International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020
ISSN: 1475-7192

The Effect of Emotional Intelligence Skills by Flipped Classroom Method on the Patients' Privacy in Nursing Students

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***ABSTRACT**--Privacy is one of the fundamental human rights that needs to be respected and observed especially in health care organizations. However, few studies have been conducted on training of observance of patient privacy.**The purpose of this study was to determine The Effect of Emotional Intelligence Skills by Flipped Classroom Method on the Patients' Privacy in Nursing Students .This quasi-experimental study was done in two experimental and control groups in 2018 in nursing students in Saveh, Iran. The intervention in the experimental group was performed in 9 sessions each lasting 90 minutes for 5 weeks. The control group did not receive any intervention. Data were collected using a 24-item questionnaire (i.e., Preservation and Observation of Patients' Territory) before and after the intervention. Then, the data were analyzed by descriptive and inferential statistics using the SPSS software.Paired t-test showed that there was a statistically significant difference between patients' privacy before and after the intervention (P = 0.0001), but, this test did not show a significant difference in the control group before and after the intervention (p = 0.352). Independent t-test showed that the mean scores of patients' privacy increased after intervention in the experimental group compared to the control group and there was a statistically significant difference between the two groups (p = 0.0001).Based on the results of this study, it can be said that using new educational methods such as inverted classrooms, we can improve patient privacy in medical students.*

***Keywords**--Emotional Intelligence; Flipped Classroom; Patient Privacy; Nursing Students*

summary statement

Problem or Issue?

- A review of the descriptive and cross-sectional research literature shows that patient privacy in hospitals as a source of stress for the patient faces many challenges and that health care professionals need to learn the skills necessary to respect patient rights while studying at university.
- Studies have also shown that nurses' emotional intelligence is related to their clinical behavior.

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Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020

What is Already Known?

- So far, there has been little effective intervention to improve students' knowledge and attitudes, which is generally based on traditional teaching such as lectures.
- The present study focuses on the development of students' emotional intelligence skills as a variable affecting their communication skills and their interactions on students' clinical behavior and patient privacy, which has been designed using a novel method that is inverse classroom.
- This project has not also been studied to date. In the present study, students' emotional intelligence skills were developed using a new inverse classroom based learning method based on collaborative learning and e-learning.

What this Paper Adds?

- By improving students' emotional intelligence skills, they were able to deal with different behaviors of patients in different situations more effectively.
- Changing in behavior and acquiring skills.
- Ability to perform better and more tasks and responsibilities.
- Training a committed and dedicated workforce.
- Improving the quality of nursing care.
- Increasing Patient Satisfaction about nurses and health care organization.

I. INTRODUCTION

The concept of privacy was used in the 1994 WHO Declaration of Patient Rights and Medical Ethics (Organization, 1994). Linokilpi et al. divided patients' privacy into four physical, psychological, social, and informational dimensions (Lambert & Lambert, 2001). Patient clothing, touching, and observance of personal distance are among the physical dimensions of privacy that are more emphasized in health care activities. Studies have shown that failure to observe patients' privacy increases stress and anxiety in patients, decreases their interaction with healthcare providers, and disturbs patients' sleep patterns (Sawada, Correia, Mendes, & Coleta, 1996). Gender inappropriateness between patient and nurse, mixed-gender of the unit, use of inappropriate vocabulary to call patients, and inappropriate communication with the patient can be risk factors for patients' privacy and dignity (Birrell, Thomas, & Jones, 2006). In a review study, Torabizadeh et al. showed that a patient's privacy and dignity are not well respected. Moreover, they reported that understanding patients' by physicians, nurses, and students is different from their privacy (Pronovost et al., 2006). Awareness of patient's ethical and immoral values, knowledge, skills, and attitudes by the healthcare team is a prerequisite for maintaining privacy and protecting patients' dignity (Matiti, Cotrel-Gibbons, & Teasdale, 2007; Pronovost et al., 2006). The lack of adequate information by the health care team on the observance of privacy and dignity of patients is confirmed by Vogara. Lack of proper communication is one of the most important reasons for not recognizing psycho-spiritual-social needs that ultimately leads to the failure of observance for patient privacy(Bishop & Verleger, 2013) .One of the effective components in managing communication with individuals is emotional intelligence of the individual (Ciarrochi & Mayer, 2013) Amalia Petrovich et al. (2013) examined the role of emotional intelligence

