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Original

Gender and clinical practices relationship between emotional intelligence and coping stress strategies of Nursing Students University in Spain

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A B S T R A C T

Introduction: Emotional Intelligence is a powerful resource for nursing students, which may be related to their ability to cope with stressful situations. The objective was to compare emotional intelligence levels with stress-coping strategies and their relationship with nursing students' gender and clinical practices. *Methods:* It was carried out a descriptive, and cross-sectional study. 248 students completed the stress-coping instrument (A-CEA), the Emotional Intelligence test (TMMS-24) and an ad hoc sociodemographic questionnaire. *Results:* The first results show that Emotional Intelligence is related to the search for effective stress-coping strategies. Gender differences are limited and are mainly observed in Emotional Attention, with higher scores in women. The academic year has a greater influence on emotional intelligence and coping strategies, with third-year students showing higher skills, possibly due to their greater experience. *Conclusions:* Emotional Intelligence is related to finding effective stress-coping strategies. Specific training in socio-emotional competencies and clinical practices after such training can increase emotional intelligence and stress coping levels.

Relación entre el género y las prácticas clínicas con la inteligencia emocional y las estrategias de afrontamiento del estrés en estudiantes de enfermería

Palabras clave:
Inteligencia Emocional
Afrontamiento del Estrés
Estudiantes de Enfermería
Prácticas Clínicas

R E S U M E N

Introducción: La inteligencia emocional es un poderoso recurso para los estudiantes de enfermería, que puede estar relacionado con su capacidad para afrontar situaciones estresantes. El objetivo fue comparar los niveles de inteligencia emocional con las estrategias de afrontamiento del estrés y su relación con el género y las prácticas clínicas de los estudiantes de enfermería. *Métodos:* Se realizó un estudio descriptivo y transversal. 248 estudiantes completaron el instrumento de afrontamiento del estrés (A-CEA), el test de inteligencia emocional (TMMS-24) y un cuestionario sociodemográfico ad hoc. *Resultados:* Los primeros resultados muestran que la Inteligencia Emocional está relacionada con la búsqueda de estrategias eficaces de afrontamiento del estrés. Las diferencias de género son limitadas y se observan principalmente en la Atención Emocional, con puntuaciones más altas en las mujeres. El curso académico tiene una mayor influencia en la Inteligencia Emocional y en las estrategias de afrontamiento, siendo los estudiantes de tercer curso los que muestran mayores habilidades, posiblemente debido a su mayor experiencia. *Conclusiones:* La Inteligencia Emocional se relaciona con la búsqueda de estrategias eficaces de afrontamiento del estrés. La formación específica en competencias socioemocionales y las prácticas clínicas posteriores a dicha formación pueden aumentar la inteligencia emocional y los niveles de afrontamiento del estrés.

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Introduction

Students are exposed to a wide range of potentially stressful situations that could negatively affect their academic achievement and health (Rodríguez-Leal et al, 2023). Stress is present in our lives, but especially during university life, students must face multiple academic demands (exams, overwork, combination of theoretical and clinical content or excessively rote teaching methodology) in addition to other personal and social stressors (Valero-Chillerón et al., 2019). These potentially stressful situations could negatively affect college students' academic performance and health (Freire et al., 2020) Various studies confirm that students' health, well-being, learning, and academic performance may be affected negatively by high-stress levels (González-Cabanach et al., 2018).

Over the past decade, several studies have confirmed that nursing students' stress levels are higher than those of medicine, Pharmacy, or Social Work (González-Cabanach et al., 2014). This may be due to the inconsistency between what they learned in college and the practice in the clinical setting, fear of making mistakes, lack of professional knowledge and skills, inadequate interpersonal relationships, and contact with patients' pain, suffering, and death, as well as the lack of student autonomy in clinical practices (Gibbons, 2010; Chan et al., 2009; Watt et al., 2011; Aradilla-Herrero, Tomás-Sábado, and Gómez-Benito, 2013; Létourneau, Goudreau & Cara, 2022; Létourneau, Goudreau & Cara, 2021). Sometimes, students feel uncomfortable and emotionally overwhelmed by the care or management of the emotional needs of the patient and family (Beanlands et al., 2019) and need to develop effective coping strategies to overcome the anxiety of the process (Aradilla-Herrero et al., 2014).

