

Original Research

Assessment of perceived stress, coping strategies and emotional intelligence among nursing students

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ABSTRACT:

Background: Stress in medical students has been associated with increased levels of depression, use of drugs and alcohol and increased anxiety and attrition. The present study was conducted to assess perceived stress, coping strategies and emotional intelligence among nursing students. **Materials & Methods:** The present study was conducted among 140 nursing students. Perceived Stress Scale (PSS), the Brief COPE and the Schutte self-report emotional intelligence test was used. **Results:** There were 60 males and 80 females. 90 were in bachelor's degree and 50 were in master's degree. 40 were in first year, 35 in second, 45 in third, 20 in 4th year. 90 were unmarried, and 50 were married. The mean PSS score of students was 18.34. Brief COPE: Adaptive score was 44.7, brief COPE: Maladaptive score was 23.9 and EEEIT score was 128.4. Perceived stress was positively correlated with maladaptive coping and negatively associated with adaptive coping. EI was negatively correlated with perceived stress and with maladaptive coping and positively correlated with adaptive coping. **Conclusion:** Authors found that interventions aimed at increasing emotional intelligence may help to lessen perceived stress for students in the helping disciplines.

Key words: Emotional intelligence, Nursing, Perceived stress

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INTRODUCTION

Stress in medical students has been associated with increased levels of depression, use of drugs and alcohol and increased anxiety and attrition.¹ All students experience the demands of course work, a new environment and new people, and for those living away from home for the first time learning to manage financially, emotionally and socially by themselves.² Emotional intelligence or EI is defined as an individual's set of abilities, both verbal and nonverbal, to perceive, understand, utilize and manage personal emotions, as well as the emotions of other individuals.

It is an individual's mental ability to utilize and manage emotions in solving problems.³ This includes the ability to successfully guide thinking and actions and facilitate successful adaptation to demands and pressures presented by the current environment. In the context of this study, EI is interpreted as trait or level of skill that facilitates individuals' ability to adjust and adapt successfully to the pressures and demands of the environment. It emerged from an array of research looking at how people perceive, communicate, and use emotions.⁴

How individuals appraise and cope with their stressors can predict their perceived levels of stress. Coping involves behavioral and cognitive efforts to manage

demands that are perceived to be stressful and that require efforts that tax or exceed one’s resources. Coping strategies such as problem-focused coping, acceptance, seeking social support, and positive reappraisal have been linked with lower levels of perceived stress. Conversely, blaming, substance use, denial, self distraction, and behavioral disengagement are examples of maladaptive coping strategies that tend to be linked with higher perceived stress.⁵

They may be more likely to mobilize adaptive coping strategies, such as seeking social support, and less likely to employ maladaptive coping strategies, such as avoidance.⁶ The present study was conducted to assess perceived stress, coping strategies and emotional intelligence among nursing students.

MATERIALS & METHODS

The present study was conducted among 140 nursing students (males- 60, females- 80). The study was approved from institutional ethical committee. All students were informed regarding the study and written consent was obtained.

Data were collected using a questionnaire that was made available to potential participants in an online version. It consisted of demographic questionnaire to

assess sample characteristics including name, age, gender, year and program. Perceived Stress Scale (PSS), the Brief COPE and the Schutte self-report emotional intelligence test was used. The PSS is a 10-item self-report instrument designed to measure the degree to which events are appraised as stressful and the frequency of perceived stressful situations. Respondents are instructed to report the frequency of perceived stress over the past month from 0 (Never) to 4 (Very Often). Total scores on the PSS can range from 0 to 40. The Brief COPE is a 28-item version of the COPE Inventory, a self-report measure of coping responses. Scores for coping responses are calculated by summing scores for the 12 items on the maladaptive coping subscale and the 16 items on the adaptive coping subscale. Adaptive coping strategies included planning, positive reframing, and acceptance, while maladaptive strategies related substance use, denial, and self-blaming. The SSEIT is a 33-item self-report measure of EI. Total scores range from 33 to 165, with higher scores indicating higher EI. Result were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant (P< 0.05).

RESULTS

Table I Distribution of patients

Variables	Number	P value
Gender		
Male	60	0.12
Female	80	
Degree		
Bachelor’s	90	0.05
Master’s	50	
Year		
1 st	40	0.17
2 nd	35	
3 rd	45	
4 th	20	
Marital status		
Unmarried	90	0.05
Married	50	

Table I shows that there were 60 males and 80 females. 90 were in bachelor’s degree and 50 were in master’s degree. 40 were in first year, 35 in second, 45 in third, 20 in 4th year. 90 were unmarried, and 50 were married. The difference was significant (P< 0.05).