in developing interpersonal communication skills and showed high levels of emotional intelligence enhance individuals' control over their inner emotions and stimulates logical responses to problems (Petrovici & Dobrescu, 2014). Mayer and Salvey (1990) regard emotional intelligence as a set of non-cognitive abilities and skills that increases one's ability to adapt to environmental requirements and pressures (Barkay & Tabak, 2002). Emotional intelligence, as one of the psychological characteristics of human beings, plays an important role in forming an optimal and efficient work environment (Pronovost et al., 2006). Overall, people with low emotional intelligence have significantly lower problem-solving abilities and thus may not properly utilize their coping skills when faced with psychological stresses (Pellitteri, 2002). Shahbazi (2012) showed that the level of emotional intelligence in nursing students is not at a standard level; because there is no planned training in this subject and the level of this skill can be improved by addressing it(Shahbazi, Hazrati, Moattari, & Heidari, 2012) The emotional intelligence of nurse causes physical and psychological attachment to patient, making them consider the patients' physical and mental dimensions and procure their needs and demands properly. In other words, a nurse is emotionally involved with the patients under care and, as a result, they feel more comfortable in maintaining privacy and security in expressing their demands with the nurse. The results of a study conducted on the necessity of training emotional intelligence in nurses working in the emergency department showed that in nursing training, clinical skills training is always emphasized but the awareness of nurses from emotional intelligence and its use in dealing with patients' needs more attention (Holbery, 2015).

Baron showed that emotional intelligence, unlike cognitive intelligence, is not a constant and unchangeable ability, but rather is a growing and changeable one. According to this researcher, this intelligence can be increased and its quantitative and qualitative level can be improved through specialized training(Shamsuddin & Rahman, 2014). Researches have shown that emotional intelligence skills are mostly taught through group and lecture(Pool & Qualter, 2012; Schutte, Malouff, & Thorsteinsson, 2013). But researches show that 92% of nursing students prefer active and modern teaching methods to traditional methods, and also find the use of only one learning method is boring (Zahabioun & AHMADI, 2009). Therefore, it is recommended using interactive teaching methods to enhance students' communication skills, participation, creativity, and critical thinking (Rahmani, Mohajjel Aghdam, Fathi Azar, & Abdullahzadeh, 2007). The use of virtual education is also one of the new opportunities that the development of information technology has provided for education (Nourian, Nourian, Ebnahmadi, Akbarzadeh Bagheban, & Khoshnevisan, 2012). Factors such as decreased educational costs, repeatability of learning, and the change of teacher-oriented training system to student-oriented are among the advantages of this new approach (Brewer, DeJonge, & Stout, 2001). The flipped classroom is one of the e-learning-based teaching methods suggested in studies)Sanagoo, Araghian Mojarad, & Jooybari, 2015(. The flipped classroom is considered as a blended learning model that incorporates various instructional approaches such as participatory classroom learning, guided laboratory activities, using online video, or individual teaching. In the flipped classroom, the roles of home and university are changed. The purpose of the flipped classroom is to be learner-oriented in learning (McLaughlin et al., 2014). In this way, lesson content is provided to students before the class so they study and learn at home, and classroom opportunities are allocated to student-oriented learning activities such as problem-solving learning or discovery-based learning (Bishop & Verleger, 2013; Sharples et al., 2014). Three basic principles in the classroom process are knowing, interacting, and acting (Dalmolin, Nassar, Bastos, & Mateus, 2009). Among the most important benefits of this approach is the use of educational technology

