Lyon, S.R., Trotter, F., Holt, B., Powell, E, & Roe, A. (2013) Emotional Intelligence and its role in recruitment of nursing students. *Nursing Standard*, 27, 40, 41 – 46.

Emotional Intelligence and the Recruitment and Development of Caring and Compassionate Nurses

Introduction

Nursing is under attack from all quarters. Criticism of nursing standards is coming from patients themselves (via their representatives, for example, see Patients Association, 2012) from the press (Patterson, 2012), from politicians (Clywdd, 2012) and the nursing profession itself (Chaffer, 2012; Dean, 2012; Jones, 2010; Wetherall, 2012). In response, the Chief Nursing Officer has launched a three year "Compassion in Practice" strategy (DH, 2012) in an attempt to ensure nurses are caring, compassionate, competent, communicative, courageous and committed (the 6Cs) – all qualities associated with an emotionally intelligent nurse.

In summary, the criticisms levied suggest that the nursing profession value intellect above compassion, and, it is suggested that this is the reason why, particularly, older people are receiving poor care in our wards. Recruitment is said to be failing through its emphasis on qualifications rather than selecting people with values underpinning the 6Cs. Not only do the general public value a compassionate attitude, but patients

esteem personal attitudes alongside technical competence (Playle and Bee, 2009; Repper and Perkins, 2009). Recruitment, according to the Chief Nurse's strategy document needs to improve the chances of selecting people who are likely to be caring and compassionate (DH, 2012).

If only it was that simple. What the critics fail to appreciate is that the science behind selection is not as precise as they would like to believe. This article looks at the selection process and the possibility of identifying nursing recruits high in emotional intelligence –people with an abundance of empathy and who use this trait to benefit patients. This article describes the challenges involved in interviewing and selecting nursing candidates with the 'right' qualities and explores some of the solutions. Here we discuss the concept of emotional intelligence and how it can be tested. We look at a variety of selection methods including the use of service user as a key part of the recruitment process and we focus on the development of the emotionally intelligent nurses.

Emotional intelligence

Emotional intelligence and its importance in nursing has been increasingly emphasised over the last few years (Freshwater and Stickley, 2004; Montes-Berges and Augusto, 2007).

It has been described as an ability (Salovey and Mayer,1990) and as a trait (Bar-On, 1997; Goleman,1995)). The ability model of emotional intelligence suggests that it consists of a set of related skills including the ability to recognise our own emotions and those of others, and the ability to use and manage emotion. In contrast, the trait model of emotional intelligence suggests that it is a predisposition, an underlying quality to get on with people through the judicious use of emotion.

Both models have their strengths and weaknesses. The ability model suggests that, as an ability, emotional intelligence can be developed. If we believe that nursing recruits are average in this ability then we can enhance this given the appropriate training programme (Williams and Stickley, 2010; Lapum et al, 2012; Cunico et al, 2012).

In an early paper on emotional intelligence and nursing, Freshwater (2004) suggests that emotional intelligence requires self awareness resulting in emotional fluency (literacy) and that training is the key to this development. She suggests that what is required is 'emotionally literate training' and that key to this is the involvement of service users in this process is key. Therefore, Freshwater is not arguing for the use of emotional intelligence tests during selection processes, but rather the provision of learning experiences that allow recruited nurses to become fine –tuned to the feelings of patients.

 This is a less restrictive position which acknowledges that emotional intelligence is not fixed for life and can be enhanced under the right conditions. However, the trait model of emotional intelligence also has its appeal; if people have a predisposition for emotional intelligence and we can accurately test for this, then we should be able, with a fair degree of accuracy, to predict who the future emotionally intelligent nurses might be. This is arguably asserting that it is an enduring quality which if present once will always be there. However, worryingly, the opposite may be true and applicants for nursing may be excluded in the belief that their innate capacity for emotional intelligence is limited. In contrast to the trait model, the ability model is just that – an ability which can be developed even if at the time of recruitment the person has limited emotional intelligence.

3

Emotional intelligence tests

There are a number of emotional intelligence tests available, all of which have their critics. Three are described here. The MSCEIT ability test is named after its developers: Mayer, Salovey and Caruso (2002); and is probably the most extensively researched test on the market with numerous studies looking at its reliability and validity. However, it is quite costly to administer and requires training to use.

