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Predicting Resilience in Nursing Auxiliary Care Technicians Students: The Role of Emotional Intelligence and Self Compassion

Margarita Gutierrez Moret
Catholic University of Valencia, Spain, *margarita.gutierrez@ucv.es*

Teresa Mayordomo Rodriguez
Catholic University of Valencia, Spain, *teresa.mayordomo@ucv.es*

Maria Catret Mascarell
Catholic University of Valencia, Spain, *maria.catret@ucv.es*

To meet the high demand for quality healthcare, it is crucial to have professionals capable of responding to the complexity of their daily tasks. In this regard, resilience, understood as the human capacity to adapt to difficult situations, has emerged as a key factor for nursing personnel. However, research on how to teach resilience to this professional group is still limited. Exploring the relationship between resilience and other socio-emotional variables, for which there is more evidence of their effectiveness in training, may be interesting for developing educational proposals that enhance resilience. This study aims to explore the predictive value of Emotional Intelligence and Self-compassion regarding resilience in a sample of Nursing Auxiliary Care Technicians students. To achieve this, data were collected from 196 participants enrolled in vocational training programs through self-administered questionnaires using validated scales such as the Trait Meta-Mood Scale (TMMS; Salovey et al., 1995), the Brief Resilience Coping Scale (BRCS, Sinclair & Wallston, 2004; adapted for the Spanish population by Tomás et al., 2012), and the Self-Compassion Scale Short Form (SCS-SF, García-Campayo et al., 2014; Raes et al., 2011). A structural equation model (SEM) was applied using the EQS 6.2 software to analyze the relationships between these variables. The results show that Emotional Intelligence predicts Resilience through Self-compassion. These findings suggest that incorporating Emotional Intelligence and Self-compassion training into nursing education could strengthen students' resilience and better prepare them for the challenges of the profession. The practical implications of these findings highlight the potential for educational programs to include targeted socio-emotional training, offering Nursing Auxiliary Care Technicians students tools that not only enhance their professional performance but also contribute to their well-being.

Keywords: resilience, emotional intelligence, self-compassion, nurse assistant training, student

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INTRODUCTION

Although nursing staff are accustomed to facing difficult situations, their daily work often involves dealing with people who are suffering and facing high-pressure and challenging situations. Nursing education in the 21st century faces several challenges, including a changing healthcare environment and rapid advances in medical knowledge and technology, which impact both the quality of education and clinical practice (Alaban et al., 2023). The challenges in the healthcare setting impact not only the care provided to patients and users but also the experiences of healthcare professionals. Specifically, nursing professionals, including both nurses and Nursing Auxiliary Care Technicians (TCAE), who are on the frontline of patient care, have recently been exposed to stressful and even traumatic situations, resulting in significant emotional burdens (Forner-Puntonet et al., 2021; Loyola da Silva et al., 2021; Montes-Berges et al., 2021).

In this context, Resilience, understood as the human capacity to adapt to difficult situations, has been shown to be an important study variable in nursing personnel (Cooper et al, 2021, Harwood et al., 2021, Szanton & Gill, 2010). Nursing staff may be exposed to various situations of stress and adversity related to patient care and teamwork with other healthcare professionals. Therefore, emotional intelligence, understood as the ability to recognize, reason with, and manage one's own and others' emotions, and self-compassion, which involves treating oneself with kindness and without judgment, are essential for improving the ability to adapt to the complex situations of daily life.

Backgrond

For more than forty years, research on resilience has provided empirical evidence of its protective role in coping with life's difficult situations (Luthar, 2006, Masten & Tellegen, 2012). This construct is a dynamic and multifactorial process of coping with adversity built from the interaction of people with their environment, including social relationships and intrapsychic processes. These adaptation processes are determined by the cumulative interaction of environmental factors, such as society, community, and family, along with individual factors (Szanton & Gill, 2010). This implies the use of cognitive and behavioral strategies to cope with the various emotional burdens arising from challenging situations (Cyrulnik, 2010).

Resilience involves processes of self-awareness and relationships with others, requiring emotional management skills to face difficult situations. The role of emotional resources in coping with stress continues to be an important area of study for students and healthcare professionals (Arribas-García et al., 2020; Harwood et al., 2021; Johnson, 2015; Mesa et al., 2021; Perrella, 2017; Shapiro et al., 2007).

