Examining Emotional Intelligence Differences in Athletic Training Undergraduate Students and First-Year Graduate Assistants

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Abstract

Emotional Intelligence (EI) is a social intelligence all individuals possess, but is essential for healthcare practitioners. The purpose of this study was to determine level of Emotional Intelligence of undergraduate Athletic Training students and first year graduate assistants. Additionally, this study sought to investigate the changes that occur as a student matriculates through an undergraduate Athletic Training Education Program and into their first year as a professional. Participants in the study included 43 individuals (39 undergraduate, 4 graduate) from two accredited Athletic Training Education Programs. Subjects completed the 33-item Emotional Intelligence Scale. ANOVA results lacked significance, but the findings demonstrated the trend that EI levels were higher for individuals in the undergraduate program as compared to first year professionals.
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Introduction

Emotional Intelligence (EI) is defined as a social intelligence; involving cognition to monitor’s one’s own emotions, as well as others, to discriminate among them using the information received to guide one’s thinking and action or the “ability to understand and manage people” (Salovey & Mayer, 1990; Thorndike & Stein, 1937). In the 1920s, the first research began of defining and differentiating EI from cognitive intelligence, but it was not until 1990, when Mayer and Salvoy suggested that EI was comprised on three adaptive abilities, did it become an area of great interest (Petrides, Frederickson & Furnham, 2004; Salovey & Mayer, 1990). These include: the ability to fully express and evaluate the emotions of self and others, the ability to control that expressed emotion and the ability to exploit that emotion for a desired outcome (Salovey & Mayer, 1990). These abilities are essential for all individuals, but levels vary person to person. Although recognized as a level of intelligence, EI has been subjected to scrutiny by critics of social intelligence. Largest of these criticisms is that emotion does not hold any unique abilities that can be attributed to intelligence (Mayer & Salovey, 1993).

In today’s college climate, EI has been a point of major concern with students, specifically the millennial generation. The millennial student, born between the years of 1982-2000, is commonly described as ambitious, indifferent, narcissistic, wayward and individualistic (Konrath, O’Brien & Hsing, 2011; Newton, 2000). Furthermore, they are said to have trouble developing peer relationships, vocational skills and determining their own path for their future (Newton, 2000). Konrath et al (2011) found that, since the year 2000, there has been a marked decline in the millennial students empathy for others that may be due to the wealth of media at their exposure; specifically violent media that desensitizes the reaction to pain. These generational characteristics have a distinct tie to EI and a decrease in a student’s EI.
In the workplace and in health care specifically, EI is regarded as an important skill to possess for proper patient care (Stratton, Elam, Murphy-Spencer & Quinlivan, 2005). Eberman and Kahanov (2011) state that EI is a requisite for good clinical practice and should be incorporated into Athletic Training Education Programs. Allied Healthcare Professionals need a sense of responsibility, integrity, honesty and sociability, which are just a few of the characteristics of a person with high levels of EI. They also need a high level of empathy to be able to recognize the emotion and exploit that to understand to the patient and family perspective of injury or illness (McQueen, 2004).

As the EI discussion has become more prevalent in both psychology and allied healthcare, methods of measurement have become a point of concern. Conte (2005) reviewed three different emotional intelligence measures; the Emotional Competence Inventory (ECI), the Bar-On Emotional Quotient Inventory (EQ-i), and the MEIS/SCEIT V.2. These measures varied in length from 110 (ECI) to 402 (MEIS/SCEIT V.2) item self-reported questionnaires. All three measures were found to be reliable, but further development is necessary to increase the correlation of these measures to current theories (Conte, 2005). A fourth measure is the Schutte et al (1998) Emotional Intelligence scale. Based on the Mayer and Salovey EI theory, this 33 item self-reported questionnaire has been found reliable and a valid measure of emotional intelligence (Schutte et al., 1998). Researchers have multiple measures for EI, but must select the measure best suited to their theoretical framework.

Since it has been found that the millennial student have a low sense of EI and empathy for others, it is the purpose of this research to discover if students who choose the allied healthcare profession of Athletic Training have a high level of EI and to determine if EI levels
are different between undergraduate athletic training students and first year professionals. The data collected were from a pilot study with small numbers. While the results were not statistically significant, there trends that may be useful to other professionals.

**Methods**

*Participants*

A convenience sample of undergraduate Athletic Training Students (ATS) and first year Graduate Students (GA) enrolled in two large state-sponsored Mid-West universities were solicited to participate. ATS were enrolled in the professional phase of an accredited Athletic Training Education Program (ATEP). GAs were enrolled in an athletic training associated Master’s program concurrent to their employment as athletic trainers in the athletics departments. The project was approved by the Human Subjects Review Board and informed consent was obtained.

*Instrumentation*

Multiple measures of emotional intelligence exist within the research (Conte, 2005; Newsome, Day, & Catano, 2000; Schutte, et al. 1998). Scales range from 33 to 402 item measurements, with some lacking validity and reliability. The Schutte et al. (1998) Emotional Intelligence Scale, based on Solovey and Mayer’s theoretical model was selected for this study. This scale consists of 33 statements and subjects were asked to rate their agreement on a five point Likert Scale. An individual’s EI is determined out of 165; however the measure is a point of comparison as the literature lacks a “cut off” for categorizing levels. Internal consistency for this scale has been demonstrated with a Cronbach’s alpha of 0.87, which the authors felt was appropriate.
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Procedures

An internet-based commercially available survey product, Qualtrics (Qualtrics Inc., Provo, UT), was used to collect data. Investigators solicited ATS participation in class while GAs were solicited via personal emails from the Principal Investigator. Participants were sent an active URL link via email, which was sent a second time one week later.

