Emotional Self-Management Experiences of Practical Nursing Students

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Abstract

This paper is part of a doctoral dissertation based on a 2017 phenomenological study that explored practical nursing (PN) students’ lived experiences with emotional self-management in clinical settings using van Manen’s orientation to hermeneutic phenomenology. A review of PN program curricula in Ontario, Canada, suggested that they do not specifically include emotional intelligence (EI) and the core concept of emotional self-management. Mayer’s and Salovey’s original four-branch ability model of EI was used as the theoretical framework. Face-to-face interviews were conducted with a purposive convenience sample of 10 PN students at a southern Ontario community college. Findings suggested that the participants perceived themselves to have basic EI knowledge. Participants expressed that their first knowing, in the phenomenological sense, of EI provided them with more confidence and awareness. An increased understanding of emotional self-management could enhance teaching and learning approaches, particularly with PN students who are exposed to high-stress clinical environments.

Keywords: emotional intelligence, emotional self-management, nursing.

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Introduction

This paper provides a brief reflection of a 2017 phenomenological study I conducted, which explored practical nursing (PN) students’ lived experiences with emotional self-management in clinical settings. It is part of a larger doctoral dissertation (Ko, 2018). The target audience is PN program administrators such as deans, associate deans, and academic vice-presidents, as well as professors and clinical instructors who can endorse the need for emotional intelligence (EI) as an explicit learning outcome in the curricula. EI is a missing component in PN curricula; its addition could offer students a practical tool to cope with stressful situations in the workplace.

Self-management of emotions is a component of EI. Emotional self-management is the ability to elicit emotions to propel personal growth (Goleman, 2020; Goleman et al., 2015; Mayer & Salovey, 1997; Mayer et al., 2016). It is also the ability to self-regulate and monitor emotions to generate rational, purposeful, and effective emotional responses (Mayer & Salovey, 1997; Mayer et al., 2016). Mayer and Salovey’s original definition of EI states that it “involves the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thoughts; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth” (p. 10). The popularity of EI, spurred on by the influential works of Goleman (1995, 1998, 2015, 2020), Mayer and Salovey (1997), and Mayer et al. (2016), has led various researchers to offer different definitions, conceptualizations, and operationalizations of EI. For clarity, I have applied Mayer’s and Salovey’s original definition of EI as a guide in analyzing and interpreting the findings in this study.
Research suggests that the ability to self-manage emotions is a key factor in students’ abilities to effectively cope in stressful situations and in their overall emotional management (Conley et al., 2015; Görgens-Ekermans et al., 2015; Ivcevic & Brackett, 2014; Stelnicki et al., 2015). There is a direct relationship between EI and clinical performance in terms of coping with stressful situations such as handling challenging cases and conflict resolutions (Aradilla-Herrero et al., 2013, 2014a, 2014b; Chan et al., 2014; Rice, 2015). However, it is currently not understood how PN students make sense of emotional self-management in clinical settings. In this study, I explored whether PN students’ lived experiences with emotional self-management may make a difference in their performance in clinical settings. Despite research about what EI is and researchers’ advocacy to include it in curricula, it is not yet understood how students apply it in their clinical learning environments. There is also a lack of research explicitly addressing emotional self-management, which may warrant separating this concept out from other elements of EI and examining it as a core construct in its own right. This is especially warranted when we recognize emotional self-management as an EI construct that precedes and produces other elements such as the ability to perceive emotions, the facilitation of thinking, and the understanding of emotions (Goleman et al., 2015; Goleman, 2020; Mayer & Salovey, 1997; Mayer et al., 2016).

**Background**

Various international researchers have suggested that nursing students at the university level are presented with implicit fragments of EI concepts in the contexts of leadership development, interprofessional collaboration, healthcare outcomes, and patient satisfaction (Benson et al., 2012; Carragher & Gormley, 2017; Rankin, 2013; Shanta & Gargiulo, 2014). As
a result, nursing students may learn about the definitions of emotional self-management as a theoretical EI concept; however, there is little understanding in the literature regarding their ability to apply it. Some have argued that emotional self-management is a vital tool that PN students should acquire in order to stay in control of their emotions, interact and empathize with others, cope with stress, and prevent burnout (Faguy, 2012; Fitzpatrick, 2016). In other words, being able to self-manage emotions involves students first understanding their own emotions to support sound decision making and professional behaviours. Emotional self-management also has a bearing on students’ health, well-being, academic success, and ongoing life and professional journey.

In Ontario, Canada, practical nurses are educated through a two-year diploma program (Ontario College, 2021). I found no existing literature that specifically addresses EI and PN students in the clinical setting in Ontario or in equivalent diploma nursing programs in Canada. An online review of PN program curricula in Ontario and communications with associate deans from two of the largest PN programs in Ontario confirmed that, at the time of my research, EI and the core concept of emotional self-management are not specified in curriculum outcomes (A. Butt, personal communication, November 11, 2016; S. De Luca, personal communication, June 6, 2017). Since 2016, one of the PN programs in Ontario is including EI in their healthcare interprofessional course as a module (A. Butt, personal communication, October 25, 2021). In this study, I examined the implications of including EI with an emphasis on self-management of emotions in PN curricula.
Purpose of the Study

The purpose of this study was to explore PN students’ lived experiences with emotional self-management in the clinical settings. The ability to self-manage emotions may serve as a major psychological asset in the students’ repertoire for sustainable academic, professional, and personal achievements, and mental well-being. There appears to be a gap with respect to understanding PN students’ positioning of emotional self-management. To address this gap, I conducted an interpretive qualitative study using a phenomenological approach. The research questions were:

1. What are PN students’ experiences of emotional management in clinical settings?
2. How do PN students in clinical settings experience the management of their emotions?
3. How does emotional self-management affect PN students’ learning experience in clinical settings?

