An exploration of the importance of emotional intelligence in midwifery

Patterson, D., & Begley, A. (2011). An exploration of the importance of emotional intelligence in midwifery. *Evidence Based Midwifery*, *9*(2), 53-60. https://www.rcm.org.uk/media/2763/evidence-based-midwifery-june-2011.pdf

Published in:
Evidence Based Midwifery

Document Version:
Publisher's PDF, also known as Version of record

An exploration of the importance of emotional intelligence in midwifery

Dorothy Patterson[1] MSc BSc(Hons) ISP PGCPE RM. Ann M Begley[2] PhD MPhil BA RGN AD DipEd

1 Midwifery Teaching Fellow, School of Nursing and Midwifery, Queen's University Belfast, BT7 1NN, Northern Ireland Email: dorothy.patterson@qub.ac.uk
2 Lecturer in ethics, School of Nursing and Midwifery, Queen's University Belfast BT7 1NN, Northern Ireland Email: a.begley@qub.ac.uk

The principal author is grateful to Carolyn Moorhead Midwifery Teaching Fellow Queens University Belfast for her valuable contribution of proof reading and recommendations which she made to this article.

Abstract

Background. Recognition of the importance of Emotional intelligence dates 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 management and is now beginning to appear in nursing, medical and midwifery journals. Emotional intelligence 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 reforms, providing choice to women and facing current issues within the midwifery workforce.
Conclusion. EI refers to midwives' ability to recognise our own feelings and those of others. Midwives need to develop self awareness and not avoid addressing emotional issues in midwifery practice. Raising the profile of EI in maternity care will 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, recognition of feelings, 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; Cadman and Brewer, 2000; Gould, 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 emotional issues can have significant negative outcomes on the health and well being of midwives (Gould, 2003; McMullen, 2003; Hunter, 2004). In spite of family friendly policies and Agenda for Change (Department of Health (DH), 2004) this has barely been acknowledged within the midwifery profession.

The aims of this paper are to define EI, to generate insight into the importance of EI in maternity care particularly in relation to meeting the challenges of today's maternity services and to enhance the reader's understanding of the need to develop EI in student midwives

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 suggested 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 particularly more recently within neurobiological sciences where intelligence and emotions have been studied as components of cognitive, physiological and behavioural responses of individuals to particular life events (Salovey and Meyer, 1990; Barr-On, 2005; 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 transformational leadership skills. It has also been used as a predictor of job performance, team working and effective communication and is widely used as a tool for personnel training and hiring of staff (Akerjordet and Steverinsson, 2008; Jordon, 2009; Joseph and Newman, 2010).

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 expand empirical and philosophical knowledge. Theories of EI do, however, exist and on examination of the literature three main theories and definitions have emerged. Salvoy and Mayer, (1990) defined EI, like academic intelligence, as an ability which can be learned and occurs when an individual can perceive, appraise and express emotions. Goleman (1995) viewed EI as a set of skills and personal competences all which 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; 2004) who argues that EI is an important social skill that is essential to the process of empathy. EI, therefore, can be defined as a multidimensional concept representing core abilities which identify process and manage emotions and enable individuals to deal with life events 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 helps develop more insight into the complex situations that professional relationships bring within 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 parts of the brain (Goleman, 1995; Bardzil and Salaski, 2003; Moriarity 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 intellectually which takes place in the classroom 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 (Jordon 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 and exemplars. 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 skilful feedback to other team members (Goleman 2004).

Furthermore Strickland (2000) and Goleman (2004) claim that EI is more important than intellectual intelligence, since people with high levels of EI demonstrate higher levels of interactive skills, 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 recognise their own feelings, the feelings of others and they need to be able to articulate their feelings in a meaningful way. Work by Hunter and Deery (2005) suggests that midwives who failed to acknowledge the importance of emotions in midwifery tended 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 automaton and they do not facilitate a woman centred approach to midwifery practice.