The Bar-On Trait Emotional Intelligence Test (Bar-On,1997) is a self report test and as such receives some criticism. This is only to be expected, if people know that they are going to be rejected if they have low emotional intelligence then they are likely to try and score highly, with a distorted result. The Scale has been found to have some predictive validity, when used with university students (Dawda and Hart, 2000) but has its critics (Newsome et.al., 2000) who suggest that it would be wrong to claim that the test can predict future performance. Like the MSCEIT there is a charge for its use.

There are cost free emotional intelligence tests such as the Schutte Self report Emotional Intelligence Test (Schutte et.al.,1998), which has been subject to scrutiny regarding its validity (Austin et.al., 1998; Gignac et.al., 2005). Both Austin et.al. (1998) and Gignac (2005) suggests that the test may be able to identify candidates strong in some aspects of emotional intelligence but needed further development. This test has been in use at the University of Dundee (Rankin, 2011) and early signs are that it is proving useful as a reliable predictor of nurse's academic performance and identifying those less likely to leave a nursing programme, but whether this reflects emotional intelligence is debateable. This test, like those above, is not

4

without its critics and the ethically minded might ask whether we should be putting peoples future careers on the line using controversial tests. The support for such tests become weaker when considering the lack of correlation between these tests (Furnham, 2006). Thus, if someone scores highly on one test then they should score highly on the others, but this has not been demonstrated. This suggests that one or more of these tests are testing for different things and these things may not be emotional intelligence. Such doubts raise ethical issues. Can we reject a person who arguablymay have 'set their heart' on nursing based on dubious science?

Critics have also pointed out that emotional intelligence tests offer little more than is found in other personality tests and so why not use these?; afterall, they have been around longer and been subjected to a lot more tests for reliability and (Schulte et al, 2004; Fiori and Antonakis,2012; Maul, 2012).

 Other ways of testing emotional intelligence

The risks involved in using emotional intelligence tests alone may be lessened if we use them alongside other selection methods. Thus we can set up realistic tests that allow us to observe directly a candidate's emotional intelligence. The use of patients or service users in interview situations brings a realistic dimension to the selection process. Service users are often quick at spotting which candidates have the qualities to create trust and engage with patients. Simulated situations such as "Talking with Service Users" are employed at the University of Huddersfield and have allowed student selectors to see how well existing students perform when communicating with service users. This may be a more valid option than using emotional intelligence tests on their own – ticking a question agreeing that you listen well to service users would appear less valid than being seen listening to service

5

users. Here, at the University of Huddersfield, service users have been involved in the identification of assessment criteria and assessment tools for use with student nurses and have trained other service users in its use.

Whilst attention has been diverted towards emotional intelligence tests this may have been at the expense of other more appropriate tests; what about tests that measure for empathy? Empathy is one of the most important traits that a nurse should possess, and is a foundation skill which makes up the majority of emotional intelligence. For instance, the MSCEIT emotional intelligence test purports to measure the ability to recognise emotion in others and this ability is very much associated with the trait of empathy (McGlade, 2008). Although not well researched, and not without critics, there are tests for empathic ability which alongside service user perception of candidates sensitivity might be a better option to the use of emotional intelligence tests (Mundy and Ling, 2008; Yu and Kirk, 2008; Yu and Kirk, 2009).

Tests for empathy become even more relevant when you consider the impact that empathy has on our service users. Interesting research suggests that the establishment of an empathic relationship has a physical impact on service users including the reduction of stress associated hormones, and the stimulation of important parts of the brain which motivate people towards positive relationships, amongst other benefits (Porges, 2011).

Importance of testing for empathic ability

Gibbons (2011) reviewing the literature concerning empathy emphasises that its provision is a pre-condition for collaborative respectful relationships. She also draws our attention to the fascinating neuroscience associated with the provision of

empathy. Recipients of empathy throughout life are likely to maintain a brain more resilient to stress and moreover extend this to their offspring ie empathic parents nurture healthy brains in their children (Hughes and Baylin, 2011).

Nurses who are empathic are likely to have a history of healthy family and social attachments, and this ability to form healthy attachments may then be extended to their work with patients (Allen et.al.,2008). Whilst there are ethical and operational difficulties in examining for applicant's previous attachment histories, its by-product: empathy may be subject to measurement.