We draw on the idea that Emotional Intelligence (EI) is a powerful resource that can help students, future professionals, to cope with stress, contributing to the search for effective strategies (Rodríguez-Leal et al, 2023). As Bulmer Smith et al. (2009) claimed, EI occupies a vital place in nursing, increasing nurses' knowledge and decision-making levels. Having the ability to interpret and manage emotions, both one's own and others, is important for the future professional role and in the face of stress (Cleary et al., 2018). Recent research indicates differences in gender variables, with women scoring higher than men in emotional perception (Štiglic et al., 2018).

The recent study carried out by Culha & Acaroglu (2019) indicates that as the students increase their ability to be aware of their feelings and the feelings of the opposite person and learn to manage them correctly, the perception of behavior toward supporting individualism in care practices has also increased.

In the educational context, clinical practices are considered stress-generating situations, with an intense emotional burden that must be regulated (López-Fernández, 2015). It is essential to have a university education that focuses on improving EI and managing stressful situations (Létourneau, Goudreau & Cara, 2022; Létourneau, Goudreau & Cara, 2021).

Evidence shows that factors like gender differences are affected not only in the degree of emotional intelligence but also in the interconnections between emotional intelligence, empathy, and problem-solving skills. It is essential for nursing educators to recognize how these gender-based differences may influence these traits, especially when designing teaching strategies that align with students' individual capabilities (Deng et al., 2023).

Another key factor is the academic year. Studies such as Foster et al. (2017) demonstrate that EI improves progressively throughout the undergraduate nursing program, highlighting the importance of integrating EI training into the early stages of academic preparation (Foster et al., 2017).

It is necessary to know whether EI and stress-coping strategies improve over the years of academic training, which could be a good indicator of the quality of training provided (González-Cabanach et al., 2010).

Stress and coping

Lazarus and Folkman (1984) defined stress as "*a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her own resources and endangering his or her well-being*" (p. 19). For these authors, stress is a process in which the relationship between the person and the environment is fundamental. Cognitive appraisal is made of the environmental demands and the coping strategies or personal resources that the individual must deal with them. Coping is defined by these authors as the "*constantly changing cognitive and behavioral effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*" (p. 141).

The questionnaire used in this research, the "Escala de Afrontamiento del Estrés Académico (A-CEA)" (González-Cabanach et al., 2010) addresses the measurement of two basic coping strategies within the transactional model (Zeidner, 1995) problem-oriented or active strategies (Positive reappraisal and Planning) and strategies oriented toward emotion (Seeking Social and Emotional Support). Positive reappraisal is considered a strategy that helps control emotions and/or reinterpret situations by focusing on positive aspects. Planning consists of analyzing the situation and developing an action plan to follow. Finally, Seeking Social Support refers to staying in touch with others through affection and facilitating problem-solving.

Emotional Intelligence

Salovey and Mayer (1990) defined EI as "the ability to monitor one's own and others' emotions, to discriminate among them, and to use the information to guide one's thinking and actions" (p. 189). Some studies indicate that EI influences the stress-causing situation's assessment (Görgens-Ekermans & Brand, 2012; Zhang et al., 2016) EI may be a resource for students to manage negative emotions and adopt cognitive skills and affective. Besides, EI has a direct relationship with decision-making and problem-solving, which is the main reason why EI has been identified as an essential feature in nursing practice (Rodríguez-Leal et al, 2023; Moyer & Wittmann-Price, 2008). We must not forget that EI is a fundamental pillar to provide comprehensive care to patients' emotional, social, and spiritual needs (Sharon & Grinberg, 2018). According to Harrison (2019) high levels of EI could be considered a generator of stress-coping strategies (Ruiz-Ortega, Sánchez-Álvarez, & Berrios-Martos, 2024).

The parameters selected to evaluate EI are Emotional Attention, which considered the awareness of one's emotions, the ability to recognize one's feelings as well as their meaning. Emotional Clarity is the ability to know and understand emotions, learning how to distinguish between them, understanding how they evolve and integrating into one's thinking. Finally, Emotional Repair is the ability to regulate and control positive and negative emotions.

Traditionally, studies indicate that, due to culture and socialization, women tend to be emotionally more expressive than men and recognize emotions in others better than men do (Gartzia, Aritzeta, Balluerka, & Barbera, 2012). It should be noted that the excessively high attention to feelings may be counterproductive if not accompanied by high levels of emotional Clarity and repair (Augusto-Landa, 2008).

The overall objective of this study is to determine the levels of EI and the strategies used for stress management in university nursing students of the Faculty of Nursing and Physiotherapy of the University of the Balearic Islands (UIB, Spain). In addition, we compare their relationship with gender and the performance of clinical practices (first and third year).

