An exploration of the importance of emotional intelligence in midwifery


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An exploration of the importance of emotional intelligence in midwifery

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Abstract

Background: Recognition of the importance of Emotional intelligence back as far as Aristotle (350BC). More recently the notion of emotional intelligence features in social psychology literature; it has also been embraced within personnel and management circles. More recently, it has been recognised that EI involves possessing the capacity for motivation, creativity, the ability to operate at peak performance and the ability to persist in the face of setbacks and failures. Emotional intelligence refers to the ability to recognise our own feelings and those of others and it enables us to manage emotions effectively in ourselves and in our relationships.

Aims. Overall the aims of the paper are to define emotional intelligence and to present an original framework for reflection on the significance of this attribute in midwifery. This framework illustrates the impact of emotional intelligence on practice, particularly in relation to improving the quality of care delivered to women, and enhancing our relationships with colleagues.

Method. Midwives are constantly responding to change and challenges within maternity services. This paper examines how emotional intelligence can assist midwives in dealing with pressures which involve delivering the Government recommendations which she made to this article.

Conclusion. EI refers to our ability to recognise our own feelings and those of others. Midwives need to develop EI to enhance the effectiveness of midwives and strengthen the capacity to deal with pressures and develop effective relationships with colleagues and women (Hunter, 2004).

Key words: Emotions, intelligence, reflection, understanding of emotions, empathy, communication, effective working.

Introduction

Emotional intelligence (EI) is featuring more prominently in health service literature and its importance is now being acknowledged in practice (Carrothers et al, 2000; Cuddy and Burris, 2003; Akerjordet and Severinsson, 2008). It is generally accepted that very little of our lives is governed by logic alone. It is rather our emotional world that motivates our decisions and actions (Freshwater and Stickley, 2004: 91).

EI and failure to understand emotions can have significant negative outcomes on the health and well being of midwives (Gould, 2003; McMullen, 2003; Hunter, 2004). As a result of the failure to understand emotions in midwifery tended to take an approach which could be described as ‘affective neutrality’. This involves the development of coping strategies, becoming professionally detached, avoiding emotional issues and focusing on practical tasks. These traits paint the picture of the midwife as a cold automaton and they do not facilitate a woman centred approach to midwifery practice.

EI in midwifery practice

McNamara and Monroe (2003) claim that EI is an important factor that is essential to the process of empathy. EI, therefore, can be defined as a multidimensional concept representing core abilities which include process and manage emotions and enable individuals to deal with life experiences and be more successful in personal relationships (Akerjordet, 2009). This is particularly relevant to midwifery. Hunter (2006) and Walsh (2007) state that meaningful positive relationships are vital. The development of EI ensures that feelings are acknowledged and not dismissed or suppressed (Goleman, 2004). As a consequence of this there emerges an enhanced understanding of self and others and this has an important role in the development of EI in midwifery practice.

EI and the intellect

There is a need to explore the nature of EI vis a vis general intelligence. Intelligence is normally associated with intelligence quotient (IQ) (Goleman, 2004). EI differs, but also complements intellectual intelligence. Emotional and intellectual intelligence are situated in different areas of the brain (Goleman, 1995; Bardzil and Salaski, 2003; Morriarity and Buckley, 2003; McQueen, 2004). This is further supported by evidence from LeDoux (1998) who demonstrated that there are specific areas in the brain where emotional processing takes place. Goleman (2004) suggests that the process of learning EI is different from learning IQ. EI takes place in the emotional brain and where information and understanding is stored in the memory banks of the neo-cortex. This is not so with EI which, as Hunter (2009) claims, is needed for the development of emotional awareness. Combining the management of emotions with self awareness is essential for the development of EI (Jordan and Troth, 2004). Begley (2006) highlights the difference between learning theoretical material and learning to exercise practical wisdom and make sound judgements in practice. Theoretical subjects can be taught in the classroom while practical wisdom including competencies in EI requires experience and exposure to good role models. EI is a personal skill that needs to be developed. Midwives, therefore, need to lead by example and nurture EI in students. This involves approaching clients and colleagues in a positive manner, listening to them attentively, transferring information more effectively and giving skillful feedback to other team members (Goleman 2004).

