional knowledge (the pillar of emotional competence), the emotional regulation and emotional autonomy.

Thus, authors consider that the discursive findings reinforce that emotional education is constituted as a way to include emotions in training at all stages of nursing education, being reinforced by the professionals that emotional education should be present both in terms of graduated training at the level of postgraduate training. The importance attributed by study nurses to the emotional dimension training requires a careful consideration

of the consequences at the level of professional acting, looking essentially new approaches which enable boost the development of emotional nursing competence and therefore the care team, maximizing the therapeutic results of the emotional comfort of the patient in end-of-life[4].

Emotional education is not limited to formal context; it can be allocated also to the civic (daily) and organizational context. This differentiation of contexts must match the evolutionary process of the professionals.

Professionals should be allowed to participate in internal training of institutions where perform functions promoting the development of emotional skills[3,13]. It emphasizes that the same individual can participate in various contexts in emotional education training simultaneously[14]. Thus, it is emphasized that the development of emotional skills may occur in different contexts, in many areas and throughout the life cycle.

We then noted that the triggering events of high intensity affect people at emotional, cognitive and physical levels. In addition, for these achieve the desired balance to adversity, they mobilize adequate resources and ways of acting that reflect the meaning given to date as well, developing their ability to handle different emotional shades and consequently different emotional features to control[3].

CONCLUSIONS

The theoretical reduction performed strengthens and extends the scope of Bisquerra's pentagonal model, particularly the significance of emotional competence stage in the ***field of health***. The design of the construct "emotional competence of nurses" allowed to find the descriptive statements of five capabilities that compose, and 21 units of competency.

The development of emotional competence of nurses should be anchored in an *educational process*, particularly in emotional education, taking as its main objective the *emotional-intellectual growth of the nurse*, which consequently enhances the effectiveness of nursing care provided to the person at the end-of-life.

The formation and the emotional education of nurses are assumed as a way to optimize the quality of health care provided by these professionals, so it is reiterated that the curriculum should focus on an emotional education paradigm as crosscutting themes to different areas of knowledge.

Considering the presented meaning of *"emotional competence of nurses"*, the findings of the research direct us to the ways how to handle the development of this competence as important to the professional acting of the nurse, explaining the development of emotional nursing competence anchored in an *educational process*, particularly in emotional education.

The setting chosen to develop the study led us to the importance of *academic and professional context*, since the focus is centered on emotional-intellectual development of the nurse. Thus requiring a strong investment in training for the professional, not only to act with *stability and personal emotional security*, but also as a *promoter of emotional literacy of people (patients)* who provides care in order to enhance the care provided. Therefore, the emotional learning supports nurses to make decisions in their personal and professional life, being unanimous reference to the subjective well-being because of positive emotional development. To this end, the emotional education allows the nurse control reflexively the emotions in order to promote your emotional and intellectual growth, assuming as the lifting matrix on your level of emotional competence.

Discursive findings reinforce that emotional education is presented as a way to include emotions in training at all stages of professional nursing education. Nurses identified the need to reflect and invest in emotional dimension of care under new approaches in order to maximize the development of their emotional competence, and therefore the teams of care, maximizing the therapeutic results of the emotional comfort of the person in order-of-life.

Emotional education should be also linked to the civic and organizational context on a daily basis, such as to various fields of professional action of nurses. This differentiation of contexts should correspond to different stages of pre and post-graduate training of professional nursing education, enabling it to develop learning strategies that enable the development of emotional competence in order to build and maintain interpersonal relationships in care context.

Emotional diversity associated with care context of the end-of-life makes the process full of changes and emotional adjustments. However, according to the discursive findings for the size and skills of emotional competence for nurses to experience and means the most positive possible to provide comfort care in the last stage of life, it is necessary that the professional acting to focus on *development of emotional competence*, i.e., in *control of emotions, impulses and behavior*; thereby promoting an affective environment of care and *enhancing the emotional comfort* of the person who experiences the last stage of life.

Therefore, the development of emotional skills with the emotional education tool should be a permanent procedure essentially enhancing *the identification of behaviors that generate emotions; the self-generate positive emotions; building a positive day-to-day; acceptance of individual choices (patients) and the promotion of meaningful activities.*

The complexity and demands of care contexts requires increasingly differentiated professional, and organizational dynamics, which should enable the growth of professional and hence the development of organizational skills.

The heyday of the construct "emotional competence of nurses" study ends the emotional dimension of providing comfort care to the person at the end-of-life, emerging the need to implement training programs under the paradigm of emotional education, monitoring and evaluating their impact on care under the perspective of professionals (nurses) and beneficiaries (patients).

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