Emotional Intelligence (EI) is defined as the capacity to perceive, control, and evaluate emotions effectively, both in oneself and others. Emotional Intelligence skills are key among the strategies that help coping with stressful situations (Sánchez-Álvarez et al., 2019; Xie et al., 2020). These strategies have to do with the ability to process emotional content and use this information to guide behavior and thinking towards an adaptive solution to the situation in which the individual finds himself (Mayer et al., 2008).

Since the Salovey and Mayer model (1990), one of the most widely recognized in scientific literature, EI is considered as the set of skills to assess, recognize, interpret, and understand emotions, and to regulate the emotional states that all these processes entail. These abilities allow reasoning about life events and can help in the emotional states' understanding by regulating responses to these stressors. As explained by Limonero et al. (2012), EI is related to adaptation processes, facilitating appropriate responses and reducing maladaptive emotional responses. In the same vein, Sánchez-García et al. (2016), indicate that the perception, understanding and regulation of emotions have been described as important predictors for personal life and psychological adjustment.

An adaptive emotional regulation strategy that helps respond to stress and has a long-term effect is self-compassion. Self-compassion is a healthy form of self-acceptance that involves three components: being kind and understanding toward oneself in times of suffering or perceived inadequacy; a sense of common humanity, recognizing pain as an inevitable aspect of the shared human experience; and mindfulness, which involves awareness of one's own suffering (Neff, 2003). This variable is crucial for healthcare professionals who often face high-stress situations and may benefit from a compassionate approach to their own well-being and to the suffering and pain commonly encountered in the healthcare field.

Building resilience is possible through personal growth, based on the knowledge of each one's strengths and virtues (Peterson & Seligman, 2004), and on one's own individual experiences (Newman, 2005). These subjective experiences have an impact on the ability to adapt to everyday life situations, and to those chronic or acute stressors that may appear at any specific time. In this sense, the ability to understand and support oneself in difficult times, taking one's own suffering kindly (Neff, et al., 2018), facilitates adaptation to situations that are assessed as threatening. Facing suffering with a less critical and more compassionate narrative reduces negative self-judgment and increases understanding of one's own experience. This can not only alleviate the immediate emotional impact but also strengthen the ability to adapt to future challenges, thereby facilitating resilience. Self-compassion appears as another attribute based on one's own strengths, relevant in the studying of people's adaptation to stress and adversity (Muris & Petrochi, 2017).

The work with students and healthcare professionals indicates that self-compassion predicts well-being, resilience, and positive affection (Shapiro, et al., 2007), in addition of reducing depressive symptoms (Pastorelli & Gargurevich, 2018). The stress that usually accompanies health students is related to anxiety, decreased compassion and dehumanization of others (Borda et al., 2007), among others. Recent studies also show how, for nursing professionals, self-compassion appears as a buffer against stress (Harwood et al., 2021) derived from continuous work that demands an emotional commitment to the needs of patients. Barnard and Curry (2011) explain in their work how, to meet people's suffering, it becomes necessary to start with oneself.

Although resilience has been identified as a protective factor against stress and anxiety, the literature suggests that there are fewer studies compared to other psychological strengths on how it is taught and fostered in this professional group. Some studies have

explored educational interventions, such as resilience workshops, cognitive-behavioral training, and the use of simulation to develop resilience in healthcare professionals (Rogers, 2016). Additionally, it has been proposed that resilience can be strengthened through professional training, support and well-being measures, and professional recognition (Almeida et al., 2023). However, the evidence on the effectiveness of these interventions is varied and sometimes contradictory, indicating that resilience development is a complex process (Rogers, 2016).

The Study Aim

Given the relationship between these variables, as seen in the introduction, this work aims to study the relationship between emotional intelligence, self-compassion and resilience, in students of the TCAE Training Cycle. This work's aim is to find out if emotional intelligence and self-compassion have a predictive role in these students' adaptation ability to face adverse events.

METHOD

Design

Quantitative, quasi-experimental cross-sectional study.

Study Setting and Sampling

The sample is made up of a total of 196 participants, of which 27.6% are men and 72.4% are women. Their mean age is 20.49 (SD = 6.33) and their perceived state of health is 7.79 (SD = 1.51).