EI in midwifery practice

Midwives and the acknowledgement of emotions in practice

Hunter (2005) refers to 'social norms' regarding displaying emotions and acknowledges that there are times when it is not considered appropriate in midwifery to display emotions. This supports the Aristotelian approach that emotions must be expressed in the appropriate circumstances. For example, traditional nursing and midwifery training programmes encouraged nurses and midwives to conceal their emotions and work behind a professional facade which protected them from the emotions of patients (Menzies, 1960). This is illustrated in the following extracts from Way (1962): 'Sympathy with the patient is a dangerous virtue, meaning as it does, to suffer with someone.' (Way, 1962: 13) and 'Patients will, if you let them... tell you all their problems and monopolise your time.' (Way, 1962: 16). This implies that it would be a weakness on the part of the practitioner if time was spent engaging with clients at this level (Begley,2006).

Patterson D, Begley AM. (2011) An exploration of the importance of emotional intelligence in midwifery. *Evidence Based Midwifery* 9(3): xx-xx

© 2010 The Royal College of Midwives. *Evidence Based Midwifery* 9(3): xx-xx

Historically midwifery care was community based, until recommendations the Peel Report (1970) recommended that hospital facilities should be available to 100% of women giving birth. This brought about significant changes to 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 (Mander and Reid, 2002). The results of control and medicalisation when birth was moved from the family setting to institutions were that midwives were inclined to become distant and detached from the women they cared for (Donnison, 1988; Currell, 1990). Hunter (2005) acknowledged the importance of emotional support in the mother-midwife relationship and its impact on the quality of care that a woman receives. She states 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 normal 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 in health care. Concepts such as the named midwife, integrated midwife-led schemes of care, continuity of care, working in partnership with women and midwives as a first point of contact all emphasise the need for effective communication and the importance of the midwife-woman relationship (Kirkham, 2000; Wiggins and Newburn, 2004; DH, 2007; Scottish Government Health Directorates (SGHD), 2010).

EI and emotional labour(EL)

In midwifery practice, therefore, EI 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 Hochschield's (1983) theoretical framework of Emotional Labour (EL) and reported that midwifery was 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. Hochschield (1983) defined EL as the' induction or suppression of feelings to sustain the outer appearances that results in individuals feeling cared for in a convivial safe way' (Hochschield, 1983 p.7). Hunter (2004) reported that midwives who were struggling and unable to provide women focused maternity care found the emotional work of midwifery difficult and they required support in managing their emotions. It is not being suggested that EL and EI are similar concepts, but McQueen (2004) states that the mental processes involved are similar. Reflecting on the work of Menzies (1960) and Way (1962) it is understandable that in the past practitioners were discouraged from being emotionally involved since remaining aloof offers a certain degree of protection from such EL.

Incongruent emotions

Vitello-Cicciu (2003) highlights another area of stress and unhealthy emotions within the work place. That is when practitioners force themselves to feel the expected emotion, 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-Cicciu, (2003) claims this 'incongruence or dissonance' between what the practitioner actually feels and what they are expected to feel evolves into EL. If these emotions are not managed, they can result in burnout and psychological illness. This in turn is reflected in the quality of care, since burnout in health and nursing staff is linked with reports of patient dissatisfaction (Lester et al, 1998).

EI and delivery of maternity services

Recruitment and retention

Deery (2005) indicates that midwives not only display positive emotions of empathy and caring to women but are 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 Midwifery Council (NMC), 2009a). The midwifery profession is still facing a staffing crisis with a reduced number of registered midwives and many are now due to retire (NMC, 2009a). Levels of staffing within maternity services is particularly relevant as it is evident that maintaining adequate staffing levels impacts on both quality of maternity services and on the level of satisfaction experienced by mothers (Hatem et al, 2008).