The phenomenological approach involved in-depth, face-to-face interviews with a purposive convenience sample of 10 PN students in their final term of the program. The interviews consisted of 12 interview questions that aligned with Mayer’s and Salovey’s (1997) four-branch ability model of emotional intelligence. The interview questions thus categorically support the research questions (Appendix A). These questions enabled the participants to express their personal and subjective experience unreservedly and in their own words as much as possible. Silence was used to prompt participants’ recollections of their experience. More general
prompts and questions such as “Tell me more about what you meant when you said…” and “How did you feel when…” were used to prompt the participants to expand or clarify their experience, or to redirect the discourse when it became too general.

**Literature Review**

The nursing field lacks literature that specifically discusses emotional self-management as an exclusive concept. Researchers have mainly measured EI as a whole with the recognition of emotional self-management as a vital, but subsumed, element (Ball, 2013; Cheshire et al., 2015; Foster et al., 2015). My exploration of available studies suggested that, in the context of students in various health care disciplines, EI has been primarily linked to academic success and management of mental health concerns such as burnout and stress (Grant et al., 2014; Uchino et al., 2015). A gap exists in the exploration of emotional self-management as a standalone construct in nursing.

In this condensed article, my literature review presents nursing articles only. The original literature review in the dissertation included peer-reviewed journal articles and books about the importance of EI in various other healthcare disciplines for comparison. Seminal works by researchers who offered historical perspectives were also included for deeper context. The inclusion criteria for the searches were English, peer-reviewed, scholarly journals with publication dates between 2012 and 2016. The dissertation also included examples of seminal work on EI concepts prior to 2012 to corroborate the literature review.

An electronic search of the University of Toronto Alumni Library, Brock University Library, Walden University Library, and Google Scholar provided published literature germane to the subject matter of EI. These systems granted access to the following electronic search
engines: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Database, the Journal of the American Medical Association (JAMA), MEDLINE, Nursing & Allied Health, Ovid Nursing Journals, ProQuest, PsycINFO, and PubMed. Each search used the key term *emotional intelligence* combined with one of the following terms: *postsecondary education, postsecondary/university/college students, nursing students, practical nursing students, practical license nursing students, licensed vocational nurse, diploma nursing program, healthcare, health care workplace, emotional regulation, emotional management, emotional skills, emotional competency, lived experiences, phenomenological research/studies,* and *qualitative research.*

I conducted full-text searches of the key terms; therefore, articles in which the key words were present anywhere within the manuscript were included. The initial literature search resulted in 356 research articles that met the search criteria. From this preliminary list, I excluded articles that did not consider EI in the healthcare or nursing field. In addition, I reviewed the reference lists of all the eligible articles, which yielded more relevant articles. I repeated this process until I reached saturation. I have included and reviewed a total of 36 nursing articles in this condensed article. None of these 36 articles discussed emotional self-management as a stand-alone construct.

**Nursing Articles**

In Ontario, Canada, there is a death of studies that explore EI specifically in the the context of practical nursing, and of studies that look more specifically at the emotional self-management of PN students. At the time of my doctoral research between 2016 to 2018, there were only two Canadian studies about EI and nursing students with respect to leadership and
reducing bullying in the workplace (Bennett & Sawatzky, 2013; Benson et al., 2012). Since then, Talman et al. (2020) have published a cross-sectional study that discusses the varying EI skills of undergraduate degree nursing students in the selection context for program admission in Canada. Lee et al. (2018), in their pre- and post-workshop pilot study with eight second-year nursing students in Ontario, emphasized the importance of EI in interprofessional practice. An exploratory study by Chachula (2021) also recommended that EI should be considered as a core component in the Canadian undergraduate degree nursing curricula. The literature includes no exploration of PN students’ lived experience with emotional self-management.

Globally, many authors conducted different studies with respect to baccalaureate nursing students’ overall EI and linked their results with coping skills, caring or compassion abilities, and academic achievements. For example, Codier and Odell (2014) discussed the issues of mental health, stress, and coping skills of nursing students with regard to how they impact their quantitative academic achievement. The authors recognized EI training as a valuable strategy for alleviating anxiety and stress for students. Although they do not explicitly mention emotional self-management, the concept is strongly implied in terms of how students managed stress. Similarly, Aradilla-Herrero et al. (2013, 2014a; 2014b) and Rankin (2013) have offered general insight into nursing students’ perceived EI as a whole with respect to their coping skills, suicide risks, attitudes toward caring for patients, and notions of death. Likewise, Benson et al. (2012) measured EI and nursing students’ leadership and caring abilities, and Chan et al. (2014) examined EI and conflict management styles in nursing students. Like Codier and Odell, these authors did not discuss emotional self-management explicitly, but implicitly embedded it into their studies in terms of how EI may influence coping skills relating to various aspects of nursing work.
Beauvais et al. (2014), Cheshire et al. (2015), Fernandez et al. (2012), and Jones-Schenk and Harper (2014) have considered EI as a whole and its impact on academic success in terms of the grade point averages of nursing students specifically. In a similar vein, Rice (2015) used EI to quantitatively predict nursing students’ success in clinical performance. Chun and Park (2016), Jack and Wibberley (2014), Msiska et al. (2014), and Oner Altiok and Ustun (2013) are the only authors who qualitatively reviewed nursing students’ emotional experience in clinical settings. Msiska et al. made token use of the term *emotional management* but neither linked it specifically to EI nor elaborated on its meaning.