Convenience sampling was employed. Participants were taken from a sample volunteer in the city of Valencia who were duly informed about the study's aim. The sampling process included selecting participants from multiple educational centers to obtain a diverse sample within the local context; however, this method may introduce biases, as volunteer participants might not be representative of the general population.

Inclusion and/or Exclusion Criteria

The inclusion criteria were to be over 18 years of age and to be Vocational Training students in the TCAE Training Cycle.

Ethical Considerations

The authors obtained ethical approval to collect data for the project (UCV/2021-2022/122) from the Research Ethics Committee of the Catholic University of Valencia San Vicente Martir. Helsinki Declaration 2013 update's ethical requirements for research involving humans were met.

Instrument with Validity and Reliability/ Data source

As elements of evaluation, sociodemographic data of the participants have been collected: age and sex, as well as their perceived health condition through an analog assessment scale. In addition, the participants have responded to the following scales:

Trait Meta-Mood Scale (TMMS; Salovey et al., 1995): The 24-item version adapted for the Spanish population was applied (Fernández-Berrocal et al., 2004). This self-

reporting scale offers a measure of perceived EI based on the Salovey and Mayer (1990) theoretical model. The scale contains three key dimensions: Attention to emotions, Emotional clarity, and Repair and emotions regulation, evaluated on a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). The scale has shown good reliability indices for this sample, between .812 and .840.

Brief Resilience Coping Scale (BRCS, Sinclair & Wallston, 2004): adapted for the Spanish population by Tomás et al. (2012), includes aspects such as optimism, perseverance, creativity and positive growth when facing adversity. It consists of 4 Likert-type items with 5 anchor points, the maximum score is 20 points and the higher the score, the greater the resilience. The reliability for this sample has been a=.721.

Self-Compassion Scale Short Form (SCS-SF, García-Campayo et al., 2014; Raes et al., 2011): It is a 12-item questionnaire designed to assess general self-compassion (total score) and the components of self-compassion in three conceptually distinct, but theoretically related facets: common humanity, mindfulness, and kindness. The items assess how respondents perceive their actions towards themselves in difficult times and are rated using a Likert-type scale from 1 (almost never) to 5 (almost always). The short version of the scale has obtained good psychometric properties and is adapted and validated in Spanish (Garcia-Campayo, et al., 2014). For this study, the scale reliability was .801 for the total scale, values between .657 and .724 for the dimensions that comprise it.

Data collection Data Analysis

Two investigators administered the assessment instruments to the participants. In order to avoid the social desirability effect as much as possible, students were informed that their participation was voluntary and confidential. They were requested to respond as honestly as possible. The investigators provided the necessary help and made sure that the participants had completed the questionnaires correctly.

Different statistical analyses have been followed through. In the first place, the variables' descriptive analyses have been carried out, obtaining the mean and standard deviation as central tendency means. Secondly, the relationships between the variables have been analysed using Pearson correlations. Finally, a predictive model has been carried out through a Structural Equations Model (SEM) using EQS 6.1.

Before developing the structural model, the theoretical measurements are tested. The measurement model is computed assuming that each observed variable significantly contributes to its respective latent variable and assuming the existence of significant relation between each pair of latent constructs.

The goodness of fit of the model was evaluated using the criteria established by Hu and Bentler (1999). Furthermore, given the estimation method used, only robust indices recommended by the literature were used (Bentler, 1995; Finney and DiStefano, 2006). Specifically, these were the fit indices used: (a) X2 (Kline, 1998), which tests the null hypothesis that all error in the model is null (Ruiz et al., 2010); (b) the CFI (Bentler , 1995), which should be greater than 0.90 (and ideally greater than 0.95; Hu and Bentler, 1999); (c) the IFI, values around 0.9 are considered adequate, (d) the MFI, values around 0.9 are considered adequate, (e) the RMSEA (Steiger and Lind, 1980), which

measures the error; this should be between .05 and .08, or ideally less than .05. The significance level for all analyses was $p \leq .05$.

FINDINGS

Before analyzing the results in the SEM model, the descriptors obtained for each of the variables that are part of the study are presented (Table 1).