Increased Birth Rate

For the seventh successive year in England and Wales there has been an increase in the birth rate; in 2008 there were 701,711 live births compared to 690,013 in 2007 which indicates an increase of 2.7% in one year (Office of National Statistics, 2010). This has been compounded by the fact that there is a continued rise in the proportion of births to mothers born outside the United Kingdom 24% in 2008 compared with 14% in 1998 (Office of National Statistics, 2010). This has led to difficulties in how midwives work due to problems which exist around communication where English is not the woman's first spoken language. Added to this is the fact that non-English speaking women including black African, asylum seekers and refugees were six times more likely to die than white women (Centre for Maternal and Child Enquiries (CMCE), 2007). Midwives working in such highly charged and stressful environments need to develop an understanding of what Hunter (2004) refers to as 'emotion work' in order to address the issues increased pressures within the service.

Bullying

If we are to address the needs of an already stretched workforce we need EI to manage relationships with colleagues (Sandall, 1997; Elliott, 2004). At all levels we need skill in dealing with conflicting emotions in the work place as there is evidence that 'horizontal violence' and bullying is a reality among midwives and student midwives (Leap, 1997; Ball et al, 2002; Gillen et al, 2009). Gillen et al (2009) found that that 27% of the cases considered leaving in the first 3 months due to poor interpersonal relationships. Keeling et al (2006) highlights the detrimental effect that bullying has on the emotions and EI of the victims. It leads to stress, long term physical health problems and a bullying culture which will compound problems related to recruitment and retention of midwives. Fineman (2003) claims that midwifery leaders are required to display leadership qualities which are emotionally responsive to dealing with stress caused by bullying within the workplace. This will assist in creating a safe environment where midwives can feel supported and where their emotional needs are being recognised (Hunter, 2009).

EI is needed for transformational leadership

The National Health Service and maternity services are constantly undergoing change and reform. Successive United Kingdom Governments have made huge demands on health care staff. Documents such as The New NHS Modern, Dependable (DH, 1997); Making a Difference (DH, 1999); The NHS Plan: a Plan for Investment, a Plan for Reform (DH, 2000); and recently Front Line Care Report by the Prime Minister's Commission on the Future of Nursing and Midwifery (DH, 2010) have exhorted the National Health Service to improve and meet the needs of consumers and provide a patient focused service.

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, 2007). In order to meet the demands of change and reform, effective transformational leadership throughout the profession is needed (Elliott, 2004; Coggins, 2005; 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 demonstrate personal and social competence which complements transformational leadership. Without EI, therefore, midwifery leaders will fail to be effective in meeting the needs of women, inspiring colleagues and implementing Government reform.

Dealing with current pressures within the midwifery workforce

Bardzil and Slaski (2003) implemented a model of service quality competences based on EI and staff who were given training in self awareness for one day per week over a period of four weeks. Those staff were followed up at six months and eighteen months and were found to have developed and maintained increased awareness of emotional processes. Goleman (2004) and Slaski and Cartright (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 poor mental health and also promote a service 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 Skaski, 2003). It has also been reported that midwives who 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. Yost 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 midwifery practice by the process of perceiving, identifying and integrating emotions into thought processes which will result in a deeper understanding of emotions and consequently more effective management of emotional situations (Salvoy and Mayer, 1997). Hunter (2009) 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 although emotional skills are learned in childhood, they can be developed and changed in later life (Dulewicz 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). Sometimes young or inexperienced midwives lack this insight into

Patterson D, Begley AM. (2011) An exploration of the importance of emotional intelligence in midwifery. *Evidence Based Midwifery* 9(3): xx-xx

the needs of women. This problem can be overcome by using literature to nurture insight into issues facing others. For example, Heaney's poem (1969) Elegy for a Still Born Child can draw us into the emotions of a couple who have experienced the loss of a child. Literature is 'a window through which we can see into the experiences of others' (Begley, 2003: 129).

This method of facilitating the development of EI is particularly useful in educating students for practice (Begley, 2010). Many midwives feel inadequately prepared for the interpersonal and emotional roles that sometimes occur in their practice (Henderson, 2001; Hunter and Deery, 2005). Gould (2003) suggests that we should set up opportunities for women's birth stories to be heard in multidisciplinary forums, and that we need to look at re-skilling in areas of communication developing EI so as to deliver care that is more sensitive.