Hypothesis

H_1: There are significant differences in the levels of Emotional Intelligence (EI) and stress management strategies used by university nursing students at the University of the Balearic Islands (UIB) based on gender.

H_2: There are significant differences in the levels of Emotional Intelligence (EI) and stress management strategies used by university nursing students at the University of the Balearic Islands (UIB) based on their clinical practices period (first vs. third year).

Material and Methods

Participants

A total of 248 students from 1st and 3rd grade of the Nursing Degree of the University of the Balearic Islands. As shown in Table 1, the final sample consisted of 248 students, 78.6% women and 21.4% men. The average age was 24.14 years (SD = 6.9; range 18 - 52). Concerning the course, 40.7% were in the first course, and 59.3% were in the third course. The latter had carried out the first clinical practices in hospitals or health centers.

Table 1.
Sociodemographic data of Nursing students (N=248)

		N	%
Gender	Male	53	21.4
	Female	195	78.6
Cohabitation	Alone	11	4.4
	With friends	21	8.5
	Partner	54	21.8
	Parents	162	65.3
Minor Children	Yes	23	9.3
	No	225	90.7
Academic year	First year	101	40.7
	Third year	147	59.3
Clinical practices	Yes	147	59.3
	No	101	40.7
Do you work?	Yes	71	28.6
	No	177	71.4

Instruments

This research consists of a data collection questionnaire containing several measuring instruments:

- **Sociodemographic data:** This questionnaire was designed *ad hoc* for the research, including questions about course, age, gender, work experience, cohabitation, and the number of children, if any.

- **Emotional Intelligence:** We used the Spanish translation of the TMMS-24 (Fernández-Berrocal et al., 2005). The TMMS-24 is derived from the Trait Meta-Mood Scale (TMMS) developed by Salovey and Mayer's research group. The original TMMS is a trait-based scale designed to assess the metacognitive aspects of emotional states through 48 items, focusing on the ability to recognize and regulate one's own emotions. This scale consists of 24 items and provides an indicator of perceived EI levels. Participants are asked to evaluate the degree to which they agree with each item on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The test consists of three subscales: Emotional Attention, Emotional Clarity, and Emotional Repair. The scale's multidimensionality was validated by Fernández-Berrocal et al. (2005), and factor analysis yielded internal consistency scores ranging from 0.82 to 0.86 in the original scale. In this research, the Cronbach's alpha for each of the subscales was: Emotional Attention, 0.81; Emotional Clarity, 0.82; and Emotional Repair, 0.79. The authors provide standard parameters for interpreting the results.

For **Emotional Attention,** men (Low < 22; Normal 22–32; High > 33) have lower values than women (Low < 25; Normal 25–35; High > 36).

For **Emotional Clarity,** men (Low < 26; Normal 26–35; High > 35) have higher values than women (Low < 24; Normal 24–34; High > 35).

For **Emotional Repair**, the results are more similar between men (Low < 23; Normal 24–35; High > 35) and women (Low < 24; Normal 24–34; High > 34).

- **Academic stress-coping strategies:** The Spanish scale named *Escala de Afrontamiento del Estrés Académico* (A-CEA) was used (González-Cabanach et al., 2010). The scale consists of 23 items, and responses are measured on a 5-point Likert scale ranging from 1 (never) to 5 (always). The scale has three subscales: Positive Reappraisal, Seeking Support, and Planning. The scale's internal consistency, examined through Cronbach's alpha, is between 0.90 and 0.83 in the original scale. In this research, the Cronbach's alpha for each subscale was: Positive Reappraisal, 0.78; Seeking Support, 0.83; and Planning, 0.82.

Procedure and data analysis

It was carried out a descriptive, and cross-sectional study for describe the nursing students' levels of EI and stress-coping strategies. Students were asked to participate voluntarily and anonymously ±by completing a questionnaire consisting of several instruments. We explained the project and requested students to be sincere in their answers to questions about aspects related to their lives and how they behaved in their daily lives. The set of questionnaires took about 15 minutes to complete.

All the results obtained in the questionnaires were entered into a data matrix and analyzed with the Statistical Program SPSS V.25, applying descriptive statistics and exploratory analysis to the data. Reliability analysis was performed through the Cronbach alphas of each instrument, using scores greater than 0.6. Normality tests were performed with the Kolmogorov-Smirnov test to confirm the adequacy of using parametric tests (a maximum score of 0.05). Additionally, an analysis of variance (ANOVA) was conducted to examine the main effects of gender and academic year, as well as their interaction, on the variables related to stress-coping strategies and emotional intelligence.