Furthermore Strickland (2000) and Goleman (2004) claim that EI may be more important than intellectual intelligence, since midwives need to recognise the emotional states of others. Psychological tests which focus on higher levels of intellectual intelligence are more co-operative and work more collaboratively in a group. Hunter (2009) argues that Goleman’s (2004) views on EI are ‘simplistic’ because they do not demonstrate a research evidence base. Hunter (2009) promotes the thinking of Fineman (2003) who refers to ‘emotional sensitivity’ which relates to responsive leadership, intuition and the process of emotional expression. In spite of the debate surrounding what EI is, however, Hunter (2009) acknowledges that it is essential for effective midwifery practice, since midwives need to respond to the clients emotional states. Failure to respond to a client’s emotional state may lead to a failure to articulate their feelings in a meaningful way. Work by Hunter and Deery (2005) suggests that midwives who fail to acknowledge the importance of emotions in midwifery need to take an approach which can be described as ‘affective neutrality’. This involves the development of coping strategies, becoming professionally detached, avoiding emotional issues and focusing on practical tasks. These traits paint the picture of the midwife as a cold automation and they do not facilitate a woman centred approach to midwifery practice.

Defining Emotional intelligence

EI refers to our ability to recognise our own feelings and those of others and encompasses managing emotions effectively in ourselves and in our relationships. It also involves possessing the capacity for motivation, creativity and the ability to perform at an optimal level when completing tasks. It provides the ability to persist in the face of setbacks and failures (Steiner, 1997; Goleman, 2004; Interest in EI, dates back to Aristotle in 350BC when it was believed that EI was crucial to the ability to make wise judgements (Aristotle Translations, 1976). Aristotle in the Doctrine of the Mean said that emotions can be good only if expressed to the right degree in the appropriate circumstances and towards the appropriate person (Thompson, 1976).

The concept of EI has re-emerged in social psychology literature and more recently within neuropsychological sciences where intelligence and emotions have been studied as components of cognitive, physiological and behavioural responses of individuals to particular life events (Slovery and Meyer, 1990; Barr-On, 2003; American Psychological Association, APA, 2007; Akerjordet and Severinsson, 2008). Within nursing literature EI has become prevalent but Bulmer Smith et al, (2009) cautions that the concept is sometimes poorly defined, overrated and has not been measured. In healthcare there is an acknowledgement of the value of EI and the impact of reflective practice which both influence organisational work and the building of caring patient relationships. These ultimately lead to more patient centred care (George, 2000; Mann, 2005). Within management EI is thought to contribute to the development of effective teams and emotional leadership skills. It has also been used as a predictor of job performance, teamwork and effective communication and is widely used as a tool for personnel training and hiring of staff (Akerjordet and Steverinsson, 2008; Jordan, 2004). EI and women (Hunter, 2004).

A recent review by Akerjordet and Steverinsson (2007) reported that few articles on EI were set within an epistemological tradition and that further study was needed to explore empirical and philosophical theories. Theories of EI do, however, exist and on examination of the literature three main theories and definitions have emerged. Salovy and Mayer, (1990) defined EI, like academic intelligence, as a set of personal characteristics an individual can perceive, appraise and express emotions. Goleman (1995) viewed EI as a set of skills and personal competences which all demonstrate elements of motivation, self awareness, self regulation, empathy and success in human relationships. Bar-On (2005) conceptualises EI as being similar to a set of personality traits and abilities. Emotional social intelligence is a range of emotional and social skills which enable individuals to express themselves and understand others.

The importance of EI has been highlighted by Goleman (1995) who suggests that EI is an important factor that is essential to the process of empathy. EI, therefore, can be defined as a multidimensional concept representing core abilities which include process and manage emotions and enable individuals to deal with life experiences and to be more successful in personal relationships (Akerjordet, 2009). This is particularly relevant to midwifery. Hunter (2006) and Walsh (2007) state that meaningful positive relationships are vital. The development of EI ensures that feelings are acknowledged and not dismissed or suppressed (Goleman, 2004). As a consequence of this there emerges an enhanced understanding of self and others and this has an important role in the development of EI in midwifery practice.