for learning such as virtual education, family involvement from the beginning of the learning process, the discovery of learners' learning styles, meaningful assignments, and assessment of students' formative learning (Bergmann, Overmyer, & Wilie, 2015; Jennifer Moffett, 2015; Jenny Moffett & Mill, 2014). Numerous studies have reported the efficacy of this method of education (Lee, Lim, & Kim, 2017; O'Flaherty & Phillips, 2015). Various studies have also mentioned high work costs, the students' self-motivation for commitment to their own education, and the timing of production and reconstruction of course materials as flipped classroom challenges (Kachka, 2012). Some important goals of education include changing the behaviors optimally and acquiring the skills and abilities to better and more efficiently perform assignments and responsibilities and to train specialized and committed workforce. Therefore, we can step toward their scientific and professional improvement by applying the principles of emotional intelligence in training nurses. The development of this skill in nursing students and their professional education needs to be planned. The purpose of this study is to determine the effect of training the knowledge of emotional intelligence skills by flipped classrooms on the maintenance and observance of patients' privacy in nursing students.

Study Design

This quasi-experimental study was conducted to examine.

Population and sample:

the effect of training the knowledge of emotional intelligence by flipped classroom as an independent variable on the maintenance and observance of patients' privacy as a dependent variable in nursing students of Saveh city in the academic year of 2017-18.

Sample Size and Power

The sample size was calculated to be 72. The subjects were selected by all census methods and divided into two groups of the test (n = 37) and control (n = 35). The data were collected before and after the intervention using a questionnaire of maintenance and observance of the territory of patients of Zoladl.

Inclusion criteria

The inclusion criteria for selecting the subjects were as follows: taking internship courses to perform clinical skills, students of semester 2 or 4 of bachelors' degree, lack of history of attending similar training classes, and obtaining written and informed consent.

Exclusion criteria

Exclusion criteria were not cooperating in completing the questionnaires, not attending two training sessions, and not attending in two internship sessions.

II. DATA COLLECTION INSTRUMENTS

In this study, the demographic variables checklist and the questionnaire of the maintenance and observance of patients' privacy were used for data collection.

Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020

The demographic checklist included age, gender, and the average grade of the students. This questionnaire was developed and provided by Zoladl et al.(Zoladl, 1997) using available books and resources, as well as a survey of relevant experts consisting of three parts. The questionnaire is completed by nursing students as self-assessment; by matron based on Behavior Observation Criterion (B.A.S); and by a third-party evaluator through a non-participatory observation that includes 24 questions. These items evaluate the performance of nurses in the observance or non-observance of the concept of territory limitation. The mean of self-evaluation, evaluation by the matron, and evaluation by the third-party evaluators were considered as performance evaluation scores of the units under study. Thus, by reducing the effect of evaluators' personal views, the validity of the results obtained from the performance assessment of the research units on the concept of human domain limitation will be increased. In addition, the training and justifying evaluators (i.e., nursing students participating in the research, matron, and third party evaluators) of the evaluation forms, the definition of different cases, the meaning of different degrees that preclude various interpretations, and applying personal preferences in completing forms enhance the credibility of performance evaluation results.

The validity of the self-evaluation form, the performance evaluation by the matron, and the evaluation by the third-party evaluator was determined and verified by content validity. For this purpose, their content was prepared using scientific books and journals and then reviewed by experts. Their research was used to gather their opinions and make the necessary changes. To determine the reliability of the questionnaire, self-evaluation form and performance evaluation were used by the nurse and a third-party evaluator both of whom had the same content test-re-test.

Reliability was confirmed by the Spearman correlation coefficient. Spearman's ranking correlation coefficient for self-evaluation forms was 0.927 and for performance evaluation forms by the nurse and third-party evaluator was 0.878, which showed a high correlation in this questionnaire (Zoladl, 1997). Samples responded to each question with one of the options of "almost always" (1 score), "more often" (2 scores), "sometimes" (3 scores), "rarely" (4 scores), and "almost never" (5 scores). Accordingly, the total scores ranged from 72 to 360. Here, a higher score indicates that patients' privacy was more maintained and observed, and vice versa.