Aradilla-Herrero et al. (2013) were the only authors who explicitly used the term *perception* to discuss nurses’ impressions of EI in relation to death anxiety. They concluded that students who presented a better understanding of their emotions were found to cope more effectively with the dying process. Whereas other authors stated that the ability to perceive emotions would first require EI components such as effective communication, interpersonal skills, emotional labour, conflict management, and compassion (Ball, 2013; Chen & Hung, 2014; Chun & Park, 2016; Jack & Wibberley, 2014; Foster et al., 2015; Kaya et al., 2017; Msiska et al., 2014; Oner Altiok & Ustun, 2013; Pryce-Miller & Emanuel, 2014; Shanta & Connolly, 2013; Shanta & Gargiulo, 2014; Vishavdeep et al., 2016; Whitley-Hunter, 2014). For example, Chun and Park (2016) discussed sensitivity-control in terms of students’ considerations of others’ emotions while being able to control their own. Whitley-Hunter (2014) illustrated the importance of effective communication and its direct link to quality nursing care. Similarly, Pryce-Miller and Emanuel (2014) and Shanta and Connolly (2013) emphasized the inherent relationship between effective communication and compassionate care. Kaya et al. (2017) and Shanta and Gargiulo (2014) underscored empathy and therapeutic relationships with patients. These authors
agreed that nursing students who have more self-awareness of their own emotions seemed to cope and manage better with clinical-setting-related stress.

Substantively, the authors who discussed coping and stress, death attitudes and risk of depression and suicide, bullying, leadership development, self-compassion, and emotional labour concurred that EI is a missing component in the nursing curricula. Görgens-Ekermans and Brand (2012), Kalyonu et al. (2012), Littlejohn (2012), and Orak et al. (2016) discussed EI as an effective coping strategy. Chen and Hung (2014) reported a positive relationship between perceived stress and physio-psycho-social responses to mitigate stressful situations. Aradilla-Herrero et al. (2013) and Espinoza and Sanhueza (2012) indicated that EI could help nursing students be more in control of their emotions, experience less fear of death, and lower their risk of depression and suicide. Bennett and Sawatzky (2013), Iorga et al. (2016), and Littlejohn (2012) concluded that EI could help students better handle bullying issues. Anderson (2016) and Renaud et al. (2012) advocated that EI will support the relational and collaborative aspects of leadership development. Jack and Wibberley (2014), Msiska et al. (2014), and Oner Altiok and Ustun (2013) promoted EI as an invaluable skill that can help nurses manage the emotional labour related to their work, and that allows them to recognize self-compassion as acceptable.

The common unspoken stipulations shared by all the authors are that before EI can be successfully taught and understood, students must first have an elementary awareness or perception of emotions. Moreover, the authors implicitly agreed that EI is not merely a theory to be understood, but rather, a practice to be embraced. It is noteworthy that these authors called for the inclusion of EI in nursing curricula; EI may be the tool that could bridge the gap between nursing students’ overall emotional well-being and successful learning in clinical settings.
Theoretical Framework: The Four-Branch Ability Model of EI

Mayer’s and Salovey’s (1997) four-branch ability model of emotional intelligence was used as the theoretical framework for this study. Mayers and Salovey updated the model in 2016 with colleague Caruso to add areas of reasoning (Mayer et al., 2016). The model is shown in Figures 1 and 2, and in Table 1. It is considered the gold standard for EI research in various industries (Goleman, 2015, 2020; Mayer et al., 2016). The model concisely links intelligence with emotions and stipulates that the abilities to perceive emotions, integrate emotion to facilitate thinking, understand emotions, and manage emotions to promote personal growth are paramount to professional achievements, mental health, and well-being. The appropriate use of emotions enables people to decipher and navigate their social environments, and the chief purpose of emotional reasoning is to facilitate an optimal frame of mind in oneself and others by using cognitive processing that activates emotions and information.

