The Relationship between Emotional Intelligence, Ego-Resilience, Stress Coping Strategies & Clinical Practice
Stress in Nursing Students

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Abstract. Purpose: The purpose of the study was to identify the relationship between emotional intelligence, ego-resilience, stress coping strategies and stress in clinical practice of nursing students. Methods: Subjects were 208 associate nursing students at P University in Korea. Results: The mean scores for emotional intelligence 3.62, ego-resilience 3.34, stress coping strategies 2.50 and stress in clinical practice 3.04 were above average. Emotional intelligence and Ego-resilience were significantly different according to gender, grade, health status, satisfaction on nursing major and clinical practice, academic achievement. Stress coping strategies was significantly different according to gender and grade. Stress in clinical practice was significantly different according to satisfaction on nursing major and clinical practice. Significant correlations were found between emotional intelligence, ego-resilience, stress coping strategies and stress in clinical practice. Conclusions: These findings indicate that there is a need to improve emotional intelligence, ego-resilience and stress coping strategies to lessen stress in clinical practice.

Keywords: Emotional intelligence, Ego-resilience, Stress coping strategies, Stress in clinical practice

1 Introduction

Due to the recent increase in the patients’ demand for receiving the best possible medical care, patient care by nursing students is often refused. This limits the opportunities for nursing students to encounter patients in a clinical setting, and thus, nursing students are experiencing difficulties in appropriately responding under such conditions. Accordingly, there has been an increase in the proportion of practical training that assists nursing students to apply theoretical knowledge to actual clinical situations, as well as help with their self-learning process and in gaining experience [1]. In particular, the clinical practices that occur at hospitals are the only courses for students to experience actual nursing thus, are needed to demonstrate quality nursing performance in clinical situations [2]. However, increased demand for the best quality health care service leads to refuse the care by nursing students, who are thereby
restrained from having chances to meet the patients in clinical setting. Therefore, there are difficulties to take appropriate measures if any problem occurs in patients, resulting in the greater gap in the clinical nursing competency [2]. Thus the proportion of hands-on training for nursing students is increasing to help them applying theoretical knowledge to actual clinical situations [3].

The purpose of the study was to identify the relationship between emotional intelligence, ego-resilience, stress coping strategies and stress in clinical practice of nursing students. When presenting a problem in a situation, it causes interests of students as they participate in learning more proactively, looking and improves the learning motivation through finding and improving their own problems by themselves [4-7].

It showed that developing of emotional intelligence, ego-resilience, stress coping strategies and stress in clinical practice in nursing students is important to promote clinical competence.

2 Methods

2.1 Study Design and Subjects

The questionnaires were sent to 208 nursing students (3rd, 4th grade) at P University in Korea. It was analyzed by descriptive statistics, t-test, ANOVA, Scheffé test, Pearson correlation coefficients.

2.2 Study Tools

2.2.1. Emotional Intelligence

This study used the emotional intelligence measurement tool developed by Wong and Law (2002) [8]. It consists of 16 questions on a five-point scale, and a higher score indicates higher emotional intelligence. The tool consists of four sub-domains such as self-emotional appraisal, others emotional appraisal, use of emotion and regulation of emotion. The Cronbach’s α of each sub-category was over .87 during the development of the tool, and .88 in the present study.

2.2.2. Ego-Resilience

Ego-resilience measurement tool developed by Klohen (1996) [9]. It consists of 29 questions on a five-point scale, and a higher score indicates higher ego-resilience, such as interpersonal relationship, curiosity, emotional control, activity and optimism. The tool consists of four sub-domains. The Cronbach’s α of each sub-category was over .90 during the development of the tool, and .92 in the present study.
2.2.3  Stress Coping Strategies

Stress coping strategies measurement tool developed by Lazarus and Folkman (1985) [10]. It consists of 24 questions on a five-point scale, and a higher score indicates higher Stress coping strategies. The tool consists of four sub-domains, such as problem focused coping, seeking social support, wishful thinking and emotion focused coping. The Cronbach’s α of each sub-category was over .81 during the development of the tool, and .81 in the present study.

2.2.4  Stress in Clinical Practice

Stress in clinical practice measurement tool developed by Kim and Lee (2005) [11]. It consists of 24 questions on a five-point scale, and a higher score indicates higher Stress in clinical practice. Such as educational environment of clinical practice, unsuitable role model, clinical working loading, conflict of interpersonal relationship and conflict with patients. The tool consists of five sub-domains. The Cronbach’s α of each sub-category was over .91 during the development of the tool, and .86 in the present study.

3  Results

The mean scores for emotional intelligence 3.62, ego-resilience 3.34, stress coping strategies 2.50 and stress in clinical practice 3.04 were above average. Emotional intelligence was significantly different according to gender, grade, religion, health status, satisfaction on nursing major and clinical practice, relationship, academic achievement. Ego-resilience was significantly different according to grade, health status, satisfaction on nursing major and clinical practice, relationship, academic achievement. Stress coping strategies was significantly different according to gender and grade. Stress in clinical practice was significantly different according to satisfaction on nursing major and clinical practice. Significant correlations were found between emotional intelligence, ego-resilience, stress coping strategies and stress in clinical practice.

4  Conclusions

Nursing students’ emotional intelligence and ego-resilience had a positive correlation, as the higher their emotional intelligence was, the higher the ego-resilience was. and as the higher their emotional intelligence and ego-resilience were, the lower the stress in clinical practice was; their stress coping strategies and stress in clinical practice had a positive correlation. These findings indicate that there is a need to improve emotional intelligence, ego-resilience and stress coping strategies to lessen stress in clinical practice. However, their emotional intelligence and ego-resilience had a positive correlation. To reduce nursing students’s stress in clinical practice, It is
necessary to develop systematic management of the program to integrate the educational curriculum, extra-curricular activities and a program to promote their emotional intelligence, ego-resilience and stress coping strategies.

5 References