Testing of EI

There is, of course scepticism in relation to the nature and importance of EI. It has been suggested that EI can be explained by personality traits and cognitive abilities (Landy, 2005). However several tests which employ self report devices and psychometric measurements that will quantify psychological qualities have been developed to measure EI (Akerjordet and Steverinsson, 2007). The Bar –On Emotional Quotient Inventory (EQ-i:s) (2002),a self report questionnaire is a test which is recognised internationally to measure EI. The EQ-is comprised of a list of non-cognitive competences, or personal qualities that demonstrate an individual's ability to cope with environmental pressure.

This test was used in a study by 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 test was reported to have a sound theoretical base, good psychometric properties and it has been used in many international studies, demonstrating construct and predictive validity (Benson et al, 2009; Barr-On, 2005).

The Barr-On (2002) EQ-i:s was also used in a cross-sectional study to measure EI in 100 baccalaureate nursing students. The aim was to evaluate the differences in EI in students across a four year pre-registration program (Benson et a, 2009).

All the nursing students were found to have a level of EI that enabled them to establish effective interpersonal relationships and to function under pressure. However there was a statistical difference (p=<05) in scores between students in year 1 and year 4 in interpersonal skills and stress management with scores being higher in year 4 students than year 1 The Mayer-Salovey-Caruso EI test (2003) (MSCIT) can also be used in measuring. This tests abilities such as how individuals correctly identify emotions, how they cognitively use emotions and how emotions are managed. Validation of the test occurs by comparing the responses to expert opinion which are supported by views from the general public using focus groups.

EI and Pre-registration Midwifery Education

Nurturing emotionally intelligent midwives for the future is challenging and it could be said that traditional pre-registration midwifery programmes which focused on the teaching of practical skills and knowledge within the class room failed to enhance this essential attribute. These models of learning promoted surface learning rather than deep learning (Entwistle and Ramsden, 1993). Pre–registration programmes are now based on critical social theory and feminist epistemology which promotes a reflective holistic approach and includes interpersonal skills training and personal development (Freshwater and Stickley, 2004). Hunter (2004), states that this is not sufficient to address the complex emotions which may arise in practice. Communication is an essential skill which was introduced into midwifery training following the review of pre-registration midwifery education by the Nursing and Midwifery Council (2006).It will be interesting to assess if achievement of this competency as an essential skill in training will assist to prepare midwives to deal with emotional issues in practice. Hunter (2009) endorses raising the profile of emotional awareness in pre-registration midwifery programs by incorporating role play, theatre and drama within a supportive environment. The introduction of these, in addition to appropriate literature and poetry (Begley, 2006) into programs would facilitate the exploration of a range of emotional issues which may arise in practice. This method of engaging the emotions and nurturing insight has proved successful in nursing students (Begley et al , 2010).

Bulmer Smith et al (2009) insisted that methods of nurturing EI need to be included in pre-registration curricula. Students need to understand the emotional nature of practice, they need emotional skills to be competent in practice and they need EI to deal with stressful working environments. Akerjordet (2007) recommends that EI is integrated into nurse education by means of a transformatory learning model which focuses on both emotional and rational development. Freshwater and Stickley (2004) state that it is not enough for the rational mind to attend to practical and technical tasks as the rational mind does not 'intuitively sense the needs and emotions of the person at the receiving end of care' (Freshwater and Stickley, 2004: 93).

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 ignored and unrecognised. 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 Akerjordet (2007) suggests, that students will become more emotionally intelligent if they are given opportunities to develop their own professional identity amongst other disciplines through the process of multidisciplinary learning.

Conclusion

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

Patterson D, Begley AM. (2011) An exploration of the importance of emotional intelligence in midwifery. *Evidence Based Midwifery* 9(3): xx-xx

- 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.
- In order to support women and provide women centred care, 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 work environment, by strengthening 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 responsibility to potential employers and the general public to prepare midwifery students for not only the clinical and theoretical demands of practice but also the emotional challenges which arise in complex life situations 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.