Results

Table 2 provides the means, standard deviations, and the *p*-value of the *t*-tests for independent groups for each of EI and stress-coping dimensions as a function of gender. For the dimension of Emotional Attention, there were statistically significant differences between men and women $t(246) = -2.302$, $p < 0.05$, with women obtaining

higher levels than men (*M* = 26.99, *SD* = 5.37 vs. *M* = 24.98, *SD* = 6.55, for women and men, respectively). The means indicate that men had higher levels of Emotional Clarity and Emotional Repair than women, although the differences were non-significant.

Table 2.
Levels of Emotional Intelligence and Stress Coping by gender (N = 248)

	Male *M* ± *SD*	Female M ± SD	*t*-test *P*-value
Emotional attention	24.98 ± 6.55	26.99 ± 5.37	0.02*
Emotional Clarity	27.22 ± 5.39	26.52 ± 6.10	0.47
Emotional Repair	28.75 ± 5.90	27.75 ± 6.67	0.32
Cognitive Reappraisal	3.36 ± 0.57	3.41 ± 0.64	0.82
Social Support	3.58 ± 0.63	3.76 ± 0.54	0.37
Planning	3.36 ± 0.50	3.41 ± 0.64	0.45

* $p < 0.05$

Table 3 presents the means, standard deviations and *p*-value of the t-tests of the EI dimensions and stress coping as a function of the academic course (i.e., whether they have performed clinical practices). The results indicate that third-year students exhibit significantly higher levels of emotional attention (p = 0.04) and emotional clarity (p = 0.01) compared to first-year students, while in emotional repair, although their scores were higher, the differences were not statistically significant (p = 0.18). Similarly, regarding stress coping strategies, third-year students reported greater use of cognitive reappraisal (p = 0.001), social support (p = 0.001), and planning (p = 0.001) compared to first-year students.

Table 3.
Levels of Emotional Intelligence and Stress Coping by academic year (N = 248)

	1st course *M* ± *SD*	3rd course *M* ± *SD*	*t*-test *p*-value
Emotional attention	25.68 ± 6.01	27.17 ± 5.40	0.04*
Emotional Clarity	25.13 ± 5.53	27.73 ± 6.03	0.01*
Emotional Repair	27.31 ± 7.18	28.42 ± 6.01	0.18
Cognitive Reappraisal	3.29 ± 0.79	3.48± 0.79	0.001**
Social Support	3.67 ± 0.084	3.76 ± 0.73	0.001**
Planning	3.29 ± 0.079	3.48± 0.79	0.001**

* $p < 0.05$
** $p < 0.001$

The analysis of variance (ANOVA) (Table 4) was conducted to examine the main effects of gender and academic year, as well as their interaction, on emotional intelligence and stress coping strategies. The results showed that gender had a significant effect on emotional attention (F = 4.810, p = 0.029), while academic year significantly influenced emotional clarity (F = 7.123, p = 0.008) and planning (F = 11.029, p = 0.001). However, the interactions between gender and academic year were not significant for any of the variables, suggesting that the effects of gender and academic year are independent. These findings highlight the influence of the academic context on certain dimensions of emotional intelligence and coping strategies, while gender appears to be relevant only for emotional attention.

Table 5 shows significant correlations between emotional intelligence (EI) dimensions and coping strategies. Emotional Repair had the strongest association with Cognitive Reappraisal (r=0.551, p<0,01), followed by Emotional Clarity (r=0.414, p<0.01). Emotional Attention correlated with Social Support (r=0.248, p<0.01) and Planning (r=0.201, p<0.05). These results suggest that higher EI is linked to the use of adaptive coping stress strategies among nursing students.

Tabla 4.
ANOVA Results for Emotional Inteligence and Coping Stress Strategies valiables by Gender and Academic Year

		F	Sig
Emotional Attention	Sex	4.810	**0.029***
	Course	3.010	0.084
	Sex * Course	0.087	0.768
Emotional Clarity	Sex	1.111	0.293
	Course	7.123	**0.008****
	Sex * Course	0.204	0.652
Emotional Repair	Sex	1.191	0.276
	Course	1.181	0.278
	Sex * Course	0.016	0.898
Cognitive Reappraisal	Sex	0.165	0.685
	Course	2.956	0.087
	Sex * Course	0.064	0.801
Social Support	Sex	3.379	0.067
	Course	0.001	0.970
	Sex * Course	3.098	0.080
Planning	Sex	3.71	0.055
	Course	11.029	**0.001****
	Sex * Course	3.494	0.063