 Empathy and other caring qualities may also be observed during group exercises within interviews. Nurses require effective team working skills and these can be assessed in group exercises. How candidates interact with each other, whether they refrain from talking over their peers, if they listen and respect the views of others; all these can be observed during a group activity. Getting a group of candidates of nursing together to prioritise a number of nursing values can be revealing. Questions asked of a group can be focused so that the following preferences are explored: do group members rate control over care? do they prefer 'doing with' as opposed to doing to? Given this type of group exercise, unfavourable personal values can be revealed within a group and picked up by interviewers. For instance, being judgemental or prejudiced and disrespectful to others opinions. These can be captured using carefully designed forms that enable scoring on applicant's contributions.

Of course, there is the dilemma concerning the length and depth of the student nurse selection interviewing process. Is it comprehensive enough to ensure that we are selecting the right candidates for nurse training when in the future they may be

dealing with service users with physical and mental health problems? Despite the benefits of getting the right students, universities are constantly scrutinising how their staff spend their time, any work not labelled as teaching or assessment or research may itself be questioned (Clover, 2012). This may then make it difficult for nurse teachers to argue a case for selection interviews of sufficient length that allow for better judgements.

Service users and the selection process

In our opinion, the value of service user involvement in recruiting future nurses cannot be emphasised enough, with writers providing sound arguments for their use in nurse education (Terry, 2012a; Terry 2012b). Educators working in partnership alongside service users is a very positive statement illustrating the value of listening to service user views during the selection process. Moreover, nursing students positively evaluate the process of service user involvement. With training, service users can make a powerful contribution to nurse education and include working jointly with nurse educators to present seminars around service user experience.

We suggest that service users should be an integral part of the recruitment team, and with the right preparation they can offer insights concerning applicants that others may not be aware of. With such support, we have found service users have an almost uncanny ability to pick up on the presence or absence of desirable qualities within individuals. Thus, service users are frequently heard to comment that a particular applicant was caring, compassionate or understanding because of a

phrase they used, a sensitive question they asked or a non verbal gesture they used. It makes sense then to build into our selection procedures a process for capturing service user perspectives on applicants.

At the University of Huddersfield the authors have undertaken an evaluation of students' experience of being assessed by service users during the selection process. An anonymous questionnaire was used (and returned by 16 student nurses) to capture the views of student nurses with regard to service user involvement in assessment processes. We were quite surprised by the strength of student opinion which rated service user feedback as high (higher in some cases) than that of their nurse teachers. Service users often have the ability to provide honest feedback in a most sensitive way which is especially valued by nursing students. Based on this feedback many students have become committed to personal development plans designed to enhance their empathy and compassion.

Future work

This article highlights challenges facing educators and clinicians involved in nurse recruitment in getting the selection methods right. Increasing the frequency and quality of service user input into nurse selection procedures may be viewed as a positive development but is not yet 'mainstream'. We need to recognise that there may not be one test that can help us to identify recruits with an appropriate measure of emotional intelligence, and that it therefore makes sense to use a variety of approaches. However, there is a need to have a national debate on successful processes for selecting nursing students who will work in a caring and compassionate way. In the absence of national guidance, how do we know that

9

nurses trained in various parts of the country have been recruited with similar qualities?

Simulated role play is an extremely valuable opportunity to observe candidates but have their limitations. They are time consuming and require substantial resources in terms of people and time. Moreover, they can induce anxiety in candidates. There is a need to research further how we can use role play in such a way that it allows us to make selections that is not partially based on the ability of candidates to manage their nerves.

Research is also needed to further examine the validity and reliability of the various tests on offer. Insufficient research has been undertaken to demonstrate the predictive value of the existing emotional intelligence tests and whether they are better than other tests of personality, which have established reliability and validity.? Research could also look at tests for empathy which can be used with nursing candidates. Considering a candidate's family background and history of relationships is an area ripe for research, but needs careful consideration. Many nurses may be sensitive and compassionate because of their quite bruised backgrounds but the reverse may also exist (Allen et.al., 2008), and we need to be on a sure footing before recommending the use of tests, and these do exist (George and West, 2012), that consider an applicant's previous life history and relationships.

A number of universities are showing an interest in a test is currently being constructed, the Cambridge Student Personal Styles Questionnaire, (yet to publish) which may help screen out inappropriate applicants. This may prove to be a reliable and valid test but still remains to be seen. At the University of Huddersfield we will look at how we can use this alongside other selection methods.