Table 1
Descriptive statistics

	Mean	Standard Deviation
Attentiveness	28.36	5.83
Clarity	25.42	6.70
Emotional Reparation	26.71	6.61
Kindness	3.02	1.07
Criticism	3.09	1.08
Self-compassion (total)	3.05	.84
Resilience	13.64	3.42

The Table 1 shows the descriptive statistics for each study variable, including the mean and standard deviation. The results indicate that Attentiveness has the highest mean, followed by Emotional Reparation. Variables related to Self-compassion, such as Kindness and Criticism, have relatively lower means and show less variation, reflecting a smaller spread in participants' responses.

Regarding the relationships between the variables studied, these can be seen in Table 2, with positive relationships between the variables, all of which are significant.

Table 2
Relationships between the variables

	Attentiveness	Clarity	Reparation	Criticism	Kindness
Attentiveness					
Clarity	.162*				
Reparation	.001	.398**			
Criticism	-.139	.306**	.269**		
Kindness	.174*	.346**	.533**	.215**	
Resilience	.048	.317**	.515**	.128	.443**

* Correlation is significant at the .05 level
** Correlation is significant at the .01 level

The table 2 presents the correlations between the studied variables. Significant positive relationships are observed between most variables, such as between Clarity and Emotional Reparation ($r = .398$, $p < .01$), and between Self-compassion and Resilience ($r = .443$, $p < .01$). These correlations suggest that variables related to emotional intelligence and self-compassion are closely linked and may influence resilience.

Regarding the model (SEM), the results obtained using robust, because the sample did not meet the normality criteria, were adequate as shown below. $\chi2(7)= 25.602$; $p< .05$; CFI= .932; IFI= .935; MFI= .969; RMSEA= .064 (90% confidence interval of RMSEA, .046 - .147).

EI, comprised by Attentiveness, Clarity and Emotional Reparation, predicts Compassion, - which is comprised by Criticism and Self-kindness, and this, in turn, predicts resilience. Establishing a prediction of emotional intelligence to resilience through self-compassion (Figure 1).

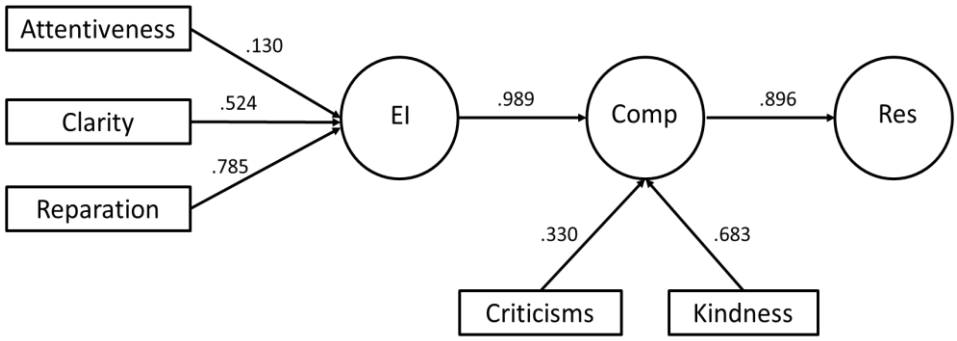

Figure 1
Final SEM model
Note: EI: Emotional Intelligence; Comp: Self-compassion; Res: Resilience;

Figure 1 shows the final Structural Equation Modeling (SEM) model. The model fit indices, such as CFI and RMSEA, suggest that the model fits the data well, supporting the hypothesis that emotional intelligence and self-compassion are key factors for resilience.

DISCUSSION

The main contribution of this work is the recognition of self-compassion as a mediator for the prediction of resilience from EI in a sample of future Nursing Auxiliary Care Technicians. A structural equation model is tested that shows how the three components of the TMMS-24 of Attentiveness, Clarity, and Emotional Reparation predict the positive and negative poles of self-compassion, self-criticism and Kindness, which, in turn, function as predictors of resilience.

The results indicate that scores in all three dimensions of Emotional Intelligence (EI) are essential for the model, with emotional clarity and emotion regulation playing a primary role in predicting resilience through criticism and kindness. A higher score in kindness implies that fostering feelings of warmth, kindness, and non-judgmental self-understanding during times of distress is a necessary dimension for the attainment of resilience.This model emphasizes that it is not only the socio-emotional competencies derived from emotional recognition, reasoning and management that predict resilience in the analyzed sample, but that a self-compassionate attitude is also necessary.