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Historically midwifery care was community based, until the delivery of maternity services (Department of Health (DH), 1970). This gave rise to medical control of childbirth, greater use of technology and, most significantly, it resulted in midwives working in a fragmented manner with their skills being underutilised (Mandre and Reid, 2002). The results of control and medicalisation when birth was moved from the family setting to institutions were that midwives were alienated and detached from the women they cared for (Donnison, 1988; Currell, 1999). Hunter (2005) acknowledged the importance of emotional support in the mother-midwife relationship and its impact on patient satisfaction and the experience of the midwife. It was stated that the evidence suggests that the support women receive from midwives today, particularly in conventional hospital based midwifery as opposed to community settings, varies in quality. The reason for this, it has been suggested, is that the working environment in hospital is driven by the needs of the service. In contrast to this the community offers a more natural approach to childbirth where midwives can manage emotions more effectively.

In recent decades, concepts which incorporate involvement and commitment on the part of the midwife are now more highly valued due to the expected emotional work of midwifery (Hunter, 2004). This refers not only to emotions which are expected to be felt by the midwife or the mother, for example, when stressed and busy midwives pretend to feel joy and satisfaction in their work in order to display a positive image to women in their care. Vitello-Ciccio, (2002) described this as an emotional paradox. Hunter (2005) indicated that midwives were sometimes required to suppress negative emotions, which may emerge from areas of stress in the work place. This may well be either directly or indirectly contributed to by insufficient staffing levels as a result of problems around recruitment and retention (Nursing andウィッジンクル, 2004; DH, 2007; Scottish Government Health Directorates (SGHD), 2010).

Emotional intelligence (EI) in midwifery practice, therefore, is acknowledged as an essential attribute of the effective practitioner. While EI enhances the experience of the woman, it must be acknowledged that it can have a negative impact, such as burnout, on the midwife. Emotional challenges have the potential to lead to psychological damage (Hunter, 2004). Hunter and Deery (2005), both examined the emotional aspects of midwifery using Hochschild’s (1983) theoretical framework of Emotional Labour (EL) and suggested that midwives were highly emotional work. She identified the lack of recognition and the lack of significance that is placed on emotions in the work place. This refers not only to emotions which are displayed by midwives but in many cases those which they experience but do not disclose. Hochschild (1983) defined EL as the ‘induction or suppression of feelings to sustain the outer appearances that results in individuals feeling care and commitment on the part of the midwife are now more highly valued due to the expected emotional work of midwifery (Hunter, 2004). This refers not only to emotions which are expected to be felt by the midwife or the mother, for example, when stressed and busy midwives pretend to feel joy and satisfaction in their work in order to display a positive image to women in their care. Vitello-Ciccio, (2002) described this as an emotional paradox. Hunter (2005) indicated that midwives were sometimes required to suppress negative emotions, which may emerge from areas of stress in the work place. This may well be either directly or indirectly contributed to by insufficient staffing levels as a result of problems around recruitment and retention (Nursing andウィッジンクル, 2004; DH, 2007; Scottish Government Health Directorates (SGHD), 2010).

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In the four regions of the United Kingdom many fundamental challenges have emerged regarding maternity services. Issues such as a lack of health awareness, unhealthy lifestyles, family well being, parenting skills, mental health problems, socially complex pregnancies and language and cultural diversity affect the health and well being of many women in pregnancy (CMCE, 2009). In the UK, the demands of change and reform, effective transformational leadership throughout the profession is needed (Elliott, 2004; Coggins, 2003; Ralston, 2005). Evidence supports the link between EI and effective leadership (Goleman, 2004) argues strongly that EI and leadership are interdependent and describes EI as the ‘Sine qua non’ of leadership. Bass (1990) stated that those with high EI are able to achieve higher levels of group achievement. Goleman (2004) and Slaski and Cartwright (2002) state that organisations which develop the EI of their staff will reduce the negative aspects of work life, for example, stress, low morale, and turnover. In a hospital orientated climate which is more effective. This research is unquestionably useful but requires further exploration in terms of the environment and measure of EI (Bardzil and Slaski, 2003). It has also been stated that emotional processes which work together in teams to achieve clearly defined goals will feel better supported. As Carter and West (1999) found, midwives who worked in effective teams had lower levels of stress than those who did not. Yor and Tucker (2000) examined the EI of teams and found that a higher level of EI in teams related to greater team success. Midwives can further deal with work place pressures by developing emotional awareness. Hunter (2004) states, that in light of her previous research (2002), EI is the key component in managing EL. This can be achieved in midwives by practical by the process of identifying, integrating and managing emotions into thought processes which will result in a deeper understanding of emotions and consequently more effective management of emotional situations (Kirkbride, 2005). Goleman further suggests that midwives can develop their emotional awareness by developing an insight into their own personal feelings and the feelings of others, by attending counselling and assertiveness courses. She also highlights the pivotal role of supervisors of midwives in supporting midwives through emotional aspects of practice. Deery (2005) reported that group clinical supervision could be effective in developing an increased self awareness in midwives and facilitating support to meet the emotional demands of their role.