Possibly the answer lies not in trying to measure emotional intelligence but in recruiting people with those qualities valued by service users: concern for others, interest in people both of which may be observed for. Then at least, recruits have the 'right foundations' and with the right mix of educational support (see Anderson and Burgess, 2011), perhaps they can acquire those competencies that complement their existing growth towards becoming caring and compassionate nurses.

In summary, there are emotional intelligence tests in the marketplace which seem to offer some predictive value used alongside other selection methods, but more research is required. Whichever tests are ultimately identified as appropriate, it is our view that it is better to use a variety of methods rather than place faith in a single emotional intelligence test. Regardless of the challenges posed, there is a need to get it right, especially as patients are expecting a very high level of excellence from our nurses and the selection process must reflect this. At the University of Huddersfield we are clear about the approach we will adopt: use and evaluate the Schutte Emotional Intelligence Test, continue to benefit from service user involvement in selection interviews, and provide a number of exercises that help assess candidates' motivation and qualities.

References

Allen, J.G., Fonagy, P. and Bateman, A.W. (2008) *Mentalizing in Clinical Practice*. Washington: American Psychiatric Publishing.

Anderson, J. & Burgess, H. (2011) *Developing emotional intelligence, resilience and skills for maintaining personal well-being in students of health and social care*. HEA.

Austin, E. J., Saklofske, D. H., Huang, S. H. S., & McKenney, D. (2004). Measurement of trait emotional intelligence: Testing and cross-validating a modified version of Schutte et al.'s (1998) measure. *Personality and Individual Differences, 36*(3), 555-562

Bar-On, R. (1997) *Bar-On Emotional Quotient (EQ-i): Technical manual*. Toronto: Multi-Health Systems.

Chaffer, D. (2012) Advanced solutions: patients increasingly complex care needs mean nurses must be well educated. *Nursing Standard*, 26, (24).Available at http://nursingstandard.rcnpublishing.co.uk/news-and-opinion/opinion/reflections/advanced-solutions Accessed 20th February, 2013.

Clover, B. (2012). London's £1.2bn education upheaval. *The Health Service Journal, 122*(6306), 15

Clywd, A. (2012) *Andrew Marr Show*. Manchester: BBC1, December 09, 2012. Available at http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/0209122012.pdf accessed 19th February, 2013.

Cunico, L., Sartori, R., Marognolli, O., & Meneghini, A. M. (2012). Developing empathy in nursing students: A cohort longitudinal study. *Journal of Clinical Nursing,* 21, 2026

Dawda, D., & Hart, S. D. (2000). Assessing emotional intelligence: Reliability and validity of the bar-on emotional quotient inventory (EQ-i) in university students. *Personality and Individual Differences, 28*(4), 797-812– 2125.

Dean, E. (2012) Ready for action: in response to concerns about nurse education, some universities are changing the emphasis of the curriculum. *Nursing Standard*, 26, p16.

Department of Health (2012) *Compassion in Practice: Nursing, Midwifery and Care Staff – Our Vision and Strategy*. Leeds, NHS Commissioning Board.

Fiori, M. and Antonakis, J. (2011) The ability model of emotional intelligence: Searching for valid measures. *Personality and Individual Differences*, 50, 329 – 334.

Freshwater, D. (2004) Emotional intelligence: developing emotionally literate training in mental health. *Mental Health Practice*. 8, 4, 12 – 15.

Freshwater D. and Stickley T. (2004) 'The heart of the art: emotional intelligence and nursing education'. *Nursing Inquiry* **11**, 91–98.

Furnham, A. (2006) Explaining the Popularity of Emotional Intelligence. In: K.R. Mathews (Ed*.) A Critique Of Emotional Intelligence: What Are the Problems and How Can They Be Fixed.* New Jersey: Lawrence Erlbaum.

Gibbons, S.R. (2011) Understanding Empathy as a Complex Construct: A Review of the Literature. Clinical Social Work Journal, 39, 243 – 253.

George, C. and West, M.L. (2012) *The adult projective picture system: attachment theory and assessments in adults*. New York: Guilford.

Gignac, G. E., Palmer, B. R., Manocha, R., & Stough, C. (2005). An examination of the factor structure of the schutte self-report emotional intelligence (SSREI) scale via confirmatory factor analysis. *Personality and Individual Differences, 39*(6), 1029-1042.

Goleman, D. (1995) *Emotional Intelligence*. New York: Bantam Books.