III. METHOD OF INTERVENTION

Pre-test data were collected via completing questionnaires by students and observing students' performance by the matron and the third-party evaluator in two elementary internship sessions.

Emotional intelligence training with flipped classroom was done in 9 sessions each lasting 90 minutes for 5 weeks by a faculty member with a Ph.D. in neuroscience in the experimental group. The flipped training method and emotional content training are described in Tables 1 and 2, respectively. The control group received no intervention during the study. Post-test data were collected one week after the intervention in both test and control groups.

Table 1: Steps of conducting emotional intelligence training with flipped classroom method(Haghgoo et al., 2019)

General content of the sessions	Teacher activity	Student activities	Consequences
Session One: Becoming familiar with the flipped classroom teaching method	**Step One:** Introducing class rules **Step Two:** Explaining the flipped classroom teaching method **Step Three:** Explaining how to do a class activity **Step Four:** Grouping of the students (5 groups with 5 members and 2 groups with 6 members) **Step 6:** Introducing educational goals	**Step One:** Questions and answers on how to teach, resources, and course content **Step Two:** Get to know ones' teammates **Step Three:** Question and response about the educational goals of the sessions	Student's awareness about the new educational method and preparing their minds to get involved in the educational process
Session Two to Seven: Participation in flipped classrooms (6 sessions)	**Step One:** Recording educational content **Step Two:** Uploading the training session file recorded in the E-Learning Management System **Step Three:** Holding a Q&A session on the web **Step four:** Teaching the recorded lesson content for 15 lectures in the classroom **Step Five:** Observing students' activities and providing feedback to students on emotional intelligence **Step six:** Formative evaluation for 15 minutes by presenting oral questions	**Step One:** Listening to teacher's recorded educational content at home and studying introduced resources **Step Two:** Questions and answers from the virtual training content **Step Three:** Listening by students **Step Four:** Starting class activity as group discussion **Step Five:** Engaging in evaluation and awareness of ones' strengths and weaknesses	Participation in training and active learning process
Session Eight: Final evaluation (1)	Evaluation of the observance and maintenance of patient privacy	Participating in the evaluation session	Awareness of prior learnings
Session Nine: Final evaluation (2)	Announcing students' achieved scores and providing feedback on positive and negative points with questions	Awareness of achieved score and awareness of ones' strengths and weaknesses in the exam	Strengthening positive points and strive to address weaknesses

Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020

Table 2: Summary of the content of the emotional intelligence skill training(Cherry, Fletcher, O'Sullivan, & Dornan, 2014; Maguire, Egan, Hyland, & Maguire, 2017; Nouri & Dehghani, 2019)

Session	Educational content
First session	Providing necessary training on the flipped classroom
Second session	Emotional self-awareness skills; recognizing the emotions and feelings of others
Third session	Teaching about how to express and respect themselves and their interpersonal and leadership skills
Fourth session	Teaching about social responsibility.
Fifth session	Problem-solving and flexibility techniques are taught.
Sixth session	Becoming familiar with communication skills and providing solutions for effective communication and reviewing the stages of an effective interpersonal communication
Seventh session	Becoming familiar with communication skills with patients and ending sessions

Table 3: Comparison of patients' mean scores before and after the intervention in the experimental group

Variable	Stage	Mean	Standard deviation	t	p-value
Patient privacy	Before the intervention	190.18	18.61	-20.99	0.0001
	After the intervention	275.13	17.58		

IV. STATISTICAL ANALYSIS

Data were analyzed using SPSS 21 software and demographic variables were analyzed by descriptive statistics (frequency, mean). Kolmogorov-Smirnov test was used to verify the natural distribution of the data. An independent t-test was used to compare the means of the variables with normal distribution between the experimental and control groups. A chi-square ($\chi 2$) test was used to compare the frequency distribution of qualitative variables between the experimental and control groups. A paired t-test was used to compare the mean scores of pre-test and post-test in both experimental and control groups.