The SCS-SF is a frequently used test to measure self-compassion in healthcare settings (Boellinghaus et al., 2014; Dunne et al., 2018; Raab, 2014), as compassionate care is at the core of the Person-centered Attentiveness (Singer & Bolz, 2013). The results provide further evidence of self-compassion as a protective factor that promotes emotional resilience (Neff et al., 2007) and, at the same time, it is linked to EI

resources, as shown by the work of Di Fabio and Saklofke (2021), Mamman and Elias (2018) and Senyuva et al. (2014).

In a recent systematic review with nursing professionals, Yu et al. (2019) found positive relationships between resilience and job satisfaction, well-being, coping skills, self-efficacy, and social support. Moreover Ramdani's (2021) work discusses studies that show how students with high levels of resilience exhibit better socio-emotional skill development compared to those who score lower in resilience.

This predictive model includes self-compassion as a mediating variable to reach resilience from EI. In other words, the sample shows how EI makes nursing assistant students more resilient when they are more compassionate. The approach focused on the ability to recognize, manage, and reason with one's emotions in an understanding and kind way with oneself is what predicts positive responses to stressful situations. Flecther and Sartar (2013) explain the predictive power of resilience, because the event's assessment occurs at the same moment in which the stressful event is being experienced. In addition, self-compassion allows the cognitive evaluation to be positive, at that moment, by accepting the negative situation (Trompetter, 2017), acting as a resilient strategy for emotional regulation. This way, people with greater self-compassion are exposed to stressors with attitudes of hope for the future, and can evaluate negative experiences as more momentary and controllable, since they are directly exposed to the stressor in question with feelings of acceptance and do not try to escape negative experiences, but seem to modify the context in which they occur.

Also at a biological level, it has become clear that how athletes' training to improve self-compassion, through full Attentiveness, generates lower activations in the cortical regions associated with critic self-cognitions, which, in turn, may be mediated by an increased self-compassion (Zarei, 2022).

In recent years, health training programs have emerged to promote self-compassion through workshops in "mindfulness" (Aranda Auserón et al., 2018; Fuertes et al., 2019; Pintado, 2018; Revuelta and Luis-Pascual, 2021) but it is still a field in which further research is needed.

The findings of this work can be useful to promote resilience teaching Emotional Intelligence skills and incorporating self-compassion programs. We know that Emotional Intelligence (Bisquerra and Chao, 2021; Caruso et al., 2015) and self-compassion can be learned and taught. Therefore, the relationship of these two constructs with resilience should have implications at the pedagogical level, to develop emotional education interventions that strengthen Kindness with oneself, contributing to the training of more resilient future Nursing Attentiveness professionals.

As potential future research lines, in addition to recruiting a greater number of participants from the healthcare field, the design and implementation of longitudinal studies could be proposed to assess how Emotional Intelligence and self-compassion training impact resilience over time. The design and development of a program could focus on not just emotional intelligence but also on self-compassion as a protective

variable and facilitator of emotional management in those who work in caregiving professions.

LIMITATIONS

The sample composition can be indicated as a limitation in this study, since it has focused only on nursing assistant students, and perhaps it would be interesting to have information on students from other healthcare occupational fields in order to be able to design programs that promote this variable, with the intention of preventing possible problems in the mental health and well-being of healthcare professionals. In the same way, other limitation could be the sample size: increasing the number of participants could empower the statistics, which could help to generalize the data.

CONCLUSION

The current model emphasizes that emotional intelligence, particularly through self-compassion, enhances resilience, a crucial protective factor in nursing professions. Consequently, improving emotional intelligence and fostering a kind attitude towards oneself will contribute to a strong resilience capacity in this field. While socio-emotional skills are considered necessary in this model, they alone are insufficient for the complete development of resilience. On the other hand, training in emotional intelligence is increasingly recognized as an essential component in the education of healthcare professionals. The literature on emotional intelligence training and education reflects a variety of programs and interventions designed to improve emotional intelligence competencies, applied in various professional and educational settings (Fedorova et al., 2023). The results of this study demonstrate how emotional intelligence can predict resilience through self-compassion, leading us to believe that training in emotional intelligence and self-compassion may have a positive impact on the resilience of future professionals. Implementing emotional intelligence training programs in the education of Nursing Auxiliary Care Technicians students that include teaching compassionate self-attitude could be a key strategy to increase resilience.

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