The four-branch ability model identifies emotional self-management as a central component of EI; therefore, it provided a background for defining emotional self-management in my study. The constructs in the model helped me to design the interview questions (Appendix A). Furthermore, the model provided an approach to interpreting the findings without dictating them. Figure 1 shows the original 1997 model’s four branches of EI abilities arranged on a vertical continuum from basic (bottom row / branch 1) to complex (top row / branch 4). A horizontal continuum extends from left to right at each branch, showing the stages through which an individual may progress before moving up to the next branch.
Figure 1


<table>
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<tr>
<th>Reflective Regulation of Emotions to Promote Emotional and Intellectual Growth</th>
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<tr>
<td>Ability to stay open to feelings, both those that are pleasant and those that are unpleasant.</td>
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<tr>
<td>Ability to reflectively engage or detach from an emotion depending upon its judged informativeness or utility.</td>
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<tr>
<td>Ability to reflectively monitor emotions in relation to oneself and others, such as recognizing how clear, typical, influential, or reasonable they are.</td>
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<td>Ability to manage emotion in oneself and others by moderating negative emotions and enhancing pleasant ones, without repressing or exaggerating information they may convey.</td>
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<th>Understanding and Analyzing Emotions; Employing Emotional Knowledge</th>
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<td>Ability to label emotions and recognize relations among the words and the emotions themselves, such as the relation between liking and loving.</td>
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<td>Ability to interpret the meanings that emotions convey regarding relationships, such as that sadness often accompanies a loss.</td>
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<td>Ability to understand complex feelings: simultaneous feelings of love and hate, or blends such as awe as a combination of fear and surprise.</td>
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<td>Ability to recognize likely transitions among emotions, such as the transition from anger to satisfaction, or from anger to shame.</td>
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<th>Emotional Facilitation of Thinking</th>
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<td>Emotions prioritize thinking by directing attention to important information.</td>
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<td>Emotions are sufficiently vivid and available that they can be generated as aids to judgment and memory concerning feelings.</td>
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<tr>
<td>Emotional mood swings change the individual’s perspective from optimistic to pessimistic, encouraging consideration of multiple points of view.</td>
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<td>Emotional states differentially encourage specific problem approaches such as when happiness facilitates inductive reasoning and creativity.</td>
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<th>Perception, Appraisal, and Expression of Emotion</th>
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<td>Ability to identify emotion in one’s physical states, feelings, and thoughts.</td>
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<tr>
<td>Ability to identify emotions in other people, designs, artwork, etc., through language, sound, appearance, and behavior.</td>
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<tr>
<td>Ability to express emotions accurately, and to express needs related to those feelings.</td>
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<tr>
<td>Ability to discriminate between accurate and inaccurate, or honest versus dishonest expressions of feeling.</td>
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Figure 2 is my reimagined, streamlined representation of the 1997 four-branch ability model. It displays the flow from one step to the next with no change to the textual information of the original Mayer and Salovey (1997) model. The arrows illustrate where one may begin and proceed from start to finish—a linear progression of EI growth and development one step and one branch at a time. This adapted representation is endorsed by Mayer (2017) and posted on his website (personal communication, October 19, 2017).
Figure 2


The updated four-branch ability model is shown in Table 1 (Mayer et al., 2016). It includes areas of reasoning and emphasizes the specific and separate importance of people’s mental abilities to reason about emotions. An individual may exhibit high intelligence in aptitude and domain-specific knowledge such as quantum physics, yet lack other intelligent behaviours. In other words, intelligent analytical skills do not automatically coincide with intelligent behaviours.
Table 1


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<th>The four branches</th>
<th>Types of reasoning</th>
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<tr>
<td>4. Managing emotions</td>
<td>• Effectively manage others’ emotions to achieve a desired outcome*   &lt;br&gt;• Effectively manage one’s own emotions to achieve a desired outcome*   &lt;br&gt;• Evaluate strategies to maintain, reduce, or intensify an emotional response*   &lt;br&gt;• Monitor emotional reactions to determine their reasonableness   &lt;br&gt;• Engage with emotions if they are helpful; disengage if not   &lt;br&gt;• Stay open to pleasant and unpleasant feelings, as needed, and to the information they convey</td>
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<td>3. Understanding emotions</td>
<td>• Recognize cultural difference in the evaluation of emotions†   &lt;br&gt;• Understand how a person might feel in the future or under certain conditions (affective forecasting)‡   &lt;br&gt;• Recognize likely transitions among emotions such as from anger to satisfaction   &lt;br&gt;• Understand complex and mixed emotions   &lt;br&gt;• Differentiate between moods and emotions‡   &lt;br&gt;• Appraise the situations that are likely to elicit emotions‡   &lt;br&gt;• Determine the antecedents, meanings, and consequences of emotions   &lt;br&gt;• Label emotions and recognize relations among them</td>
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<td>2. Facilitating thought using emotion‡</td>
<td>• Select problems based on how one’s ongoing emotional state might facilitate cognition   &lt;br&gt;• Leaverage mood swings to generate different cognitive perspectives   &lt;br&gt;• Prioritize thinking by directing attention according to present feeling   &lt;br&gt;• Generate emotions as a means to relate to experiences of another person‡   &lt;br&gt;• Generate emotions as an aid to judgment and memory</td>
</tr>
<tr>
<td>1. Perceiving emotion</td>
<td>• Identify deceptive or dishonest emotional expressions*   &lt;br&gt;• Discriminate accurate vs. inaccurate emotional expressions*   &lt;br&gt;• Understand how emotions are displayed depending on context and culture‡   &lt;br&gt;• Express emotions accurately when desired   &lt;br&gt;• Perceive emotional content in the environment, visual arts, and music*   &lt;br&gt;• Perceive emotions in other people through their vocal cues, facial expression, language, and behavior*   &lt;br&gt;• Identify emotions in one’s own physical states, feelings, and thoughts</td>
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* An ability from the original model was divided into two or more separate abilities  
† A new ability was added  
‡ Note that the Branch 2 abilities can be further divided into the areas of generating emotions to facilitate thought (the bottom two bulleted items) and tailoring thinking to emotion (the top three bullets).
Mayer et al. (2016) stood by the original Mayer and Salovey (1997) definition of EI, offering a more succinct version: EI is “the ability to reason validly with emotions and with emotion-related information, and to use emotions to enhance thought” (p. 296). In essence, Mayer et al. suggested that it is important to cultivate EI because EI will inevitably enhance other areas of learning and intellectual growth.