* $p < 0.05$
** $p < 0.001$

Table 5.
Correlations between Emotional Intelligence and Stress Coping (N = 248)

	Cognitive Reappraisal	Social Support	Planning
Emotional Attention	.029	.248**	.201*
Emotional Clarity	.414**	.207*	.252**
Emotional Repair	.551**	.199*	.252**

* $p < 0.05$ ** $p < 0.01$

Discussion

This research aimed to determine and compare EI levels with stress-coping strategies and their relationship with students' gender and clinical practices (first and third year). EI is related to the search for an effective stress-coping strategy. The results show that the study sample presented adequate values in all EI dimensions, with women showing the highest levels in Emotional Attention and men in Emotional Clarity and Repair. Regarding stress-coping, women showed higher levels in Social Support whereas men did so in Cognitive Reappraisal. Furthermore, it is essential to highlight that EI levels and stress increased throughout students' education.

Unlike our results, Cerit and Gordeles-Beser (2014) found that female nursing students generally rated higher EI than male students. As in the studies of Birks, McKendree, and Watt (2009) or those of Aradilla-Herrero et al. (2014) Emotional Attention was higher in women than in men although, in our study, the levels were adequate in both cases. People with a high level of Emotional Attention are more anxious or depressed; on the other hand, people who devote little attention to emotions do not consider their affective state sufficiently relevant and therefore, they do not use this information to regulate their mood (Augusto- Landa JM, 2008) and resort instead to maladaptive behaviors (González-Cabanach et al., 2018). This pattern is more common in women, although in our sample, their levels were adequate.

Clarity is associated with more adaptive coping strategies, such as Social Support, which is positive if social and family Support is

considered a coping strategy (Montes-Berges & Augusto, 2007) We found that third-grade students had higher levels of Emotional Clarity than first-grade students. When faced with stress, these students identify a specific emotion more easily, have a more remarkable ability to reappraise the situation positively, Seek Support, and plan for work better. Having high levels of Emotional Clarity facilitates thinking by means of the clear identification of the emotion. Students with high levels of Emotional Clarity and Repair report lower levels of stress, with EI being a protective and helpful factor for conflict management (Chun & Park, 2016) High levels of stress affect students' learning and progress in clinical practices. (Ahmed & Mohammed, 2019) Therefore, in the second semester (1st course) at the Nursing Degree of the UIB, in Communication and Health, a theoretical-practical training is carried out on Social Skills, EI, and Communication. In the subject Psychosocial Sciences, taught simultaneously, techniques of relaxation and coping with stress are taught. This could explain the differences between the first- and third-grade students, as the latter had completed this specific training in EI and coping with stress, and they had the highest level in all the dimensions of EI. We believe that the training received during these two years may have contributed to the increase in these levels. Low Emotional Clarity creates confusion about emotions and causes one to adopt negative strategies. This may be what happens to first-year students who need to adapt to the university environment (academic stressors) and have not yet been exposed to clinical practices (anticipated fear). The emotional skills are essential and necessary in nursing, and the university must ensure that students acquire them during their training period (Weurlander et al., 2018).

These findings suggest that third-year students tend to develop higher levels of emotional attention and clarity, as well as more advanced stress coping strategies, such as cognitive reappraisal, seeking social support, and planning. This pattern could be related to the academic and personal maturity acquired throughout their university education (Ruiz-Ortega, Sánchez-Álvarez, & Berrios-Martos, 2024).

High Emotional Repair has been linked to better stress management. As Montes-Berges and Augusto (Montes-Berges & Augusto-Landa, 2014) indicate, these values could predict greater life satisfaction. Thus, those who score high in Emotional Clarity, Attention, and Repair will better participate in searching for resources and coping with stress.

As in any investigation, this study has some limitations. The sample was not selected randomly; the size of the enrolled class imposed it. Another limitation is personal and self-reported instruments, which involve social desirability and the primary response trend. Finally, the study did not measure the effect size of the theoretical-practical training programs, as that exceeded the scope of the study

Multiple stressors emerge in the health organization, and having health professionals with high EI levels will help control stress and the search for other resources (Seeking Social Support). EI goes together with social competence or social skills, as these buffer the stress response and burnout. It would be interesting in future works to study their relationship with the scores of vigor, dedication, and engagement and their relationship with academic performance.

Conclusions

EI is a powerful resource and relates to the search for effective stress-coping strategies. The study sample presents adequate values in all EI dimensions, although women had higher levels of Emotional Attention, and men scored higher in Emotional Clarity and Repair. Specific training and clinical practices can contribute to increased levels of EI and stress management.

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