Midwives can learn to be emotionally intelligent

Studies have shown that it is possible to learn EI skills (Muller-Smith, 1999; Goleman, 2004) and emotional awareness increases both in the workforce and in development in midwifery. Goleman (1995) claims that midwives can develop and change in later life (Dulwiches and Higgs, 2000). Indeed EI can develop with age and experience (Mayer et al, 1999). Competencies discussed by Muller-Smith (1999) are self-awareness, involving emotional awareness, self assessment and developing self confidence. Bardzil and Slaski (2003) argue that these are essential for attitude and behaviour changes and also for enhancing social skills. As noted earlier, the development of EI, unlike intellectual intelligence, requires experience and is enhanced by mentors and good role models (Begley, 2006). Some young or inexperienced midwives lack this insight into...

The test was used by a study in Fletcher et al (2009) to measure EI in 3rd year medical students following EI training. The intervention group demonstrated significantly higher change in EI than the control group (Fletcher et al, 2009).

The EQ-i is comprised of a list of non-cognitive competencies, or personal qualities in addition to the emotional component of an individual’s ability to cope with environmental pressure.

For example, Freshwater (2003) suggests that communication skills, if taught separately from emotional interactions, then become similar to any other technical intervention and emotions are acknowledged as being important. Other attributes highlighted within the model are the development of empathy and its relationship with good client outcomes, the development of unconditional positive regard and its association with therapeutic healing and also developing an understanding of oneself through self-reflection. These attributes can assist the midwife in creating therapeutic relationships with others (see framework of reflection on EI). In addition to this Ackerman (2007) suggests that, students will become more emotionally intelligent if they are given opportunities to develop their own professional identity along with other disciplines through the process of multidisciplinary learning.

**Conclusion**

EI appears to be crucial for midwives in the maternity care setting because of the following reasons:

- EI refers to our ability to recognize our own feelings and those of others and encompasses managing emotions effectively in ourselves and in our relationships.
- In addition to providing them with a framework for managing emotions, midwives need to develop self-awareness and become emotionally intelligent and not avoid addressing emotional issues in midwifery practice.
- Raising the profile of EI in maternity care will enhance the effectiveness of midwives and will impact on the quality of care that women and their families receive (Hunter, 2004).
- Increasing EI will provide added support for midwives within the workplace and therefore increasing the capacity to deal with workplace pressures and develop effective relationships with colleagues and women (Hunter, 2004).

Emotional Intelligence needs to be acknowledged and included innovatively in pre-registration curricula. As educationalists, we have a duty to potential employers to give the general public good preparation to midwifery students for not only the clinical and theoretical demands of practice but also the emotional challenges which arise in complex situation lives which exist in midwifery practice (McQueen, 2004). Scepticism in relation to EI in maternity care undermines the quality of care and does not lend itself to effective engagement with women or colleagues. Midwives who are emotionally intelligent will become accustomed to managing emotions in practice enhancing both the mother and midwife experience.

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References continued


Hunter R., Doery R. (2010), Building our Knowledge about emotion work in midwifery, combining and comparing findings from two different research studies. Royal College of Midwives. Evidence Based Midwifery 3(1): 10-15.