V. RESULTS

A total of 72 nursing students participated in this study, of which 37 subjects were in the test group and 35 were in the control group. The level of chi-square was obtained by comparing the frequency of the two groups of test and control in the two groups of male and female with 0.243, which is not statistically significant ($p = 0.622$). Therefore, the two groups are similar in terms of age. Also, other descriptive findings of this study show that the mean age of the students in the experimental and control groups was 21.60 ± 4.46 and 21.37± 3.75, respectively. In addition, the mean GPA in the experimental and control groups was 15.75 ± 1.25 and 15.41±1.51, respectively.

Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020

Independent t-test showed no statistically significant difference between the variables of the mean of age and mean GPA in the two groups (P>0.05).

The inferential findings of the study indicate that the mean of observance of patients' privacy prior to the intervention was 190.18, which increased to 275.13 after implementing the emotional intelligence training. A paired t-test (Table 3) also showed that there's a statistically significant difference between the observance of patients' privacy before and after the intervention (P=0.0001).

The results show that the observance score of patients' privacy in the control group before the intervention was 198.82, which increased to 204.45 after the intervention. However, the paired t-test (Table 4) did not confirm a significant statistical difference (P = 0.352).

Table 4: Comparison of the mean scores of observance of patients' privacy before and after the intervention in the control group

Variable	Stage	Mean	Standard deviation	t	p-value
Patient privacy	Before the intervention	198.82	16.17	-944	0.352
	After the intervention	204.45	32.94		

Independent t-test showed that there was no statistically significant difference between the mean observance scores of patients' privacy in the experimental group and the control group at the beginning of the study (P = 0.40), suggesting that they were identical. The results (Table 5) also confirmed that the mean observance scores of patients' privacy after the intervention in the experimental group had a significant increase compared to the control group and there was a statistically significant difference between the two groups (P=0.0001).

Table 5: Comparison of the mean scores of observance of patients' privacy before and after the intervention in both experimental and control groups

Variable	Stage	Test group		control group		t	p-value
		Mean	Standard deviation	Mean	Standard deviation		
Observance of patient privacy	Before the intervention	190.18	18.61	198.82	16.17	-2.205	0.04
	After the	275.13	17.58	204.45	32.94	11.443	0.0001

	interve ntion

VI. DISCUSSION

Given the importance of emotional intelligence mentioned in the introduction to the study, it can be stated that emotional intelligence training should be fundamentally customized to the context of any health-related education. Due to the shortage in the number of studies addressing this issue in nursing, the present study aimed to determine the effect of flipped classroom instruction on emotional intelligence skills in nursing students.

The results of this study showed that there was no statistically significant difference between the mean scores of dependent variables of maintenance and observance of patients' privacy in both experimental and control groups before the intervention; however, after the training of emotional intelligence in the experimental group, the mean scores of maintenance and observance of patients' privacy of nursing students in the experimental group had a statistically significant improvement, but no significant increase in the control group. In justifying the efficacy of this educational method, it could be said that nurses with high levels of emotional intelligence have higher self-awareness and, consequently, their interpersonal skills are at a higher level. In fact, they show a greater interest in communicating with patients to respond to their emotional needs with better empathy and adaptation. Accordingly, it can be stated that emotional intelligence plays an important role in forming an effective nurse-patient relationship (Beauvais, Brady, O'Shea, & Griffin, 2011). It seems that establishing an effective relationship can facilitate the maintenance and observance of patients' privacy. Patient privacy is an essential factor in creating patient-centered, individualistic, and ethical care. This process involves protecting the patient's moral integrity and the treatment team (Fowler, 2008). According to the US Department of Emergency Medicine, privacy observance is essential in establishing an effective relationship with the patient's treatment staff. This is while a quarter of patients admitted to British hospitals say that their privacy was not respected during hospitalization (Aghajani & Dehghannayeri, 2009). To the best of our knowledge, the present result is innovative in its field and no similar research has been done in this regard. In the following, some of the obtained results are compared with the results of other studies.