Hughes, J. and Baylis, D.A. (2012) *Brain-Based Parenting: the neuroscience of caregiving and healthy attachment.* London: Norton.

Jones, G. (2010) Delivering care is a fine balancing act: an RCN Fellows conference next week will help nurses prevent poor care. *Nursing Standard*, 25, p26.

Lapum, J., Hamzavi, N., Veljkovic, K., Mohamed, Z., Pettinato, A., Silver, S. & Taylor, E. 2012, "A performative and poetical narrative of critical social theory in nursing education: an ending and threshold of social justice", *Nursing Philosophy,* vol. 13, no. 1, pp. 27-45.

Maul, A. (2012) Examining the structure of emotional intelligence at the item level: New perspectives, new conclusions. *Cognition and Emotion*, 26, 3, 503 – 520.

Mayer, J.D., Salovey, P. and Caruso, D.R. (2002) *Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT): User's Manual*. Multi Health Systems:Toronto and Ontario.

McGlade, N., Behan, C., Hayden, J., O'Donoghue, T., Peel, R., Haq, F. and Donohoe, G. (2008) Mental state decoding vs. mental state reasoning as a mediator between cognitive and social function in psychosis. *British Journal of Psychiatry*, 193: 77–78

Montes-Berges, B. and Augusto, J.M.(2007) Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. *Journal of Psychiatric & Mental Health Nursing.* 14(2):163-171.

Mundy, S.J. and Ling, J. (2006) Psychometric analysis of the Empathy Quotient (EQ) Scale. *Personality and Individual Differences*, 40, 6, 1111 – 1119.

Newsome, S., Day, A. L., & Catano, V. M. (2000). Assessing the predictive validity of emotional intelligence. *Personality and Individual Differences, 29*(6), 1005-1016

Patients Association (2012) *Stories from the present, lessons for the future.* Patients Association: Harrow.

Patterson, C. (2012) How can a profession whose raison d'etre is caring attract so much criticism for its perceived callousness? Does nursing need to be managed differently? Or is the answer to develop a new culture of compassion?.*The Independent*, 12 April, p24. Available at http://www.independent.co.uk/life-style/health-and-families/features/nurses-do-not-wake-up-each-morning-intent-on-delivering-poor-care-7644061.html accessed on 20th February 2013.

Playle, J. & Bee, P. (2009) Service user's expectations and views of mental health nurses. In: P Callaghan, J. Playle and L. Cooper (eds.) *Mental Health Nursing Skills*. Oxford: OUP.

Porges, S. (2011) *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication and self –regulation.* New York: Norton.

Rankin, R. (2011) *Emotional Intelligence: Attrition and Attainment in Nursing and Midwifery Education*. Lap Lambert.

Repper, J & Perkins, R. (2009) Recovery and Social Inclusion. In: P Callaghan, J. Playle and L. Cooper (eds.) *Mental Health Nursing Skills*. Oxford: OUP.

Salovey, P. and Mayer, J.D. (1990) Emotional intelligence. *Imagination, Cognition and Personality* . 9, 185 – 211.

Schutte, N.S.., Malouff, J.M., Hall, L.E., Haggerty, D.J., Cooper, J.T., Colden, C.J. and Dornheim, L. (1998) Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*, 25, 167 – 177.

Schutte, M.J., Ree, M.J and Carretta, T.R. (2004) Emotional intelligence: not much more than g and personality. *Personality and Individual Differences*, 37, 1059 – 1068*ality*, 9, 185 – 211.

Terry, J. (2012a). Service user involvement in pre-registration mental health nurse education classroom settings: A review of the literature. *Journal of Psychiatric and Mental Health Nursing, 19*(9), 816-829.

Terry, L. M. (2012b). Service user involvement in nurse education: A report on using online discussions with a service user to augment his digital story. *Nurse Education Today, 32*(2), 161-166

Wetherall, C. (2012) Call yourself a nurse? Time to get precious. *Journal of Clinical Nursing,* 21, 2809 – 2811.

Williams, J. & Stickley, T. 2010, "Empathy and nurse education", *Nurse Education Today,* vol. 30, no. 8, pp. 752-755.

Yu J & Kirk M (2008) Measurement of empathy in nursing research: systematic review. *Journal of Advanced Nursing* 64, 440–454.

Yu J & Kirk M (2009) Evaluation of empathy measurement tools in nursing: systematic review. *Journal of Advanced Nursing* 65, 1790–1806.