An exploration of the importance of emotional intelligence in midwifery


Published in:
Evidence Based Midwifery
An exploration of the importance of emotional intelligence in midwifery

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The principal author is grateful to Carolyn Moorhead Midwife Teaching Fellow Queen’s 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 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 recruitment and development. 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 the development of emotional awareness. Combining the three main theories and definitions have emerged. Salvoy (1995) defined EI as being similar to a set of personality traits and abilities. EI which, as Hunter (2009) claims, is needed for the development of emotional awareness. EI in midwifery practice

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 midwifery will enhance the effectiveness of midwives and strengthen relationships are vital. The development of EI ensures that professional relationships bring within midwifery practice.

Key words: Emotions, intelligence, recognition, feelings of understanding, emotions of 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; c.f. Akerjordet and Steverinsson, 2009). It is very generally that actually 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; Akerjordet and Steverinsson, 2009). In spite of the fact that it is very generally that actually little of our lives is governed by logic alone. It is rather our emotional world that motivates our decisions and actions. Emotional intelligence is referred to 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 capacities 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 social and emotional skills which enable individuals to express themselves and understand others.

The importance of EI has been highlighted by Goleman (1995) who states that EI is an important contribution to the way that an individual can persist 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 neurological sciences where intelligence and emotions have been studied as components of cognitive, physiological and behavioural responses of individuals to particular life events (Sloyer and Meyer, 1999; Barr-On, 2003; American Psychological Association (APA), 2007; Akerjordet and Severinson, 2008).

Within nursing literature EI has become prevalent but Buckler 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, 2009). Jordon (2009) refers to the difficulties in measuring EI in 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 midwives need to recognise their own feelings and the feelings of others. EI is a more successful in personal relationships (Akerjordet and Steverinsson, 2009).

EI and the intellect
There is a need to explore the nature of EI vis a vis general intelligence. Intelligence is normally associated with intellectual intelligence. Emotional and intellectual intelligence are situated in different areas of the brain (Goleman, 1995; Bardzil and Salaski, 2003; Moriarity and Buckley, 2003; McQuen, 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. Emotional intelligence is a reflection of the right degree in the appropriate circumstances and towards the appropriate person (Thompson, 1976).

Midwives and the acknowledgement of emotions in practice
Hunter (2005) refers to ‘social norms’ regarding displaying emotions and acknowledges that there is a need to consider whether it is not considered appropriate in midwifery to display emotions. This supports the Aristotelian approach that emotions that must be expressed in the appropriate circumstance (2004). In spite of the fact that midwife practitioners need more insight into the complex situations that professional relationships bring within midwifery practice.

Midwives in midwifery practice
Midwives 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 emotional intelligence in midwifery practice were unable to articulate their feelings in a meaningful way. It is generally accepted that very little training and hiring of staff (Akerjordet and Steverinsson, 2008). EI therefore, can be defined as a multidimensional concept representing core abilities which influence process and manage emotions and enable individuals to express themselves and to be more successful in personal relationships (Akerjordet, 2009). This is particularly relevant to midwifery practice. 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 impact on the way that midwives can be defined as a set of personality traits and abilities. Emotional intelligence quotient (IQ) (Goleman, 2004). EI differs, however, Hunter (2009) acknowledges that it is essential for effective midwifery practice, since midwives need to recognise their own feelings and the feelings of others.
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 was a significant step towards 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 isolated 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 the physical and mental health of the mother. It 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 birth to each birth setting 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 regarded. 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 the midwife to understand and predict the experiences of the midwife-woman relationship (Kirkham, 2000; Wiggin 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). 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 (Census, 2001). In order to meet the demands of change and reform, effective transformational leadership throughout the profession is needed (Elliott, 2010). 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) states that those with high EI are able to develop more effective and positive working relationships. Goleman (2004) underscores the importance of EI in teams related to greater team success. EI is needed for transformational leadership (Bass, 1990).

The National Health Service and maternity services are constantly undergoing change and reform. Successful change requires strong leadership on the part of the 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 outlined the National Health Service to improve and meet the needs of our society.

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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 701,714 live births compared to 690,013 in 2007 which was an increase of 2.7% (Office of National Statistics, 2010). This has been compounded by the fact that there is a continued rise in the proportion of women who are married (Office of National Statistics, 2010). In 2008 45% of women reported that they were married and that they were not pregnant. This is an indication that many women are delaying their first pregnancy.

Bullying

If we are to address the needs of an already stretched workforce we need EI to manage relationships with colleagues who are difficult. EI enhances the experience of the woman, it must be acknowledged that in the past practitioners were discouraged from being emotionally involved since remaining aloof offers a certain degree of protection from such EI.

Incoguent 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 the expected affects and the emotions received. It states that what the practitioner actually feels and what they are expected to feel evolves into EI. 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 powerful 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 the negative emotional climate and the incidence of the midwife-woman relationship (Kirkham, 2000; Wiggin and Newburn, 2004; DH, 2007; Scottish Government Health Directorates (SGHD), 2010).

Midwives can learn to be emotionally intelligent, requires experience and is enhanced by social skills. Bardzil and Slaski (2003) argue that these are essential for facilitating support to meet the emotional demands of their patients.

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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 comments on a community of women 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).

The importance 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 can quantify psychological qualities have been developed to measure EI (Akerjordet and Stevenstorn, 2007). The Bar-Oh EI (2005,2002),a self report questionnaire is a test which is recognised internationally to measure EI. The EQ-i is comprised of a list of non-cognitive competencies, or personal qualities and EI that demonstrate one’s individuality 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 nursing interventions (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 acknowledged and recognised. 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 as well as 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:

• 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 relation to the midwifery profession and provide women centred care, midwives need to develop self awareness and become emotionally intelligent and not avoid addressing emotional issues in maternity practice
• Raising the profile of EI at the level 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 will result in more effective and ethical management of 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 no onus to potential employers to provide the general public to prepare midwives students for not only the clinical and theoretical demands of practice but also the emotional challenges that arise in complex life situations which exist in maternity 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 accoutumse to managing emotions in practice enhancing both the midwife and motherly experience.

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 primarily on developing EI and the 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). Problems arose from a lack of critical 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 (Bear –Oh, 2005).

Mulher Smirh (2009) suggested 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 intelligence that demonstrates in the abilities to cope with emotional issues in practice. 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 as well as other disciplines through the process of multidisciplinary learning.

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Royal College of Midwives. Evidence Based Midwifery 3(1): 10-15.