References

Akerjordet K., Steverinsson E. (2007) EI: a review of the literature with specific focus on empirical and epistemological perspectives. Journal of Clinical Nursing 16:1405 – 1416.

Akerjordet K., Steverinsson E. (2008) Emotionally intelligent nurse leadership: a literature review study. Journal of Nursing Management 16: 565 – 577.

Akerjordet K. (2009) EI: Part 1: The development of scales and psychometric testing. Nursing and Health Sciences 11: 58 -63.

American Psychogical Association (APA) (2007) APA Dictionary of Psychology. Library of Congress Press: Washington.

Aristotle Translated The Ethics of Aristotle, The Nicomachean Ethics, Trans. Thompson, J.A.K. (1976) Penguin. (Revised translation).

Ball J., Curtis P., Kirkham M. (2002) Why do midwives leave? Women's Informed Childbearing and Health Research Group: University of Sheffield.

Barr-On R. (2002) Barr-On Emotional Quotient Inventrory: Short: Technical Manual. Multi Health Systems Inc: Toronto.

Bar-On R. (2005) The Bar-On model of EI. Psycothema Special Issue on EI 17: 1-28.

Bardzil P.,Salaski M. (2003) EI; Fundamental competencies for enhanced service provision. Managing Service Quality 13 (2): 97-104.

Bass, B. (1990) Bass and Stodgill's handbook of leadership: Theory, research and managerial applications. Free Press: New York.

Begley A. (2003) Creative approaches to ethics: poetry prose and dialogue. In: Tschudin V. (2003) Approaches to Ethics. Butterworth Heinemann: London:

Begley A. (2006) Facilitating the development of moral insight in practice: teaching ethics and teaching virtue. Nursing Philosophy: 7: 257 – 265.

Begley A. (2010) On being a good nurse: reflections on the past and preparing for the future. Organisational Journal of Nursing Practice 16: 525 -532.

Begley A. , Glackin M., Henry R. (2010) Tolstoy, stories, and facilitating insight in end of life care: exploring ethics through vicarious experience. Nurse Education Today, 9: 907

Benson G., Ploeg J., Brown B. (2009) A cross-sectional study of EI in baccalaureate nursing students. Nurse Education Today 30: 49 -53.

Bulmer Smith K., McGrath J., Cunnnings G. (2009) EI and nursing. An integrative literature review. International Journal of Nursing Studies 46: 1624 – 1636.

Carrothers R.,Gregory S., GallagherT. (2000) Measuring Emotional Intelligence of medical school applicants. Academic Medicine 75 (5): 456 - 463.

Cadman C., Brewer J. (2001) EI: a vital prerequisite for recruitment in nursing. Journal Nursing Management 9 (6): 321-324.

Carter A., West M. (1999) Sharing the burden – teamwork in healthcare settings: In: Firth A., Cozens J., Payne R. (eds) Stress in Health Professionals. Wiley: Chichester.

Centre for Maternal and Child Enquiries (CMACE) (2007) Saving Mothers Lives: Reviewing maternal deaths to make motherhood safer- 2003- 2005. CMACE: London.

Coggins J. (2005) Strengthening Midwifery Leadership. Royal College of Midwives Journal 8(7): 310-313.

Currel R. (1990) The Organisation of Midwifery Care In: Alexander J., Levy K., Roach S. (Editors) Midwifery Care: Antenatal Care. A Research based Approach. MacMillan Press: London.

Deery R. (2005) An action-research study exploring midwives' support needs and the affect of group clinical supervision. Midwifery 21(2): 161 – 165.

Department of Health (1970) Report of the Maternity Advisory Committee: Domiciliary & Maternity Bed Needs. Chairman: Peel, Sir John. HMSO: London.

Department of Health (1997) The New NHS modern, dependable. HMSO London.

Department of Health (1999) Making a difference: Strengthening the nursing, midwifery and health visiting contribution to healthcare. HMSO: London.

Department of Health (2000) The NHS Plan: a plan for investment, a plan for reform. HMSO: London.