**Penrose-Escher Staircase Representation of the Four-Branch Ability Model**

It is noteworthy that the management of emotions is the most advanced level of EI according to the four-branch ability model, and that emotional management begins with the management of emotions in the self. Emotional self-management is antecedent to the other EI components. While this is the case, the development of EI is not linear (though it has been presented as such in the four-branch ability model for the sake of understanding its components). Neither is it exactly circular. This is because varying factors and life events may influence people’s EI on a daily or even moment-to-moment basis, resulting in fluctuations of their EI abilities. My adapted design of the Penrose-Escher Staircase (Figure 3) represents the four-branch ability model in a manner that reflects the reality of fluctuations in ability. This staircase model has been endorsed by one of the original authors of the four-branch ability model, Dr. J. D. Mayer (personal communication, March 6, 2017). The Penrose Staircase (Penrose & Penrose, 1958), illustrated by Escher (1953), is a never-ending, cyclical staircase—a metaphorical illustration of the fact that the development of EI is a lifelong journey that will have its ups and downs.
Methodology

I used phenomenology as the research method for this study. The entire premise of phenomenology is that reality consists of entities and events (phenomena) as they are perceived, experienced, and understood in the human consciousness (Heidegger, 1927/2010; Husserl, 1931/2012; van Manen, 1997, 2014). Traditional and contemporary phenomenologists have integrated the old and the new in the phenomenological pool of interpretations and applications of phenomenology to understand the lived human experience and seek to understand the question “What does it mean to be?”—that is, what is it like to experience (van Manen, 1997, p. 42)? A combination of descriptive (Husserl) and interpretive/hermeneutic (Heidegger and van Manen) phenomenology was used to capture the essence of the lived experience of the PN students’
emotional self-management. Hermeneutics is an integral part of the phenomenological process because it focuses on texts and meanings. I thus used hermeneutics to enhance my exploration of the students’ lived experiences through the way they tell, told, and retell those experiences (van Manen, 1997, 2014). Van Manen’s hermeneutic phenomenology is also relational. In the context of my study, as the participants shared their lived experience with me, I met them in interpersonal space in the immersive phenomenological process while I suspended my own judgment and experience by practicing epoché and bracketing (the suspension or parking of one’s own judgment; see Appendix B for a list of operational terms and definitions).

Van Manen’s (1990) selective-reading thematic-analysis approach was used to interpret and analyze the data. Phenomenology requires that the researcher attempt to understand the meanings of the participants’ experiences. Thematic analysis requires that the researcher organize the participants’ lived experiences into themes to glean meanings. This is because the themes are the “structure of the lived meaning” and, in the case of my study, the participants’ “structures of experience” (van Manen, 1997, p. 79).

I also made use of van Manen’s (1997) lifeworld existentials. He described the everyday human experiences and relational situations as the “human lifeworld” (p. 101). Recognizing that there are distinctive human existences and experiences, he asserted four fundamental existential themes that permeate the lifeworlds of all human beings and emphasized them to guide the phenomenological research process. They are “lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality)” (van Manen, 1997, p. 101). These existentials were relevant to my analysis as a frame through which to view the data. Through this frame, the data offered me an understanding of the participants’ lived experiences with emotional self-management in their clinical settings (lived space) as they
physically experienced them, whether unconsciously or intentionally (lived body). I also considered the subjective lived time during the students’ clinical practice and their interactions with patients, colleagues, and other healthcare professionals (relationality or communality). In other words, to understand the PN students’ lived experience with emotional self-management was to explore their lived worlds.

**Results**

One of the key findings of my study was that all the participants shared that they are usually aware of their own emotions but knew little about EI and would like to learn more. The participants’ minimal knowledge of EI and general awareness of their emotions was substantiated insofar as none of them endeavoured to articulate a more sophisticated explanation or definition of what they think EI is. All the participants expressed that they perceived themselves to have some EI and their rudimentary understanding permitted them to occasionally perceive emotions in others. This finding overlaps with personal awareness of emotion because, from a phenomenological perspective, the theoretical distinction between perception and awareness is that the latter case requires “previous appearance” through the former. In other words, awareness is dependent on perception; the only way for me to be aware of seeing or experiencing something in particular is if I have seen or experienced it, or something like it, before (van Manen, 2014). The participants have seen emotions before, at the very least in themselves. Their prior perception of their own emotions has allowed them to become aware of and know their own emotions and sometimes the emotions of others. Based on this analysis, it is fair to deduce that the participants were fluctuating around branch 1 and the beginning of branch 2 in the four-branch ability model.
Another key finding was that the notions of professionalism, reflection, and empathy encapsulated the essence of what it means to be emotionally intelligent for the participants at this juncture in their clinical education. The participants identified that professionalism is the ability to control their emotions and to empathize with patients and colleagues in clinical settings. A further finding that overlaps with professionalism had to do with how the participants experienced emotional self-management—that is, how they demonstrated professionalism in their conduct. All the participants indicated that being observant was a means of experiencing emotional self-management. This included being observant of their own emotions while being open-minded about others, as well as being aware of their physical responses or the observation of their own body language, facial expressions, and tone of voice. This finding further supports the conclusion that the participants were hovering on branch 1 and 2 of the four-branch ability model.