The results of Maffee et al., Suhaimi et al., Amrayi et al., Nick Bakhsh et al., and Jadhav et al. show a significant relationship between emotional intelligence and communication skills(Amraei, Ashrafi, Papi, Bahrami, & Samuei, 2011; Fletcher, Leadbetter, Curran, & O'Sullivan, 2009; Jadhav & Gupta, 2014; Mafi & Asefzade, 2014; Nikbakhsh, Alam, & Monazami, 2013). There is a relationship between increased emotional intelligence of nurses, self-efficacy, and their appropriate relationship with patients and their companions; consequently, there will be increased satisfaction of patients with healthcare services (Mafi & Asefzade, 2014). The findings of a study by Fletcher et al. on 86 medical students in Liverpool showed that a group of students receiving emotional intelligence training had higher mean scores of communication skills than the control group (Fletcher et al., 2009). Meng (2019) conducted a study on the effect of emotional intelligence on reducing stress and improving nursing students' communication skills. The findings of this study showed that perceived stress decreased in the group and had emotional intelligence intervention, but no change was observed in the control group. Communication skills also increased in the intervention group but remained unchanged in the control group (Meng & Qi, 2018). Emotional

intelligence training can help students adapt to new social situations and help them not suffer from weakness in communication skills (Miri, Jalalmanesh, & Fesharaki, 2019). Suan Chin et al. and Joseph et al. reported a significant relationship between emotional intelligence and performance (Chin, Anantharaman, & Tong, 2011; Joseph, Jin, Newman, & O'Boyle, 2015). Toyama & Mauno (2017) revealed a positive relationship between the variables of emotional intelligence and social support, participation in work, and creativity in nurses. According to this author, a high emotional intelligence strengthens the positive relationship between social support, work participation, and creativity in nurses (Toyama & Mauno, 2017). Noorian et al. (2011) investigated the effect of training emotional intelligence components on stress and anxiety of physicians and nurses working in the intensive care unit (Nooryan et al., 2011) and showed the effect of emotional intelligence training on psychological components.

In the present study, flipped classroom emotional intelligence training in the test group increased the scores of maintenance and observance of patients' privacy by nursing students. Moffett et al. concluded that students' interest in the flipped classroom training was higher than the traditional method (Jenny Moffett & Mill, 2014). In another work, Yang showed that students performed better after flipped classroom training (Young, Bailey, Guptill, Thorp, & Thomas, 2014). However, Jenson et al. showed that flipped and traditional classroom training equally affected students' satisfaction with effective training (Jensen, Kummer, & Godoy, 2015). Wheeler studied the effect of traditional education and flipped classroom on students' achieved score, and concluded that there was no significant difference between the two methods (Whillier & Lystad, 2015). The results of the studies conducted on the efficacy of the flipped classroom are consistent with the findings of the present study. These results can be attributed to the creation of a spirit of cooperation and division of labor, the interaction between students and professors, and the tangible attitude of the student to the material presented.

VII. CONCLUSION

The findings of the present study demonstrated the effectiveness of emotional intelligence training through the flipped classroom as an efficient and low-cost method in increasing the mean scores of maintenance and observance of patients' privacy by nursing students. Intruding patients' privacy by the health care team, especially students who are learning, can cause irreparable damage to the patient and the health system. Therefore, health authorities are recommended using this method to improve the maintenance and observance of patients' privacy.

VIII. RESEARCH LIMITATIONS

One of the limitations of this study was the lack of comparison of this new method with other educational methods due to insufficient samples and also time-consuming. Therefore, it is recommended examining this method in nurses with a larger sample size and on other influential variables in the profession of nursing.

Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020

IX. ACKNOWLEDGMENTS

This article was prepared with the support and cooperation of the Research Assistant of Saveh University of Medical Sciences. We sincerely thank students and matrons of different sections of Shahid Modarres Hospital of Saveh who generously helped us in this research.

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Received: 27 Mar 2020 | Revised: 20 Apr 2020 | Accepted: 05 May 2020