Data Analysis

Variables were coded and downloaded directly into SPSS 20 (SPSS Inc., Chicago, IL) for analysis. An individual’s EI score was calculated as the cumulative score of the 33 survey questions. Basic descriptive statistics were calculated for both participant groups’ demographics including the means and standard deviations for the entire sample, undergraduate versus graduate status, and by ATS level of experience. Three ANOVAs were performed (by undergraduate/graduate, overall experience and ATS level of experience) with the EI score as the dependent variable. An alpha level of 0.05 was utilized to determine significance.

Results

Thirty nine (N=39, 14 sophomores, 16 Juniors, 9 Seniors) ATS and four GAs completed the survey (Table 1). Also included on Table 1 are the means and standard deviations for each subset’s EI score. The trend of different EI score with experience was noted. The graduate versus undergraduate status ANOVA approached significance (F(1,41) = 3.30, p = 0.076) while the overall experience (F(3,39) = 1.46, p = 0.241) and ATS level of experience (F(2,36) = 0.539, p = 0.588) ANOVAs were determined to lack significance.
Within the field of healthcare, it is the goal of all practitioners to optimize the quality of care being provided to patients. Although minimal research exists on Athletic Training and EI, educators and clinicians have recognized that emotional intelligence is an essential component of this quality care and have called for an increased emphasis within education programs (Eberman & Kahanov, 2011). Individuals with low levels of EI may lack the ability to relate in an empathetic manner to patients by being unable to recognize feelings, distress, and mood (Stratton, et al., 2005). This may in turn cause a negative caregiver to patient relationship, which can be detrimental to overall recovery (McQueen, 2004). As we seek to improve healthcare, practitioners must become more aware of their own EI and the implications it has on patient well-being.

This research sought to determine levels of EI and how these levels are different depending on an individual’s status as an undergraduate or first year professional. The data suggests that all students, undergraduate and first year post graduate, are low in EI, which may in
turn have negative effects on patient care. This finding may be attributed to the fact that these students are part of the millennial generation, who have been demonstrated to have low levels of EI (Konrath, O’Brien & Hsing, 2011; Newton, 2000). Additionally, students may be unconsciously ignorant to their lack of ability, which is related to the lack of EI incorporated into a curriculum. If an individual has not been educated or evaluated on a topic, they will lack the ability to recognize deficiencies.

This unconscious ignorance can be evidenced by the undergraduate students, scoring higher on the survey, indicating they are completely unaware of what EI is and how it is related to clinical practice. They are unaware that they are lacking the skills needed to show empathy toward their patients and they lack self-management, responsibility and self-esteem. This may be due to generational characteristics or may be related to the quality of clinical experiences (Carr & Volberding, 2012). It is essential that clinical preceptors provide teachable moments where they demonstrate and model appropriate behaviors (Rich, 2009). Within these teachable moments, students should feel empowered and knowledgeable in providing empathetic care (Mulholland & Green, 2010). Unfortunately, many times students do not feel empowered or lack teachable moments. Upon entering the workforce and having the opportunity to gain more autonomous clinical experience with patients and other clinicians and feel empowered to utilize their emotional intelligence. Certified Athletic Trainers have had the opportunity to realize that they need to develop those skills associated with EI to become better clinicians and provide better patient care.

While trends have been identified, it is important to note that all students’ surveyed, undergraduate students and graduate students were still generally low in their level of EI.
Students who are unconsciously ignorant still lack the ability to evaluate the emotion of self and others, control the emotion and exploit the emotion for a desired outcome. To help eradicate this lack of awareness, EI development needs to be implemented into curriculum to help young students gain self-awareness, emotional management, motivation, empathy and social skills (Pool, 1997). Currently, the Collaborative to Advance Social and Emotional Learning (CASEL) programs utilize specific instruction and fostering changes in EI with secondary education (Payton, et al., 2000). Payton et al. (2000) also identified several key factors that quality programs possessed. Some of these include: clarity of rationale, infusion across subject areas, school-wide coordination, school-community partnership, school-family support and teacher training. Areas of future research include implementation of CASEL programs into higher education, specifically Athletic Training, to determine if students EI can be enhanced through their collegiate career, decreasing the level of unconscious ignorance, to ultimately provide better patient care.

In conclusion, results indicate that both undergraduate and graduate athletic training students lack high levels of EI. It is important that Athletic Training Education Programs consider identifying student levels and incorporating EI into course objectives and the overall curriculum. Additionally, programs can educate clinical preceptors on improving the opportunities available to students as it has been demonstrated that unconscious ignorance decreases with increased experience. Emotional intelligence is an important characteristic of a quality practitioner and has significant implications on healthcare and recovery. It is essential that all students and practitioners recognize and utilize their emotional intelligence in the clinical setting.
References