Department of Health (2004) NHS Pay Modernisation in England: Agenda for Change. HMSO: London.

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe service. HMSO: London.

Department of Health (2010) Front Line Care: report by the Prime Ministers Commission on the Future of Nursing and Midwifery in England. HMSO: London.

Donnison J. (1988) Midwives & Medical Men 2nd Edition. Historical Publications: London.

Duleweiz C., Higgs M. (2000) "EI: A Review and Evaluation Study. Journal of Managerial Psychology 15(4): 341-368.

Elliott M. (2004) Cultivating tall poppies. Royal College of Midwives Journal 7 (9): 384 – 385.

Entwhistle N.,Ramsden P. (1983) Understanding student learning. London: Croom Helm.

Fineman S. (2003) Understanding emotion art work. Sage: London.

Fletcher I., Leadbetter P., Curran A., Osullivan H. (2009) A pilot study assessing Emotional Intelligence training and communication skills with 3rd year medical students. Patient Education and Counselling 76: 376 – 379.

References continued

Freshwater D. (2003) Counselling skills for nurses, midwives and health visitors. Open University Press: Buckingham.

Freshwater D., Sickley T. (2004) The heart of the art: Emotional Intelligence in nurse education. Nursing Inquiry 11 (2): 91 - 98.

George J. (2000) Emotions and leadership: the role of EI. Human Relations 53 (8): 1027 – 1055.

Gillen P., Sinclair M., Kernohan W., Begley, C. (2009) Student midwives experience of bullying. Evidence Based Midwifery 7 (2): 46 53.

Goleman D. (1995) Emotional Intelligence Bloomsbury Publishing:.London.

Goleman D. (2004) Emotional Intelligence. Bloomsbury Publishing: London.

Gould D. (2003) Emotional Intelligence. British Journal of Midwifery 11 (4): 203.

Hatem M., Sandall J., Devane D. et al (2008) Mid-wife led versus other models of care for childbearing women (Cochrane Review). The Cochrane Database of Systematic Reviews 4: 2008.

Heaney S. (1969) Elegey for a still born child. In: Door into the dark. Faber and Faber: London.

Henderson A. (2001) Emotional Intelligence and nursing: an underappreciated aspect of caring work. Nursing Inquiry 8 (2): 130 – 138.

Hochshild A. (1983) The managed heart: commercialization of human feeling. University of California Press: Berkeley California.

Hunter B. (2002) Emotion work in midwifery: an ethnographic study of the emotional work undertaken by a sample of student midwives and qualifed midwives in Wales. (Unpublished PhD thesis) University of Wales: Swansea. In: Hunter B. (2004) The Importance of EI. British Journal of Midwifery 12 (10): 604-606.

Hunter B. (2004) The Importance of Emotional Intelligence: British Journal of Midwifery 12 (10): 604-606.

Hunter B. (2005) Emotion work and boundary maintenance in hospital-based midwifery. Midwifery 21: 253 – 266.

Hunter B. (2006) The importance of reciprocity in relationships between community based midwives and mothers. Midwifery 22 (4); 308 – 322.

Hunter B. (2009) The emotional context of midwifery. In: Fraser D., Cooper M.(Editors) Myles Textbook for Midwives. Churchill and Livingstone: London.

Hunter B., Deery R. (2005). 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.

Jordan P.(2009) An examination of the impact of emotions and Emotional Intelligence on organizational change and organizational learning., In: K. Kumar, (Editor). Organizational Change. ICFAI University Press: India.

Jordan P., Troth A. (2004). Managing emotions during team problem solving: Emotional Intelligence and conflict resolution. Human Performance 17 (2): 195 - 218.

Joseph D., Newman D. (2010) EI : An Integrative Meta Analysis and Cascading Model. Journal of Applied Psychology 95 (1): 54 – 78.

Keeling J., Quickley J., Roberts T. (2006) Bullying in the workplace: What it is and how to deal with it. British Journal of Midwifery 14 (10): 616 – 620.

