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## Education, emotions and health: Emotional education in Nursing

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#### Abstract

Emotional Education is more and more present every day in schools and universities. Medicine and Nursing students are maybe the most required to have emotional skills both in the university field and later on in the professional field. The aim of our study was to work with Nursing students carrying out practical exercises to train and provide the development of socioemotional skills. At a methodological level, an intervention study with pre-post evaluation was carried out. It was conducted in four practical workshops where they learnt different techniques for the development of the above mentioned socioemotional skills. TMMS-24 was applied to 108 first year Nursing students of Universidad Católica of Murcia. Results showed a statistically significant improvement on Emotional Attention after the intervention. As a conclusion we highlight the positive results obtained after the practical workshops, both shown by final data as per expressed by the students. We find necessary an ongoing Emotional Education which takes account of intercultural diversity to improve the results even more.

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#### 1. Introduction

#### 1.1. Emotional Education

According to Bisquerra, Emotional Education (which is the educational field of Emotional Intelligence) is an education process aiming to give students emotional competences to bring them welfare and resources in life. Some of the targets of the Emotional Education are (Bisquerra, 2012): gaining a better knowledge of their own emotions, identifying other's emotions, correct denomination of emotions, developing skills to regulate own emotions,

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increasing tolerancy threshold to frustration, foreseeing harmful effects of negative emotions, developing the ability to produce possitive emotions, taking a possitive attitude facing life, learning how to flow.

Though Education for Health is progressively becoming more and more taken into consideration, further training is required not only for our students but also for our teachers to be able to transmit the necessary tools for an appropriate physical and/or emotional health (Salvador Llivina, Suelves Joanxich & Puigdollers Muns, 2008).

As it was exposed during the First International Congress on Emotional Intelligence held in Málaga (Spain) in 2007, many training programs are currently being implemented, some of them still at an experimental stage. Most of these programs are producing very possitive results and showing more and more the efficacy of Emotional Education in the prevention of school violence, as well as the psychosocial adaptation of students (Jimenez, 2009).

The U.S integrative proposals called SEL: Social and Emotional Learning, are proposed as the best way to prevent specific problems of children and young people, and they try to work through the practical development of emotional and social skills in a possitive and stimulating atmosphere (Greenberg, 2003).

There has been great advance and there are more and more educative forums starting to place emotional management in the centre of education programs. Following the way paved by pioneer researchers such as Daniel Goleman, the father of the concept of Emotional Intelligence, or Linda Lantieri, specialist in the application of these ideas on education, nowadays there are several projects clearly seeing this is the right path to follow. In addition, some teachers, on a personal basis, try to work these aptitudes with their students because they believe they will be essential for their development as adults (Punset, 2012).

At a university level there are more and more professional careers teaching some subject regarding Emotional Intelligence, as in Infant or Primary Teaching, Psychology, Pedagogy, or in healthcare degrees such as Medicine or Nursing.

#### 1.2. Emotional Education in the healthcare field

The continuous stress responses facing occupational situations within the healhcare context can justify different symptoms or emotional behaviours shown by healthcare professionals. The most well-known is the Burnout Syndrome (Porras, Bilbao & Vila, 2005), consisting in a feeling of emotional exhaustion and a negative feeling regarding work, mates, patients and their relatives.

Healthcare professionals are constantly exposed to relationships with others, other's care in painful situations, suffering, illness and death. They are exposed to very painful feelings, with the consequent emotional reaction on themselves. If there is no Emotional Intelligence, it can be easily intuited that their health will be depleted over time, and they will start to feel other symptoms related to emotional exhaustion or stress.

Sometimes healhcare staff does not have the emotional skills to allow them to face their daily situations. Fears, stress, personal or work problems can affect the quality of the attention offered to their patients and their relatives. For this reason, training on this skills is becoming more and more necessary to avoid physical and mental problems in this profession.

The ongoing training of healhcare professionals is a protection factor facing the feeling of incapacity, as well as the response to stress. As the healthcare professionals gain knowledge, attitudes and qualifications, they find themselves more capable (Perea-Baena & Sánchez-Gil, 2008). There are different studies relating the ongoing training of the professionals with the good practice, with optimism at work (Álvarez, 2006; CODAE, 2007; Robledo, 2006) and with the appropriate response to professional challenges. Extremera & Fernández (2004) provide evidence about the existing relation between Emotional Intelligence and some aspects of interpersonal relationships, and the empathic attitudes in Spanish university students. According to Maqueda and Martínez (2012), healthcare professionals, especially Nursing ones, have the ethical and professional obligation to provide care, and for this purpose they need an important Emotional Education.

Emotional Education in Nursing favours a better mental and physical health, since the level of stress decreases when we use emotional skills (Cadman & Brewer, 2001; Carmona-Navarro & Pichardo-Martínez, 2012; Simpson & Keegan, 2002).

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