A particularly significant finding had to do with what I call the first knowing of EI. Boudreau and Fuks (2015) and Ortony and Rumelhart (2017) discussed ways of knowing, doing, being, and the representation of knowledge in memory. These authors explored the notion of connecting professional identity and activity in medical students as a way of fostering their ongoing development of personhood in character and virtues. Ortony and Rumelhart described knowledge as a part of memory and noted that there has to be a “first memory” of something in order to gain true knowledge of it. As an example, my knowledge of the ocean may not be true if I have never been to an ocean, and have no first memory of it. If someone tries to describe the ocean to me, or shows me pictures or videos of it, I would only gain the objectivized subjective meanings of the ocean that belong to the person who described it to me. From the perspective of Ortony and Rumelhart, it is arguable whether I have any knowledge of the ocean after such a
description because I have not yet experienced the ocean myself and obtained a real first memory of it. Therefore, it is reasonable to infer that there needs to be a first memory of EI in order to begin its knowing.

In the context of my study, this prompts the question: How do nursing students gain first knowledge of EI? The authors presented in my literature review did not explain how students would acquire the first knowing of EI beyond introducing academic definitions to them—a situation analogous to my ocean example above. The findings of my study along with Boudreau and Fuks (2015) and Ortony and Rumelhart (2017) prompted me to consider the nursing scholar Carper’s (1978) seminal work of fundamental ways of knowing in nursing to expand the notion of first knowing. Carper proposed four fundamental ways of knowing in nursing. The first is empirical knowing. Empirical knowledge is factual knowledge from science, or other external sources that are empirically verifiable; Carper called this the science of nursing. Whatever knowledge of EI students learn through academic definitions would be categorized as empirical knowledge. But while there was an overemphasis among the authors included in my literature review of empirical knowledge of EI and its impact on students’ grade point averages, for Carper empirical knowledge represents only one way in which nurses come to know something; there is also personal, ethical, and aesthetic knowing. Personal knowledge is knowledge and attitudes that originate from personal self-understanding and empathy. Ethical knowledge is knowledge and values that develop from ethical frameworks and moral codes. Aesthetic knowledge is an awareness of the immediate here and now, as well as awareness demonstrated through actions. Carper described aesthetic knowing as the art of nursing—an individual “process of discovery in the empirical pattern of knowing” (p. 16). Importantly, this type of knowing underpins Carper’s first knowledge category: empirical knowledge. Carper’s ways of knowing, especially personal
and aesthetic knowing, may provide a framework to help interpret students’ experience of learning EI and how they come to their first knowing by offering us an understanding of how students attain EI knowledge through means other than the empirical.

This type of nonempirical first knowing is borne out by my study’s findings. Although EI was not an explicit topic in their curriculum, the participants in my study had a general understanding and awareness. This first knowing provided the participants with some basic EI understanding, context, personal meanings, a sense of confidence, and the ability to begin to recognize the value of EI in clinical settings. Furthermore, their first knowing illustrated the participants’ desire to continue to embark on their EI journey, and their recognition that embracing EI is indeed like the Penrose-Escher staircase: a lifelong endeavour.

**Discussion**

As van Manen (1997) has said, clear research question(s) are required for sound human science research; however, it is nearly impossible in phenomenological research to systematically explore singularity in any lived experience. Van Manen described the importance of achieving a “phenomenological nod”; that is, a good phenomenological study is “an adequate elucidation of some aspect of the lifeworld that resonates with our sense of the lived life” (p. 27). To that end, the emotional self-management experience of the participants resonated phenomenologically in this study as they attempted to make sense of how to apply it in their lived clinical lifeworld existentials.

Consistent with van Manen’s description of the phenomenological approach to answering research questions, it is impractical to separate my “what” and “how” research questions in the case of my participants. This is because what needs to come before how, and self before others.
The participants need to understand themselves before they can become fully aware of others’ emotions and the interactions of these with their own. Indeed, what is extricably linked to how, and self to others. While there is no how without there first being a what, a what cannot simply exist, but always exists in some way—that is, it always has a how. Awareness and action are similarly linked. The study’s findings do, however, answer all three of my research questions collectively. Overall, the synthesis of the findings and the lifeworld existentials answered my what question insofar as they described the whatness [noema] of being, or the object of the experience (Heidegger, 1927/2010; van Manen, 1997). In the case of this study, the object of experience was the participants’ emotional self-management, which is the main construct of this study. The how [noesis] questions are answered by the participants’ descriptions, or the interpretive act of their attunement [Befindlichkeit] to their experiences of emotional self-management in clinical settings. This is because attunement is the way one finds oneself in the world (Heidegger, 1927/2010; van Manen, 2014). Thus, the participants’ attunement suggested they were making efforts to apply emotional self-management to position themselves in the clinical setting.