Kirkham M. (2000) How can we relate? In: Kirkam M. Editor, The midwife-mother relationship. Macmillan Press: London.

Landy F. (2005) Some historical and scientific issues related to research on emotional intelligence. Journal of Organisational Behaviour 26: 411 – 424.

Leap N. (1997) Making sense of horizontal violence in midwifery. British Journal of Midwifery 5: 689.

LeDoux, J. (1998) Emotional Memory Systems. Behavioural and Brain Research, 58(1-2): 69-79.

Lester M., Harvey P., Frizzle,C. (1998). The correspondents of nurse burnout and patient satisfaction. Social Science of Medicine 47: 1611-1617.

Mander R., Lindsay R. (2002) Midwifery power. In: Mander R., Flemming V. (Editors) Failure to Progress. Routledge: London.

Mann S. (2005) A healthcare model of Emotional Intelligence. Journal of Organisation and Management 19: 304 – 317.

Mayer J., Caruso D., Salovey P. (1999) Emotional Intelligence meets traditional standards for intelligence. Intelligence 27: 267 – 298.

Mayer J., Salovey P. Caruso D. (2003) Measuring Emotional Intelligence with the MSCIT. Emotion 3: 97- 105.

McMullan B. (2003) EI Student. British Medical Journal 11: 18-19.

McQueen A. (2004) Emotional Intelligence in Nursing Work. Journal of Advanced Nursing 47(1): 101-108.

Menzies L. (1960) A Case study in the functioning of social systems in the defence against anxiety. Human Relations, 13: 95-121.

Moriarty P., Buckley F. (2003); Increasing Team EI through Processes. Journal of European Industrial Training, 27(2): 98-110.

Muller-Smith P. (1999) Yet another Workplace Crisis. Journal of Per-Aneathesia Nursing, 14 (4):.217 – 220.

Nursing and Midwifery Council (NMC) (2006) Consultation for review of pre-registration midwifery training: competencies and content. NMC: London.

Nursing and Midwifery Council (NMC) (2009a) Analysis of LSA Reports to the NMC 2008 – 2009. NMC: London.

Office for National Statistics (2008) Live Birth Statistics. Accessed 18th May 2010 at http://www.statistics.gov.uk

Ralston R. (2005) Transformational Leadership: leading the way for midwives in the 21st century. Royal College for Midwives Journal 8(1): 34-37.

Salvoy P., Mayer J. (1990) Emotional Intelligence. Imagination, Cognitation & Personality, 9 (3):185-211.

Salvoy P., Mayer J. (1997) What is Emotional Intelligence? In: Salovey P.,

Sandall J. (1997) Midwives burnout and continuity of care. British Journal of Midwifery 5 (2): 106 -111.

Scottish Government Health Directorates (SGHD) (2010) Multi-professional: Keeping Childbirth Natural and Dynamic (KCND) programme. SGHD: Edinburgh.

Slaski M., Cartright S. (2002) Health performance and Emotional Intelligence: an exploratory study of retail managers. Stress and Health, 18 (2): 63 - 68.

Steiner C. (1997) Achieving Emotional Literacy. Bloomsbury Publishing: London.

Strickland D. (2000) Emotional Intelligence: the most potent factor in the success equation. Journal of Nursing Administration 30 (3):112-127.

Vitello-Cicciu J. (2003) Nursing Management 34 (10): 28-32.

Walsh D. (2007) Improving maternity services. Small is beautiful – lessons form a birth centre. Radcliffe Publishing: Oxford.

Way H. (1962) Ethics for nurses. Macmillan: London.

Wiggins M. Newburn M. (2004) Information used by pregnant women, and their understanding and use of evidence-based informed choice leaflets. In: Kirkam ,M. (Editor) Informed choice in maternity care. Palgrave Macmillan: Basingstoke.

Yost C., Tucker M. (2000) Are effective teams more emotionally intelligent? Confirming the importance of effective communication in teams. Leadership Quarterly 11: 243 – 274.