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

Dorothy Patterson1 MSc BSc(Hons) IISP PGCFE RM, Ann M Begley2 PhD MPhil BA RGN AD DipEd

1 Midwives’ Development Team, 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 Moorehead 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 back dates as far as Aristotle (350BC). More recently the notion of emotional intelligence features in social psychology literature; it has also been embraced within personnel development. In the midwifery profession, midwives are constantly responding to change and challenges within maternity services. This paper examines the intelligence on practice, particularly in relation to improving the quality of care delivered to women, and enhancing our relationships with colleagues.

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 (Waterston and Stickley, 2004: 91).

EI and failure to understand emotional health can have significant negative outcomes on the health and well being of midwives (Gould, 2003; McMullen, 2003; Hunter, 2009). It is important to redefine EI at this time, as the concept of EI dates back to Aristotle in 350BC when it was first proposed by Aristotle in his writings. The concept of EL is crucial to 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 our emotions effectively in ourselves and in our relationships. Aims. Overall the aim of the paper is to define emotional intelligence and to present an original framework for reflection on the significance of this attribute in midwifery. This paper 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 midwifery care will enhance the effectiveness of midwives and strengthen relationships to deal with pressures and develop effective relationships with colleagues and women (Hunter, 2004).

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

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, 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 our emotions effectively in ourselves and in our relationships. Aims. Overall the aim of the paper is to define emotional intelligence and to present an original framework for reflection on the significance of this attribute in midwifery. This paper 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.

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 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; Moriarity and Buckley, 2003; McQueen, 2004). This is further supported by evidence from LeDoux (1998) and 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 academic knowledge; EI is more about interpersonal understanding and the process of emotional management.

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 (Goleman, 2004). Midwifery training programmes encouraged nurses and midwives to conceal their emotions and work behind a professional façade 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 ‘Palace in the present, 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). Goleman (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 whilst practical wisdom including the ability to make wise judgements. Philosophers, therefore, need to find ways 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).

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. Significant changes related 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 the move from 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, 1990). Hunter (2005) acknowledged the importance of emotional support in the mother-midwife relationship and its impact on women they cared for (Donnison, 1988; Currell, 1990). 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 more natural approach to childbirth where midwives can manage emotions more effectively.

In recent decades, concepts which incorporate involve emotional commitment and focus on the part of the midwife are now more highly valued. Conceptually, 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 to understand the experience 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 EL 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 what it means for midwives in the context of the midwife-woman relationship (Kirkham, 2000; Wiggins and Newburn, 2004; DH, 2007; Scottish Government Health Directorates (SGHD), 2010). Hochschild’s definition of EL is 'the concealment or suppression of one’s true feelings in order to conform to what society deems appropriate or expected'. The midwife may experience EL when providing care to women in pain or when the midwife is required to act in a way that conflicts with their own personal beliefs or values. The midwife may also experience EL when their own emotions are triggered by the emotions of others, such as patients or families.

EI and emotional labour (EL)

EI and emotional labour (EL) are complex concepts that are difficult to define and measure. EI has been defined as the ability to accurately perceive and understand emotions in oneself and others, and to respond to them in a way that is adaptive and beneficial. EL, on the other hand, has been described as the process of controlling or suppressing one’s own emotions, often in response to the demands of the workplace or other external factors.

EI and emotional labour (EL) interact in a number of ways. For example, EI can facilitate the ability to manage EL by helping individuals to recognize and regulate their own emotions, as well as to understand and respond to the emotions of others. Conversely, EL can negatively impact EI by causing emotional exhaustion and burnout. Therefore, it is important to consider both EI and EL when exploring the emotional challenges and professional development of midwives.

In the next section, we will explore the concept of emotional intelligence (EI) and its relevance to midwifery practice. We will also discuss the implications of emotional labour (EL) and how it may affect midwives in their interactions with patients and other professionals.
Patterson D, Begley AM. (2011) An exploration of the importance of emotional intelligence in midwifery. Evidence Based Midwifery 9(3): xx-xx

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

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 curricula have been designed for students who have experienced the loss of a child. Literature is ‘a word through which we can see into the experiences of others’ (Begley, 2003: 129).

The following aims 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 (Begley et al., 2003). Hunter and de Waal (2005), and 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 Stettersen, 2007). The Bar-On EQ-i: Inventory (EQ-i, 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 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 found to have a sound theoretical base, good psychometric properties and it has been used in many studies (Fletcher et al., 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 change 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 among 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 order to be emotionally intelligent 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 workplace 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 prepare students for 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). Spearman reports that 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 midwife and the mother and experience.
References continued


Hunter R., Doey 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 1:10-15.


Kumar, (Editor). Organizational Change. ICFAI University Press: India.


Nursing and Midwifery Council (NMC) (2009b) Multi-professional: Keeping Childbirth Natural and Dynamic (KCND) programme. SGHDs Edinburgh.