Table II Means, Standard Deviations, Minima, Maxima, and Cronbach’s Alpha by Measures

Measure	Mean	SD	Min	Max
PSS	18.34	6.12	4	36
Brief COPE: Adaptive	44.7	7.82	26	68
Subscale				
Brief COPE: Maladaptive	23.9	5.81	13.5	38
Subscale				
SSEIT	128.4	13.9	92	168

Table II shows that mean PSS score of students was 18.34. Brief COPE: Adaptive score was 44.7, brief COPE: Maladaptive score was 23.9 and EEEIT score was 128.4.

Table III Bivariate correlations among measures

Measure	Brief COPE: Adaptive Subscale	Brief COPE: Maladaptive Subscale	SSEIT
PSS	-0.24	0.52	-0.42
Brief COPE: Adaptive Subscale	-	0.02	0.52
Brief COPE: Maladaptive Subscale	-	-	-0.26

Table III shows bivariate correlations between scores on the SSEIT, PSS, and adaptive and maladaptive coping. Perceived stress was positively correlated with maladaptive coping and negatively associated with adaptive coping. EI was negatively correlated with perceived stress and with maladaptive coping and positively correlated with adaptive coping. There were significant paths between emotional intelligence and both adaptive coping and maladaptive coping. The β paths were significant between perceived stress and both adaptive coping responses and maladaptive coping. Adaptive coping ($z = 2.21, p < .05$) and maladaptive coping ($z = 3.17, p < .01$) were both significant statistical mediators.

DISCUSSION

The level of EI is directly related to the ability to learn emotional competencies and thus, higher EI implies higher emotional competencies.⁷ One specific emotional competency addressed in this study that relates to success in the field of medicine is the ability to manage stress. This can also be described as the ability for positive coping and resilience. Medical school can be stressful and the ability to manage stress is a major factor of success for medical students.⁸ It is difficult to balance personal and academic experiences to maintain well-being and academic success. Effective stress management is positively correlated with improved performance. Emotional intelligence (EI) is becoming an answer to demystify the question of what predicts success of those in leadership roles.⁹ It has been offered as an explanation to coping with high pressure in the work environments and improved resilience in mood after negative mood induction. Research also suggests that emotional intelligence can improve with age and experience. If emotional intelligence can be improved, this implies that leadership, success, ability to cope with environmental stress and other factors related to emotional intelligence may also be improved.¹⁰ The present study was conducted to assess perceived stress, coping strategies and emotional intelligence among nursing students.

In present study, we recruited 140 nursing students. There were 60 males and 80 females. 90 were in bachelor's degree and 50 were in master's degree. 40

were in first year, 35 in second, 45 in third, 20 in 4th year. 90 were unmarried, and 50 were married.

Enns et al¹¹ tested the relationships between age, gender, and emotional intelligence, academic performance and perceived stress among 150 high school students. Emotional intelligence and perceived stress questionnaires were used. The results showed that emotional intelligence was significantly different by gender, with females evidencing higher EI than males. Females also reported slightly higher perceived stress, but the gender difference was not significant. Emotional intelligence evidenced a small amount accuracy in predicting GPA in the fall, but this dissipated in the spring. Emotional intelligence and age evidenced a small amount of accuracy in predicting perceived stress in the fall. However in the spring semester, emotional intelligence evidenced strong accuracy in predicting perceived stress. In the fall 2013, as individuals better managed their own emotions GPA increased and perceived stress decreased. As individuals better managed others' emotions GPA decreased. Females got higher AES scores than males, but no age differences were noted. In the Spring 2013 older individuals with higher AES scores, who better managed their own emotions evidenced lower perceived stress.

We found that mean PSS score of students was 18.34. Brief COPE: Adaptive score was 44.7, brief COPE: Maladaptive score was 23.9 and SSEIT score was 128.4. Ebrahimi et al¹² found that higher EI was associated with lower perceived stress, and this association was partially mediated by both adaptive and maladaptive coping responses. Higher EI was associated with greater use of adaptive coping and lower use of maladaptive coping, and these, in turn, were negatively and positively (respectively) associated with perceived stress.

We found that perceived stress was positively correlated with maladaptive coping and negatively associated with adaptive coping. EI was negatively correlated with perceived stress and with maladaptive coping and positively correlated with adaptive coping. There were significant paths between emotional intelligence and both adaptive coping and maladaptive coping. Adaptive coping and maladaptive coping were both significant statistical mediators.

We found that for students in the helping professions, greater emotional intelligence was associated with lower perceptions of stress. The partial mediation effect found in this study suggests that EI may be working to reduce perceived stress by increasing the use of adaptive coping skills and decreasing the use of maladaptive coping.

CONCLUSION

Authors found that interventions aimed at increasing emotional intelligence may help to lessen perceived stress for students in the helping disciplines.

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