As the researcher, I attempted to make their lived experience intelligible [patho Sinn des Seins] (Heidegger, 1927/2010; van Manen, 2014). At this point, it seems to me that participants’ hows with regard to emotional self-management and EI are limited to their considerations of how to behave professionally in relation to emotions and to their contemplation of how to control their own emotions professionally. Their hows do not, that is, involve definitive actions. However, as their whats—their awareness and knowledge of emotions—evolve, we can expect their hows to evolve as well. Perhaps it may be appropriate to visualize the key findings and lifeworld existentials in this study as a kaleidoscope in which the parts reflect upon and interact
with each other in different ways indefinitely. The ideal goal would, however, not be to spin around forever in the same spot, but to grow and develop continuously.

**Recommendations**

The main construct in this study is the application of emotional self-management. Based on the key findings and limitations of the study as well as my reflection (below), there are three recommendations for further exploration. First, more research is required regarding EI and PN students. Vila et al. (2018) acknowledged the international development of nursing education and advocated for increasing focus on the pervasive elements of the profession that would cater to the ongoing evolution of the discipline. Emotional self-management is one such universal element. Thus, nursing program administrators at all levels should consider explicitly including the teaching and learning of EI as a vocational outcome. There is a need to expand knowledge on the EI abilities of the nursing students in Canada and abroad.

Second, there is a death of qualitative studies that explores EI, and particularly emotional management as an independent construct. Of the 36 nursing articles included in this study, only four were qualitative studies where the researchers explored EI as a collective ensemble with the recognition of emotional self-management as an amalgamated component. Thus, the singular concept of emotional self-management among nursing students at the university or the college level needs more qualitative exploration. The more we understand the lived experiences of nursing students in their application of EI, the better we can nurture their emotional readiness to enter the high-stress workforce. In addition, various international researchers have suggested that nursing students at the university level be provided with pieces of EI information; consequently, they may only learn about the definitions of EI as abstract theoretical concepts, rather than
applied experiences. Therefore, more qualitative studies may provide insights into how students self-manage and understand their own emotions in pursuance of other attributes such as comprehending others’ emotions, professional behaviours, and empathy, as well as the influence of EI on their well-being and academic success. Qualitative studies may help researchers to bridge the gap in understanding nursing students’ abilities to position and apply EI.

Third, on a wider scale, phenomenology seeks to integrate acts of consciousness, which include thoughts, feelings, language, social interactions, and the whatness and how [noema and noesis] to which people’s consciousness is attuned [befinden]. However, phenomenology is an underutilized research method due to the contentious ongoing debates among researchers and scholars regarding its purview (Fendt et al., 2014; van Manen, 1997, 2014). I would argue that the use of phenomenology for this study was successful in calling and clarifying EI into being—that is, into the participants’ conscious awareness and understanding—by offering them new structures of meaning through which to recognize their first knowing of EI. This study evoked the participants’ experiences [pathos] into being or awareness [Dasein] and identified the structure and intentionality of the participants’ experiences that illustrated their intersubjectivity—that is, the shared objectivity of each individual experience that allows it to be available to others because all human beings need others’ perspectives to validate their own (Heidegger, 1927/2010; van Manen, 1997). Furthermore, the study generated reflections [pathic understanding] that allowed the participant’s experiences to become intelligible [Sinn des Seins] to them. This study might, therefore, invite researchers who are opponents of using phenomenology as a research method to reconsider its appropriateness in exploring and giving voice and intelligibility to lived experiences.
Limitations of the Study

I have identified several limitations of this study. The definition of EI and its components were new and abstract to the participants at this stage in their clinical experience. The participants’ knowledge of EI was also implicitly learned and limited. There is a possibility that the participants answered the interview questions based on what they felt was the best answer and not necessarily the true representations of their experiences.

In addition, there are many phenomenological traditions, and they are continuously evolving. Some researchers argued that the subjectivity of the data in phenomenology contributes to complications in establishing the reliability and validity of the research findings (Creswell, 2013; Denzin, & Lincoln, 2005; Hycner, 1985; Moustakas, 1994). Furthermore, some of the meaning of the original Husserlian and Heideggerian phenomenological texts in German may have been lost in translation. Many words cannot be translated with an English compound word (Elliott et al., 2016). Consequently, researchers who use phenomenology often end up writing long and awkward English sentences that may influence the interpretation of their findings. An example in this study is the German word Befindlichkeit [attunement], which is the way one finds oneself in the world. Heidegger defined it as the way in which people’s understandings are always influenced by their affective states (Heidegger, 1927/2010; van Manen, 2014). Given the controversy regarding phenomenology as a research method, I hope I was accurate in describing the attunement of the participants when they were in clinical settings. Moreover, although I practiced the suspension of my own experience [epoché and bracketing], I may have been unconsciously biased, which may lead to a skewed objectivity in the interpretation of the data. Finally, the sample size was small; hence, I cannot definitively conclude that the participants’ experiences were typical of a larger population.
Reflection and Conclusion

Many of my former students have gone on to complete their baccalaureate nursing degree and beyond. By keeping in touch with them, I realized that they are all pleased to have learned about EI in their final semester and are applying it in their practice and daily life. I reflected on their “ah-ha” moments of understanding that practicing emotional self-management is first about being self-aware. I savoured their echoed sentiment that the effectiveness of EI in stressful situations is dependent on first managing their own emotions. I also sense their growth in empathy because of practicing EI. It is rewarding to believe that they have learned to position themselves in the application of EI and are moving higher on the EI branches in the way they embrace or even embody emotional self-management in their everyday life and practice.

The findings of this phenomenological qualitative study support the broad generalizations that EI deserves a place in the nursing curricula. Upon near completion of the dissertation on which this article is based, a mixed-methods study by Sharon and Grinberg (2018) reported a positive correlation between the level of EI and the degree of students’ success in becoming well-adjusted nurses. They advocated for EI to be included in the curriculum, as well as for using EI testing in the admissions process. My study may similarly urge leaders in nursing education to include EI in their curricula.

Foster et al. (2018) agreed that EI is an effective strategy for healthcare students to manage stress and emphasized that EI can be improved through educational interventions. Foster et al. also advocated the need to include EI in healthcare curricula. Coincidentally, the College of Nurses of Ontario (CNO) hosted a PN Program Approval Curriculum mapping workshop for the Ontario colleges in June 2018. The purpose of the workshop was to recommend “a systematic approach for schools to document their curriculum against each entry to practice competency for
their PN program,” as well as to offer “an opportunity for schools to assess their curriculum and provide evidence of the teaching and learning experiences required to prepare graduates to be competent and safe practicing nurses” (CNO, 2018, slide 5). Although the CNO (2018) did not explicitly name EI as an entry-to-practice competency requirement, it was implied that many aspects such as sound decision making, reflective practice, and professional responsibility and accountability require EI abilities. Therefore, this study could lend support to the championing of the explicit inclusion of EI in nursing curricula. At the college where I teach, EI is now part of the Responsive Behaviours Module in one of the healthcare interprofessional course.

This study may contribute to nursing students’ aspirations and intentions to learn and cultivate EI for their own sake and to reinforce their identity as future nurses. I hope nursing students will not simply learn EI as another theory they have to know, but embrace it as a practical personal skill. I also hope that the findings of this study will stimulate the leaders in nursing education to continue to advocate for the inclusion of EI in curricula in all levels and programs.
References


Appendix A

Interview Questions

1. What do you know about emotional intelligence?
2. What are the meanings of emotional intelligence to you?
3. Are you usually aware of your own emotions? Can you provide examples to help me understand how you do so?
4. Was there a time when you had to control your own emotions in a clinical setting? Please describe.
5. Was there a time in the clinical setting where you had to de-escalate someone’s emotions, or acknowledge someone’s emotions? Tell me more about it...
6. How do you experience EI in the clinical settings?
7. How do you perceive emotions in yourself and in others?
8. Can you recall any meaningful experience when you managed (or could have managed) your emotions in a clinical setting?
9. How did you know when you had utilized EI effectively/ineffectively in the clinical settings? And how did that make you feel?
10. What has your clinical experience been like since your first “knowing” or utilization of EI?
11. Has the recognition of using EI changed the perception of yourself as a student nurse? If so, how?
12. What did we not discuss that you wish to share?
Appendix B

Operational Definitions of Terms

The following is a list of study terms along with their definitions:

**Befindlichkeit**: The way one finds oneself in the world (Heidegger, 1927/2010; van Manen, 2014). Heidegger (1927/2010) defined it as the way in which people’s understandings are always influenced by their affective states. Often translated as “attunement” in English.

**Being**: The “whatness” of the existing subjective and objective reality, or presence (Heidegger, 1927/2010). Human beings’ quest to seek the meanings of being or existence (Heidegger, 1927/2010).

**Bracketing**: The act of suspending one’s judgements, experiences, or realities in order to understand others’ experiences or realities (van Manen, 1997; 2014).

**Dasein**: Being present or aware (Heidegger, 1927/2010).

**Epochè**: The suspending of the moment(s) or experience(s) that people lived in order to reflect on them (van Manen, 2014).

**Intentionality**: The fundamental framework of an experience. The way in which a person directs their attention toward something by virtue of its meaning (Husserl, 1931/2012). To identify intentionality is to describe how people perceive and imagine experiences; the relationship between their perceptions, judgements, and evaluation of their experience; their desire to act; and their intended goals (Husserl, 1931/2012). The content of the experience is directed by the intentionality (Husserl, 1931/2012).
Interpretation: From the hermeneutic phenomenological perspective, to interpret does not mean the researchers will hear the participants’ words and then make their own interpretations (van Manen, 1997). Rather, it is a possibility for understanding; that is, “to interpret a text is to come to understand the possibilities of being revealed by the text... to look for the metaphor that may be seen to govern the text” (van Manen, 1997, p. 180).

Intersubjectivity: The shared objectivity that each individual experience is available to others (Heidegger, 1927/2010). All human beings need others’ perspectives to validate their own (van Manen, 1997).

Noema: The whatness of being, or the object of the experience (Heidegger, 1927/2010; van Manen, 1997).


Patho: To evoke something in people. The something that is being drawn out by whatever it is people are experiencing (van Manen, 2014).

Patthic understanding: The way that reflective practice generates insights that are situated, relational, embodied, and enactive to the human experiences (van Manen, 2014).

Sinn des Seins: The sense of being, being with regard to, to illustrate when an experience becomes intelligible (Heidegger, 1927/2010).